



**FIDELIS CARE®**

## ST, PT or OT Treatment Request Form

Required for: Metal-Level Products, Managed Medicaid, CHP, and Medicare Advantage

**Fax:** (800) 860-8720

**Questions:** (888) 343-3547

**PreAuthorization is not required for the first 10 visits in a calendar year.**

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**Speech Therapy**

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**Physical Therapy**

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**Occupational Therapy**

### Member Information

Fidelis Care Member Name:	Fidelis Care Member ID #:	Date of Birth:
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### Speech Therapy (SP), Physical Therapy (PT), Occupational Therapy (OT) Services

ICD-10 Diagnosis (Dx) Code(s):	CPT/Procedure Code(s):	Check if applicable: <input type="checkbox"/> Medicare <input type="checkbox"/> Worker' Comp <input type="checkbox"/> No-Fault: Date of Injury:    /    /
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Date of Evaluation:	Total # of visits member has used this calendar year: _____
Desired Date of 1st Visit:	Please check one: <input type="checkbox"/> Initial Treatment <input type="checkbox"/> Concurrent Treatment
Number of Visits Desired: _____	If concurrent, from: ____/____/____ to ____/____/____ Auth #: _____
Number of Weeks Desired: _____	Number of visits used on the existing auth with provider: _____
	Check as applicable: <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> TBI (include waiver)

<u>Progress since last request:</u> 1. Ambulation:	4. Activities of daily living:
2. Transfers:	5. Is a home program in place?
3. Pain control:	6. Other:
	7. Date of Surgery (if applicable):

### Speech/Physical/Occupational Referring Provider and Therapist Information

Name of Referring Provider:	Referring Provider Phone: (    )    -	Referring Provider Tax ID or NPI#:
Therapist Name:	Billing Provider ID # / Tax ID:	ST/PT/OT Phone:
ST/PT/OT Facility/Group Name:	ST/PT/OT Servicing Address:	ST/PT/OT Fax #:
IPA Affiliation (if applicable):		

- This form is to be completed in its entirety; please fax to 1-800-860-8720. You will be notified of the service determination within the appropriate regulatory timeframe.
- Authorization does not guarantee that benefits will be paid. Payment of claims is subject to member eligibility and adherence to correct coding standards.
- Requests after the first 90 day period must provide a new prescription as evidence that the referring provider has been informed of progress to date.
- Requests for services beyond the initial 10 visits require submission of therapy progress notes from the first 10 visits.