

PHONE: 844-806-8217 Opt 3 FAX: 844-873-3163

DME PRIOR AUTHORIZATION REQUEST FORM

*****Form must be filled out completely and clinical information attached*****

Purchase | **Initial Rental** | **Additional Rental to existing auth #__**

☐ Select this box if the member is new to HTA and these services were previously authorized by another health plan.

| | | |
|---|------|----------------------------------|
| Submitted by: (select one) <input type="checkbox"/> Provider Office <input type="checkbox"/> DME Supplier | | Today's Date: / / |
| Person to contact for this Submission: | | Phone: |
| Patient's Name: | DOB: | Member ID: |
| Requesting Provider Information: | | DME Supplier Information: |
| Name: | | Name: |
| NPI: | | NPI: |
| Tax ID: | | Tax ID: |
| Address: | | Address: |
| Fax: | | Fax: |
| Phone: | | Phone: |

Check one and complete the Date Range, below.

| | | |
|-----------------------|---------------------------|---|
| <input type="radio"/> | Proposed Dates of Service | Services that have not yet been provided. Purchase DME: Max 90 days. Rental DME: Max 13 months. |
| <input type="radio"/> | Retro Dates of Service | Services that have already been provided/started. Purchase DME: Max 90 days. Rental DME: Max 13 months. INITIAL Retro requests must be submitted within 7 days from the start date. ADDITIONAL rental requests must be submitted prior to start of new rental period. |
| | Date Range | From: To: |

| ICD-10 Code | Diagnosis Description | ICD-10 Code | Diagnosis Description |
|-------------|-----------------------|-------------|-----------------------|
| 1. | | 3. | |
| 2. | | 4. | |

| CPT/HCPCS Code | Rental or Purchase | 90 Day Quantity or # of Months of Rental |
|----------------|--------------------|--|
| | | |
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This request will be processed per the standard organization determination timeframes. If this request needs to be treated as "expedited", please note clinical justification why applying the standard timeframe for a determination could seriously **jeopardize the member's life, health or ability to regain maximum function**: