

## CSHCS LHD Email Communication

<b>Date</b>	January 10, 2020
<b>Email Type</b>	Informational
<b>Subject</b>	Request to add therapy providers

<b>Contact</b>	<b>Name/Department</b>	<b>Phone</b>	<b>Email Address</b>
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When sending in requests to add therapy providers, please include the following information:

1. Include the client name, ID#, DOB
2. What kind of therapy is being requested (Physical, Speech, Occupational, etc)
3. Who is prescribing the therapy
4. Name and Group NPI of the therapy provider
5. Name and Individual NPI of the therapist
6. What CSHCS diagnosis is the therapy request related to
7. Why is the therapy being prescribed
8. Any additional information you feel may be helpful

Therapy must be prescribed by a specialist, and that specialist must be on the client's approved provider list.

The request can be submitted as a medical report from the subscribing specialist and uploaded to DMP as an "Add Provider" document, with a message including the above information. If medical documentation is already in the client record, an NOA with the above information can be submitted, and reference to specific medical documentation already on file should be included.

For more detailed information about therapies, please refer to the Therapy Services chapter of the [Medicaid Provider Manual](#)