

1700 Bent Creek Blvd.
 Suite 200
 Mechanicsburg, PA 17050

Dear Provider,

We are contacting you with an important update in the Authorization process for Cognitive Rehab & Behavioral Therapy Services as part of requests for Residential & Structured Day Habilitation Services.

Effective 04/01/2024, Service Requests for Cognitive Rehab & Behavioral Therapy are being added to the current process for Residential Habilitation and Structured Day Habilitation. The services listed below are to be submitted to PHW for review and authorization by the Participant’s Service Coordinator. For these services, provide a Plan of Care to the Service Coordinator who will submit this with the Service Request. Once the Participant’s comprehensive needs assessment is completed and the Participant’s person-centered service plan (PCSP) is developed, reviewed, and agreed upon with the Participant and/or their responsible parties, the service request approval/authorizations are sent to Providers by PHW. Authorizations will be approved for 12 months.

Residential Habilitation	
W0100	Residential Habilitation 1-3
W0101 U4	Residential Habilitation 1-3 Support 1:1
W0101 U5	Residential Habilitation 1-3 Support 2:1
W0102	Residential Habilitation 4-8
W0103 U4	Residential Habilitation 4-8 Support 1:1
W0103 U5	Residential Habilitation 4-8 Support 2:1
Structured Day Habilitation	
W0104	Structured Day Habilitation Group
W0105 U4	Structured Day Habilitation 1:1
W0105 U5	Structured Day Habilitation 2:1
Therapeutic Services	
H2019	Behavior Therapy
92507 SE	Cognitive Rehabilitation

Please note that requests for Physical Therapy, Occupational Therapy, Speech Therapy, Counseling Services, and Nutritional Counseling will continue to be clinically reviewed and will require a new Prior Authorization request every 60 days.

These services are requested by the servicing Provider using our Prior Authorization process. Please submit Prior Authorization requests with supporting documentation through our online Secure Provider Portal at provider.pahealthwellness.com. You may also submit a Prior Authorization request via fax using our PA Health & Wellness outpatient prior authorization fax form, found at <https://www.pahealthwellness.com/providers/resources/forms-resources.html>.

Thank you for your ongoing partnership. If you have any questions, please contact Provider Services at 1-844- 626-6813 or Provider Relations at phwproviderrelations@pahealthwellness.com.

Sincerely,
 PA Health & Wellness