



OUTPATIENT AUTHORIZATION FORM (FLORIDA)

Complete and **Fax** to: 1-866-796-0526
Buy & Bill Drug Requests **Fax** to: 1-833-823-0001
Transplant Request **Fax** to: 1-833-550-1338
DME/HH (LTC only) **Fax** to: 1-855-266-5275
DME **Fax** to: 1-833-741-0943
HH **Fax** to: 1-866-534-5978
BH: **Fax** 1-844-208-9113

Request for additional units. Existing Authorization Units

Standard requests: Determination within 5 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

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/Chiro. | DME | Behavioral Health |
| 299 Drug Testing | 794 Outpatient Services | 417 DME - Rental | 510 BH Medical Management |
| 205 Genetic Testing & Counseling | 171 Outpatient Surgery | 120 DME - Purchase | 512 BH Community Based Services |
| 249 Home Health | 202 Pain Management | <input type="text"/> (Purchase Price) | 513 BH Crisis Psychotherapy |
| 225 Home Meals | 427 Rehab (PT, OT, ST) | Drugs | 514 BH Day Treatment |
| 390 Hospice Services | 201 Sleep Study | 422 Biopharmacy Buy & Bill Drugs | 515 BH Electroconvulsive Therapy |
| 112 Nutritional Supplements | 993 Transplant Evaluation | (Fax Buy & Bill Drug Requests to 1-833-823-0001) | 516 BH Intensive Outpatient Therapy |
| 331 Rehab (PPEC) | 209 Transplant Surgery | | 519 BH Outpatient Therapy |
| | 724 Transportation | | 520 BH Professional Fees |
| | | | 521 BH Psychological Testing |
| | | | 522 BH Psychiatric Evaluation |
| | | | 530 BH Partial Hospitalization Program |
| | | | 533 BH Applied Behavioral Analysis |

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

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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