AmeriHealth *Caritas*™
Delaware

HCPCS (Healthcare Common Procedure Coding System) Authorization Form

Confidential information

Patient name:		
Patient date of birth (MM/DD/YYYY): / /	Patient ID number:	
Physician name:		Specialty:
Phone:	Fax:	NPI:
Physician street address:		
City:	State:	ZIP code:
Facility name:	Facility NPI:	

Medication name and strength requested:	J-code:
	Number of units:
	Date of service (MM/DD/YYYY): / /

Directions:
Anticipated length of therapy: ☐ Days   ☐ 3 months   ☐ 6 months
Treatment setting: ☐ Outpatient   ☐ Home infusion   ☐ In office   ☐ Other:
Diagnosis:
Preferred medications tried/previous therapy. Please include strength, frequency, and duration. (If medications were tried before enrollment, or if office samples were given, please include chart notes and/or sample logs.)
Rationale and/or additional information that may be relevant to the review of this prior authorization request. (If more space is needed, please attach an additional page to this document.)

Physician signature:	Date (MM/DD/YYYY): / /

Please return this form to:
PerformRx
AmeriHealth Caritas
200 Stevens Drive, Philadelphia, PA 19113

Fax to: **1-855-829-2872**
PerformRx Provider Services: **1-855-251-0966**

Important payment notice

Please note that reimbursement to any rendering provider for an approved authorization is determined by satisfying the mandatory requirement to have a valid Delaware Medical Assistance (MA) provider ID. However, effective January 1, 2018, any claim submitted by a rendering provider will be denied if it is submitted without the ordering/prescribing/referring provider's Delaware MA-enrolled NPI, or if the NPI does not match that of a Delaware MA enrolled provider.

To check the Delaware MA enrollment status of the provider who is ordering, referring, or prescribing the service you are providing, visit the Delaware Department of Health and Social Services (DHS) provider look-up portal at: **https://medicaid.dhss.delaware.gov/provider**.

PERFORMRX℠