



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.

EXPRESSIVE THERAPY

* 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
- 299 Drug Testing
- 205 Genetic Testing & Counseling
- 249 Home Health
- 225 Home Meals
- 390 Hospice Services
- 112 Nutritional Supplements
- 331 Rehab (PPEC)
- 332 Expressive Therapy (Art, Music, Pet, Equine)

- 997 Office Visit/Consult
- 794 Outpatient Services
- 171 Outpatient Surgery
- 202 Pain Management
- 427 Rehab (PT, OT, ST)
- 201 Sleep Study
- 993 Transplant Evaluation
- 209 Transplant Surgery
- 724 Transportation

Behavioral Health

- 512 BH Community Based Services
- 515 BH Electroconvulsive Therapy
- 516 BH Intensive Outpatient Therapy
- 510 BH Medical Management
- 518 BH Mental Health /Chemical Dependency Observation
- 519 BH Outpatient Therapy
- 530 BH PHP
- 520 BH Professional Fees
- 522 BH Psychiatric Evaluation

DME

- 417 DME - Rental
- 120 DME - Purchase

(Purchase Price)

Drugs

- 422 Biopharmacy Buy & Bill Drugs
- (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.

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