

**Prior Authorization Form
Outpatient Therapy/
Cardiac or Pulmonary Rehab Request**

Phone: 1-800-521-6622 • Fax: 1-855-332-0115

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|---------------|-------------|--|
| 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: |
| Facility name: | | |
| Facility NPI: | Facility phone number: | Facility fax number: |

| Codes | | | | |
|--------------------|----------|------------|--------------------------------------|----------------------------|
| ICD diagnosis code | CPT code | Start date | Frequency (number of times per week) | Duration (number of weeks) |
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| Therapy information |
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| Provide date Participant completed their 24th therapy visit for the current calendar year (for physical, speech, or occupational therapy only): |
| 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 FOR PEDIATRIC MAINTENANCE THERAPY AND EVERY THREE MONTHS FOR ALL OTHER OUTPATIENT THERAPY REQUESTS. 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>.