



Guide to the *Short-Term Rehabilitation Therapy Extension Request Form*

Completion Guide

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 visit to ensure continuity of care.**

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 the 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 past history.

Short-Term Rehabilitation Therapy Extension Request Form
For Physical and Occupational Therapies
Please attach initial evaluation and most recent progress summary, including short and long term goals, and fax to:
BCBSMA Clinical Coordination department at 1-866-577-9901
• For BCBSMA employees: 1-617-246-4299
• For Medicare Advantage members: 1-800-447-2994

Patient Information:		Provider Information:	
Member name:		Provider name:	
Date of birth:	/ /	NPI:	
Member ID:		Therapist name:	

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: Physical Therapy Occupational Therapy

Extension start date: / / Anticipated discharge date: / /

of visits requested in this 4 week period: _____

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 and/or lack of compliance.

Clinical update on progress toward goals:				
Problem List	Initial Evaluation (first 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.



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Medical policies (MP):

- Biofeedback as Treatment of Chronic Pain [MP 210](#)
- Biofeedback as Treatment of Fecal Incontinence or Constipation [MP 308](#)
- Biofeedback as Treatment of Headache [MP 152](#)
- Biofeedback as Treatment of Urinary Incontinence [MP 173](#)
- Sensory Integration Therapy and Auditory Integration Therapy [MP 659](#)
- Functional Neuromuscular Electrical Stimulation [MP 201](#)
- Hippotherapy [MP 560](#)
- Iontophoresis Phonophoresis [MP 095](#)
- Medical Technology Assessment Guidelines [MP 350](#) and [MP 400](#)
- Pelvic Floor Stimulation as Treatment of Urinary Incontinence and Fecal Incontinence [MP 470](#)
- Temporomandibular Joint Syndrome [MP 035](#)
- Transcutaneous Electrical Stimulation (TENS) [MP 003](#)
- Dry Needling and Trigger Point Injections for myofascial pain [MP 792](#)
- Complementary Medicine [MP 178](#)

Additional 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**
Provider Central > Clinical Resources > Prior Authorization > InterQual Criteria & Smartsheets
- **Reviews and Appeals**
Provider Central > Office Resources > Policies & Guidelines > Reviews and Appeals