Skilled Therapy Services (OT/PT/ST) Prior Authorization Form

FAX TO : MEDICARE			
Georgia : (855) 597-2697	**All other Plans :** (877) 709 -1698		
FAX TO : MEDICAID			
Florida / Illinois / South Carolina : (877) 709-1698	**Georgia :** (855) 597-2697	**Kentucky :** (855) 620-1871	
New York : (888) 351-8737			
REQUEST TYPE			
☐ **Initial Request** ☐ **Continuation of Services**			
Do not use this form for an urgent request, call (800) 351-8777.			
MEMBER INFORMATION			
WellCare ID #:	**Medicare/Medicaid #:**		
Last Name:	**First Name, MI:**		
Phone Number:	**Date Of Birth:**	**Third Party Insurance**	☐YES* ☐ NO
*If Yes, please attach a copy of the insurance card. If the card is not available, provide the name of the insurer, policy type, and number.			
ORDERING PHYSICIAN INFORMATION			
WellCare ID #:	**NPI Number:**		
Last Name:	**First Name:**		
Street Address:	**City, State:**	**Zip Code:**	
Phone Number:	**Fax Number:**		
Provider Type/Specialty:	**Name of Requester:**		
TREATING PROVIDER INFORMATION			
WellCare ID #:	**NPI Number:**		
Last Name:	**First Name:**		
Street Address:	**City, State:**	**Zip Code:**	
Phone Number:	**Fax Number:**		
Provider Type/Specialty:	**Name of Requester:**		
FACILITY INFORMATION			
Place of Service: ☐ Office ☐ CORF ☐ Home ☐ Hospice ☐ Outpatient Hospital ☐ Other			
WellCare ID#:	**NPI Number:**		
Facility Name:	**Hospital Contact:**		
Street Address:	**City, State:**	**Zip Code:**	
Phone Number:	**Fax Number:**		
REQUESTED SERVICES			
Requested Dates of Service: From:	**To:**	**# of visits Attended to Date:**	
Original Start of Care Date:		**Previous Authorization # (if continuation):**	
Treatment will be Rendered: Times per week for weeks **OR** total # of visits requested:			
Primary **ICD-10** Code**:**	Description/ Condition:		
Secondary **ICD-10** Code**:**	Description/ Condition:		
CPT/HCPCS Code**:**	Description/ Procedure:		
CPT/HCPCS Code:	Description/ Procedure:		
CPT/HCPCS Code:	Description/ Procedure:		
CPT/HCPCS Code:	Description/ Procedure:		
Please attach documentation to support medical necessity. This includes H&P, progress notes, lab results & treatment plans.			

Authorizations will be given for medically necessary services only; it is not a guarantee of payment. Payment is subject to verification of member eligibility and to the limitations and exclusions of the member's contract. Emergency care does not require prior authorization. An emergency is a medical condition that that manifests itself by acute symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses and average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.*Urgent care is defined as medically necessary treatment for an injury, illness or type of condition (usually not life threatening) which should be treated within 24 hours.