sunshine health

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
BH: **Fax** 844-208-9113

☐ 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

*Date of Birth (MMDDYYYY)

*Medicaid/Member ID

Last Name, First

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)

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

332 Expressive Therapy (**Art, Music, Pet, Equine**)

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**)

Behavioral Health
510 BH Medical Management
512 BH Community Based Services
513 BH Crisis Psychotherapy
514 BH Day Treatment
515 BH Electroconvulsive Therapy
516 BH Intensive Outpatient Therapy
519 BH Outpatient Therapy
520 BH Professional Fees
521 BH Psychological Testing
522 BH Psychiatric Evaluation
530 BH Partial Hospitalization Program
533 BH Applied Behavioral Analysis

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.

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