Outpatient Rehabilitative Therapy Services

Prior Notification and Authorization Request Form

Harvard Pilgrim Health Care
a Point32Health company

Submit your Outpatient Rehabilitative Therapy (PT, OT, ST) Service requests online using *HPHConnect* for providers. Register for *HPHConnect* online at www.harvardpilgrim.org/providers.
FAX completed form to 800-232-0816.

Outpatient Service

Patient name *HPHC Member ID #

Requesting provider *Provider NPI #

Phone Fax

Diagnosis

ICD-9 or ICD-10 code

Date of onset/injury / / Date of initial evaluation / / Date of first treatment / /

Payment is based on member eligibility and benefit limitation at the time the service is rendered, as well as Harvard Pilgrim provider contractual agreement.

Requested service (*check one*): Physical therapy Occupational therapy Speech therapy

Type of request (*check one*): Initial notification/authorization Follow up notification/authorization for ongoing treatment

Visits used to-date

Note that in specific situations, additional documentation may be required for approval of treatment.

Related causes:

Auto Date of MVA / / State/province or country accident occurred

Employment Other

Additional information/remarks (e.g., side involved, surgery date, etc.):

* **Harvard Pilgrim requires that all requests for services be submitted with a valid NPI for the requesting and servicing providers.**

For Harvard Pilgrim Use Only

Transaction #

Start date / / End date / / Units approved

Remarks:

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Clear Form