



1700 Bent Creek Blvd.
Suite 200
Mechanicsburg, PA 17050

Dear Provider,

We are contacting you with an important reminder of the Prior Authorization process for W0137 – Specialized Medical Equipment & Supplies, utilized by PA Health & Wellness (PHW) to authorize Lift Chairs. All Prior Authorization Requests for W0137 are requested by the servicing Provider using our Prior Authorization process.

Please submit Prior Authorization requests along with clinical information minimally necessary for clinical decision made 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>.

Once the request is reviewed for Medical Necessity via the Outpatient Authorization process, the authorization determination is sent to the requesting Provider by PHW. For more information regarding clinical information minimally necessary for clinical decision making, please see page 76 of the Provider Manual.

Service	Procedure Code	Unit	Fee Schedule Rate
Specialized Medical Equipment & Supplies	W0137	N/A	N/A

Source: https://www.pa.gov/content/dam/copapwp-pa.gov/en/dhs/documents/providers/documents/long_term_care_providers/oltl-hcbs-rates-jan-1-2025.pdf

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