sunshine health

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

*Date of Birth (MMDDYYYY)

Last Name, First

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 1134260078

*Servicing TIN 431719762

Servicing Provider Contact Name

Servicing Provider/Facility Name MTM

Phone 8885618747

Fax 6365612962

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) 332

292 Cardiac Rehab
299 Drug Testing
205 Genetic Testing & Counseling
249 Home Health
225 Home Meals
390 Hospice Services
112 Nutritional Supplements

331 Rehab (PPEC)
332 Expressive Therapy (**Art, Music, Pet, Equine**)

997 Office Visit/Consult
794 Outpatient Services
171 Outpatient Surgery
202 Pain Management
427 Rehab (**PT, OT, ST**)
201 Sleep Study
993 Transplant Evaluation
209 Transplant Surgery
724 Transportation

Behavioral Health
512 BH Community Based Services
515 BH Electroconvulsive Therapy
516 BH Intensive Outpatient Therapy
510 BH Medical Management
518 BH Mental Health /Chemical Dependency Observation
519 BH Outpatient Therapy
530 BH PHP
520 BH Professional Fees
522 BH Psychiatric Evaluation

DME
417 DME - Rental
120 DME - Purchase ☐ (Purchase Price)

Drugs
422 Biopharmacy Buy & Bill Drugs
(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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