

Prior Authorization Form for Medicare Part B Therapies



840 Carolina Street, Sauk City, WI 53583

Prior Authorization (PA) form is required if therapy sessions will EXCEED the 30-visit limit. Please complete the entire form. You can check your PA status in the Quartz MyPlanTools portal.

Fax Prior Authorization form and attached documents to our Medical Management department at **(608) 881-8397**. For questions, call the Medical Management department at **(608) 881-8738**.

Date Form Completed:

Member Name:

Member ID Number:

Date of Birth:

Ordering Provider Name:

Provider Phone Number:

Provider Fax Number:

Facility Name:

National Provider Identifier (NPI) – Therapist:

Facility Phone Number:

Facility Fax Number:

Date of Injury / Illness:

Discipline Requested: PT OT ST

Date of Last Exam by Medical Provider:

Medical Diagnosis with Code:

Treatment Code (if different):

Retro-Request: Yes No

Visit Cap Met: Yes No

Approx. Date:

Date of Start of Care:

Number of Therapy Visits Requested:

Total Therapy Visits Used This Episode:

Records Available in EPIC: Yes No

If "under glass," send records as described below.

Please provide the following: medical provider order and copy of last clinical note (if not available in EPIC); Start of Care Evaluation, all progress notes, all daily notes and discharge summary (if applicable).

Signature of Therapist Completing Form

Date