Medical Records Cover Sheet (Use One Per Patient)

Cigna Physical Medicine Program Rehabilitation Services Request

All fields herein are required to be populated

PROVIDER GROUP NAME (FACILITY)_____

BILLING TIN#_____

TREATING PRACTITIONER NAME_____

NPI # (Treating Practitioner)_____

Provider Address_____

Provider City/State/Zip_____

Provider Phone#_____

Provider FAX #_____

(Providing your FAX # will expedite the response to this request)

To: American Specialty Health	Date:
Fax: 1.877.427.4777 (CA) or 1.877.304.2746	Pages:
Patient Name: Pt. Birth date:	Patient ID#: Gender: ◯ Male ◯ Female
Subscriber Name: Subscriber ID#:	Health Plan: Cigna Group #:

TREATMENT / SERVICES SUBMITTING FOR REVIEW

Initial Start of care(mm/dd/yyyy) for this condition _____

Date of Evaluation or Reevaluation Findings: _____

# of Office visits already rendered: _____

Primary Diagnoses (ICD-10) (Highest level of specificity-Primary condition and Pathology codes)

1 _____ 2 _____ 3 _____ 4 _____

Date Range for Care: From: ____/____/____ Through: ____/____/____

Services Requested Within above date range, please indicate:

PT and/or OT Evaluation or Re-Evaluation Services (NO E/M services):

_____Evaluation (ex: PT: 97161-97163, OT: 97165-97167) _____Re-Evaluation (ex: PT: 97164, OT: 97168)

Total # of Rehab Service Visits over above duration (refer to applicable 97000 code list): _____

Additional/Updated Clinical Information not included in attached records: _____

_____

_____

If you are treating this member for an Autism Spectrum Disorder (ASD), please attest to the following by checking the box below:

_____I am following state-specific rules and regulations of the state mandate for Autism Spectrum Disorder (ASD)

By submitting this Rehabilitation *Medical Records Cover Sheet,* I attest that the above dates and services are those I wish to have reviewed for medical necessity.

Please attach the Clinical Information Summary Sheet or all relevant evaluation forms, progress notes or summary reports that support the medical necessity of the submitted rehabilitation services. <u>Do not submit daily notes without a summary of progress.</u>