Allegiance®
Care Management

OCCUPATIONAL OR PHYSICAL THERAPY PRE-TREATMENT REQUEST

Please return below form and clinicals to Attn: Utilization Management

Fax: (855) 999-3896

Phone: (800) 877-1122

Mail: Allegiance Benefit Plan Management, Inc.
P.O. Box 3018
Missoula, MT 59806-3018

INFORMATION MUST BE SUBMITTED BY ORDERING PHYSICIAN

Sent By: _____

Patient Name:	Patient Health Plan ID:	Patient Plan Group #:	Patient Date of Birth:
Provider Name:	Provider Address:	Provider TIN & NPI:	Provider Phone: Provider Fax:
Facility Name:	Facility Address:	Facility TIN & NPI:	Facility Phone: Facility Fax:
Requested Date:		Scheduled Date:	
CPT Codes:		ICD-10 Codes:	

*Requests that include unlisted procedure code(s) will require additional documentation supporting the use of that code(s). If documentation is not submitted supporting the requested unlisted code(s) your request may be delayed and/or denied. Unlisted codes will not be considered eligible if accurate and listed codes are available to describe the requested service or procedure.

Inpatient ☐ Outpatient ☐

Please provide the following information:

1. A copy of the current prescription from the treatment physician stating the number ofvisits/frequency of treatment.
2. Treatment notes for the last 60 days of care.
3. Physical Therapy Progress Report (A clinic note with ALL of these elements will suffice)
   a. Review the patient's progress from the therapist's objective perspective AND the patient's subjective limitations.
   b. Present the Assessment with functional limitations & outcome measures (ie. Modified Oswestry or other disability score.
   c. Outline the plan of care for additional therapy, including goals that meet the functional limitations and reason for more therapy. Include reason for not yet transitioning to a home exercise program.
   d. Estimate the number of visits necessary to meet goals or an estimated discharge date:

Upon receipt of all required information, the Plan will provide a written response to the written request for pre-treatment. Please allow 3 business days for a response.

The benefits available are conditional on the participant's employment status, plan eligibility, payment of premium, amount of benefits remaining, plan provisions and plan exclusions. If information obtained at the time of claim places the service(s) in an excluded category or definition, the claim will not be payable. The benefits quoted are not guaranteed. Final determination of benefits to be paid will be made at the time a claim is submitted for payment, with review of the necessary medical records and other information.