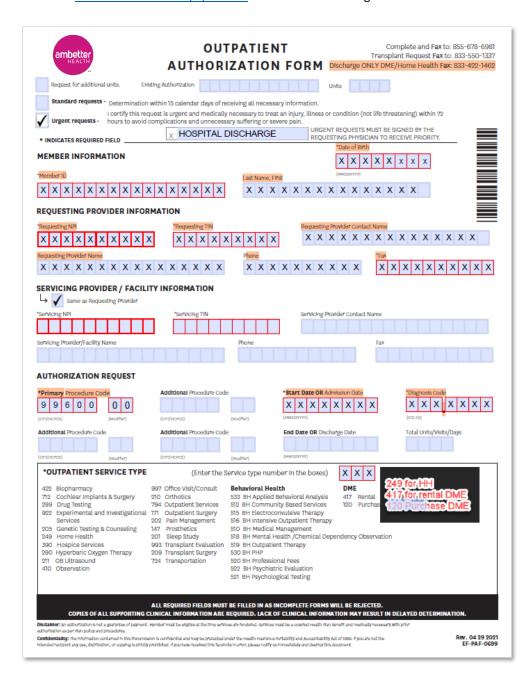


Items Needed from the Provider/Requester for an Outpatient Prior Authorization (PA) to be Processed

- 1. Complete this Prior Authorization Form (all highlighted areas below need to be completed) and fax to the Discharge ONLY Durable Medical Equipment (DME) and Home Health (HH) dedicated fax line: 1-833-422-1462.
 - Outpatient Authorization Form (PDF) is available to edit for the specific member/facility and is located at AmbetterHealth.com/flprovider under Medical Management.

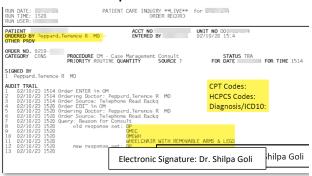


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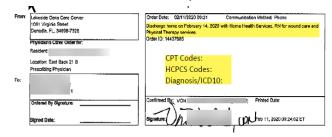


- Please include the following:
- Member/Patient Face Sheet
- Physician Signed Order for HH/DME
 - DME and Home Health Orders
 - i. Orders must be electronically signed or have a physical signature to be a valid order (signature must be on the same page as the order)
 - ii. Must be dated and specify what home health services or DME the member requires
 - iii. Order needs to contain a diagnosis with ICD10 code
 - iv. Order needs to contain the pertinent CPT codes and HCPCS codes

DME Example Order:



Home Health Example Order:



- Clinical Documentation supporting the need for the requested services/DME
 - Home Health Services for physical, occupational, and/or Speech Therapy Are processed by Evolent Ambetter Vendor and not the plan.
 - DME request for assistive devices should contain evaluations from the appropriate ancillary providers/services detailing the need for the equipment
 - Most recent physician note(s) c.
 - d. Most recent physical information containing medications, treatments, and diagnosis
 - e. For discharge request the admission report is needed

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