| American Specialty Health (ASH)          |   |
|--|---|
| P.O. Box 509001. San Diego. CA 92150-900 | 1 |

| P.O. Box 509001, San Diego, CA 92150-9001               |                                  |                       | PTOT-New or Continuing Care for ORTHOPEDIC conditions<br>For questions, please call ASH at 800.972.4226 |   |                   |                   |  |
|---|----------------------------------|-----------------------|---|---|-------------------|-------------------|--|
| Fax: 877.248.2746                                       | SH TREATMENT FOR                 | M #                   | RECEIVED DATE   |   | NS, please call A |                   |  |
| USE ONLY  |                                  |                       |   |   |                   |                   |  |
| Patient Name  | first                            |                       | Sex: M / F Birth  | date                                    | _ Patient ID#     |                   |  |
|   |                                  |                       |   |   |                   |                   |  |
| Subscriber Name   | Primary                          |                       |   |   | Croup #           |                   |  |
| Health Plan<br>REFERRED BY (if required                 |                                  |                       |   | _                                       | ferral DX         |                   |  |
|   |                                  |                       |   |   |                   |                   |  |
| FOR OUT-OF-NETWORK P                                    |                                  | #                     |   |   |                   |                   |  |
| NPI Number Type 1 (Indi                                 |                                  |                       |   | er Type 2 (Organizat                    |                   |                   |  |
| TREATING PRACTITIONER                                   |                                  |                       | PATIE   | ENT MAILING ADD                         | RESS AND PHO      | NE NUMBER         |  |
| Provider Group Name (clinic)                            |                                  |                       | Address   |   |                   |                   |  |
| Treating Therapist                                      |                                  |                       |   |   |                   |                   |  |
| Address   |                                  |                       |   | )                                       |                   |                   |  |
| City/State/Zip<br>Phone ()                              |                                  |                       |   | )                                       |                   |                   |  |
|   |                                  |                       |   |   |                   |                   |  |
| SERVICES ALREADY RENI                                   | •                                | k one) 🗌 PT           |   |   |                   |                   |  |
| Eval/1 <sup>st</sup> Visit date (mm/dd/yy               |                                  |                       |   |   |                   |                   |  |
| Total number of Visits render                           |                                  |                       |   |   |                   |                   |  |
| DME / Supports (Describe ar<br>CD-9 / DIAGNOSES (Highes |                                  |                       | (s) and Pathology co  | des (If Post Surger                     | v 1°–\/57 1)      |                   |  |
| 1   |                                  | -                     |   |   |                   |                   |  |
| ·   |                                  |                       | 4   |   |                   |                   |  |
| SERVICES THAT YOU ARE                                   | SUBMITTING FOR CO                | ONTINUED CARE         |   |   |                   |                   |  |
| From (mm/dd/yyyy)                                       |                                  | Through (m            | nm/dd/vvvv)   |   | # of Visit        | s                 |  |
| Estimated Discharge Date (Requi                         |                                  |                       | Date of Finding   |   |                   |                   |  |
| Evaluations/Reevaluations being                         |                                  |                       |   |   | Re-evaluation 970 |                   |  |
| DME / Supports (Describe and Pro                        |                                  | in and through actos. |   |   |                   |                   |  |
| Date of Onset/Exacerbation                              |                                  | Chief Compl           | aint(s)   |   | <u> </u>          |                   |  |
| Cause of Current Episode                                |                                  |                       | Unknown [   | Post-Surgical (da                       | te/type)          |                   |  |
|   | cute  Sub-acute itial Occurrence | Chronic               |   | ent / Chronic                           |                   |                   |  |
| Vital Signs Height                                      |                                  | —                     |   |   |                   |                   |  |
| Area/Joint  | Active ROM                       |                       | Strength  | Mobility                                |                   | Pain Quality      |  |
| Movement  | R/L(Degrees)                     | R/L (Degrees)         | R/L (0-5)   | (0-6, 3=NL)                             | End Feel          | (Dull, Sharp, etc |  |
|   | /                                | /                     | /   |   |                   |                   |  |
|   | /                                | /                     | /   |   |                   |                   |  |
|   | /                                | /                     | /   |   |                   |                   |  |
|   | /                                | /                     | /   |   |                   |                   |  |
|   | /                                | /                     | /   |   |                   |                   |  |
| Pertinent Evaluation Finding                            | <b>js</b> (Please include locat  | tion and intensity of | findings and note any   | significant progress                    | )                 |                   |  |
|   |                                  |                       |   |   |                   |                   |  |
|   |                                  |                       |   |   |                   |                   |  |
|   |                                  |                       |   |   |                   |                   |  |
|   |                                  |                       |   |   |                   |                   |  |
| Pt's Functional Limitations 8                           | & Planned Interventio            | ns                    |   |   |                   |                   |  |
|   |                                  |                       |   |   |                   |                   |  |
| Mad/Caa Hy / Ca Marhiditiaa                             | /that may affect read            |                       |   |   |                   |                   |  |
| Med/Soc Hx / Co-Morbidities<br>OUTCOME ASSESSMENTS (    |                                  |                       | ore(s) as applicable)   |   |                   |                   |  |
| Initial   |                                  | Current               | Initia  | l                                       |                   | Current           |  |
|   | Dbtained (mm/dd/yyyy)            |                       |   |   | btained (mm/dd/y) | yyy)              |  |
| Roland-Morris score                                     |                                  |                       | . <u> </u>  | Neck Index (NDI) score<br>Optimal score |                   |                   |  |
| Perceived I   | Improvement (%)                  |                       |   | LEFS (LE) :                             |                   |                   |  |
| Other:  |                                  |                       |   | DASH (UE)                               | score             |                   |  |
| ADD'L. COMMENTS   |                                  |                       |   |   |                   |                   |  |
| Signature of treating practiti                          | oner (Required)                  |                       |   | Date                                    |                   |                   |  |

Practitioners are encouraged to submit additional information as necessary to support the interventions / care submitted

## Manerican Specialty Health. Networks

| P.O. Box 509001, San Diego, CA 92150-9001 PTOT-New or Continuing Care for Of   |  |
|--|--|
| Fax: 877.248.2746 FOR ASH NETWORKS ASH NETWORKS TREATMENT FO RECEIVED DATE ASH NETWORKS CLINICAL USE ONLY  | tworks at 800.972.4226   |
| Patient Name Patient ID  | #  |
| Provider Subscriber Name Subscriber ID# Is This  | Work Related   |
| Group Name         Subscriber Name   |  |
| 123abc Hospital REFERRED BY (If required) Physician Name Referral DX   | previous treatment   |
| FOR OUT-OF-NETWORK PROVIDER ONLY: TIN # State License #  |  |
| NPI Number Type 1 (Individual) NPI Number Type 2 (Organization)  |  |
| TREATING PRACTITIONER INFORMATION PATIENT MAILING ADDRESS AND PH   | IONE NUMBER  |
| Actual Treating Provider Group Name (clinic) Address   | Based upon your  |
| Clinicians Name  | aliniaal according   |
| Address, etc.  | list acceptable  |
| Phone (  | ulagilosis coues   |
| For the condition SERVICES ALREADY RENDERED (Check one) DPT DOT  | (see code sheet fo   |
| vou are currently Eval/1 <sup>st</sup> Visit date (mm/dd/yyyy) for this episode Response to care   | commonly used  |
| treating: Total number of Visits rendered for this episode   | therapy codes)   |
| -Enter the date of DME / Supports (Describe and Provide HCPC Codes)<br>ICD-9 / DIAGNOSES (Highest level of specificity – Primary Condition(s) and Pathology codes (If Post Surgery 1°=V57.1)   |  |
| first visit, AND the   | Total number of  |
|  | visits you are   |
| of visits you have SERVICES THAT YOU ARE SUBMITTING FOR CONTINUED CARE   | submitting for   |
| already provided From (mm/dd/yyyy)Through (mm/dd/yyyy)# of Vi  | sits during the from<br>and through date   |
| Estimated Discharge Date (Required)(mm/dd/yyyy)Date of Findings Noted Below (mm/dd/yyyy)   |  |
| Evaluations/Reevaluations being requested during the From and Through dates: Evaluation 97001 / 97003 Re-evaluation 97<br>DME / Supports (Describe and Provide HCPC Codes)   | 002797004  |
| Date of Onset/Exacerbation Chief Complaint(s)  |  |
| Cause of Current Episode   | Document the   |
| Enter the Start Nature of Condition Initial Occurrence Exacerbation Recurrent / Chronic  | clinically<br>relevant   |
| and Thru date Vital Signs Height Weight Blood Pressure   | information  |
| Area/Joint Active ROM Passive ROM Strength Mobility  | Pain Quality Information   |
| you are Movement R/L(Degrees) R/L (Degrees) R/L (0-5) (0-6, 3=NL) End Feel   | (Dull, Sharp, etc) about this  |
| you are<br>submitting for         Movement         R/L (Degrees)         R/L (0-5)         (0-6, 3=NL)         End Feel  | (Dull, Sharp, etc) about this patient that   |
| you are<br>submitting for<br>the new plan of     Movement     R/L (Degrees)     R/L (Degrees)     R/L (0-5)     (0-6, 3=NL)     End Feel   | (Dull, Sharp, etc) about this patient that outlines the  |
| you are<br>submitting for         Movement         R/L (Degrees)         R/L (0-5)         (0-6, 3=NL)         End Feel  | (Dull, Sharp, etc) about this patient that outlines the condition and  |
| you are<br>submitting for<br>the new plan of     Movement     R/L (Degrees)     R/L (Degrees)     R/L (0-5)     (0-6, 3=NL)     End Feel   | (Dull, Sharp, etc)     about this  |
| you are<br>submitting for<br>the new plan of     Movement     R/L (Degrees)     R/L (Degrees)     R/L (0-5)     (0-6, 3=NL)     End Feel   | (Dull, Sharp, etc) about this patient that outlines the condition and  |
| you are<br>submitting for<br>the new plan of<br>care     Movement     R/L (Degrees)     R/L (0-5)     (0-6, 3=NL)     End Feel       /     /     /     /     /     /     /     /       /     /     /     /     /     /     /     /       /     /     /     /     /     /     /       /     /     /     /     /     /       /     /     /     /     /     /       /     /     /     /     /     /   | (Dull, Sharp, etc)     about this  |
| you are<br>submitting for<br>the new plan of<br>care     Movement     R/L (Degrees)     R/L (0-5)     (0-6, 3=NL)     End Feel       /     /     /     /     /     /     /     /       /     /     /     /     /     /     /     /       //     /     /     /     /     /     /       //     //     /     /     /     /       //     //     //     /     /     /       //     //     //     /     /     /  | (Dull, Sharp, etc)     about this  |
| you are<br>submitting for<br>the new plan of<br>care       Movement       R/L (Degrees)       R/L (0-5)       (0-6, 3=NL)       End Feel         /       /       /       /       /       /       /       /       /         /       /       /       /       /       /       /       /       /         /       /       /       /       /       /       /       /       /         /       /       /       /       /       /       /       /       /         /       /       /       /       /       /       /       /       /         Pertinent Evaluation Findings (Please include location and intensity of findings and note any significant progress)   | (Dull, Sharp, etc)     about this patient that outlines the condition and supports your plan of care.       Image: Construct of the condition and supports and care.     Include results of orthopedic tests and measures  |
| you are submitting for the new plan of care       Movement       R/L (Degrees)       R/L (0-5)       (0-6, 3=NL)       End Feel         I  | (Dull, Sharp, etc)     about this patient that outlines the condition and supports your plan of care.       Image:  |
| You are submitting for the new plan of care       Movement       R/L (Degrees)       R/L (0-5)       (0-6, 3=NL)       End Feel         //       / <td>(Dull, Sharp, etc)     about this patient that outlines the condition and supports your plan of care.       Image: Construct of the condition and supports and care.     Include results of orthopedic tests and measures</td>  | (Dull, Sharp, etc)     about this patient that outlines the condition and supports your plan of care.       Image: Construct of the condition and supports and care.     Include results of orthopedic tests and measures  |
| You are<br>submitting for<br>the new plan of<br>care       Movement       R/L (Degrees)       R/L (0-5)       (0-6, 3=NL)       End Feel         I   | (Dull, Sharp, etc)     about this patient that outlines the condition and supports your plan of care.       Image: Construct of the condition and supports and care.     Include results of orthopedic tests and measures  |
| You are<br>submitting for<br>the new plan of<br>care       Movement       R/L (Degrees)       R/L (0-5)       (0-6, 3=NL)       End Feel         //       / <td>(Dull, Sharp, etc)     about this patient that outlines the condition and supports your plan of care. Include results of orthopedic tests and measures performed</td>  | (Dull, Sharp, etc)     about this patient that outlines the condition and supports your plan of care. Include results of orthopedic tests and measures performed   |
| you are<br>submitting for<br>the new plan of<br>care       Movement       R/L (Degrees)       R/L (0-5)       (0-6, 3=NL)       End Feel         I   | (Dull, Sharp, etc)     about this patient that outlines the condition and supports your plan of care.       Image: Construct of the period of the peri |
| you are<br>submitting for<br>the new plan of<br>care       Movement       R/L (Degrees)       R/L (0-5)       (0-6, 3=NL)       End Feel         I   | (Dull, Sharp, etc)     about this patient that outlines the condition and supports your plan of care.       Image: Construct of the period of the peri |
| You are<br>submitting for<br>the new plan of<br>care       Movement       R/L (Degrees)       R/L (0-5)       (0-6, 3=NL)       End Feel         I   | (Dull, Sharp, etc)     about this patient that outlines the condition and supports your plan of care.       Image: Construct of the period of the peri |
| You are<br>submitting for<br>the new plan of<br>care       Movement       R/L (Degrees)       R/L (0-5)       (0-6, 3=NL)       End Feet         Ite new plan of<br>care       I <td>(Dull, Sharp, etc)     about this patient that outlines the condition and supports your plan of care.       Image: Construct of the period of the peri</td> | (Dull, Sharp, etc)     about this patient that outlines the condition and supports your plan of care.       Image: Construct of the period of the peri |
| You are<br>submitting for<br>the new plan of<br>care       Movement       R/L(Degrees)       R/L (0-5)       (0-6, 3=NL)       End reet         I  | (Dull, Sharp, etc)     about this patient that outlines the condition and supports your plan of care.       Image: Construct of the period of the peri |
| You are<br>submitting for<br>the new plan of<br>care       Movement       R/L (Degrees)       R/L (0-5)       (0-6, 3=NL)       End ree         I  | (Oull, Sharp, etc)     about this patient that outlines the condition and supports your plan of care.       Image: Construction of the condition of the care.     Include results of orthopedic tests and measures performed       Image: Current     Current  |
| you are<br>submitting for<br>the new plan of<br>care       Movement       R/L (Degrees)       R/L (0-5)       (0-6, 3=NL)       End reet         I   | (Oull, Sharp, etc)     about this patient that outlines the condition and supports your plan of care.       Image: Construction of the condition of the care.     Include results of orthopedic tests and measures performed       Image: Current     Current  |
| you are<br>submitting for<br>the new plan of<br>care       Movement       R/L (Degrees)       R/L (0-5)       (0-6, 3=NL)       End reer         I       I       I       I       I       I       I       I       I         Care       I  | (Oull, Sharp, etc)     about this patient that outlines the condition and supports your plan of care.       Image: Construction of the condition of the care.     Include results of orthopedic tests and measures performed       Image: Current     Current  |
| You are<br>submitting for<br>the new plan of<br>care       Movement       R/L (Degrees)       R/L (0-5)       (0-6, 3=NL)       End reet         I   | (Oull, Sharp, etc)     about this patient that outlines the condition and supports your plan of care.       Image: Construction of the condition of the care.     Include results of orthopedic tests and measures performed       Image: Current     Current  |
| You are<br>submitting for<br>the new plan of<br>care       Movement       R/L (Degrees)       R/L (0-5)       (0-6, 3=NL)       End reet         I   | (Dull, Sharp, etc)       about this patient that outlines the condition and supports your plan of care. Include results of orthopedic tests and measures performed   |
| You are<br>submitting for<br>the new plan of<br>care       Movement       R/L (Degrees)       R/L (0-5)       (0-6, 3=NL)       End reet         I   | (Dull, Sharp, etc)       about this patient that outlines the condition and supports your plan of care. Include results of orthopedic tests and measures performed   |
| You are<br>submitting for<br>the new plan of<br>care       Movement       R/L (Degrees)       R/L (0-5)       (0-6, 3=NL)       End reet         I   | (Dull, Sharp, etc)       about this patient that outlines the condition and supports your plan of care. Include results of orthopedic tests and measures performed   |

| Ame | rican | Specia | Ity Health (A | (SH | )        |
|-----|-------|--------|---------------|-----|----------|
|     | Boy   | 500001 | San Diego     | CA  | 02150-00 |

CLINICAL TREATMENT FORM

| AX: 877.248.2746<br>DR ASH ASH TREATMENT   | FORM #   | RECEIVED                              | DATE  | ASH CLINIC   | , please call ASH a   | ANAGER   |
|--|--|---------------------------------------|---|--|---|--|
| SE ONLY  |  | 0 M / /                               | Г. D;   |  | Detiont ID#   |  |
| atient Name Last Fi  |  |                                       |   |  |   |  |
| ubscriber Name   | imary 🛛  | Subscribe                             | er ID#  |  | Is This? I  | □ Auto Related   |
| ealth PlanSe   |  | r                                     |   | (  | Group #   |  |
| REFERRED BY (if required) Physician Nam  | e  |                                       |   | Referr   | al DX   |  |
| FOR OUT-OF-NETWORK PROVIDER ONLY   | <u>(</u> : TIN #   |                                       | State   | License #  |   |  |
| NPI Number Type 1 (Individual)   |  | NF                                    | PI Number Ty  | pe 2 (Organization   | )   |  |
| REATING PRACTITIONER INFORMATION   | l  |                                       | PATIENT   | MAILING ADDRES   | S AND PHONE N   | UMBER  |
| Provider Group Name (clinic)   |  | A .1.1.                               |   |  |   |  |
| Treating Therapist   |  |                                       | ess   |  |   |  |
| Address  |  |                                       | State/Zip   |  |   |  |
| City/State/Zip   |  |                                       | ne <u>(</u>   | )  |   |  |
| Phone ()Fa   |  |                                       |   |  |   |  |
| SERVICES ALREADY RENDERED (C   |  |                                       |   |  |   |  |
| Eval/1 <sup>st</sup> Visit date (mm/dd/yyyy) for this episo  |  |                                       |   |  |   |  |
| Total number of Visits rendered for this episo<br>DME / Supports (Describe and Provide HCP0  |  | <u></u>                               |   |  |   |  |
| D-9 / DIAGNOSES (Highest level of specif   |  | ition(s) and Path                     | ology codes   | (If Post Surgery 1   | °=V57.1)  |  |
|  |  | .,                                    |   |  |   |  |
|  |  | 4                                     |   |  |   |  |
| SERVICES THAT YOU ARE SUBMITTING F   |  |                                       |   |  |   |  |
| rom (mm/dd/yyyy)   |  |                                       |   |  |   |  |
| stimated Discharge Date (Required)(mm/dd/yyyy)_  |  |                                       |   |  |   |  |
|  |  |                                       |   |  |   |  |
| Evaluations/Re-evaluations being requested during<br>DME / Supports (Describe and Provide HCPC Codes)<br>ate of Onset / Exacerbation<br>ause of Current Episode  | the From and Through o<br>Chief Co<br>Congenital   | dates:  Eval Somplaint(s) Unknown  Po | luation 97001 /   | 97003 🗌 Re   | e-evaluation 97002 / 9  |  |
| Evaluations/Re-evaluations being requested during         OME / Supports (Describe and Provide HCPC Codes)         atte of Onset / Exacerbation         ause of Current Episode □ Traumatic         age of Condition □ Acute □ Sub-Acutature of Condition □ Initial Occurrence         tal Signs Height Weight         ognitive / Perceptual □ Intact □ Minimommunication □ Verbal □ Non-Verbal         oblity       Ambulation / Gait Pattern         Wheelchair / Assistive devices         Transfers         Bed         alance / Coordination □ Normal □ I         Static Position         Dynamic Position         Dynamic Position | the From and Through o   | dates: Eval                           | Iuation 97001 /<br>ost-Surgical (<br>onic<br>Maximum Im<br>Relies on prim   | 97003 Re<br>(Date/Type)<br>pairment<br>hary care giver for content<br>Muscle Tone<br>Hea<br>Trur<br>U. E<br>L. E   | e-evaluation 97002 /<br>communication ner<br>e:<br>b:<br>b:<br>c:<br>c:<br>c:<br>c:<br>c:<br>c:<br>c:<br>c:<br>c:<br>c:<br>c:<br>c:<br>c:   | eds<br>Spastic<br>Spastic  |
| Evaluations/Re-evaluations being requested during         DME / Supports (Describe and Provide HCPC Codes)         ate of Onset / Exacerbation         ause of Current Episode    Traumatic         age of Condition    Acute    Sub-Acute         ature of Condition    Initial Occurrence         tal Signs Height Weight         opnitive / Perceptual    Intact    Minim         oblility Ambulation / Gait Pattern         Wheelchair / Assistive devices         Transfers         Bed         alance / Coordination    Normal    I         Static Position         Dynamic Position         Task                                  | the From and Through o   | dates: Eval                           | Iuation 97001 /<br>ost-Surgical (<br>onic<br>Maximum Im<br>Relies on prim<br>or Zero<br>or Zero<br>or Zero<br>assist          | 97003  | e-evaluation 97002 /<br>communication nerection<br>H Lian<br>H Lian | eds<br>Bastic<br>Sastic<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I   |
| Evaluations/Re-evaluations being requested during         DME / Supports (Describe and Provide HCPC Codes)         ate of Onset / Exacerbation         ause of Current Episode □ Traumatic         rage of Condition □ Acute □ Sub-Acute         ature of Condition □ Initial Occurrence         tal Signs Height  | the From and Through o   | dates: Eval                           | luation 97001 /<br>ost-Surgical (<br>onic<br>Maximum Im<br>Relies on prim<br>or Zero<br>or Zero<br>assist<br>assist           | 97003  | e-evaluation 97002 /<br>communication ner<br>e:<br>b:<br>b:<br>c:<br>c:<br>c:<br>c:<br>c:<br>c:<br>c:<br>c:<br>c:<br>c:<br>c:<br>c:<br>c:   | eds<br>booting<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bast |
| Evaluations/Re-evaluations being requested during         DME / Supports (Describe and Provide HCPC Codes)         ate of Onset / Exacerbation         ause of Current Episode □ Traumatic         age of Condition □ Acute □ Sub-Acute         ature of Condition □ Initial Occurrence         tal Signs Height   | the From and Through o   | dates: Eval                           | luation 97001 /<br>ost-Surgical (<br>onic<br>Maximum Im<br>Relies on prim<br>or Zero<br>or Zero<br>assist<br>assist           | 97003  | communication 97002 /<br>communication ner<br>communication ner<br>communic         | eds<br>booting<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bast |
| Evaluations/Re-evaluations being requested during         OME / Supports (Describe and Provide HCPC Codes)         ate of Onset / Exacerbation   | the From and Through of<br>Chief Co<br>Congenital    <br>te   Chronic<br>Exacerbation  <br>Moderate Ir<br>Unable to Com<br>Deficits in the following<br>Good<br>Deficits in the following<br>CG/CS   Min a:<br>CG/CS   Min a:<br>Absent   Locat<br>lowing location<br>(.5cm)   3+ rr   | dates: Eval                           | luation 97001 /<br>ost-Surgical (<br>onic<br>Maximum Im<br>Relies on prim<br>or Zero<br>or Zero<br>assist<br>assist           | 97003  | communication 97002 /<br>communication ner<br>communication ner<br>communic         | eds<br>Bastic<br>Sastic<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I   |
| valuations/Re-evaluations being requested during         ME / Supports (Describe and Provide HCPC Codes)         inte of Onset / Exacerbation  | the From and Through of<br>Chief Co<br>Congenital    <br>te   Chronic<br>Exacerbation [<br>Blood F<br>Blood F<br>Deficits in the following<br>CG/CS   Min a:<br>CG/CS   Min a: | dates: Eval                           | luation 97001 /<br>ost-Surgical (<br>onic<br>Maximum Im<br>Relies on prim<br>or Zero<br>or Zero<br>assist<br>assist<br>assist | 97003  | communication 97002 /<br>communication ner<br>communication ner<br>communic         | eds<br>Sbastic al do<br>Sbastic la d   |
| ivaluations/Re-evaluations being requested during         inte of Onset / Exacerbation   | the From and Through of<br>Chief Co<br>Congenital    <br>te   Chronic<br>Exacerbation [<br>Blood F<br>Blood F<br>Deficits in the following<br>CG/CS   Min a:<br>CG/CS   Min a: | dates: Eval                           | luation 97001 /<br>ost-Surgical (<br>onic<br>Maximum Im<br>Relies on prim<br>or Zero<br>or Zero<br>assist<br>assist           | 97003 Re<br>(Date/Type)<br>pairment<br>hary care giver for content<br>Muscle Tone<br>Locatio<br>Hea<br>Trur<br>U. E<br>L. E<br>Max assist<br>Max assist<br>+4 severe (>1.5cm   | e-evaluation 97002 / 4  | eds<br>Building and a set of a s   |
| Evaluations/Re-evaluations being requested during         DME / Supports (Describe and Provide HCPC Codes)         ate of Onset / Exacerbation         ause of Current Episode □ Traumatic         age of Condition □ Acute □ Sub-Acute         ature of Condition □ Initial Occurrence         tal Signs Height   | the From and Through of<br>Chief Co<br>Congenital    <br>te   Chronic<br>Exacerbation [<br>Blood F<br>Blood F<br>Deficits in the following<br>CG/CS   Min a:<br>CG/CS   Min a: | dates: Eval                           | luation 97001 /<br>ost-Surgical (<br>onic<br>Maximum Im<br>Relies on prim<br>or Zero<br>or Zero<br>assist<br>assist<br>assist | 97003 Re<br>(Date/Type)<br>pairment<br>hary care giver for construction<br>Muscle Tone<br>Location<br>Hea<br>Trur<br>U. E<br>Max assist<br>Max assist<br>+4 severe (>1.5cm<br>List Date Obta<br>Peabody score            | e-evaluation 97002 / 4  | eds<br>Sbastic al do<br>Sbastic la d   |
| Evaluations/Re-evaluations being requested during         DME / Supports (Describe and Provide HCPC Codes)         ate of Onset / Exacerbation   | the From and Through of Chief Co<br>Chief Co<br>Congenital    <br>te   Chronic<br>Exacerbation [<br>Blood F<br>Blood F<br>Deficits in the following<br>Cod<br>Deficits in the following<br>Good<br>Deficits in the following<br>CG/CS   Min a:<br>CG/CS   Min a:<br>Absent   Location<br>(.5cm)   3+ m<br>ct recovery)<br>/ Current date(s) and<br>Current   | dates: Eval                           | luation 97001 /<br>ost-Surgical (<br>onic<br>Maximum Im<br>Relies on prim<br>or Zero<br>or Zero<br>assist<br>assist<br>assist | 97003 Re<br>(Date/Type)<br>pairment<br>hary care giver for of<br>Muscle Tone<br>Locatio<br>Hea<br>Trur<br>U. E<br>L. E<br>Max assist<br>Max assist<br>+4 severe (>1.5cm<br>List Date Obta<br>Peabody score<br>DASH score | e-evaluation 97002 / 4  | eds<br>Sbastic al do<br>Sbastic al d   |
| Evaluations/Re-evaluations being requested during<br>DME / Supports (Describe and Provide HCPC Codes)         ate of Onset / Exacerbation  | the From and Through of Chief Co<br>Chief Co<br>Congenital    <br>te   Chronic<br>Exacerbation  <br>Moderate Ir<br>Moderate Ir<br>Unable to Com<br>Deficits in the following<br>CG/CS   Min a:<br>Good<br>CG/CS   Min a:<br>Absent   Locat<br>lowing location<br>(.5cm)   3+ rr<br>ct recovery)<br>/ Current date(s) and<br>Current  | dates: Eval                           | luation 97001 /<br>ost-Surgical (<br>onic<br>Maximum Im<br>Relies on prim<br>or Zero<br>or Zero<br>assist<br>assist<br>assist | 97003 Re<br>(Date/Type)<br>pairment<br>hary care giver for construction<br>Muscle Tone<br>Location<br>Hea<br>Trur<br>U. E<br>Max assist<br>Max assist<br>+4 severe (>1.5cm<br>List Date Obta<br>Peabody score            | e-evaluation 97002 / 4  | eds<br>booting<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bastic<br>bast |
| Evaluations/Re-evaluations being requested during<br>OME / Supports (Describe and Provide HCPC Codes)         ate of Onset / Exacerbation  | the From and Through of Chief Co<br>Chief Co<br>Congenital    <br>te   Chronic<br>Exacerbation  <br>Moderate Ir<br>Moderate Ir<br>Unable to Com<br>Deficits in the following<br>CG/CS   Min a:<br>Good<br>CG/CS   Min a:<br>Absent   Locat<br>lowing location<br>(.5cm)   3+ rr<br>ct recovery)<br>/ Current date(s) and<br>Current  | dates: Eval                           | luation 97001 /<br>ost-Surgical (<br>onic<br>Maximum Im<br>Relies on prim<br>or Zero<br>or Zero<br>assist<br>assist<br>assist | 97003 Re<br>(Date/Type)<br>pairment<br>hary care giver for of<br>Muscle Tone<br>Locatio<br>Hea<br>Trur<br>U. E<br>L. E<br>Max assist<br>Max assist<br>+4 severe (>1.5cm<br>List Date Obta<br>Peabody score<br>DASH score | e-evaluation 97002 / 4  | eds<br>Sbastic al do<br>Sbastic al d   |

Practitioners are encouraged to submit additional information as necessary to support the interventions / care submitted PTOT\_CTFNeuro\_120109.doc

## Manerican Specialty Health. Networks

|                                   | Patient and Insured Demographics; name,<br>gender, DOB, ID #, Health Plan   | This form is for<br>neurological conditions     |
|-----------------------------------|---|---|
|                                   | genuer, DOD, ID #, iteatui i iau  |   |
|                                   | American Specialty Health Networks, Inc. (ASH Networks)<br>P.O. Box 509001, San Diego, CA 92150-9001<br>Fax: 877.248.2746<br>FOR ASH NETWORKS ASH NETWORKS TREATMENT FO<br>RECEIVED DATE ASH NETWORKS CLINICAL SERVICES MANAGER |   |
|                                   |   |   |
| Provider                          | Patient Name Sex M / F Birthdate Patient ID#<br>Last First India Sex M / F Birthdate Patient ID#  | 1. C  |
| Group Name                        | Subscriber NameSubscriber ID#Is This? Auto Related  |   |
| e.g. xyzabc PC or                 | Health Plan Secondary Employer Group #  | Specific response to                            |
| 123abc Hospital                   | REFERRED BY (if required) Physician Name Referral DX  | previous treatment                              |
|                                   | FOR OUT-OF-NETWORK PROVIDER ONLY: TIN #State License #  |   |
|                                   | NPI Number Type 1 (Individual)         NPI Number Type 2 (Organization)           TREATING PRACTITIONER INFORMATION         PATIENT MAILING ADDRESS AND PHONE NUMBER  | -///  |
|                                   | Provider Group Name (clinic)  |   |
| Actual Treating                   | Treating Therapist Address  | Based upon your                                 |
| Clinicians Name,<br>Address, etc. | AddressCity/State/Zip   | clinical assessment                             |
| Auuress, etc.                     | City/State/Zip         Phone ()           Phone ()         Fax ()   | list acceptable<br>diagnosis codes              |
|                                   |   | (see code sheet for                             |
| For the condition                 | Eval/1 <sup>%</sup> Visit date (mm/dd/yyyy) for this episode Response to care   | commonly used                                   |
| you are currently<br>treating:    | Total number of Visits rendered for this episode  | therapy codes)                                  |
| Enter the date of                 | DME / Supports (Describe and Provide HCPC Codes)<br>ICD-9 / DIAGNOSES (Highest level of specificity – Primary Condition(s) and Pathology codes (If Post Surgery 1°=V57.1)   |   |
| first visit, AND the              | 1 3 3   | Total number of                                 |
| TOTAL number                      | 24  | visits you are                                  |
| of visits you have                | SERVICES THAT YOU ARE SUBMITTING FOR CONTINUED CARE   | submitting for                                  |
| already provided                  | From (mm/dd/yyyy) Through (mm/dd/yyyy)# of Visits   | during the from<br>and through dates            |
|                                   | Estimated Discharge Date (Required)(mm/dd/yyyy)Date of Findings Noted Below (mm/dd/yyyy)<br>Evaluations/Re-evaluations being requested during the From and Through dates:   |   |
|                                   | DME / Supports (Describe and Provide HCPC Codes)  |   |
|                                   | Date of Onset / Exacerbation Chief Complaint(s)   | -   |
|                                   | Stage of Condition Acute Sub-Acute Chronic  | <ul> <li>Document the<br/>clinically</li> </ul> |
| Enter the Start                   | Nature of Condition         Initial Occurrence         Exacerbation         Recurrent / Chronic           Vital Signs         Height         Blood Pressure   | relevant  |
| and Thru date                     | Cognitive / Perceptual   Intact   Minimum   Moderate Impairment   Maximum Impairment<br>Communication   Verbal   Non-Verbal   Unable to Communicate   Relies on primary care giver for communication needs                      | information                                     |
| you are                           | Machilles Architelles (Och Dethart  | about this                                      |
| submitting for<br>the new plan of | Mobility     Amounation / Gait Pattern       Wheelchair / Assistive devices   | patient that<br>outlines the                    |
| care                              | Transfers   | condition and                                   |
|                                   | Balance / Coordination Deficits in the following: Head  | supports your                                   |
|                                   | Static Position         Good         Fair         Poor         Zero         Trunk   | plan of care.                                   |
|                                   | Activities of Daily Living Independent Deficits in the following:   | Include results                                 |
|                                   | Task CG/CS  | of orthopedic<br>tests and                      |
|                                   | Task CG/CS Min assist Mod assist Max assist Device<br>Sensation Intact Impaired Absent Location   | measures  |
| Provide the                       | Edema Done Edema in the following location  | performed                                       |
| initial<br>Functional             | Med/Soc Hx / Co-Morbidities (that may affect recovery)  |   |
| Outcome                           | OUTCOME ASSESSMENTS (List both Initial / Current date(s) and score(s) as applicable) Initial Current Current Initial Current  |   |
| Tool score                        | List Date Obtained (mm/dd/yyyy) List Date Obtained (mm/dd/yyyy)   | -   |
| utilized and                      | TUG score Peabody score DASH score DASH score   |   |
| any follow up                     | Other LEFS (LE) score   |   |
| score.                            | ADD: COMMENTS   | -   |
|                                   | 1 <del></del>   | -   |
|                                   | <u>.</u>  | -   |
|                                   | Signature of treating practitioner (Required) Date  | -   |
|                                   | Practitioners are encouraged to submit additional information as necessary to support the interventions / care submitted  |   |
|                                   | NBPTOT_CTFNeuro_010909 doc  |   |
|                                   | The Clinical Tre  |   |
|                                   | must be signed a  | •   |
|                                   | treating clinician  |   |
|                                   | appears above as  | , well  |
|                                   |   |   |