



## Outpatient Therapy Services Prior Authorization Request Form

Use this form for all physical, occupational, speech, and feeding therapies, pulmonary and cardiac rehabilitation, and chiropractic care. Complete and fax all requested information below including any supporting documentation as applicable to Highmark Health Options at **1-855-451-6664**. **Authorization is based on medical necessity. Incomplete information or illegible forms will delay processing.**

**Questions or concerns?** Call Utilization Management at 1-844-325-6251, Monday through Friday, 8 a.m. to 5 p.m.

Date: \_\_\_\_\_

Member Information		
Member Name	Member ID	Date of Birth
Diagnosis	ICD-10 Code	

  

Ordering Provider Information	
Ordering Provider Name	NPI Number
Ordering Provider Practice and Address	
Provider Phone	Provider Fax

  

Treating Provider Information	
Treating Provider Name	NPI Number
Treating Provider Practice and Address	
Provider Phone	Provider Fax
Contact Person Completing Form	Contact Phone
Contact Person at Practice	Contact Fax

  

Outpatient Therapy Request	
New Request <input type="checkbox"/> Yes <input type="checkbox"/> No	Ongoing Request <input type="checkbox"/> Yes <input type="checkbox"/> No

Physical Therapy					
Procedure Code	Code Description	Start Date	End Date	Number of Visits	Frequency

Occupational Therapy					
Procedure Code	Code Description	Start Date	End Date	Number of Visits	Frequency

Speech Therapy					
Procedure Code	Code Description	Start Date	End Date	Number of Visits	Frequency

Feeding Therapy					
Procedure Code	Code Description	Start Date	End Date	Number of Visits	Frequency

Pulmonary Rehabilitation					
Procedure Code	Code Description	Start Date	End Date	Number of Visits	Frequency

Cardiac Rehabilitation					
Procedure Code	Code Description	Start Date	End Date	Number of Visits	Frequency

Chiropractic Care					
Procedure Code	Code Description	Start Date	End Date	Number of Visits	Frequency

Other					
Procedure Code	Code Description	Start Date	End Date	Number of Visits	Frequency

Clinical Documentation					
Provide clinical documentation to support medical necessity for the request. Include initial evaluation, current plan of care, physician order, current prescription, and recent progress notes as applicable.					