maryland physicians care
Medicaid with a Heart

Please complete <u>BOTH</u> the Outpatient Prior Authorization Request From and the Cardiac Rehabilitation Form and Fax to 1-800-953-8856

Cardiac Rehabilitation Pre-Authorization Form

Incomplete forms may result in delay of decision or denial of services.

1. Member Name: _____ DOB: _____
Member ID #: _____

2. <u>Please Select Only ONE</u>: Initial Request _____ (12 visits) Ongoing Request _____ (24 visits)
***Initial and ongoing request cannot be determined at the same time. ***
***A new form must be submitted for ongoing visits and question 5 must be completed. ***

3. Recent Hospitalization with Cardiac Diagnosis?
Yes _____ If Yes, When? _____ Diagnosis? _____
No _____ If No, has a Stress Test Been Completed? _____ (please include copy of test results)

4. Does the Member Agree to Program Participation? Yes _____ No _____
Please select therapy that will be addressed during Cardiac Rehabilitation:

Initial Request	Yes	No	N/A
Therapy Program:			
Home Therapy Program and Self-Management			
Exercise Training and Physical Activity Counseling			
Psychosocial Management			
Nutritional Counseling			
Lipid Counseling			
Blood Pressure Counseling			
Diabetes Counseling			
Smoking Cessation			
Medication Education/Management			
Goals:			
Lifestyle Management			
Secondary Prevention			

5. If this is an **Ongoing Request**, has partial progress been made in meeting therapy goals?

Ongoing Request	Yes	No
Reduction in intensity and frequency of symptoms or findings		
Improvement in function and reduction in limitations		
Independence in self-management		
Adherence to HEP		

6. Prescriber's Signature: _____ NPI #: _____
Prescriber's Name (Printed): _____ Date: _____