



PRIOR AUTHORIZATION REQUEST (THERAPY)

Must be completed by provider for request to be processed

PLEASE NOTE: Receipt of an approved prior authorization does not guarantee payment by iCare. A patient may become ineligible for iCare benefits during the term of this prior authorization. Please fill out this form completely. An incomplete form may delay processing and/or claims payment.

Today's date: _____ Member Name: _____
 Date of Birth: _____ SS #: _____ Phone: _____
 Diagnosis: _____ ICD-9: _____
 Dates of Treatment: _____
 Facility: _____
 Contact Name: _____ Phone: _____
 FAX #: _____

Please check appropriate box:

New Modification to authorization #: _____

Therapy (excluding Home Health Services)

PT OT ST Cardiac Rehab Pulmonary Rehab Lymphedema Therapy

NOTE: Procedure Codes Required: See page two to select procedure code(s).

Procedure Code: _____ Description: _____ Quantity: _____
 Procedure Code: _____ Description: _____ Quantity: _____
 Procedure Code: _____ Description: _____ Quantity: _____
 Procedure Code: _____ Description: _____ Quantity: _____
 Procedure Code: _____ Description: _____ Quantity: _____
 Procedure Code: _____ Description: _____ Quantity: _____

Provide description of services to be performed for all unspecified codes.

Comments:

FOR iCare USE ONLY:

Medicare iCare Medicare Other Medicaid SSI Medicaid Other BC _____ FCP _____
 Approved Modified Returned Denied
 Prescription Required Progress Notes Required Evaluation Report Required
 Please resubmit with requested information.

Comments:

Authorization Coordinator: _____ RNCM: _____
 Date Received: _____ Entered By: _____ Date Entered: _____
 Authorization #: _____ Care Coordinator: _____
 Medical Director Signature: _____ Date: _____

**THERAPIES & REHAB**

- G0237, G0238, G0239 Pulmonary rehabilitation
93798 Cardiac rehabilitation
92506 Evaluation of Speech, language, voice, communication, auditory processing and/or aural rehabilitation.
92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder: individual
92508 Treatment of speech, language, voice, communication, and/or auditory processing disorder: group, 2 or more individuals
97001 Physical Therapy Evaluation
97002 Physical Therapy Re-evaluation
97003 Occupational Therapy Evaluation
97004 Occupational Therapy Re-evaluation

Supervised:

- 97010 Application of a modality to one or more areas; hot or cold packs.
97012 Application of a modality to one or more areas; traction, mechanical.
97014 Application of a modality to one or more areas: electrical stimulation (unattended).
97016 Application of a modality to one or more areas; vasopneumatic devices.
97018 Application of a modality to one or more areas; paraffin bath.
97020 Application of a modality to one or more areas; microwave.
97022 Application of a modality to one or more areas; whirlpool.
97024 Application of a modality to one or more areas; diathermy.
97026 Application of a modality to one or more areas; infrared.
97028 Application of a modality to one or more areas; ultraviolet.

Constant Attendance:

- 97032 Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes.
97033 Application of a modality to one or more areas; iontophoresis, each 15 minutes.
97034 Application of a modality to one or more areas; contrast baths, each 15 minutes.
97035 Application of a modality to one or more areas: ultrasound, each 15 minutes.
97036 Hubbard tank, each 15 minutes.
97039 Unlisted modality (specify) _____

Therapeutic Procedures: direct patient contact:

- 97110 Therapeutic procedure, one or more areas, each 15 minutes: therapeutic exercises to develop strength and endurance, range of motion and flexibility.
97112 Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.
97116 Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing).
97124 Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion).
97139 Unlisted therapeutic procedure (specify) _____
97140 Manual therapy techniques (eg mobilization/manipulation, manual lymphatic drainage, manual traction: one or more regions, each 15 minutes.
97520 Prosthetic training, upper and lower extremities, each 15 minutes.
97530 Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance, each 15 minutes.
97532 Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes.
97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes.
97535 Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes.
97537 Community/work reintegration training
97542 Wheelchair management
97760 Orthotic management and training
97761 Prosthetic training
97762 Checkout for Orthotic/Prosthetic use
97799 Unlisted physical medicine/rehabilitation service or procedure (specify) _____