

Outpatient Rehabilitation Limitation Extension Request

Please attach the following required information to this request:

- Copy of prescription
- Justification of medical necessity
- Most recent therapy evaluation
- Therapy progress notes

Please provide the information below. Print or type your answers, attach the required supporting documentation, sign, date, and submit the request as follows:

- 1. Online submission:** Complete an online submission via the ProviderOne Portal. Submit the HCA prescription form 13-794, this completed form online along with supporting documentation.
- 2. Written submission:** Fax a completed General Information for Authorization form (13-835), as the first page of the fax, the HCA prescription form (13-794), this completed form and supporting documentation to the Authorization Services Office at 1-866-668-1214. Please do not use a fax cover sheet with the request.

1

Provider information

Date of request

Provider name

Billing provider NPI

Telephone number

Fax number

2

Client information

Client name

Client ProviderOne ID

3

Additional therapy request information

PT – Number of units requested:
(1 unit = 15 minutes)

Number of units used this year:

OT – Number of units requested:
(1 unit = 15 minutes)

Number of units used this year:

ST – Number of units requested:
(1 unit = 1 visit, no matter the length of the visit)

Number of units used this year:

CPT procedure codes

ICD 9 Dx

Description

ICD 9 Dx

Description

Place of service

Outpatient hospital

Therapy Office

Date of injury or illness

Date of surgery and description

What prevented the client from reaching the therapy goals with the treatment provided to date?

List the functional improvement goals for the additional therapy requested:

Was the client prescribed a home exercise program (HEP)? Is the client actively engaging in the HEP? Explain.