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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:	
Referral/Authorization #:		Telephone:	( )
Diagnosis:		Fax:	( )
Date of onset/exacerbation:	/ /	Contact name:	
Initial evaluation date for current diagnosis:	/ /	Referring MD:	
Is this work-related?	❑ Yes ❑ No	NPI:	
Is it the result of a motor vehicle accident?	❑ Yes ❑ No	MD telephone #:	( )
Previous treatment for this diagnosis:			
Treatment for other diagnoses (within the previous year):			

Requested Services:

Requested services: ❑ Physical Therapy ❑ Occupational Therapy

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

# of visits requested in this 4 week period:

Is the member receiving speech therapy elsewhere? *(check all applicable)* ❑ School ❑ Early Intervention ❑ Other

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: