

## BlueCare Plus (HMO SNP)<sup>SM</sup> Outpatient Therapy Request Fax Form

Member Name		Date of Birth
Member ID Number	PFFS	LPPO
Diagnosis	ICD9 Code	ICD10 Code
Surgery Procedure		Surgery Date
Service(s) requested		Number of visits requested
Dates of service(s)		
<b>Please attach the following items as applicable:</b> <ul style="list-style-type: none"> <li>• Physical Impairments</li> <li>• Evaluation and Notes</li> <li>• Short Term and Long Term Goals</li> <li>• Treatment Plan</li> </ul>		
Extension: Is patient compliant with HEP? <input type="checkbox"/> YES <input type="checkbox"/> NO		If no, list barriers:
Facility/Agency Name		Address
Facility/Agency Provider Number		
NPI Number		Tax ID (last 5 digits)
Phone		Fax
Contact Person		
Requesting Physician		Provider Number
NPI Number		Tax ID# (last 5 digits)
Phone		Fax
If a Retro request, please provide explanation		

H3259\_15\_UMopattherapyfax (9/15)

 BlueCare Plus<sup>SM</sup> Utilization Management Department  
 Telephone Number **(866) 789-6314** | Fax Number **(866) 325-6698**