

Items Needed from the Provider/Requester for an Outpatient Prior Authorization (PA) to be Processed

1.) Completed Prior Authorization Form (All highlighted areas need to be completed)

a. Outpatient Authorization Form

(https://ambetter.sunshinehealth.com/content/dam/centene/Sunshine/Ambetter/PDFs/508_EF-PAF-0699_Outpatient_10292020.pdf)

The screenshot shows the 'OUTPATIENT AUTHORIZATION FORM' with several sections highlighted in yellow to indicate required information:

- Standard requests:** Duration within 15 calendar days of receiving all necessary information.
- Urgent requests:** I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or expense.
- Member Information:** Member ID, Last Name, First, Middle, Initial, Date of Birth.
- Requesting Provider Information:** Requesting Title, Requesting Provider Contact Name, Requesting Provider Name, Phone, Fax.
- Servicing Provider / Facility Information:** Servicing Title, Servicing Provider Contact Name, Servicing Provider/Facility Name, Phone, Fax.
- Authorization Request:** Primary Procedure Code, Additional Procedure Code, Start Date OR Admission Date, Stop Date, End Date OR Discharge Date, New only/Revised/Change.
- Outpatient Service Type:** A grid of service codes including Biopharmacy, Office Visit/Consult, Orthotics, Occupational Services, Outpatient Surgery, Case Management, Genetic Testing & Counseling, Home Health, Hospice Services, Hyperbaric Oxygen Therapy, Ultrasound, Observation, Behavioral Health, and DME.

2.) Member/Patient Face Sheet

3.) Physician Signed Order

a. DME and Home Health Orders

- Orders must be electronically signed or have a physical signature to be a valid order (signature must be on the same page as the order)
- Must be dated and specify what home health services or DME the member requires
- Order needs to contain a diagnosis with ICD10 code
- Order needs to contain the pertinent CPT codes and HCPCS codes

DME Example Order:

The screenshot shows a 'PATIENT CARE INQUIRY' form with the following details:

- PATIENT ORDERED BY:** Peppard, Terence R MD
- ACCT NO:** [REDACTED]
- UNIT NO DO:** [REDACTED]
- ENTERED BY:** [REDACTED]
- FOR DATE:** 02/10/20 15:4
- PROCEDURE:** Case Management
- STATUS:** TRA
- FOR DATE:** [REDACTED]
- FOR TIME:** 15:14
- SIGNED BY:** 1 Peppard, Terence R MD
- AUDIT TRAIL:**
 - 02/10/20 15:14 Order ENTER in OM
 - 02/10/20 15:14 Ordering Doctor: Peppard, Terence R MD
 - 02/10/20 15:14 Order Source: Telephone Read Back
 - 02/10/20 15:20 Order EDI in OM
 - 02/10/20 15:20 Ordering Doctor: Peppard, Terence R MD
 - 02/10/20 15:20 Order Source: Telephone Read Back
 - 02/10/20 15:20 Query: Reason for Consult
 - 02/10/20 15:20 old response set: [REDACTED]
 - 02/10/20 15:20 [REDACTED]
 - 02/10/20 15:20 [REDACTED]
 - 02/10/20 15:20 [REDACTED]
 - 02/10/20 15:20 [REDACTED]
 - 02/10/20 15:20 [REDACTED]
 - 02/10/20 15:20 [REDACTED]
 - 02/10/20 15:20 [REDACTED]
- Highlighted Fields:** CPT Codes, HCPCS Codes, Diagnosis/ICD10.
- Electronic Signature:** Dr. Shilpa Goli

Home Health Example Order

The screenshot shows a 'Physicians Order' form with the following details:

- From:** Lakeside Oaks Care Center, 1081 Virginia Street, Dunedin, FL, 34698-7326
- Order Date:** 02/11/2020 09:21
- Communication Method:** Phone
- Discharge:** home on February 14, 2020 with Home Health Services, RN for wound care and Physical Therapy services
- Order ID:** 14457885
- Physician's Order for:** [REDACTED]
- Resident:** [REDACTED]
- Location:** East Back 21 B
- Prescribing Physician:** [REDACTED]
- Ordered By Signature:** [REDACTED]
- Signed Date:** [REDACTED]
- Confirmed By:** VON [REDACTED]
- Printed Date:** Feb 11, 2020 09:24:02 ET
- Highlighted Fields:** CPT Codes, HCPCS Codes, Diagnosis/ICD10.

4.) Clinical Documentation supporting the need for the requested services/DME

- Home Health Services for physical, occupational, and/or Speech Therapy should contain evaluations from requested services detailing the need for the services in the home
- DME request for assistive devices should contain evaluations from the appropriate ancillary providers/services detailing the need for the equipment
- Most recent physician note(s)
- Most recent physical information containing medications, treatments, and diagnosis
- For discharge request the admission report is needed