sunshine	health

OUTPATIENT MEDICAID Prior Authorization Fax Form

This is a standard authorization request that may take up to 7 calendar days to process. **If this is an expedited request, please contact us at 1-866-796-0530**. If this is a Medicare request, please fax to 877-617-0394.

Re	equest for additional units. Existing A	Authorization		UI	nits						
* INDIC	ATES REQUIRED FIELD										
MEMBER INFORMATION					Date of Birth *						
Member	· ID/Medicaid ID *		Last Name	e, First	(MMDDYYYY)					
REOU	ESTING PROVIDER INFORM	ΜΑΤΙΟΝ									
-	ing NPI *	Requesting TIN *		Requesting	Requesting Provider Contact Name						
Request	ing Provider Name		Phone	anai inanainanaina		Fax					
SERVI	CING PROVIDER / FACILIT	Y INFORMA	TION								
L	Same as Requesting Provider										
Servicin	g NPI *	Servicing TIN * Servicing		Servicing P	rovider Con	itact Name					
Servicin	g Provider/Facility Name		Phone			Fax					
AUTH	ORIZATION REQUEST										
Primary Procedure Code *		Additional Procedure Code		Start Date OR Ad	mission Date	*	Diagnosis Coo	de *			
(CPT/HCPCS	S) (Modifier)	(CPT/HCPCS)	(Modifier)	(MMDDYYYY)			(ICD-9/ICD-10)				
Addition	nal Procedure Code	Additional Procedure Code		End Date OR Disc	End Date OR Discharge Date			Total Units/Visits/Days			
(CPT/HCPCS	S) (Modifier)	(CPT/HCPCS)	(Modifier)	(MMDDYYYY)							
ουτ	PATIENT SERVICE TYPE *	(Enter the Serv	vice type number in the bo	xes)		Pain Mana	gement				
760	Air Ambulance	922	Experimental and Inves	tigational Services	429	Office V					
177	Ambulance Transportation	709	Genetic Testing	0	170	Other S	Ite				
712	Cochlear Implants & Surgery		Global OB Care		101		erapy (non-offic				
	Dental Anesthesia	941	Office Visit		914		Therapy (non-	office or fa	cility)		
911	Office Visit	449	Other Visit		275	Sleep Study		or fooilitud			
721	Other Site				701 499		rapy (non-office (evals and cons				
		249	Home Health		109		(evals and cons				
711	DME (Orthotics and Prosthetics	-	Home Infusion	ugo givon in	620	Vaccines Ac	lult Pneumonia	1			
711 700	Rental Purchase	640	Injectable drugs and drup providers office	nga given in	630	Vaccines Sh	iingles				
		140				Please contact NIA for radiology services, HN1 for office					
\$		211 790	11 OB Ultrasound(s) therapies for men			pies for membe	ers up to the age of 21, Access2Care				
000	(Purchase Price)		Occupational Therapy (for non-emergency ambulance transfers and Cenpatico for behavioral health and substance abuse services.							
299	Drug Testing	171	Outpatient Surgery			navioral nealth	and substance a	abuse servio			

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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