

## Advanced Health 289 LaClair St, Coos Bay, OR 97420

Voice: 541-269-7400 • 800-264-0014 Fax: 541-269-7147 • TTY: 877-769-7400

## Instructions to Complete Therapeutic Service Authorization Request For Physical Therapy, Speech Therapy, Occupational Therapy, Chiropractic, Acupuncture, Naturopathy, Osteopathy, etc.

- Provider is responsible for submitting all information in the top portion of the "Therapeutic Service Authorization Request" form along with required documentation.
- > Initial therapy evaluations do not require prior authorization, unless provided by an out-of-area provider in which a referral is required.
- Required Documentation:
  - Prescribing Provider current prescription or signed order MD Referral
  - Evaluation and Treatment Plan with supportive tools (ex: Oswestry)
  - ◆ PCP note, Specialist Note, Other diagnostic testing results; all of these items are optional
- Fax completed form and documentation to Advanced Health's Medical Management Department at (541) 269-7147.
- If you have questions regarding this form or other related questions, please contact Advanced Health's Medical Management Department at (541) 269-7400.



Bridging the Future of Healthcare

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## **Therapeutic Service Authorization Request**

\*\*Expedited Request: By selecting expedited request, you are implying that following a standard timeframe could seriously jeopardize this members' life or health. (A retro request is not an expedited request)

Is this an Expedited request: Yes No

lember Name:	Medicaid ID #:	/ DOB:/
Performing Provider:	PCP 🖵 Specialist 🖵	Other 🗖
Performing Provider NPI#:		
Provider's Phone Number:		
Prescribing Provider:	PCP:	
Prescribing Provider NPI#:		
Requested Dates:/ to/		
PRIMARY ICD-10 Code:	Other Related ICD-10 Codes:	
Is this a retro-active request: Yes N	<del></del>	
	**You must attach chart notes/opera	tive report from that date.
Item/Service Requested	Codes and Applicable Modifiers	# of Visits Requested
equired Documents Attached?: Yes	No (EX: MD Notes Supporting Condition	on)
equired Documents Attached?: Yes LEASE NOTE: INCOMPLETE FORMS WITHOUT		
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LEASE NOTE: INCOMPLETE FORMS WITHOUT st Documents:	REQUIRED DOCUMENTS WILL DELAY THE A	UTHORIZATION PROCESS Lis

terms, and compliance with rules, regulations and policies of DMAP, Medicare and Advanced Health as applicable.