

Medical Practitioner Authorization for SBAP Services

Student's Name: _____ **Date of the Current IEP Meeting:** _____

Participating School Name: _____

Related Services	Frequency	Projected Start Date	Anticipated Duration	Group	Ind
_____ Audiology	_____	_____	_____	_____	_____
_____ Nursing	_____	_____	_____	_____	_____
_____ Occupational Therapy	_____	_____	_____	_____	_____
_____ Orientation & Mobility	_____	_____	_____	_____	_____
_____ Personal Care Assistant	_____	_____	_____	_____	_____
_____ Physical Therapy	_____	_____	_____	_____	_____
_____ Physician	_____	_____	_____	_____	_____
_____ Psychiatric	_____	_____	_____	_____	_____
_____ Psychological	_____	_____	_____	_____	_____
_____ Social Work	_____	_____	_____	_____	_____
_____ Speech/Language/Hearing	_____	_____	_____	_____	_____
_____ Teacher of the Hearing Impaired	_____	_____	_____	_____	_____
_____ Vision	_____	_____	_____	_____	_____
_____ Special Transportation	_____	_____	_____	_____	_____

Evaluations included in this IEP

_____ Audiology _____ Occupational Therapy _____ Orientation and Mobility
 _____ Physical Therapy _____ Psychiatric _____ Psychological
 _____ Social Work _____ Speech/Language/Hearing

I have reviewed the Individualized Education Program (IEP) for this student and agree that the health-related services and evaluations recommended above by the IEP team are both appropriate and medically necessary.

Authorized Signature: _____ **Authorized Date:** _____

Practitioner's Title: _____ **License #:** _____

Face to Face Encounter _____ **MA Provider #:** _____

with Student: _____ **NPI #:** _____

Record Review Time: _____

No. of Minutes

If review of medical necessity was conducted face-to-face with the student, separate documentation must be maintained.

* A Licensed Psychologist can only authorize/prescribe psychological services.
 * A Licensed Social Worker can only authorize/prescribe social work services.
 * A Licensed Professional Counselor or Licensed Family Counselor can only authorize/prescribe counseling services.
**** The date of signature is the Authorized Billing Date for all services listed above as long as all other compliance criteria for billing are met.**