



# Skilled Therapy Authorization Request Form

\*Indicates a required field

**Requirements:** Clinical information and supporting documentation should consist of current physician orders, notes, and recent diagnostics. **Notification is required for any date-of-service change.**

**Expedited Requests:** If the standard time to make a determination could seriously jeopardize the life and/or health of the member or the member's ability to regain maximum function, please call **1-855-538-0454**.

 Please fax completed form to appropriate number at bottom of form.

Requestor Name*:	Fax*:	Phone*:
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## Member Information (please print)

Wellcare ID*:	Medicaid/Medicare ID:	
Last Name*:	First Name, MI*:	Date of Birth*: / /

## Requesting Provider (please print)

Wellcare ID:	NPI/Tax ID*:	
Provider Name*:	Fax*:	Phone:
Address:	City:	State: ZIP Code:

## Servicing Provider or Facility (please print)

Wellcare ID:	NPI/Tax ID*:	
Provider/Facility Name*:	Fax*:	Phone:
Address:	City:	State: ZIP Code:

## Treating Provider (please print)

Wellcare ID:	NPI/Tax ID*:	
Provider/Facility Name*:	Fax*:	Phone:
Address:	City:	State: ZIP Code:

(continued)

## Requested Services (please choose only one)

- Physical Therapy     
  Occupational Therapy     
  Speech Therapy     
  Massage Therapy  
 Equine Therapy     
  Aquatic Therapy     
  Other (please specify): \_\_\_\_\_

**\*\*PT and OT service may be delegated to NIA. Please check the QRG\*\***

Place of Service: (check one):     
 Office (11)     
 Home (12)     
 SNF (31)     
 Hospital (22)  
 Other (please specify): \_\_\_\_\_

Date of last therapy evaluation or reevaluation:     
 PT:      /      /     
 OT:      /      /     
 ST:      /      /

**Attach a copy of the therapy evaluation/reevaluation or progress summary (acute) for each therapy discipline requested.**

## Diagnosis Codes\*

ICD-10:      ICD-10:      ICD-10:      ICD-10:

Procedure Code(s)*	Description	Frequency
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CPT Code:		__ days a week for __ weeks = __ visits
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 Please fax completed form to:

## Medicare Fax Lines

Connecticut: <b>1-866-455-6529</b>	Kentucky: <b>1-888-361-5684</b>
Florida Medicare only: <b>1-877-892-8216</b>	New Jersey: <b>1-877-892-8221</b>
Georgia Medicare only: <b>1-877-892-8213</b>	New York: <b>1-877-892-8214</b>
Florida/Georgia Dual: <b>1-877-277-1820</b>	Texas: <b>1-877-894-2034</b>
Illinois: <b>1-877-899-2044</b>	All others: <b>1-888-361-5684</b>



**wellcare.com**