






## REMINDER:




# Critical Elements Required for Authorization Requests

All treating providers **must submit** the following elements with each authorization request.

## Initial Evaluation Authorization requests

1. **Physician Prescription** for Therapy services with Medical Diagnosis or **Physician issued Referral Form** for Therapy services with Medical Diagnosis. **NOTE:** A referring physician signed POC is no longer accepted in lieu of a prescription for Therapy services or Referral Form. 
2. A completed ATA-FL Intake Form including 3 attestations (N/A to Providers using the Provider Web Portal)
3. POC with **medical and treating diagnosis** signed/dated by the referring physician and/or Letter of Medical Necessity (LMN).
  - The Plan of Care must include the evaluation and the start and stop dates.
  - The Plan of Care must include the Signature of the referring Physician recorded on or after the recorded date of the treating Therapist.
  - The therapist that develops the POC must sign and date the document on the date it is completed; and the treating therapists NPI must be included. The therapist must sign and date the POC prior to the PCP's signature and date. The PCP may sign and date the POC on the same date the therapist signs and dates the POC. 
4. **Standardized Assessment Scores clearly denoted and/or objective testing measures in Order to establish and support medical necessity.** 

## Re-Evaluation Authorization requests

1. The re-evaluation **Plan of Care must include the Signature of the referring physician** recorded on or after the recorded date of the treating therapist. 
2. A completed ATA-FL Intake Form including 3 attestations (N/A to Providers using the Provider Web Portal)
3. The therapist that develops the POC must sign and date the document on the date it is completed; and the therapists NPI must be included.
  - The therapist must sign and date the POC prior to the referring physician's signature and date. The referring physician may sign and date the POC on the same date the therapist signs and dates the POC.
  - The Plan of Care must include the evaluation and the start and stop dates. 
4. **Standardized Assessment Scores clearly denoted and/or objective testing measures in order to establish and support medical necessity.** 

**If any of the above elements are missing, ATA-FL will not approve the authorization request.** Based on ATA-FL delegated responsibilities, the case will either be denied by ATA-FL or referred to the health plan with recommendation for denial. Failure to provide all required documentation could result in the delay of treatment of your patient.

**Retrospective authorization requests will not be authorized** after the treatment period has ended. Retrospective authorizations are requests for authorization of services that have already been provided to a member after a treatment certification period has ended.

Providers may submit authorization requests via the Provider Web Portal at: [ataflorida.com/hs1portal](http://ataflorida.com/hs1portal) or via fax at: **1-855-410-0121**. If you have any questions you may contact your assigned Provider Relations Representative or you may speak to one of our in-house Provider Relations Reps at 888-550-8800 option 2.