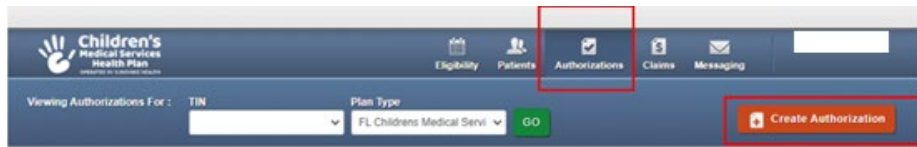


Steps to Submit an Outpatient Medical Authorization Request for CMS Members for PT/ST/OT Services

Effective October 3, 2022, Sunshine Health requires prior authorization requests for outpatient therapy (PT/OT/ST) services for CMS members to be sent to the health plan via the [Sunshine Health Secure Provider Portal](#). The guide below which walks through the process to submit an authorization request.

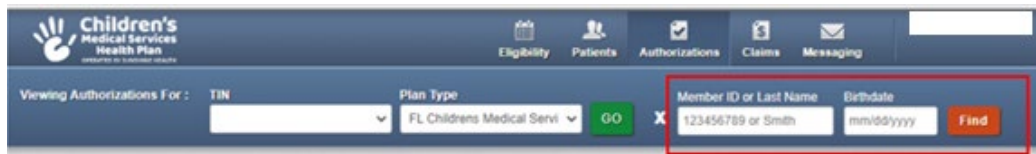
1. After logging into the [Secure Sunshine Health Provider Portal](#), select “Authorizations” from the top navigation bar. Select “Create Authorization.”



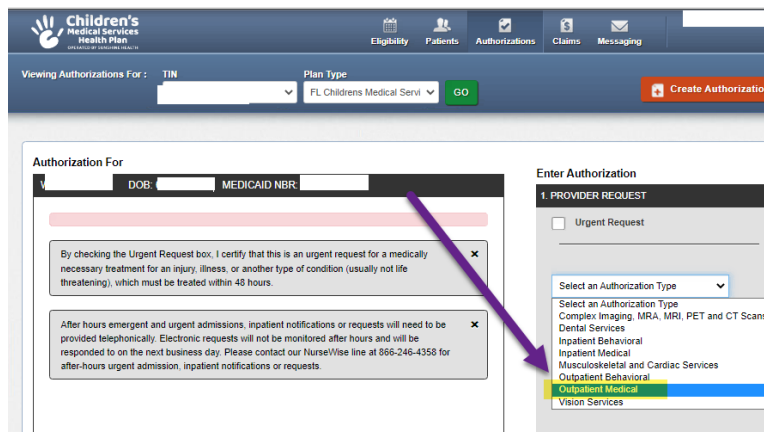
2. Make sure the correct “Plan Type” for FL Children’s Medical Services is selected prior to selecting “Go.”



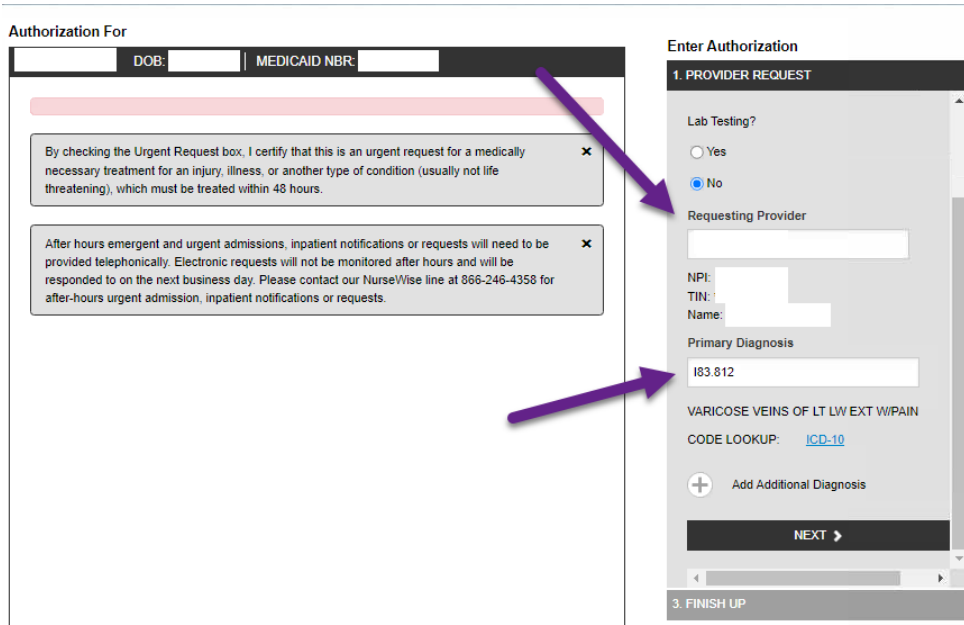
3. Enter the member’s Member ID and DOB then select “Find.”



4. After selecting “Create Authorization” and entering the members information, you will want to select the appropriate authorization type.



5. Enter the NPI of the Requesting Provider and applicable diagnosis codes.



The screenshot shows two panels. The left panel, titled 'Authorization For', contains fields for 'DOB' and 'MEDICAID NBR' and two informational boxes. The right panel, titled 'Enter Authorization', shows the '1. PROVIDER REQUEST' section. A purple arrow points from the 'Urgent Request' checkbox in the left panel to the 'Urgent Request' checkbox in the right panel. Another purple arrow points from the 'NPI' field in the right panel to the 'NPI' field in the left panel.

Authorization For

DOB: [] MEDICAID NBR: []

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours.

After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 866-246-4358 for after-hours urgent admission, inpatient notifications or requests.

Enter Authorization

1. PROVIDER REQUEST

Lab Testing?
 Yes
 No

Requesting Provider
 []

NPI: []
 TIN: []
 Name: []

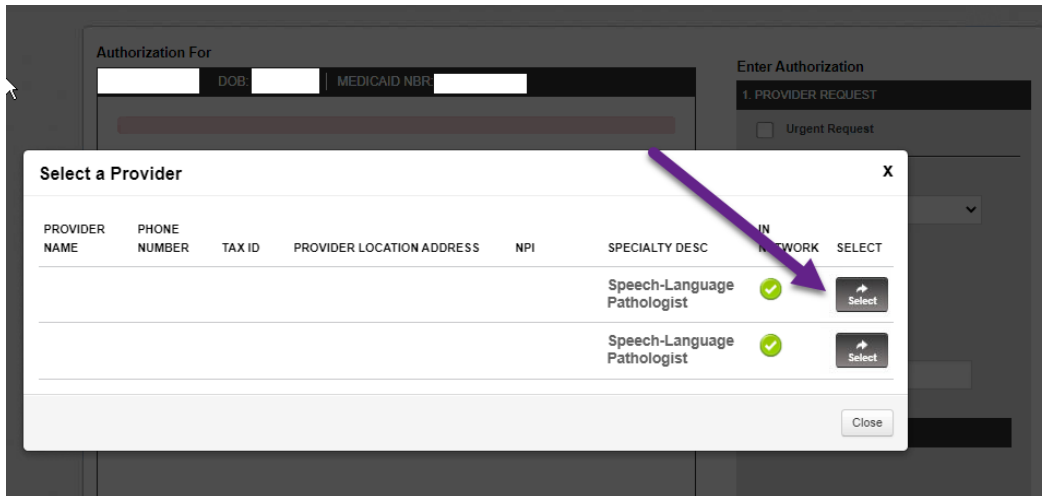
Primary Diagnosis
 183.812
 VARICOSE VEINS OF LT LW EXT W/PAIN
 CODE LOOKUP: [ICD-10](#)

+ Add Additional Diagnosis

NEXT >

3. FINISH UP

6. After entering the appropriate NPI, you will be asked to confirm via a screen that looks like this.



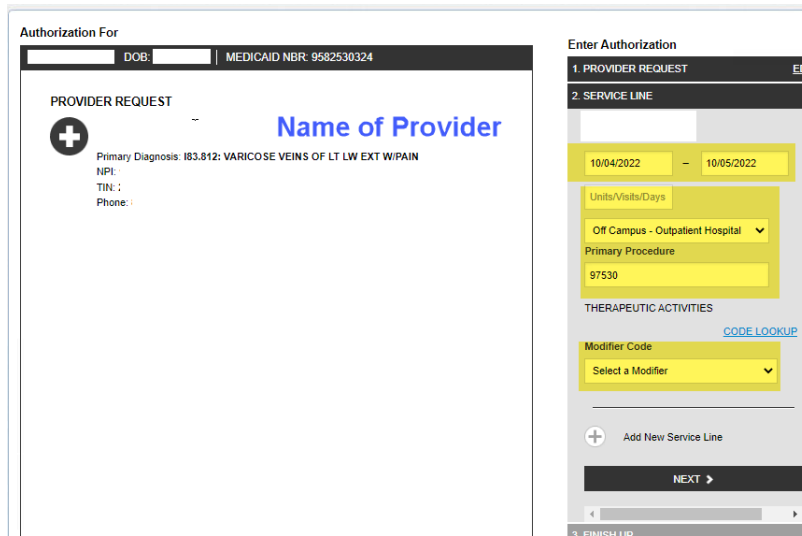
The screenshot shows a 'Select a Provider' dialog box overlaid on the authorization form. A purple arrow points from the 'Urgent Request' checkbox in the background form to the 'SELECT' button in the dialog box.

Select a Provider

PROVIDER NAME	PHONE NUMBER	TAX ID	PROVIDER LOCATION ADDRESS	NPI	SPECIALTY DESC	IN NETWORK	SELECT
					Speech-Language Pathologist	<input checked="" type="checkbox"/>	Select
					Speech-Language Pathologist	<input checked="" type="checkbox"/>	Select

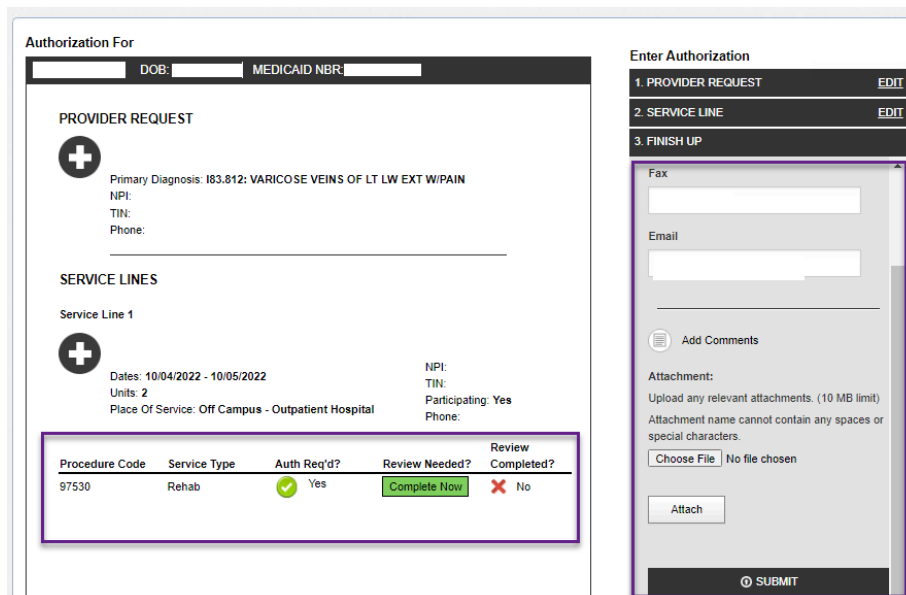
Close

7. CMS OT/ST/PT authorization requests need to contain a date of service (DOS) of October 3, 2022 or later.
 - a. Enter the appropriate DOS.
 - b. Enter the needed the units/visits/days.
 - c. Enter the appropriate procedure code(s).
 - d. Enter the appropriate modifier, if applicable.



The screenshot shows two panels. The left panel, titled 'Authorization For', contains a 'PROVIDER REQUEST' section with fields for 'DOB', 'MEDICAID NBR: 9582530324', and 'Name of Provider'. Below this is the 'Primary Diagnosis: I83.812: VARICOSE VEINS OF LT LW EXT W/PAIN' and fields for 'NPI:', 'TIN:', and 'Phone:'. The right panel, titled 'Enter Authorization', shows a '2. SERVICE LINE' section with a date range of '10/04/2022 - 10/05/2022', a dropdown for 'Off Campus - Outpatient Hospital', a 'Primary Procedure' field with '97530', and a 'Modifier Code' dropdown with 'Select a Modifier'. A 'NEXT >' button is at the bottom.

8. Please ensure all the information looks correct, prior to selecting “Complete Now” and “Submit.”



The screenshot shows the 'Authorization For' panel on the left and the 'Enter Authorization' panel on the right. The 'PROVIDER REQUEST' section is identical to the previous screenshot. The 'SERVICE LINES' section now shows 'Service Line 1' with a plus icon, 'Dates: 10/04/2022 - 10/05/2022', 'Units: 2', and 'Place Of Service: Off Campus - Outpatient Hospital'. It also includes fields for 'NPI:', 'TIN:', 'Participating: Yes', and 'Phone:'. Below this is a table with a purple border:

Procedure Code	Service Type	Auth Req'd?	Review Needed?	Review Completed?
97530	Rehab	<input checked="" type="checkbox"/> Yes	<input type="button" value="Complete Now"/>	<input checked="" type="checkbox"/> No

The right panel, titled '3. FINISH UP', contains fields for 'Fax' and 'Email', an 'Add Comments' section, and an 'Attachment' section with a 'Choose File' button and 'No file chosen' text. An 'Attach' button is at the bottom, and a 'SUBMIT' button is at the very bottom.