



Prior Authorization Form Durable Medical Equipment/ Wheelchair Request

Phone: 1-800-521-6622 • Fax: 1-855-540-7083

Contact name:	
Phone number:	Fax number:

Participant information

Participant name:		
Participant ID number:	Date of birth:	Participant's phone number:
Authorization number, if applicable:		Primary insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of carrier:	Primary insurer Participant ID:	Primary authorization number:

Provider information

Physician name:		
Physician NPI:	Physician phone number:	Physician fax number:
DME vendor name:		
DME vendor NPI:	DME vendor phone number:	DME vendor fax number:

Codes

ICD diagnosis code	HCPC code	Dates of service	Units/month	Purchase/rental	Billing amount

Wheelchair/powering vehicle

Please note: Home assessment is necessary for all manual wheelchairs, power wheelchairs, and scooters. DHS Prescription form for Motorized Wheelchairs is necessary for all power wheelchairs and scooter requests.

Additional information:

CLINICAL NOTES TO SUPPORT THE MEDICAL NEED OF THIS SERVICE ARE REQUIRED, TO INCLUDE A CURRENT SCRIPT THAT LISTS FREQUENCY AND DURATION. SCRIPTS NEED TO BE UPDATED EVERY SIX MONTHS. ALL FIELDS MUST BE COMPLETED FOR REQUEST TO BE PROCESSED.

Important payment notice:

Please note that reimbursement for all rendering network providers subject to the ordering/referring/prescribing (ORP) requirement for an approved authorization is determined by satisfying the mandatory requirement to have a valid Pennsylvania Medical Assistance (MA) Provider ID. Effective January 1, 2018, any claim submitted by rendering network providers that are subject to the ORP requirement will be denied when billed with the NPI of an ORP provider that is not enrolled in MA.

To check the MA enrollment status of the practitioner ordering, referring, or prescribing the service you are providing, visit the DHS provider look-up portal at: <https://promise.dpw.state.pa.us/portal/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider>.