

PROVIDER Bulletin



April 17, 2017

This Provider Bulletin applies to the lines of business and provider types checked below:

- | | | |
|----------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/> PHP (Medicare) | <input checked="" type="checkbox"/> Primary Care Physicians | <input checked="" type="checkbox"/> Specialists |
| <input checked="" type="checkbox"/> PHC (Medicaid) | <input checked="" type="checkbox"/> Ancillary | <input checked="" type="checkbox"/> Hospitals |

New Authorization Request Form

Please note the clarification of Medically Expedited/Urgent Requests. Additionally, approved initial authorizations are now valid up to **90 days**. Authorization Request Form(s) should be submitted with appropriate supporting clinical documentation and faxed to Utilization Management at (888) 972-5340.

The new Authorization Request Form may be downloaded from our website under the Publications and Forms tab, please visit www.positivehealthcare.org.

To locate a participating network specialist of Positive Healthcare Partners (Medicare) or Positive Healthcare Florida (Medicaid) please access the Plan's On-Line Provider Search Toll located on our website: www.positivehealthcare.org

Authorization Request				
Instructions				
<p>Prior authorizations are required for all procedures and medical services listed in the table below, and for any specialist visits beyond initial and two (2) follow-up appointments. Approved initial authorizations are valid up to 90 days. After that time, a new request will need to be submitted along with updated supporting documentation when applicable. Inpatient Acute, Psychiatric and Skilled Nursing Facility (SNF) authorizations are subject to concurrent review.</p> <p>Authorization Request Instructions: Providers and facilities must be in network. Complete this form in its entirety, include supporting clinical documentation and fax it to Utilization Management at (888) 972-5340. Routine authorization requests are processed within 14 days. Medically Expedited Requests are processed within 72 hours. Please call (866) 990-9322 for authorization status. Claim(s) will be paid if a prior authorization has been granted and member is eligible at time of service.</p> <p>Medically Expedited/Urgent Requests: The definition of Urgent / Expedited service request designation is when the treatment requested is required to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function. Requests outside of this definition should be submitted as routine/non-urgent. Urgent/Expedited Requests that do not meet medical criteria will be downgraded to a standard request.</p> <p>Eligibility Verification For Florida PHP (HMO SNP) (Medicare Advantage Part D plan) eligibility verification, please call (800) 263-0067. For PHC- Positive Healthcare Florida (Medicaid Reform HMO plan) please call 888-997-0979.</p> <p style="text-align: center;">Specialty Services Requiring Prior Authorization</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • All inpatient care (acute, subacute, SNF, and long-term) • Home health care, including skilled nursing, rehab, and home infusion • Imaging studies (excluding mammography, x-ray and ultrasounds or single/flat view studies) and nuclear medicine • Interventional radiology </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Outpatient surgery, rehabilitation including PT/OT/ST and chemotherapy • Photo and radiation therapy • Wound care • Injectables (Part B) administered in physician's office other than immunizations administered by a PCP • Durable medical equipment (DME) </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Dialysis in service area • Colonoscopy and endoscopy • EMG, nerve conduction studies • Hearing aids • Orthotics and prosthetics • Cardiac testing (excluding EKG) and catheterization </td> </tr> </table>		<ul style="list-style-type: none"> • All inpatient care (acute, subacute, SNF, and long-term) • Home health care, including skilled nursing, rehab, and home infusion • Imaging studies (excluding mammography, x-ray and ultrasounds or single/flat view studies) and nuclear medicine • Interventional radiology 	<ul style="list-style-type: none"> • Outpatient surgery, rehabilitation including PT/OT/ST and chemotherapy • Photo and radiation therapy • Wound care • Injectables (Part B) administered in physician's office other than immunizations administered by a PCP • Durable medical equipment (DME) 	<ul style="list-style-type: none"> • Dialysis in service area • Colonoscopy and endoscopy • EMG, nerve conduction studies • Hearing aids • Orthotics and prosthetics • Cardiac testing (excluding EKG) and catheterization
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<p>Date of Request: _____ Medically Expedited (subject to review) <input type="checkbox"/></p>				
Patient Information				
<p>Patient Name _____</p> <p>Member ID Number _____ Birth Date _____</p> <p>Primary Care Provider Name _____ Contact _____ Phone _____ Fax _____</p>				
<p>Select Plan Option: <input type="checkbox"/> PHP (Medicare) <input type="checkbox"/> PHC (Medicaid)</p>				
Referring Provider Information				
<p>Primary Care Provider Name _____ Contact _____ Phone _____ Fax _____</p>				
Indication for Referral				
<p>Diagnosis(es)/Code(s) _____</p> <p>CPT Code(s) & Quantity (if >1) _____</p> <p>List Patient's Clinical Condition, Lab Data, or Other Diagnostic Data _____</p> <p>Requested Consultation or Service _____</p>				
Requested (Refer to) Provider Information				

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with AHF, PHP or PHC. If you have any questions or suggestions contact the Provider Relations Department at 954.522.3132 or email to remon.walker@phcplans.org