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.

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).

Clinical update on progress toward goals section:
Please complete the initial evaluation section or attach the initial evaluation.

- For barriers to progress, please include comorbid conditions and/or lack of compliance.

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.
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