

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		
Ordering physician name:		
Physician NPI:	Physician phone number:	Physician fax number:
Home care company:		Provider NPI:
Home care company phone number:	Home care company fax number:	

Codes	
Primary ICD diagnosis code	Description

Home health service requested				
The first six SN/PT/OT/ST and HHA visits per calendar year do not require an authorization .				
	Billing code	Date of sixth visit	Requested dates of service	Number of requested visits
Skilled nursing (SN)				
Physical therapy (PT)				
Occupational therapy (OT)				
Speech therapy (ST)				
Home health aide (HHA)				
Social worker				

CLINICAL NOTES TO SUPPORT THE MEDICAL NEED OF THIS SERVICE ARE REQUIRED. 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>.