



Prior Authorization Form Chiropractic Request

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

Contact name:											
Phone number:					Fax number:						
Thore number.		Tax Humber.									
Participant informat	ion										
Participant name:											
Participant ID number:	Date of birth:				Participant's phone number:						
Authorization number, if applicable:								Primary insurance? ☐ Yes ☐ No			
Name of carrier:			Primary insurer Participant ID:				Primary authorization number:				
D											
Provider information											
Physician name:							Dharisian for much an				
Physician NPI:			Physician phone number:				Physician fax number:				
Codes											
ICD diagnosis code CPT code			Start date				ncy (number of		Duration (number		
	_						er week)		of weeks)		
Chiropractic evaluati	on and tre	atmen	t reque	st							
Chief complaint:											
Type of pain: ☐ Acute	Chronic Type of Reques			t: 🗆 Initial 🗆 Ongoing Percenta			age of improvement since last request:				
Loss of strength (1–5):	Examinatio	Examination findings:			Date symptoms/recurrence began:			Related surgery:			
Pain rating (0–10):	ROM (area and degrees):			Impression of recent radiology stud			lies:	Neuro. exam:			
Provide detailed list of	ADL limitat	ions									
Mild (variable limits)			Moderate (consistent limits)				Severe (unable to complete)				
Treatment plan: Spinal manipulation:			Exercises for strength/ROM/end			rance:	ance: Engaged in home exercises? ☐ Yes ☐ No			□ No	
Goals:				Prognosis:							

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.