



## Durable Medical Equipment (DME) Prior Authorization Request Form

Complete and fax all requested information below including any supporting documentation as applicable to Highmark Health Options at **1-855-451-6663**. **Authorization is based on medical necessity. Incomplete information or illegible forms will delay processing.**

**Questions or concerns?** Call Utilization Management at 1-844-325-6251, Monday through Friday, 8 a.m. to 5 p.m.

Date: \_\_\_\_\_

Member Information		
Member Name	Member ID	Date of Birth
Diagnosis	ICD-10 Code	

Provider Information	
Provider Name	Provider NPI Number
Practice Name and Address	
Provider Phone	Provider Fax

DME Provider Information	
DME Provider Name	DME Provider NPI Number
DME Provider Address	
DME Provider Phone	DME Provider Fax
Contact Name	Contact Phone

Billing Code Information <small>(Attach supplemental sheet if necessary)</small>			
Purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rental? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial request? <input type="checkbox"/> Yes <input type="checkbox"/> No	Replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No

Procedure Code	Code Description	Start Date	End Date	Number of Units



**Clinical Documentation**

Include or attach any clinical/office notes, prescription, doctor's orders, labs, imaging reports, therapy assessment, successful trial of requested item, quote sheet, documentation member has been instructed on item requested, home evaluation, compliance reported for ongoing request as applicable to support medical necessity.

**Notes**