MetroPlus Health Plan

WWW.METROPLUS.ORG 1-800-475-METRO

ST, PT or OT Treatment Request Form

Submission of request form required for:
MEDICARE

☐ **Speech Therapy** ☐ **Physical Therapy** ☐ **Occupational Therapy**

Fax: (212) 908-4401 **Questions**: 800-303-9626

Medicare members are allowed 10 ST, 10 PT and 10 OT visits without Prior Authorization with a Participating Provider.

Member Name:	MetroPlus Member ID #:	Date of Birth:
Speech Therapy (SP), Physical Therapy (PT) / Occupational Therapy (OT) Services		
ICD-10 Diagnosis (Dx) Code(s):	CPT/Procedure Code(s):	Check if applicable: ☐ Worker' Comp ☐ No-Fault
Date of Surgery: (if applicable)	Date of Injury:	
Name of Referring Provider:	Phone:	Tax ID or NPI#
Date of initial visit:	Date of Last visit:	# Visits and frequency requested:
Previous ST/OT/PT Treatment: Yes, From Date _____ to Date _____	Number of visits used for this calendar year:	
Progress since last request:		
1. Ambulation:	4. Activities of daily living:	
2. Transfers:	5. Is a home program in place?	
3. Pain control:	6. Other:	
Speech/Physical/Occupational Therapist Information		
Therapist Name:	Provider ID# / Tax ID:	ST/PT/OT Phone:
ST/PT/OT Facility Name:	ST/PT/OT Address:	ST/PT/OT Fax #:

This form is to be filled out in its entirety for all requests; please fax to 212-908-4401. You will be notified of the service determination within 3 business days for initial requests and 3 business day for concurrent requests.

- 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 **60 day** period must provide a new prescription as evidence that the referring provider has been informed of progress to date.
- If more therapy visits are required, the request should be accompanied by a list of quantifiable objectives and a table or graph showing the member's status at the commencement of therapy, evidence of the member's progress or regression within the authorized time frame and lastly, the member's status at the end of the authorized period.