

# OON Medical Records Cover Sheet (Please Use One Per Patient)

Practitioner Name: \_\_\_\_\_ TIN # \_\_\_\_\_

Practitioner Address: \_\_\_\_\_ Practitioner Phone #: \_\_\_\_\_

Practitioner FAX #: \_\_\_\_\_

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

NPI # (Type 1-Ind) \_\_\_\_\_ NPI # (Type 2-Org) \_\_\_\_\_

To: American Specialty Health Date: \_\_\_\_\_

Fax: 877.248.2746 Pages: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient ID#: \_\_\_\_\_

Pt. Birth date: \_\_\_\_\_ Gender:  Male  Female

Subscriber Name: \_\_\_\_\_ Health Plan: \_\_\_\_\_

Subscriber ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

## TREATMENT / SERVICES SUBMITTING FOR REVIEW

Primary Diagnoses (ICD Codes): 1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Date Range: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Through: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Evaluation and Management Services:

New Patient Code  99202  99203  99204  99205

Est. Patient Code, Total #: \_\_\_\_ 99211 X \_\_\_\_ 99212 X \_\_\_\_ 99213 X \_\_\_\_ 99214 X \_\_\_\_ 99215 X \_\_\_\_

Prolonged Services (Use only with 99205 or 99215): 99417 X \_\_\_\_

Durable Medical Equipment: Total # \_\_\_\_\_, HCPCS Code(s) \_\_\_\_\_

Modalities/Procedures (CPT -97000-97545) during date range: Total # \_\_\_\_\_

Please note the type of modalities/procedures and number per type:

Diathermy (97024) x \_\_\_\_  E- Stim. (97032) x \_\_\_\_  Hot/Cold Packs (97010) x \_\_\_\_

Hydrotherapy (97039) x \_\_\_\_  Manual Therapy (97140) x \_\_\_\_  US Therapy (97035) x \_\_\_\_

Other Modalities/Procedures by CPT Code: \_\_\_\_\_

Consultation: CPT Code(s): \_\_\_\_\_

Prolonged Consultation: Total # \_\_\_\_\_ 99354 X \_\_\_\_ 99355 X \_\_\_\_

Lab/Diagnostic Studies / Other Services by CPT Code(s): \_\_\_\_\_

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

Please attach all relevant Exam Forms, Clinical Notes or Reports that support the medical necessity of the submitted services.