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Skilled Therapy Authorization Request

*Indicates a required field

Requirements: Clinical information and supporting documentation should consist of current physician order, notes, and recent diagnostics. Notification is required for any date -of-service change.

Expedited Requests: If the standard time to make a determination could seriously jeopardize the life and/or health of the member or the member's ability to regain maximum function, please call 1-855-538-0454.

Please fax completed form to the appropriate number at the end of this document.

Requestor Name*: _____ Fax*#: _____ Phone*#: _____

MEMBER INFO (Please Print)
Wellcare ID*: _____ Medicaid/Medicare ID: _____
Last Name*: _____ First Name, MI*: _____ Date of Birth*: / /
REQUESTING PROVIDER (Please Print)
Wellcare ID: _____ NPI/Tax ID*: _____
Provider Name*: _____ Address: _____
City, State, ZIP: _____ Fax*: _____ Phone: _____
SERVICING PROVIDER OR FACILITY (Please Print)
Wellcare ID: _____ NPI/Tax ID*: _____
Provider/Facility Name*: _____ Address: _____
City, State, ZIP: _____ Fax*: _____ Phone: _____
TREATING PROVIDER (Please Print)
Wellcare ID: _____ NPI/Tax ID*: _____
Provider/Facility Name*: _____ Address: _____
City, State, ZIP: _____ Fax*: _____ Phone: _____



REQUESTED SERVICES (please choose only one)

- Physical Therapy
 Occupational Therapy
 Speech Therapy
 Massage Therapy
 Equine Therapy
 Aquatic Therapy
 Other (please specify): _____

****PT and OT service may be delegated to NIA. Please check the QRG****

Place of Service (check one):
 Office (11)
 Home (12)
 SNF (31)
 Hospital (22)
 Other (please specify): _____

Date of last therapy evaluation or reevaluation:	PT: / /	OT: / /	ST: / /
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Attach a copy of the therapy evaluation / reevaluation or progress summary (acute) for each therapy discipline requested.

DIAGNOSIS CODE(S)*

ICD-10:	ICD-10:	ICD-10:	ICD-10:
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Procedure Code	Description	Frequency
CPT Code:		_____ days a week for _____ weeks = _____ visits
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CPT Code:		_____ days a week for _____ weeks = _____ visits

Fax completed form to:

Medicare Fax Lines

Arizona Value (HMO) 1-855-754-8483	Arizona Patriot (PPO) 1-866-246-9832	Connecticut 1-866-455-6529
Florida Medicare Only 1-877-892-8216	Georgia Medicare Only 1-877-892-8213	Florida/Georgia Dual 1-877-277-1820
Illinois 1-877-899-2044	Kentucky 1-888-361-5684	New Jersey 1-877-892-8221
New York 1-877-892-8214	Texas 1-877-894-2034	All others 1-888-361-5684