



**SPEECH THERAPY PRE-TREATMENT REQUEST**

**Please return below form and clinicals to Attn: Utilization Management**

**Fax:** (855) 999-3896

**Mail: Allegiance Benefit Plan Management, Inc.**

**P.O. Box 3018**

**Phone:** (800) 877-1122

**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:	
<small>*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.</small>			

Inpatient       Outpatient

**Please provide the following information:**

1. A complete description of the procedure(s) or treatment(s) for which pre-treatment is requested;
2. A completed diagnosis and all medical records regarding the condition that supports the request procedure(s) or treatment(s);
3. An itemized statement of the cost of such procedure(s) or treatment(s) with corresponding CPT or HCPCS codes;
4. A physician's referral letter, if applicable;
5. A letter of medical necessity;
6. A written treatment plan, including frequency and duration of expected treatment; and
7. An evaluation by an appropriate health provider.

**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.