

Providers are responsible for obtaining prior authorization before services are rendered. Service rendered without prior authorization may result in a denial. Please submit clinical information to support medical necessity of the request. Request will not be processed if clinical information or CPT and ICD-10 codes are missing. Authorization is not a guarantee of payment. If you have an urgent request, please call **1-855-396-5770** to initiate the review process.

Prior authorization fax 1-866-497-1384	Prior authorization retro fax 1-866-423-1081	DME fax 1-844-688-2983	OB request fax 1-866-497-1384
Inpatient concurrent review fax: 1-866-773-7892			
Fax this form and submit all pertinent clinical information to the appropriate number above. Please print — accuracy is important.			

Provider information

Referring provider name:			
Contact name:			
Contact phone number:		Contact fax number:	
NPI:	Provider Medicaid ID:	<input type="checkbox"/> Par <input type="checkbox"/> Non-par	

Treating provider/facility name:			
Contact name:			
Contact phone number:		Contact fax number:	
NPI:	Provider Medicaid ID:	<input type="checkbox"/> Par <input type="checkbox"/> Non-par	

Member information

Medicaid ID number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Member last name:		Member first name:	
Member address:			
Date of birth:	ICD-10 codes:	Member phone number:	

Type of request	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Outpatient
------------------------	------------------------------------	-------------------------------------

HCPSC and CPT codes

HCPSC/CPT	Code description	Units	Dates of service	
			From (mm/dd/yyyy)	Through (mm/dd/yyyy)

Other clinical information

Include or attach any clinical and office notes, doctor's orders, labs, and imaging reports to support medical necessity. If this is an out-of-network request, please provide an explanation and complete the nonparticipating provider form.

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 practitioner that 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>.



Notes

A large, empty rectangular box intended for handwritten or typed notes.

