



# 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

*Expressive Therapy*

## MEMBER INFORMATION

\*Medicaid/Member ID  Last Name, First  \*Date of Birth  (MMDDYYYY)

## 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  \*Servicing TIN  Servicing Provider Contact Name   
Servicing Provider/Facility Name  Phone  Fax

## AUTHORIZATION REQUEST

\*Primary Procedure Code  Additional Procedure Code  \*Start Date OR Admission Date  \*Diagnosis Code   
(CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MMDDYYYY) (ICD-10)  
Additional Procedure Code  Additional Procedure Code  End Date OR Discharge Date  Total Units/Visits/Days   
(CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MMDDYYYY)

**\*OUTPATIENT SERVICE TYPE** (Enter the Service type number in the boxes)

292 Cardiac Rehab	997 Office Visit/Consult	<b>Behavioral Health</b>	<b>DME</b>
299 Drug Testing	794 Outpatient Services	512 BH Community Based Services	417 DME - Rental <input type="text"/> (Purchase Price)
205 Genetic Testing & Counseling	171 Outpatient Surgery	515 BH Electroconvulsive Therapy	120 DME - Purchase
249 Home Health	202 Pain Management	516 BH Intensive Outpatient Therapy	
225 Home Meals	427 Rehab (PT, OT, ST)	510 BH Medical Management	
390 Hospice Services	201 Sleep Study	518 BH Mental Health /Chemical Dependency Observation	
112 Nutritional Supplements	993 Transplant Evaluation	519 BH Outpatient Therapy	
	209 Transplant Surgery	530 BH PHP	<b>Drugs</b>
	724 Transportation	520 BH Professional Fees	422 Biopharmacy Buy & Bill Drugs
331 Rehab (PPEC)		522 BH Psychiatric Evaluation	(Fax Buy & Bill Drug Requests to <b>1-833-823-0001</b> )
332 Expressive Therapy (Art, Music, Pet, Equine)			

**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.**