

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: 877-248-2746 Pages: _____

Patient Name: _____ Patient ID#: _____
Pt. Birth date: _____ Gender: Male Female

Subscriber Name: _____ Health Plan: Cigna
Subscriber ID#: _____ 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):

_____ PT Evaluation (97161-97163) PT Re-Evaluation (97164)

_____ OT Evaluation (97165-97167) OT Re-Evaluation (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. Do not submit daily notes without a summary of progress.