

FORWARDHEALTH
PRIOR AUTHORIZATION / SPELL OF ILLNESS ATTACHMENT (PA/SOIA)

Instructions: Type or print clearly. Before completing this form, read the Prior Authorization/Spell of Illness Attachment (PA/SOIA) Completion Instructions, F-11039A. Providers may submit SOI requests by fax to ForwardHealth at 608-221-8616, or providers may send the completed form to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784.

SECTION I — MEMBER INFORMATION

1. Name — Member (Last, First, Middle Initial)

2. Age — Member

3. Member Identification Number

SECTION II — PROVIDER INFORMATION

4. Name and Credentials — Therapist

5. National Provider Identifier (NPI) — Therapist

6. Telephone Number — Therapist

7. Name — Prescribing Physician

8. NPI — Prescribing Physician

SECTION III — DOCUMENTATION

9. Requesting SOI for Physical Therapy (PT) Occupational Therapy (OT) Speech and Language Pathology (SLP)

10. Requested Start Date

11. Primary *International Classification of Diseases* (ICD) Diagnosis Code or ICD Procedure Code and Description

12. Indicate the condition that qualifies this SOI request. (Check only one of the following options.)

The member requires therapy due to the following:

- An acute onset of a new disease, injury, or condition such as neuromuscular dysfunction, including stroke-hemiparesis, multiple sclerosis (MS), Parkinson's disease, and diabetic neuropathy.
- An acute onset of a new disease, injury, or condition such as musculoskeletal dysfunction, including fracture, amputation, strains and sprains, and complications associated with surgical procedures.
- An acute onset of a new disease, injury, or condition such as problems and complications associated with physiological dysfunction, including severe pain, vascular conditions, and cardio-pulmonary conditions.
- An exacerbation of a pre-existing condition including, but not limited to, MS, rheumatoid arthritis, or Parkinson's disease.
- A regression in the member's condition due to a lack of therapy, as indicated by a decrease of functional ability, strength, mobility, or motion.

Note: Examples of member conditions for PT, OT, and SLP SOI approval may be found in the Prior Authorization section of the Therapies: Physical, Occupational, and Speech and Language Pathology service area of the ForwardHealth Online Handbook on the ForwardHealth Portal.

13. Indicate yes or no for the following statement.

The member displays the potential to re-achieve the skill level that he or she had previously. Yes No

Continued



DT-PA052-052

SECTION III — DOCUMENTATION (Continued)

I hereby certify that the documentation of the acute onset, exacerbation, or regression of the member's disease, injury, or condition is as stated above. I acknowledge that the SOI ends when the skilled services of a therapist are no longer required, when the plan of care is met, or when the number of treatment sessions granted have been used, whichever comes first. I acknowledge that unused treatment days from one SOI may not be carried over to a new SOI and that treatment days covered by Medicare or other third-party insurance shall be included in computing the SOI treatment. I acknowledge that the provider is responsible for maintaining documentation to justify this SOI and all recordkeeping requirements.

14. **SIGNATURE** — Therapist Providing Evaluation / Treatment

15. Date Signed
