BlueCross BlueShield of Florida

An Independent Licensee of the Blue Cross and Blue Shield Association

CERTIFICATION FOR CHIROPRACTIC VISITS

For Customer Service, call 205-220-7202 or call toll-free 1-844-594-6010.

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

Patient Information

First Name	Middle Initial	Last Name

Date of Birth	Contract Number (include prefix)	Group Number	Precertification Request 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 (do not use V code)	Onset Date	Secondary ICD-9* Code (do not use V code)	Onset Date

Diagnosis Information

Has patient had previous chiropractic care for this condition? ☐ Yes ☐ No	If yes, Date:	

List any conditions or complicating factors that impact care.

List all dates of service for the current calendar 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

- ☐ Copy of initial evaluation
- ☐ Last 5 treatment notes
- ☐ 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 _____
- ☐ Projected end date of care _____
- ☐ **Please justify the need for continuation of care.**

Additional Certification

- ☐ Treatment notes from previously certified visits. Documentation should include objective findings/functional limitations and any additional information from last certified visit to support medical necessity for additional visits.
- ☐ Number of visits requested for this certification _____
- ☐ Projected end date of care _____
- ☐ **Please document changes in treatment plan and/or the patient's condition to warrant the course of treatment.**

**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.**