

INTRODUCTION

This guide will help you complete the [Short-Term Rehabilitation Therapy Extension Request Form](#) to make the authorization process for ongoing services easier for you. **Please file this form one week prior to the last covered service.**

FORM SECTIONS

PATIENT AND PROVIDER INFORMATION SECTION

Please complete **all** patient and provider information. Clinical information should include:

- Date of onset/exacerbation
- Date of initial evaluation
 - Attach initial evaluation or complete the initial evaluation section
- Document any previous known treatments with you or another provider (example: PT, OT or medical such as injections, chiropractor, etc.)
 - Please include the first date of service and discharge dates or enter “unknown”
 - If you or another provider has treated patient for other diagnoses within previous 12 months, please include first date of service and discharge date or enter “unknown”
 - Please enter “see attached” if information is included in history or assessment
 - Please document *No Treatment* or *Unknown* if the patient reports no previous treatment or if the patient does not provide their history



SHORT-TERM REHABILITATION THERAPY EXTENSION REQUEST FORM
For Physical and Occupational Therapies

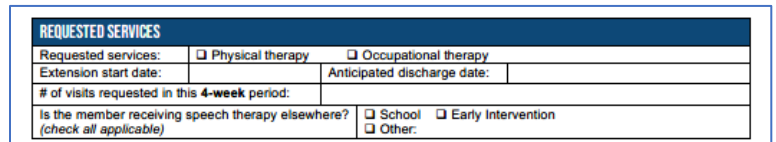
Please attach initial evaluation and most recent progress summary and fax to Health & Medical Management at 1-888-282-0780, or:
For Blue Cross employees, please fax to: 1-617-246-4299
For Medicare Advantage members, please fax to: 1-800-447-2994
[Additional instructions for completing this form](#)

MEMBER INFORMATION		PROVIDER INFORMATION	
Member name:		Provider name:	
Date of birth:		NPI:	

REQUESTED SERVICES SECTION

Clinical information should be complete, including requested services for current diagnosis:

- Complete the actual extension start date and the anticipated discharge date
- Request number of visits, not to exceed a 4-week period (monthly progress must be verified)

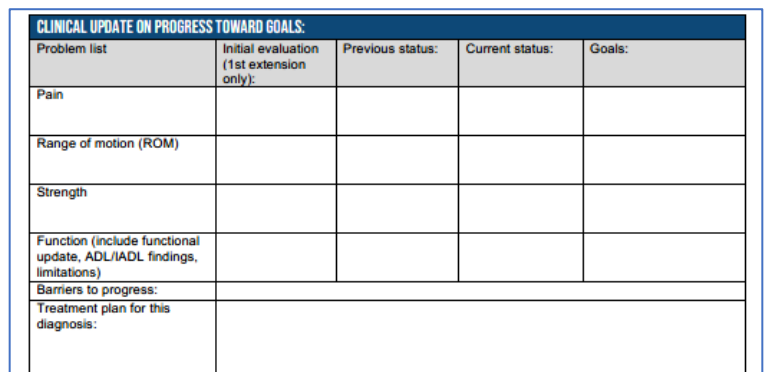


REQUESTED SERVICES			
Requested services:	<input type="checkbox"/> Physical therapy	<input type="checkbox"/> Occupational therapy	
Extension start date:		Anticipated discharge date:	
# of visits requested in this 4-week period:			
Is the member receiving speech therapy elsewhere? <i>(check all applicable)</i>		<input type="checkbox"/> School	<input type="checkbox"/> Early Intervention
		<input type="checkbox"/> Other:	

CLINICAL UPDATE ON PROGRESS TOWARD GOALS SECTION

Please complete the initial evaluation section or attach the initial evaluation.

- For barriers to progress, please include co-morbid conditions or lack of compliance



CLINICAL UPDATE ON PROGRESS TOWARD GOALS:				
Problem list	Initial evaluation (1st extension only):	Previous status:	Current status:	Goals:
Pain				
Range of motion (ROM)				
Strength				
Function (include functional update, ADL/IADL findings, limitations)				
Barriers to progress:				
Treatment plan for this diagnosis:				

ADDITIONAL INFORMATION

- For a break in treatment of more than 30 days, the referring medical provider must request an initial evaluation for the same or a new condition
- For a new condition being added to the current plan of care, please provide an updated script
- Include most recent medical follow up, next scheduled appointment, medical interventions, and test results
- Note that "return to sports/leisure is not a covered benefit
- Verify patient's benefits for the following services:
 - Temporal mandibular joint syndrome (TMJ)
 - Habilitative Therapy

RESOURCES

MEDICAL POLICIES

Visit our Medical Policy site for [commercial HMO/POS](#) and [Medicare Advantage](#) members and search for keywords such as:

- Biofeedback
- Sensory Integration Therapy
- Auditory Integration Therapy
- Functional Neuromuscular Electrical Stimulation
- Hippotherapy
- Ionotophoresis Phonophoresis
- Medical Technology Assessment Guidelines
- Pelvic Floor Stimulation
- Temporomandibular Joint Syndrome
- Transcutaneous Electrical Stimulation (TENS)
- Dry Needling and Trigger Point Injections
- Complementary Medicine

PROVIDER CENTRAL RESOURCES

- [Prior Authorization Overview](#)
Provider Central > Clinical Resources > Prior Authorization > Prior Auth Overview
- [Outpatient Rehabilitation Therapy](#)
Provider Central > Clinical Resources > Prior Authorization > Outpatient Rehabilitation Therapy
- [InterQual Criteria](#) (log in for the Transparency Tool)
Provider Central > Clinical Resources > Coverage Criteria & Guidelines > InterQual Criteria
- [Reviews and Appeals](#)
Provider Central > Office Resources > Policies & Guidelines > Reviews and Appeals

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