# HOW TO SECURE PRIOR AUTHORIZATION

Prior-Auth Check Tool

Use the Prior-Auth Check Tool on the website to quickly determine if a service or procedure requires prior authorization.

# **Submit Prior Authorization**

Emergency services, family planning, post stabilization services, and table top x-rays do not require prior authorization. If a service requires authorization, submit via one of the following ways:



SECURE WEB PORTAL Provider.DelawareFirstHealth.com This is the preferred and fastest method. Notification of authorization will be returned by phone, fax or web. PHONE TOLL FREE 1-877-236-1341

FAX 1-833-966-0532

# See reverse side for a list of services that require prior authorization.

Please note:

- **1.** All out-of-network services require prior authorization EXCEPT emergency services, family planning, post stabilization services, and table top x-rays.
- **2.** Failure to complete the required authorization or certification may result in a denied claim.

#### Provider.DelawareFirstHealth.com

Toll Free 1-877-236-1341



# **Prior Authorization Guide**

### **Out-of-Network Services**

All out-of-network (non-par) services and providers require prior authorization, excluding emergency services, family planning, post stabilization services, and table top x-rays.

# **Ancillary Services**

- Cochlear Implant
- Durable Medical Equipment (DME)-includes medical supplies, enteral and parenteral pumps, wound vacs, bone growth stimulator, customized equipment (based on DME, orthotics, and prosthetics listing)
- Fixed Wing non-emergency air transport
- Hearing Aid Devices
- Home healthcare (incl. infusions, home health aid, private duty)
- Hospice services other than inpatient facility
- Hyperbaric oxygen treatment (outpatient)
- Implantable devices (infusion pumps, intraocular implant/ shunt, neuromuscular stimulator, spinal stimulator for pain management, testicular/penile prosthesis, vagus nerve stimulator)
- Orthotics & Prosthetics (based on DME) orthotics, and prosthetics listing)

### **Procedures/Services**

- All procedures and services performed by out-of-network providers (except ER, urgent care, family planning, and treatment of communicable disease)
- Potentially Cosmetic including but not limited to:
  - bariatric surgery, blepharoplasty, mammoplasty, otoplasty, rhinoplasty, septoplasty, varicose vein procedures
- Experimental or investigational
- High Tech Imaging (i.e. CT, MRI, PET)
- Hysterectomy
- Oral Surgery
- Pain Management

## **Inpatient Services**

All elective/scheduled admissions at least 5 business days prior to the scheduled date of admit (including deliveries): **Note: Normal newborns do not require an authorization unless the level of care changes or the length of stay is greater than a normal newborn** 

- All services performed in an out of network facility
- Hospice care
- Rehabilitation facilities
- Skilled nursing facility
- Transplant related support services including pre-surgery assessment and post-transplant follow up care
- Notification for all Urgent/ Emergent Admissions: Within 24 hours to include clinical rationale for admission



**TO SUBMIT A PRIOR AUTHORIZATION, LOG INTO OUR SECURE WEB PORTAL** Provider.DelawareFirstHealth.com