

Provider Instructions to Complete Sunshine Health/CMS Outpatient Authorization Form
for Equine Therapy

Kiddy Up Ranch has already completed the Servicing Provider/Facility Information, Primary Procedure Code, and Outpatient Service Type Number on the Outpatient Authorization Form. The Standard Requests box at the top of the form has been checked. The member's PCP or prescribing provider must complete the following sections for a successful submission.

If you require assistance, please contact the Kiddy Up Ranch Office at 727-377-2840.

- Fill in the Member Information Section (Date of Birth, Medicaid/Member ID, Member name)
- Fill in the Requesting Provider Information (Requesting NPI, Requesting TIN, Requesting Provider Name, Phone, Fax)
- Fill in the Start Date and End Date (Start Date approximately 2 weeks from intended submission date, End Date 12 months after)
- Fill in the Diagnosis Code appropriate for the member
- Fill in the Total Units/Visits/Days (52 visits recommended, allows for 1 weekly appointment for an entire year)
- Include a prescription or physician's referral for "Equine Therapy"
- **Fax completed Outpatient Authorization Form and prescription/referral to the health plan 866-796-0526**