

OUTPATIENT AUTHORIZATION FORM (FLORIDA)

Complete and **Fax** to: 866-796-0526
Buy & Bill Drug Requests **Fax** to: 833-823-0001
Transplant Request **Fax** to: 833-550-1338
DME/HH (**LTC only**) **Fax** to: 855-266-5275
DME **Fax** to: 833-741-0943
HH **Fax** to: 866-534-5978

Request for additional units. Existing Authorization Units

- Standard requests** - Determination within 7 calendar days of receipt of request.
- Urgent requests** - Please call 1-844-477-8313. *Urgent requests are made when the member or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

* INDICATES REQUIRED FIELD

MEMBER INFORMATION

*Medicaid/Member ID Last Name, First *Date of Birth (MMDDYYYY)

REQUESTING PROVIDER INFORMATION

*Requesting NPI *Requesting TIN Requesting Provider Contact Name
Requesting Provider Name Phone *Fax

SERVICING PROVIDER / FACILITY INFORMATION

Same as Requesting Provider

*Servicing NPI *Servicing TIN Servicing Provider Contact Name
Servicing Provider/Facility Name Phone Fax

AUTHORIZATION REQUEST

*Primary Procedure Code (CPT/HCPCS) (Modifier) Additional Procedure Code (CPT/HCPCS) (Modifier) *Start Date OR Admission Date (MMDDYYYY) *Diagnosis Code (ICD-10)
Additional Procedure Code (CPT/HCPCS) (Modifier) Additional Procedure Code (CPT/HCPCS) (Modifier) End Date OR Discharge Date (MMDDYYYY) Total Units/Visits/Days

*OUTPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

- | | | | |
|-----------------------------------------------------------|---------------------------------|-------------------------------------------------------|----------------------------------------------------------|
| 292 Cardiac Rehab | 997 Office Visit/Consult | Behavioral Health | DME |
| 299 Drug Testing | 794 Outpatient Services | 512 BH Community Based Services | 417 DME - Rental <input type="text"/> (Purchase Price) |
| 205 Genetic Testing & Counseling | 171 Outpatient Surgery | 515 BH Electroconvulsive Therapy | 120 DME - Purchase |
| 249 Home Health | 202 Pain Management | 516 BH Intensive Outpatient Therapy | |
| 225 Home Meals | 427 Rehab (PT, OT, ST) | 510 BH Medical Management | |
| 390 Hospice Services | 201 Sleep Study | 518 BH Mental Health /Chemical Dependency Observation | |
| 112 Nutritional Supplements | 993 Transplant Evaluation | 519 BH Outpatient Therapy | |
| 331 Rehab (PPEC) | 209 Transplant Surgery | 530 BH PHP | Drugs |
| 332 Expressive Therapy (Art, Music, Pet, Equine) | 724 Transportation | 520 BH Professional Fees | 422 Biopharmacy Buy & Bill Drugs |
| | | 522 BH Psychiatric Evaluation | (Fax Buy & Bill Drug Requests to 1-833-823-0001) |

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.

COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.