

CERTIFICATION FOR CHIROPRACTIC VISITS

For Customer Service, call toll-free 1-844-594-6010.

Please verify the member's benefits prior to submission of review request.

Patient Information								
First Name M				Last Name				
Date of Birth	Contract Number (include prefix)				Group Number		Prec Requ	ertification uest Date
Physician Resources								
Physician First Name			Middle Initial	Last Name				
National Provider Identifier (NPI)								
Address								
City				State			Zip	
Office Contact				Office Telephone			Fax Number	
Primary ICD-9* Code Onset (do not use V code) Onset				Secondary ICD-9* Code (do not use V code)			Onset Date	
Diagnosis Information								
Has patient had previous chiropractic care for this condition?								
List any conditions or complicating factors that impact care.								
List all dates of serv	rice for the current ca	lendar year.						
1.	2.	3.		4.		5.		6.
7.	8.	9.		10.		11.		12.
13.	14.	15.		16.		17.		18.
19.	20.	21.		22.		23.		24.
Certification Information								
Initial Certification			Additional Certification					
Copy of initial evaluation				Treatment notes from previously certified visits. Documentation should include objective findings/functional limitations and any additional information from last				
Last 5 treatment notes				certified visit to support medical necessity for additional visits.				
Current reassessment with objective findings, updated goals, progress towards goals, current treatment plan, including frequency/duration - performed at 12th visit				Number of visits requested for this certification				
Number of visits requested for this certification				Projected end date of care				
Projected end date of care				Please document changes in treatment plan and/or the patient's condition to warrant the course of treatment.				
Please justify the need for continuation of care.								
*International Classification of Diseases – Ninth Revision (ICD-9)								

Submission Instructions

Please fax this form with all applicable documentation to 205-402-9292. A review cannot be completed without the required information.