

**1150 ADMINISTRATIVE
WAIVER REQUEST FORM
MA 325**

**TO BE USED FOR INPATIENT HOSPITAL SERVICES, JCAHO--CERTIFIED MENTAL HEALTH
RESIDENTIAL TREATMENT FACILITY CARE, LONG TERM CARE, AND EARLY INTERVENTION ONLY.**

The 1150 Administrative Waiver Request (MA 325 form) must be completed by the prescribing physician when requesting an 1150 waiver.

Instructions for the proper completion of the form are found on the inside of this cover sheet.

- (a) Read the instructions before attempting to complete the MA 325 waiver request form.
- (b) Improper completion of the request form may result in a processing delay and/or rejection.
- (c) Incomplete or illegible forms will be returned unprocessed.

**INSTRUCTIONS FOR THE MA 325
1150 WAIVER REQUEST FORM**

PRESCRIBING PRACTITIONER

The form may be used for requesting one or two items or services. Use additional forms when requesting more than two items or services; in such cases, the forms must be sent to Headquarters simultaneously.

1. When requesting a single item/service the prescribing practitioner must complete box 8A entering a name or basic description of the item/service requested and box 8B entering the number of units of the item/service requested for a specific time period. Example: 6 cases per month, must be entered in box B along with the number of months the item/service will be needed,

If the prescribing practitioner is also the provider, boxes C and D must be completed.

If the prescribing practitioner is not the provider, the name of the provider must be entered in box C. Also enter the provider's M.A.I.D. number, and phone number.

Enter the provider's address in D. Enter the usual fee, if known, in box E

2. When requesting two item/services, box 9A must be completed as described in 1, above.
3. The prescriber must enter identifying information in boxes 10, 11, 12, 12A, 12B, 13A, 13B, 14, and 15.
4. The prescriber must enter primary diagnosis in box 14 with its corresponding ICD Code. If the recipient has a secondary condition or disorder, the prescriber must enter appropriate information in box 15.
5. The medical documentation should include a full description of the recipient's impairments, copies of lab reports, and diagnostic studies, medical history, current hospital discharge summaries, or any additional significant reports or documentation to support the 1150 Waiver Request.
6. The prescribing practitioner must sign and date the MA 325 form and retain the prescriber copy in his/her own files. Send the department's (DHS) copy to the appropriate address below for the type of items/service requested:

<u>Early Intervention</u>	<u>Inpatient</u>	<u>JCAHO Certified Residential Treatment</u>	<u>Long Term Care</u>
1150 Waiver Services PO Box 2675 Harrisburg, PA 17105-2675	1150 Waiver Services PO Box 8042 Harrisburg, PA 17105-8042	DHS/OMHSAS Division of Clinical Review & Consultation RTF Section PO Box 2675 Harrisburg, PA 17105-2675	1150 Waiver Services PO Box 8025 Harrisburg, PA 17105-8025

INCOMPLETE OR ILLEGIBLE MA 325 forms will be returned to the prescriber, unprocessed.

DEPARTMENT OF HUMAN SERVICES

The Headquarters staff reserves the right to contact other providers and to negotiate fees for items/services requested in boxes 8A and 9A.

Headquarters staff will determine if the Exception Request meets the criteria for approval.

Notice of the Department's decision will be sent to:

- a. the prescribing practitioner
- b. the recipient
- c. the Provider(s) concerned

