

Web form Data fields PT/OT

Please be advised: Physical Therapy and Occupational Therapy do not require authorization for the first 10 visits. Remember to ask patients whether they have received therapy services from any other provider. If a member has received any number of therapy services from another physical therapy provider, the therapy visits that have already occurred will be applied to the 10 no authorization visits. It would be beneficial to verify benefits prior to authorizing services as benefits for these services are subject to annual renewal and may have yearly maximum limits.

Authorization is required for visits 11 and thereafter.

Blue CHIP for Medicare and **FEP** members do not require authorization for any outpatient Physical Therapy or Occupational Therapy.

Type of Authorization Request:

- Physical Therapy
- Occupational Therapy

I have verified that the member has utilized 10 visits for this renewal period.

Number of additional visits requested:

Expected Number of visits per week:

Start date of service for visit #11:

Expected End date of service for additional requested visits:

Request type: Concurrent or Post Service

Diagnosis code: Description:

Procedure code (s):

Description:

Comments:

Please attach the initial evaluation, any follow-up evaluations and the plan of care. Please fax these documents to Utilization Management at 401- 272-8885.

An authorization is a statement of the Plan's determination that a service is medically necessary. It does not guarantee the claim will be paid. This authorization is subject to the benefit plan limitations, exclusions, and conditions as well as the member's eligibility on the date that services are rendered. The decision to provide or accept treatment is the responsibility of the patient and his or her healthcare providers.

To obtain benefit and coverage information, please call our Medical Professional Services Department at (401) 274-4848 or, for out-of-state providers, at 1-800-230-9050. You can also obtain benefit information by visiting our main [Provider page](https://www.bcbsri.com/providers). @ <https://www.bcbsri.com/providers>