



# 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 (888) 456-4715.

## 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: <input type="checkbox"/> PHP (Medicare)	
Member ID Number _____	Birth Date _____		
Primary Care Provider Name _____	Contact _____	Phone _____	Fax _____

### Referring Provider Information

Primary Care Provider Name _____	Contact _____	Phone _____	Fax _____
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### 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

Requested Provider/Facility Name _____	Phone _____	Fax _____
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