

## MEDICAID INSTRUCTIONS

### FORM CMS 701-(11-91) “UPDATED PLAN OF PROGRESS FOR OUTPATIENT REHABILITATION”

Form CMS 701-(11-91), “UPDATED PLAN OF PROGRESS FOR OUTPATIENT REHABILITATION” is a required attachment to the Medicaid Prior Authorization Form 1144. (“INSTRUCTIONS: PRIOR AUTHORIZATION FORM 1144”, II. General Instructions, D.1., “Outpatient Physical Therapy, Occupational Therapy and Speech Therapy”.)

If provider has submitted a Form CMS 701-(11-91) to Medicare for extended authorization, the MQD will accept a copy of the form in its entirety. If, however, the recipient is Medicaid only, please note the following:

- #2, #3, #5 have been omitted
- #8 refers to Hawaii Medicaid covered services PT, OT, SPL only

Please complete the following fields of the Form CMS 700-(11-91) for additional outpatient rehabilitative services:

1. Patient’s Last Name, First Name, M.I.
2. **Omit**
3. **Omit**
4. Provider Name
5. **Omit**
6. Onset Date
7. SOC Date
8. Type: PT, OT, SLP only (**Omit CR, RT, PS, SN, SW**)
9. Primary Diagnosis
10. Treatment Diagnosis
11. Visits from SOC
12. Frequency/Duration
13. Current Plan Update, Functional Goals, including Goals (*Short Term*) and Outcome (*Long Term*); and Plan
14. Recertification, if applicable
15. Physician’s Signature
16. Date
17. On File
18. Reason(s) for Continuing Treatment This Billing Period
19. Signature Prior Hospitalization
20. Date
21. Continue services or DC services
22. Service Dates

\*\*Detailed instructions are found in the attached “INSTRUCTIONS FOR COMPLETION OF FORM CMS-701”.