Amerigroup
An Anthem Company

https://providers.amerigroup.com

Outpatient Therapy Initial Evaluation

This form should be filled out and submitted by the physical therapist upon completion of an initial examination/evaluation and development of a plan of care. Please submit this form along with a copy of the referring physician's prescription for therapy. All forms can be submitted via fax to 1-855-231-8664 and must be completed fully to avoid delays in processing.

Member information		
Last name:	First name:	
Member ID:	DOB:	Gender:
Referred by:	NPI:	TIN:
Referred to (provider name):	Provider NPI:	
Phone:	TIN:	
Contact name:	Fax:	

Primary diagnosis and pain assessment	
Diagnosis (ICD-10) code:	Surgery performed on:
Date of initial evaluation:	Anticipated therapy start date:
Pain rating: _____/10	☐ Acute ☐ Subacute ☐ Chronic due to injury
Description:	

Tests/measures and functional assessment
Tests/measures:
Functional limitations:

Prognosis and plan of care	
Prognosis (potential to reach maximum functional level): ☐ Excellent ☐ Good ☐ Fair ☐ Poor	
Physical therapy _____ times per week for _____ (number of weeks)	
Occupational therapy _____ times per week for _____ (number of weeks)	
Short-term goals: Expected number of visits to achieve _____	
Increase ROM by _____ degrees	Increase strength by _____ grade(s)
Decrease pain to _____/10 Initiate HEP	Restore prior level of function by _____ percent
Long-term goals: Expected number of visits to achieve _____	
Increase ROM by _____ degrees	Increase strength by _____ grade(s)
Decrease pain to _____/10 Independent HEP	Restore 100 percent prior level of function

Therapy request
Based upon the initial evaluation performed, I am requesting authorization for _____ visits over _____ days.

Therapist's signature: _____ Date: _____

This document is proprietary and may not be altered, reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, storage in an information retrieval system or otherwise, without the prior written permission of Amerigroup Washington, Inc., 4425 Corporation Lane, Virginia Beach, VA 23462-3103, telephone: 757-490-6900.

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.