

PT and OT Authorization Request Template
Please Fax with supporting medical documentation
FAX #(800) -882-6147

Effective January 3, 2005, all Prior Authorization requests must either be faxed on this template or be submitted through the Medical Authorization Entry screen on the Web Bill Processing Portal (<http://owcp.dol.acs-inc.com>). **All fields are required and must be complete. Incomplete requests and requests that are not properly coded with CPT or HCPCS cannot be processed and will be returned.**

Date Requested _____ Requested by _____

Case file # _____ Claimant's Name _____

Claimant Date of Birth _____ Claimant's DOI _____

Provider Name _____

ACS Provider Number _____

Provider Tax ID _____

Date(s) Diagnosis Code _____

ICD-9 Diagnoses Code _____

Procedure Code(s) and/or Modifier(s) (CPT, HCPCS) _____

Specific body part to be treated _____

Right____, Left____, Bilateral____, N/A____

Frequency and Duration Requested _____

Treatment Plan (include long/short term goals)_____

Comments:

Please put Case File # on every page faxed. 800-882-6147