



ST, PT or OT Treatment Request Form

Submission of request form required for: NYS of Health, Managed Medicaid, CHP, FHP and Medicare Advantage

Speech Therapy
Fax: (800) 860-8720

Physical Therapy

Occupational Therapy
Questions: (888) 343-3547

FHP members are allowed 20 PT and 20 OT visits annually. Only credentialed therapy providers and physiatrists will be approved. Effective 10/1/2011, Fidelis Care members will have a 20 visit limit annually. This form will be required for all requests of therapy and incomplete or illegible forms will only delay determination of request.

Member Name:		Fidelis Member ID #:	Date of Birth:
Speech Therapy (SP), Physical Therapy (PT) / Occupational Therapy (OT) Services			
ICD-9 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:	
Date of Surgery: (if applicable)			
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: 2. Transfers 3. Pain control	4. Activities of daily living: 5. Is a home program in place? 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 #:	
IPA Affiliation (if applicable):			

- This form is to be filled out in its entirety for all requests; please fax to 1-800-860-8720. You will be notified of the service determination within 3 business days for initial requests and 1 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 90 day period must provide a new prescription as evidence that the referring provider has been informed of progress to date.
- All requests for services require additional clinical to support the requested service(s) including but not limited to: History & Physical, previous diagnostic tests and consultation reports.