



West Virginia IDDW Therapy Services Payment Request

Complete all relevant fields below to receive reimbursement for Therapy Services. Payment will be generated on the next payroll cycle, after Palco has processed this form, which may take up to five (5) business days. If this is the first time you are submitting a payment request, please complete a Vendor Packet, which can be found at <https://palcofirst.com/west-virginia/> under the Vendor tab. **Submit one form per type of therapy provided.**

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| | | |
| Participant Full Name: | Participant ID | Medicaid ID |
| Vendor Name: | | Vendor ID or FEIN |
| Therapy Provided: <input type="checkbox"/> Dietary Therapy 97802 AE UG (\$24.86 per 15-minute unit) <input type="checkbox"/> Occupational Therapy 97530 GO UG (\$24.86 per 15-minute unit) <input type="checkbox"/> Physical Therapy 97530 GP UG (\$24.86 per 15-minute unit) <input type="checkbox"/> Speech Therapy 92507 GN UG (\$53.40 per event unit) <i>*Therapy rates listed above are for current year 4/1/2024-3/31/2025. Dates of service prior to this may be paid at a different rate based on the approved rate schedule issued by the WV BMS.</i> | | |
| Date of Service: | 15-min Units Provided: | |
| ____/____/____ | | |
| ____/____/____ | | |
| ____/____/____ | | |
| ____/____/____ | | |
| ____/____/____ | | |
| Submit whole units only; do not submit units with decimal places. Any units with decimal places will be rounded down to the nearest whole unit. Speech Therapy is limited to one (1) event per calendar day. | | |

A detailed progress note must be submitted for each date of service. The progress note must include member's name, service code, date of service, start time, stop time, total time spent (duration), description of service provided, and assessment of progress or lack of progress.

Send completed paper forms by fax, email, or mail to Palco at the address below:

Fax: 1.877.859.8757
Email: accounting@palcofirst.com
Mail: Palco, Inc
Attn: Enrollment
P.O. Box 13260
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