Prior Authorization Form
Please Fax To (952)853-8712 For Questions Call (888) 467-0774

Rehabilitative Physical and Occupational Therapy

Member and Provider information

Member Name:	Provider Name:
Member ID #	Provider Tax ID #:
DOB:	Provider Phone #:
ICD9 or ICD10: Diagnosis:	Provider Fax #:
Date of injury / Surgery:	Therapist Name:

Member Services Information: (888) 324-2064 Date Called ____________
Benefit limit ☐ NO ☐ YES #______ # of visits to date this year _____________

Prescribing Practitioner Information- include prescription or order

Referring Practitioner:	Referring Practitioner Phone #:
Referring Practitioner Fax #:	

Visit information (please use a separate form for each therapy)

Type of therapy ☐PT(includes pool therapy) ☐OT ☐ Athletic Trainer	Start of Care or Eval Date: ________ Estimated Discharge date: __________
# of visits done this year __________	# of visits requested __________

Current functional status information

1 = no difficulty
2 = minimal difficulty
3 = moderate difficulty/or with assistance
4 = severe difficulty/only with assistance
5 = unable to perform

Bed mobility	1	2	3	4	5
Transfers	1	2	3	4	5
Gait/walking	1	2	3	4	5
Stairs	1	2	3	4	5
Bathing	1	2	3	4	5
Shampooing	1	2	3	4	5
Eating/ cut food	1	2	3	4	5
Dressing	1	2	3	4	5
Button shirt	1	2	3	4	5
Tie shoes	1	2	3	4	5
Toileting	1	2	3	4	5

Pain Intensity: (0/10-10/10) __________________

ROM:____

Strength:____

Alignment:____

Ambulatory
Status/Balance:____

Sensory/Reflexes:_______________________________________

Additional Information: ________________________________
____
____
____

GOALS:

CoOportunity Health has contracted with HealthPartners Administrators, Inc. to provide claims processing, medical management and certain other administrative services.

CoOportunity HEALTH®

Initial / previous functional status	ADL related goals
Pain Intensity: (0/10-10/10) ____________________ ROM:____________________ Strength:____________________ Alignment:____________________ Ambulatory Status/Balance:____________________ Sensory/Reflexes:____________________ Other____________________	

Prior Authorization Guide

Thank you for serving a CoOportunity Health member in your clinic!
Here are some things that you may find helpful in working with members who have CoOportunity Health insurance coverage.

- Therapy visits are counted on a calendar year. The start of the calendar year is January 1st.
- All OT visits billed without the modifier 'GO' will be counted toward Physical therapy limits. Prior authorization is needed for the 21st visits and beyond for PT and OT services.
- Athletic trainer and Pool therapy are counted as a modality under physical therapy.

Getting Started
The Provider must follow the steps 1 and 2 listed below for CoOportunity Health members prior to providing care. Providers must obtain prior authorization for the 21st visit and beyond regardless of the payer (i.e. workmen comp, auto etc). Faxed and or verbal requests for authorization for PT/OT will be forwarded to the medical policy coordinator who is assigned to your clinic. Please follow the 3 simple steps.

3 Simple Steps

1. Contact Member Services for benefit information. 888-324-2064
2. Contact Claim Customer Services for number of visits received this calendar year. 952/883-7755
3. Fax in Prior Authorization Form for the 21st visit and beyond. 952/853-8712

NOTE: If another provider has provided therapy and has not billed at the time you make you phone call to Claims Customer Service, the count may be inaccurate. In this situation, CoOportunity Health will honor the count that was given on the date of the call. Please document your call on the new Fax authorization form.

KEY PHONE NUMBERS FOR OUTPATIENT REHABILITATIVE SERVICES

QUESTIONS	DEPARTMENT	PHONE NUMBER
Benefit information	Member services	888-324-2064
Number visits that have been done prior to this episode of care.	Claims Customer Service	952/883-7755
To fax in Prior Authorization Form	Medical Policy fax line	952/853-8712
To speak to Medical Policy about your request	Medical Policy Triage line	888-467-0774