



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

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

*Medicaid/Member ID Last Name, First *Date of Birth (MMDDYYYY)

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	Behavioral Health	DME
299 Drug Testing	794 Outpatient Services	512 BH Community Based Services	417 DME - Rental <input type="text"/> (Purchase Price)
205 Genetic Testing & Counseling	171 Outpatient Surgery	515 BH Electroconvulsive Therapy	120 DME - Purchase
249 Home Health	202 Pain Management	516 BH Intensive Outpatient Therapy	
225 Home Meals	427 Rehab (PT, OT, ST)	510 BH Medical Management	
390 Hospice Services	201 Sleep Study	518 BH Mental Health /Chemical Dependency Observation	
112 Nutritional Supplements	993 Transplant Evaluation	519 BH Outpatient Therapy	
331 Rehab (PPEC)	209 Transplant Surgery	530 BH PHP	Drugs
332 Expressive Therapy (Art, Music, Pet, Equine)	724 Transportation	520 BH Professional Fees	422 Biopharmacy Buy & Bill Drugs
		522 BH Psychiatric Evaluation	(Fax Buy & Bill Drug Requests to 1-833-823-0001)

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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