



Prior Authorization Form

Please Fax To (952)853-8712 For Questions Call (888) 467-0774

Cognitive Rehabilitation

Member and Provider Information		
Member Name:	Provider:	
Member ID #:	Address:	
DOB:	Tax ID #:	
Acute, acquired brain injury in the past 12 months? NO <input type="checkbox"/> YES <input type="checkbox"/>	Phone #:	Fax#:
Date of brain injury:	CPT Code:	
ICD9: Description:	Therapist Name:	
Call Member Services for Cognitive Rehab benefit information: (888)-324-2064 Date Called:		
Does member have benefit limit? NO <input type="checkbox"/> YES <input type="checkbox"/> If Yes, # of visits allowed:		
Prescribing Physician Information- include script		
Referring MD: first name _____ Last Name: _____		
MD Phone: _____ MD Fax #: _____		
<input type="checkbox"/> NO MD order /script obtained at time of this request		
Visit information (Prior Auth required from first visit)		
# of visits already done:	# of visits requested:	Estimated discharge date:
COMPLETE THIS SECTION IF LESS THAN 10 VISITS ARE REQUESTED		
Compromised Functional Skills Related to the Cognitive Impairment		
1.		
2.		
Measureable Functional Goals		
1.		
2.		
COMPLETE THIS SECTION IF GREATER THAN 10 VISITS ARE REQUESTED		
Physiatrist or Neurologist Evaluation (required within initial 10 visits if more than 10 visits are requested)		
Referring Physiatrist/Neurologist: First Name _____ Last Name: _____		
MD Phone: _____ MD Fax #: _____		
Compromised Functional Skills Related to the Cognitive Impairment		
1.		
2.		

CoOpportunity Health has contracted with HealthPartners Administrators, Inc. to provide claims processing, medical management and certain other administrative services.

Measureable Functional Goals
1.
2.

Cognitive Rehabilitation Guide

THANK YOU FOR SERVING A CoOpportunity Health MEMBER IN YOUR CLINIC!

Here are some things that you may find helpful in working with patients that have HealthPartners insurance coverage.

- Therapies are counted on a calendar year. The start of the calendar year is January 1st.
- Prior authorization is needed from the first visit for cognitive rehab.
- The Member must see a psychiatrist or neurologist for more than 10 cognitive rehab visits
- The provider is liable for services rendered when no prior authorization was obtained exceeding the limits stated above.

GETTING STARTED

The Provider must follow the steps 1 and 2 listed below on **all** CoOpportunity Health members prior to providing care. Providers must obtain prior authorization for the 1st visit and beyond regardless of the payer (i.e. workmen comp, auto etc). Faxed and or verbal requests for authorization for cognitive rehab will be forwarded to the medical policy coordinator who is assigned to your clinic. Please follow the 2 simple steps.

2 Simple Steps

1. Contact Member Services at 888-324-2064 for benefit information.
2. Fax Prior Authorization Form to 952-853-8712 for the 1st visit and beyond.

NOTE: Please document your call to Member Services on the new Fax authorization form.

KEY PHONE NUMBERS FOR OUTPATIENT REHABILITATIVE SERVICES

QUESTIONS	DEPARTMENT	PHONE NUMBER
Benefit information	Member services	888-324-2064
Number visits have been done prior to this episode of care.	Claims Customer Service	952/883-7755
To fax in Prior Authorization Form	Medical Policy fax line	952/853-8712
To speak to the nurse assigned to your clinic	Medical Policy Triage line	(888) 467-0774