



Therapy Prior Authorization Request Form
MEDICAL RECORDS ARE REQUIRED WITH THIS FORM
 Documentation must be uploaded thru the Provider Portal

Service Type (check one only*): Physical Therapy (PT)
 Occupational Therapy (OT)
 Speech (ST)

Separate authorization requests are required for each Type of Service.

MEMBER INFORMATION:					
Name: _____	Date of Birth: _____				
ID Number: _____	Male: <input type="checkbox"/> Female: <input type="checkbox"/>				
REFERRING PROVIDER:	RENDERING PROVIDER:				
Name: _____	Name: _____				
NPI: _____	Office Contact: _____				
OHCA ID: _____	NPI: _____				
Phone: _____ Fax: _____	OHCA ID: _____				
Address: _____	Phone: _____ Fax: _____				
Address: _____	Address: _____				
DIAGNOSES: Code _____, Code _____, Code _____, Code _____					
REQUESTED SERVICE INFORMATION:					
For Speech, what primary language is spoken by patient in home setting? _____					
Can speech therapist evaluate and treat in patient's primary spoken language? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you previously serviced this member? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes: How many units previously approved? _____ How many units Used? _____					
REQUESTED SERVICES:					
Requested Date Span: From _____ To _____					
Anticipated Number of Visits: _____ Duration of Session (in minutes): _____					
CODE	UNITS	MODIFIERS			
A. _____	_____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____	_____
E. _____	_____	_____	_____	_____	_____
F. _____	_____	_____	_____	_____	_____
G. _____	_____	_____	_____	_____	_____
H. _____	_____	_____	_____	_____	_____
Submission of this form, without complete medical records will limit the ability to administer prior authorizations and may result in a cancellation/denial. Please include the following: 1) Evaluation 2) Parental Consent Form SC-15 3) Signed and dated provider prescription/order 4) Change of Provider Form SC-16 if applicable					