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ST PT or OT Treatment Request Form

Submission of request form required for:

CHP, Managed Medicaid, MarketPlus Exchange, Essential 1-4 and MetroPlus Gold.

Speech Therapy Physical Therapy Occupational Therapy

Fax: (212) 908-8521 or 8522

Questions: 800-303-9626

****Medicaid members are allowed 20 ST, 20 PT and 20 OT visits *without* Prior Authorization with a Participating Provider. CHP, Market Plus Exchange, Essential 1-4, Gold, and Gold Care 1&2, require authorization for all visits.**

Member Name:		MetroPlus Member ID #:		Date of Birth:	
Speech Therapy (SP), Physical Therapy (PT) / Occupational Therapy (OT) Services					
ICD-10 Diagnosis (Dx) Code(s):		CPT/Procedure Code(s):		Check if applicable: <input type="checkbox"/> Worker' Comp <input type="checkbox"/> No-Fault	
Date of Surgery: (if applicable)			Date of Injury:		
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:			4. Activities of daily living:		
2. Transfers:			5. Is a home program in place?		
3. Pain control:			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 #:	

This form is to be filled out in its entirety for all requests; please fax to 212-908-8521 or 8522. You will be notified of the service determination within 3 business days for initial requests and 3 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 **60 day** period must provide a new prescription as evidence that the referring provider has been informed of progress to date.
- If more therapy visits are required, the request should be accompanied by a list of quantifiable objectives and a table or graph showing the member's status at the commencement of therapy, evidence of the member's progress or regression within the authorized time frame and lastly, the member's status at the end of the authorized period.