AmeriHealth Caritas Delaware

Behavioral Health and Substance Use Disorder Outpatient Treatment Notification Form Child and Adolescent (Ages 17 and Under)

Please note: AmeriHealth Caritas Delaware℠ provides coverage for 30 visits per calendar year. Visits exceeding 30 are provided through the Department of Services for Children, Youth, and their Families (DSCYF). When the child or adolescent is authorized for their 30th behavioral health or substance use disorder (BH/SUD) outpatient session, a denial and direction to contact DSCYF for subsequent services will be issued.

If your member has reached or exceeded 30 visits per calendar year and you have questions, please call AmeriHealth Caritas Delaware BH UM at **1-855-301-5512**.

MEMBER INFORMATION	
Patient name:	Date of birth:
Medicaid/health plan number:	Last authorization number (if applicable):

PROVIDER INFORMATION	
Provider name:	
☐ In network ☐ Out of network ☐ In credentialing process	
Group or agency name:	
Provider credential: ☐ M.D. ☐ Ph.D. ☐ LMHP ☐ NP ☐ Other, please specify:	
Physical address:	
Phone number:	Fax number:
Medicaid, provider, or NPI number:	
Contact name:	

DIAGNOSES		
Primary diagnosis:	Secondary diagnosis:	Tertiary diagnosis:

If you are an out-of-network provider not in the credentialing process, please do not submit this form. All services by out-of-network providers require prior authorization with a medical necessity review. A prior authorization can be requested by an out-of-network provider by using the Behavioral Health Outpatient Treatment Request Form (OTR) found under Forms on our website at www.amerihealthcaritasde.com.

Number of visits requested:	Frequency of visits:	
CPT/HCPC codes:	Start date:	Estimated end date:
Provider signature:		Date:

Submit to: Behavioral Health Utilization Management (BH UM)
Fax: **1-877-234-4273**
For assistance, please call: **1-855-301-5512**