PROVIDER Bulletin

July 10, 2018

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

☒ **PHP (Medicare)** ☒ **Primary Care Physicians** ☒ **Specialists**
☐ **PHP (Medicaid)** ☒ **Hospitals** ☒ **Ancillary**

Authorization Request Form

Authorization Request Form(s) should be submitted with appropriate supporting clinical documentation and faxed to Utilization Management at (888) 972-5340. The Authorization Request Form should be submitted by the Provider for any procedure and/or service requiring authorization as listed below.

An 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 PHP (Medicare) or PHC (Medicaid) please access the Plan's on-line Network Provider/Facility/Pharmacy Search tool located on our website: www.positivehealthcare.org

Authorization Request

Instructions

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.**

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.

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.

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.

Specialty Services Requiring Prior Authorization

- 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
- 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)
- Dialysis in service area
- Colonoscopy and endoscopy
- EMG, nerve conduction studies
- Hearing aids
- Orthotics and prosthetics
- Cardiac testing (excluding EKG) and catheterization

Date of Request: _____ Medically Expedited (subject to review) ☐

Patient Information

Patient Name _____ Select Plan Option: ☐ PHP (Medicare) ☐ PHC (Medicaid)

Member ID Number _____ Birth Date _____

Primary Care Provider Name _____ Contact _____ Phone _____ Fax _____

Referring Provider Information

Primary Care Provider Name _____ Contact _____ Phone _____ Fax _____

Indication for Referral

Diagnosis(es)/Code(s) _____

CPT Code(s) & Quantity (if >1) _____

List Patient's Clinical Condition, Lab Data, or Other Diagnostic Data _____

Requested Consultation or Service _____

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 or PHP. If you have any questions or suggestions contact the Provider Relations Department at 954.522.3132 or email to remon.walker@phcplans.org