PT/OT Therapy Intake Form: Neurological Conditions

Please use this fax form for NON-URGENT requests only. Failure to provide all relevant information may delay the determination. Phone and fax numbers may be found on eviCore.com under the Guidelines and Forms section. You may also log into the provider portal located on the site to submit an authorization request.

URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE

Previous Reference/Auth Number (If Continued Care):		**Date of Submission:**	
Service Type Requested:	☐ Physical Therapy ☐ Occupational Therapy		
Place of Service:			

PATIENT

First Name:		MI:		Last Name:	
Member ID:		DOB (mm/dd/yyyy):		Gender: ☐ Male ☐ Female	
Street Address:				Apt #:	
City:		State:		Zip:	
Home Phone:		Cell Phone:		Primary: ☐ Home ☐ Cell	
Member Health Plan/Insurer:					

PA Health Plans ONLY : ORDERING PROVIDER

I agree that the Ordering Physician on this case is a registered MD, DO, PA, or NP ☐ Yes ☐No					
First Name:		Last Name:			
Primary Specialty:		TIN:		NPI:	
Physician Phone:		Physician Fax:			
Address:				Suite #:	
City:		State:		Zip:	
Office Contact:		Ext:		Email:	

PROVIDER

First Name:		Last Name:			
Primary Specialty:		TIN:		NPI:	
Physician Phone:		Physician Fax:			
Address:				Suite #:	
City:		State:		Zip:	
Office Contact:		Ext:		Email:	

ADMINISTRATIVE

Diagnoses:

Code	*Description*	*Code*	*Description*

Start Date for this Request:

Date of initial evaluation: Date of onset of condition: Date of current findings:

CONDITION: NEUROLOGICAL REHABILITATION

Please indicate the primary condition:

Acquired Brain Injury:

- ☐ CVA/ Stroke
- ☐ Traumatic Brain Injury (TBI)
- ☐ Other acquired injury (e.g. post-surgery, infection)

Neurologic Disease:

- ☐ Alzheimer's/ Dementia
- ☐ Progressing Muscular Atrophy (ALS, CP, etc.)
- ☐ Multiple Sclerosis
- ☐ Myasthenia Gravis / Guillain-Barré
- ☐ Cerebellar Degeneration

Other Neurological Condition:

- ☐ Parkinson's Disease/ Syndrome
- ☐ Spinal Cord Injury
- ☐ Other condition / syndrome

Is this request for wheelchair / adaptive equipment evaluation / or equipment changes **only**? . ☐ Yes ☐ No

CONDITION: ACQUIRED BRAIN INJURY & NEUROLOGICAL DISEASE

When did the brain injury / condition occur? _____ When was onset of Neurological disease? _____

Has there been an exacerbation/relapsing episode of the condition resulting in change in function? ☐ Yes ☐ No

CONTINUED ON NEXT PAGE

Member Name:		Member ID:		Provider Name:	

CONDITION: SPINAL CORD INJURY
Please enter date of Spinal Cord Injury: _____
Neurologic Level of Injury - _____ Complete ☐ or Incomplete ☐

CONDITION: PARKINSON'S DISEASE
Please indicate the stage (see appendix A): ☐ One ☐ Two ☐ Three ☐ Four ☐ Five
Does the patient demonstrate any of the following? ☐ Cognitive Impairment ☐ Tremors ☐ Freezing when walking ☐ More than one fall in past 3 months ☐ N/A
Is this request for treatment using the BIG protocol? ☐ Yes ☐ No
Has your patient participated in a BIG program (in any clinic) in the past 2 years? ☐ Yes ☐ No
Has your patient had recent deep brain stimulation or other surgical therapy? ☐ Yes ☐ No

PATIENT REPORTED/ STANDARDIZED ASSESSMENT

Complete section below for either initial or follow-up care as appropriate. Authorization for care requires at least one patient reported functional or health test to minimize delay.

If no patient reported/ standardized assessment was performed, check here: ☐

MOBILITY / BALANCE MEASURES	Initial	Follow-Up (Current Score)
☐ Berg Balance Scale	_____ (0-56)	_____ (0-56)
☐ Tinetti Balance & Gait Assessment	_____ (0-28)	_____ (0-28)
☐ Timed Up and Go (TUG)	_____ seconds	_____ seconds
☐ 6 Minute Walk Test	_____ meters OR _____ feet	_____ meters OR _____ feet
☐ 10 Meter Walk Test	_____ meters per second (m/s)	_____ meters per second (m/s)
☐ Dynamic Gait Index	_____ (0-24)	_____ (0-24)
☐ Functional Gait Assessment	_____ (0-30)	_____ (0-30)
☐ Functional Reach Test (FRT)	_____ cm	_____ cm
ADL/ DEXTERITY MEASURES	**Initial**	**Follow-Up (Current Score)**
☐ Nine-Hole Peg Test	Seconds: (R) _____ (L) _____	Seconds: (R) _____ (L) _____
☐ Box and Blocks Test	# Blocks: (R) _____ (L) _____	# Blocks: (R) _____ (L) _____
☐ Barthel Index	_____ (0-100)	_____ (0-100)
FUNCTIONAL ASSESSMENTS	**Initial**	**Follow-Up (Current Score)**
☐ SCIM (Spinal Cord Independence Measure)	_____ (0-100)	_____ (0-100)
Has the patient responded as expected?	*N/A - Leave Blank for Initial Request*	☐ Yes ☐ No (Indicate the reason below)
	N/A - Leave Blank for Initial Request	☐ Progression of symptoms despite treatment ☐ Suffered a new injury resulting in significant change ☐ Relapse of neurologic condition ☐ Unable to complete visits/home program ☐ Other reason for lack of progress

Appendix A: Stages of Parkinson's Disease

- Stage One: Symptoms of PD are mild and only seen on one side of the body (unilateral involvement). Usually minimal or no functional impairment. Symptoms at stage one may include tremor, such as intermittent tremor of one hand, rigidity, or one hand or leg may feel more clumsy than another, or one side of the face may be affected, impacting the expression.

- Stage Two: Considered early disease in PD, characterized by symptoms on both sides of the body (bilateral involvement) or at the midline without impairment to balance. Stage two may develop months or years after stage one. Symptoms may include the loss of facial

expression on both sides of the face, decreased blinking, speech abnormalities, soft voice, monotone voice, fading volume after starting to speak loudly, slurring speech, stiffness or rigidity of the muscles in the trunk that may result in neck or back pain, stooped posture, stooped posture, and general slowness in all activities of daily living. The individual is usually still able to perform tasks of daily living.

- Stage Three: Characterized by loss of balance and slowness of movement. Balance is compromised by the inability to make the rapid, automatic and involuntary adjustments necessary to prevent falling, and falls are common at this stage. Patient is still fully independent in their daily living activities, such as dressing, hygiene, and eating.

- Stage Four: Patient may be able to walk and stand unassisted, but is noticeably incapacitated. Patient is unable to live an independent life and needs assistance with some activities of daily living. The necessity for help with daily living defines this stage. If the patient is still able to live alone, it is still defined as Stage Three.

- Stage Five: Characterized by an inability to rise from a chair or get out of bed without help, may have a tendency to fall when standing or turning, and may freeze or stumble when walking. Around-the-clock assistance is required at this stage to reduce the risk of falling and help the patient with all daily activities.