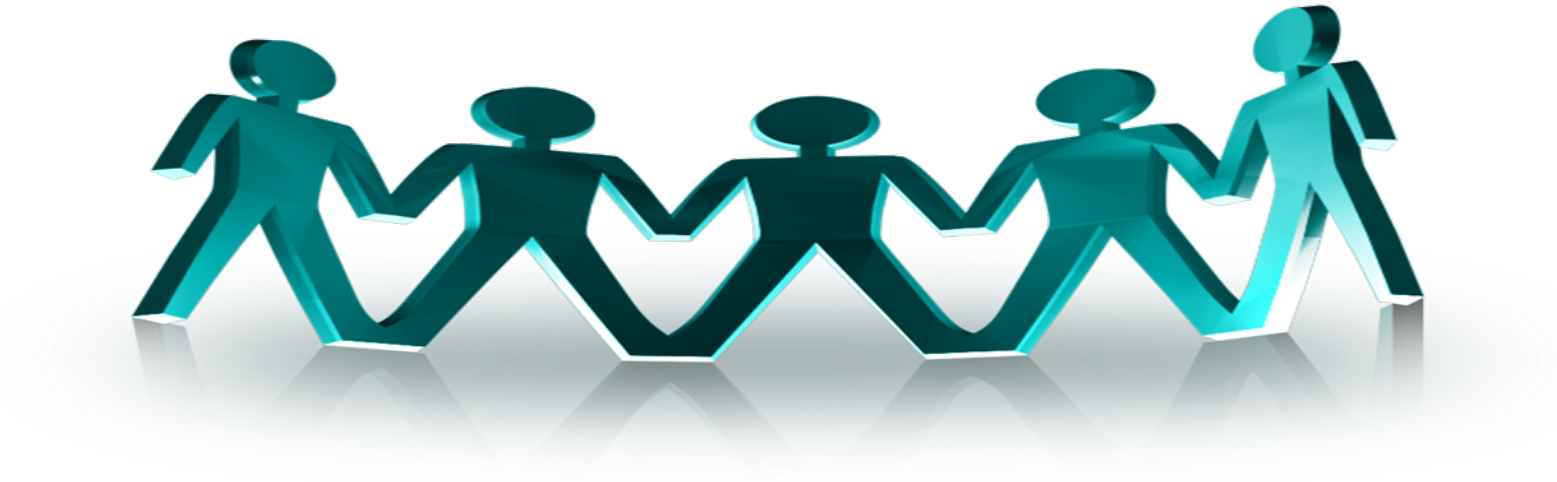
# WELCOME!

## FIRST COAST ADVANTAGE
## PRE-AUTHORIZATION



# Medical Management
# PRE-AUTHORIZATION


Patricia Armstrong
Manager Utilization Performance

Rhonda Garrison,
Pre-Authorization Nurse

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# Friendly reminders

- ***Pre-Authorization Line***
  - 904-244-3539, option 4
    - Preauthorization line is being update to be more user friendly. New menu will be available in next 2 weeks.
- ***Pre-Authorization Email Address***
  - Pre.Authorizations@jax.ufl.edu
    - General preauthorization questions.
    - Submit preauthorization form with clinical. PDF and scanning capabilities needed.
- ***Pre-Authorization Form and List***
  - May be found on website under Pre-Authorization: www.FirstCoastAdvantage.com

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# Friendly reminders (Cont.)

- **Pre-Authorization Status**
  - Only providers (*not members) are authorized to check the status of a member's pre-authorization.
  - Pre-Authorization turn around time for routine requests is 72 hours
  - To check on status
    - FCA webportal and provider services @ 1-866-270-2468 until September 1, 2009
    - FCA web portal after September 1, 2009
- **Circumcisions**
  - Pre-Authorization is required.
  - Up to 10 days after birth at Shands Jacksonville.
  - Baptist and Shands Jacksonville for medical necessity

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# PRE-AUTHORIZATION TURNAROUND TIMES

- Emergency – 4 hours
- Urgent – 1 business day
- Routine – 3 business days
- Requests under pended status – 5 business days
- Routine DME up to 14 days - specialized DME longer than 14 days.

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# PRE-AUTHORIZATION TURNAROUND TIMES

- **Pre-Authorization must be requested before services are provided**
  - Requests to FCA prior to contacting vendor
  - Direct referrals to vendors sent back to PCP.
  - FCA does not provide retroactive authorizations.
- **Exception: Urgent or emergent needs on weekends, holidays and after hours, i.e. IP/ER discharges, extra home health visit. Provide service**
  - Covered by Medicaid and meet Medicaid criteria
  - FCA par provider
  - Notification to FCA next business day.

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# PRE-AUTHORIZATION FORM

**This authorization satisfies the pre-authorization requirement. It does not guarantee payment.**
E-mail to: pre.authorizations@jax.ufl.edu

PLEASE RETURN
FAX TO 904- 244-9744

PRE-AUTHORIZATION FORM

Today's Date: _____ New Request: ☐ Updated Request: ☐

Patient Name: _____ SS #: _____ DOB : _____

Patient Home Phone: _____ Patient Work Phone: _____

Payor/Insurance (Primary): _____ ID #: _____

Payor/Insurance (Secondary): _____ ID #: _____

Primary Care Physician: _____ Office Name: _____

Requesting Physician: _____ Office Name: _____

E-mail address for auth response: _____

Contact Phone: _____ Contact Fax: _____

ICD 9 Code(s) & Descriptions: _____

DOS: _____ If Pregnant, LMP: _____ EDC: _____

CPT/HCPC Code(s) & Description(s): _____

Place/Type of Service: Outpatient Office ☐ Outpatient Surgery ☐ 23 Hr Observation ☐ DME ☐ Inpatient Stay ☐ Diagnostic Procedure ☐ Home Health ☐

**THIS SECTION TO BE COMPLETED BY THE PROVIDER OR CLINICAL STAFF**

REFERRING TO: (Complete areas that apply-Attach medical information if available)

A. Specialty Physician/Service: _____ Provider ID #: _____

Specialist Fax: _____ Specialty: _____

B. Reason for Pre-Authorization: _____

C. Brief History; Include Prior Auth and Surgery: Clinicals attached: N ☐ Y ☐ # of pgs ____

How soon does patient need to be seen? Stat: ☐ Appt. First Available: ☐ Routine: ☐

Attending Physician Signature: _____ Physician ID #: _____

**THIS SECTION IS FOR FCA PRE-AUTHORIZATION DEPT USE ONLY**

DOS: _____ New: _____ Update: _____ # of Visits: _____ Total: _____

Auth # _____ Exp. Date: _____

Received Date & Time: _____ Approved Date & Time _____ By: _____

**For Billing information, please call Benefit Services: (866) 270-2468**
**Claims submission: First Coast Advantage, P. O. Box 3620, Akron, OH 44309-3620**

FCA-0806-F7

Updated 06-2008

# Pre-Authorization Response Form

- A Response Form is a confirmation delivered via email informing you that the requested service has been authorized. Used until **September 1, 2009**
  - If e-mail address is not part of the Shands Jacksonville/UF network, e-mail will be sent using Zixmail (encrypted/ secure).
  - Instructions for retrieving Zixmail messages are in the Pre-Authorizaton Packet on the FCA WebSite.
- **After September 1, 2009:** FCA web portal will be the sole means to determine status of request.
- Providers having access to web portal who call to request status on a request will be referred back to the web portal .

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# Retrieving ZIX mail from the WEB

***When you receive your email  Follow the instructions.***

Comcast Webmail - Email Message - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Search Favorites

Address http://mailcenter3.comcast.net/wmc/v/wm/4B207F5E0006AB0600005A7E2215551724CFCE97040A0A9C?cmd=Show&no=65 Go Links

**Subject:** zix mail

**Date:** Tuesday, May 06, 2008 11:54:56 AM [View Source]

You have a secure message from jay.seely@jax.ufl.edu in the ZixMessage Center.

To view the secure message, click here.

Do not reply to this notification message. This notification message was auto-generated by the sender's security system. To reply to the sender, please go to your secure message by clicking on the link above.

The secure message expires on May 20, 2008 @ 10:54 (CDT).

If you would like to have your secure messages delivered directly to your inbox, find out more about ZixMail.

NOTE: If your mail program does not support active links, you can view your secure message by copying and pasting the text below into the "Address" or "Location" bar of your Internet browser and press "Enter" or click "Go".

https://zixmessagecenter.com/s/e?m=ABA3svrORbkTqJhggmgsQ4fp&em=seely10%40comcast%2enet

**INBOX:** Email 1 of 654 Back to Top Previous Next

Move to Folder

Error on page. Internet

***Sign in or create your account if you are a first time user.***

ZixMessage Center Password Authorization - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Search Favorites

Address https://zixmessagecenter.com/s/login?b=zmc&m=ABA3svrORbkTqJhggmgsQ4fp&em=seely10%40comcast%2enet Go Links

zixmessage center™ zixcorp®

**Welcome to ZixMessage Center**

ZixMessage Center is your secure mailbox to receive, view and reply to ZixCorp encrypted messages. Please enter your email address and password below to access your mailbox.

For first time users, click here to create your account.

**Email Address:** seely10@comcast.net

**Password:** Forgot your password?

Sign In ☐ Remember Me

Change your password
Use online help

Want to receive your secure messages directly in your inbox? Learn more about ZixMail.

For Customer Support, email us at support@zixcorp.com.

Use of this system is limited to business purposes. Misuse or violation will be handled in accordance with appropriate security policies.

Internet

***Select the email and double click Zix mail.***

ZixMessage Center Inbox - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Search Favorites

Address https://zixmessagecenter.com/s/messagecenter?tz=240 Go Links

zixmessage center

Inbox Compose Sent Mail Help Sign Out

Signed in as

You have

Refresh Delete

| Select | From | Subject |
|---|---|---|
| ☐ | jay.seely@jax.ufl.edu | zix mail |

Internet

*Your email will open and you can then open and save any attachments*

ZixMessage Center Message View - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Search Favorites

Address https://zixmessagecenter.com/s/messageservlet?m=ABA3svrORbkTqJhggmgsQ4fp&b=zi Go Links

center

Inbox Compose Sent Mail Help Sign Out

Signed in as

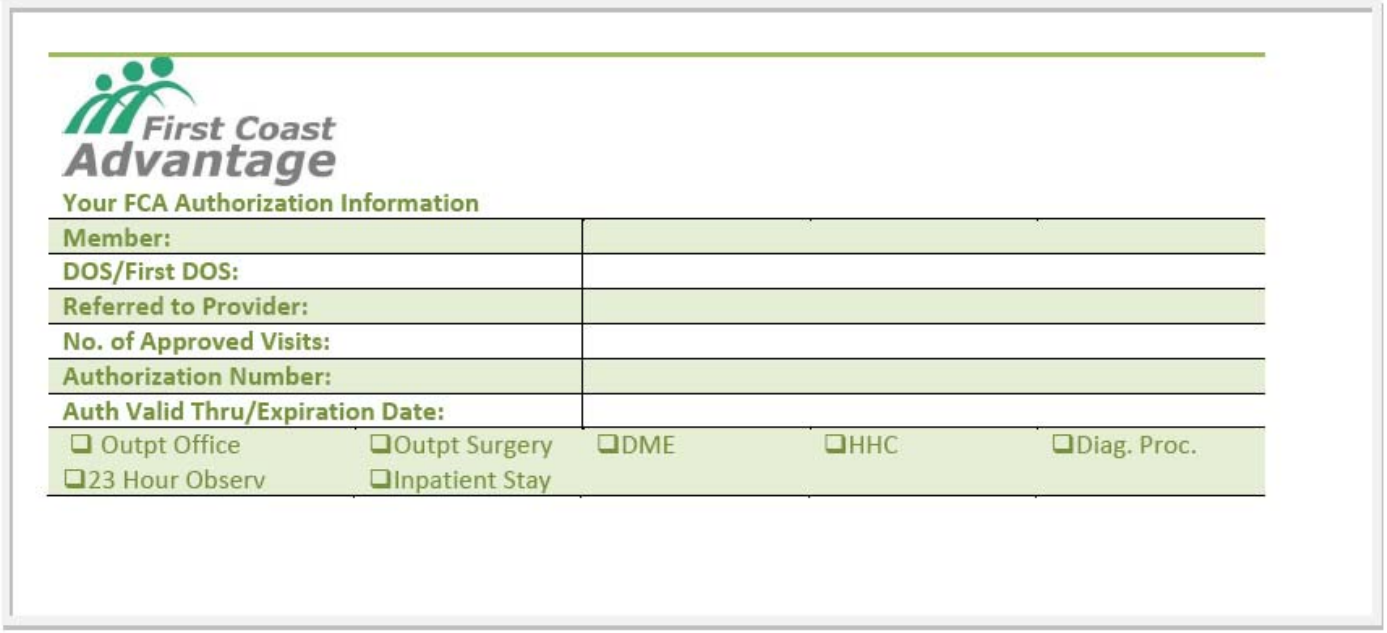
Reply Reply to All Delete More Actions Go

**Received:** May 6, 2008 11:54:51 EDT
**Expires:** May 20, 2008 11:54:51 EDT
**From:** jay.seely@jax.ufl.edu
**To:** seely10@comcast.net
**Cc:**
**Subject:** zix mail

**Attachments:** Doc1.docx

Internet

# PRE-AUTHORIZATION RESPONSE FORM



First Coast Advantage

Your FCA Authorization Information

| | |
|---|---|
| Member: | |
| DOS/First DOS: | |
| Referred to Provider: | |
| No. of Approved Visits: | |
| Authorization Number: | |
| Auth Valid Thru/Expiration Date: | |

❑ Outpt Office ❑Outpt Surgery ❑DME ❑HHC ❑Diag. Proc.
❑23 Hour Observ ❑Inpatient Stay

***Friendly Reminder:***

Please continue to fax requests on the current pre-authorization form and provide your email address. The above return will be emailed to the address provided.

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# PRE-AUTHORIZATION LIST

## First Coast Advantage Pre-Authorization List

PHONE NUMBER: 904-244-3539 FAX NUMBER: 904-244-9744

| Pre-Authorization Requirements | Authorization/Notification Requirements |
|---|---|
| • All out of network service (non-par First Coast Advantage Providers) includes diagnostic test, labs, x-rays, MRI, ultrasounds and PET Scans.<br>• All Shands/UF Gainesville services require pre-authorization.<br>• Proton Beam Therapy<br>• Abortions, Sterilizations, and Hysterectomies<br>• Non-emergency inpatient hospital/observation and acute rehab admissions (includes Behavioral Health and elective surgeries).<br>• Skilled Nursing Facility admissions.<br>• Plastic Surgery evaluations/consultation and surgery (cosmetic/reconstructive procedures) and related care.<br>• Oral surgery (OMFS services)<br>• Outpatient Behavioral Health authorization required for all services.<br>• DME/Medical supplies.<br>o Customized wheelchairs specially sized and constructed<br>o Power wheelchairs and scooters<br>o Substantial repairs/parts member owned medical equipment<br>o Hospital/specialty beds<br>o Augmentative/alternative communication devices<br>o Oxygen related equipment and services<br>o Ventilator and respiratory equipment<br>o Enteral feedings<br>o Wound care supplies<br>**Note:** No authorization required for nebulizers<br>• Cochlear Implant (Eval & Procedure)<br>• Hyperbaric oxygen therapy<br>• Growth treatment<br>• Obstetrical Care (auth required from for professional services, plus notification from hospital).<br>• Obstetrical Care provided by PCP<br>• Home Health Care or Infusion<br>• Orthotics, Prosthetics and Braces<br>• Transplants and related care<br>• Medically Necessary Circumcisions | Hospital: (Medical & Behavioral)<br>• Emergency Room visits within 24 hours or next business day.<br>• Emergency inpatient admissions and observations (within 24 hours or one business day).<br>Transportation: Verbal authorization required by Logisticare for transportation of members 60 miles or greater in one direction.<br>**Member may self-refer with no authorization to the following services, but may be limited to the number of visits indicated.**<br>**Chiropractic:**<br>Chiropractic patients can have 10 visits without a referral or authorization. Chiropractic visits 11 – 24 require authorization. Chiropractic visit 25 will be denied for benefits exhausted.<br>**Podiatry:**<br>Podiatry patients can have 4 visits without a referral or authorization. Podiatry visits 5 -24 require authorization. Podiatry visit 25 will be denied for benefits exhausted.<br>**Dermatology:**<br>No limit<br>**Family Planning:**<br>No limit<br>**Note:** No authorization required when Medicare is primary. |

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# Preauthorization List Changes Made in 2009

- No authorization required for Chiropractic and Podiatry Services
  - Benefits exhaust after 24 visits calendar year
  - Members can self-refer
- Authorization required for PCP prenatal care
  - Authorization for PCP to provide routine OB care.
  - Authorization request form PCP for high risk OB care, include:
    - ICD-9 for high risk
    - Name of OB physician to provide high risk care.

# DME PRE-AUTHORIZATION FORM FOR PRICING

**Friendly Reminder:**

The DME Pricing Form is for DME Pricing only. i.e.: E1399, K0009, K0014, K0108

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**This authorization satisfies the pre-authorization requirement. It does not guarantee payment.**

PLEASE RETURN
FAX TO 244-9744

PRE-AUTHORIZATION FORM FOR
DME REQUIRING PRE- AUTHORIZATION REVIEW AND PRICING

Today's Date: _____ Date Sent: _____

Member Name: _____ SS #: _____ DOB : _____

Member Home Phone: _____ Member Work Phone: _____

Payor/Insurance (Primary): _____ ID #: _____

Payor/Insurance (Secondary): _____ ID #: _____

Primary Care Physician: _____ Office Name: _____

Requesting DME Provider: _____Office Name: _____

Office Phone #: _____ Fax # _____ Contact Name/Phone: _____

ICD 9 Code(s) & Descriptions: _____

_____

CPT/HCPC Code(s) & Description(s): _____

_____

Attach the following documentation:

1. Documentation of medical necessity that is specific per Medicaid policy. Must be signed and dated by an authorized prescriber;
2. Description of the items or services;
3. Name of the manufacturer's model, style, features, attachments, modifications and accessories;
4. Description of the time, skill and equipment to be used;
5. Documentation of any cost incurred, including billing invoices from the manufacturer;
6. If for a non-routine service, a description of the item before the repair;
7. If a repair service, the manufacturer, duration of the warranty, model and serial number and
8. Date and time the item will be made available to the member.

**** Claims must be submitted on paper.****

**THIS SECTION IS FOR FCA PRE-AUTHORIZATION DEPT USE ONLY**

FCA Approved Price:_____

Auth # _____ Exp. Date: _____

Received Date & Time _____ Approved Date & Time _____ By: _____

**For Billing information, please call Benefit Services: (866) 270-2468**
**Claims submissions: First Coast Advantage, P. O. Box 3620, Akron, OH 44309-3620**

FCA-0806-F7 02/2008

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# DME Reminders

- Consumable DME, i.e. wound supplies, catheters, ostomy supplies.
  - Authorized for 6 months
  - Requires new prescription every 6 months.
  - Recommend new prescription no later than 14 days prior to the end of authorization period.
- C-PAP, Bi-PAP and Oxygen
  - Requires recertification yearly
  - Recommend request certificate of medical necessity (CMN) from PCP 30 days prior to end of certification period.
  - Check CMN for completeness prior to sending to FCA for approval. i.e., Is patient using C-PAP?

# General Q&A –Contact Information

**Rhonda Garrison, Pre-Authorization Nurse**

**Pre-Authorization Line:**

904-244-3539, option 4.

**Pre-Authorization Fax Number:**

904-244-9744

**Pre-Authorization Email Address:**

Pre.Authorizations@jax.ufl.edu

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