



# OUTPATIENT PRIOR AUTHORIZATION FORM

DELAWARE

Expedited Provider Ph #: 844-536-2169  
Physical Health: 833-941-0445  
Biopharmacy : 844-235-5090  
Transplant:833-941-0452  
Behavioral Health: 833-941-0448  
Concurrent Review: 833-941-0450

Request for additional units. Existing Authorization  Units

**Standard Requests** - Determination within 7 calendar days of receipt of the request.

**Urgent Requests** - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.

\* INDICATES REQUIRED FIELD

## MEMBER INFORMATION

\*Medicaid/Member ID

Last Name, First

\*Date of Birth

(MMDDYYYY)

## REQUESTING PROVIDER INFORMATION

\*Requesting NPI

\*Requesting TIN

Requesting Provider Contact Name

Requesting Provider Name

Phone

\*Fax

## SERVICING PROVIDER / FACILITY INFORMATION

Same as Requesting Provider

\*Servicing NPI

\*Servicing TIN

Servicing Provider Contact Name

Servicing Provider/Facility Name

Phone

Fax

## AUTHORIZATION REQUEST

\*Primary Procedure Code

(CPT/HCPCS)

(Modifier)

Additional Procedure Code

(CPT/HCPCS)

(Modifier)

\*Start Date OR Admission Date

(MMDDYYYY)

\*Diagnosis Code

(ICD-10)

Additional Procedure Code

(CPT/HCPCS)

(Modifier)

Additional Procedure Code

(CPT/HCPCS)

(Modifier)

End Date OR Discharge Date

(MMDDYYYY)

Total Units/Visits/Days

### \*OUTPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

- 412 Auditory
- 422 Biopharmacy
- 299 Drug Testing
- 922 Experimental and Investigational Services
- 205 Genetic Testing & Counseling
- 249 Home health
- 390 Hospice Services
- 290 Hyperbaric Oxygen Therapy
- 141 Imaging
- 611 Infertility
- 724 Transportation
- 792 Vendor
- 997 Office Visit/Consult

- 794 Outpatient Services
- 171 Outpatient Surgery
- 202 Pain Management
- 161 ABA Services
- 201 Sleep Study
- 790 Occupational Therapy
- 101 Physical Therapy
- 701 Speech Therapy
- 992 Transplant
- 209 Transplant Surgery

### DME

417 Rental

120 Purchase

### Is this for Discharge Needs?

Yes  No

### Behavioral Health Services

- 450 BH Outpatient/SUD Services
- 510 BH Medical Management
- 530 BH PHP
- 512 BH Community Based Services
- 514 BH Day Treatment
- 515 BH Electroconvulsive Therapy
- 516 BH Intensive Outpatient Therapy
- 519 BH Outpatient Therapy
- 520 BH Professional Fees
- 521 BH Psychological Testing

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.

COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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