

Home Health/DME Precertification Request

This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) as well as the Florida Healthy Kids (FHK).

To prevent delays in processing your request, please submit all appropriate clinical information, provider contact information, and any other required documents to support your request. If this is a request for an extension or modification of an existing authorization from Simply and CHA, please provide the authorization number with your submission. To ask a question or submit your precertification request, use the following contact information or submit the request online via <https://www.availity.com>.*

Statewide Medicaid Managed Care Managed Medical Assistance, Simply and CHA, and FHK:

- Phone: **844-405-4296**
- Fax: **844-528-3687**

Statewide Medicaid Managed Care Long-Term Care:

- Phone: **877-440-3738**
- Fax: **844-285-1169**

Request cannot be initiated without the minimum necessary requirements:

- **Member information**
- **Referring provider**
- **ICD-10 codes**
- **CPT® codes including their units and frequency**

Date:	Provider return fax:
Member information	
Name:	Simply and CHA ID:
Phone:	DOB:
Address:	Additional member information:
	Previous authorization #:
Referring provider: <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating	
Name:	NPI:
Provider ID:	TIN:
Office contact name:	Office phone:
Office fax:	Address:

* Availity, LLC is an independent company providing administrative support services on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance.

<https://provider.simplyhealthcareplans.com>

<https://provider.clearhealthalliance.com>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract.

SFL-NL-0368-21 October 2021

Specialty:	
Servicing provider/facility: <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating	
Name:	NPI:
Provider ID:	TIN:
Provider contact name:	Provider phone:
Provider fax:	Address:
Requested service	Date/date range of service:
ICD-10-CM code(s):	CPT® code(s) (include requested units) (commonly used code options listed below):
Type of service (check all that apply): <input type="checkbox"/> Home health <input type="checkbox"/> Durable medical equipment <input type="checkbox"/> Personal care services <input type="checkbox"/> Other:	
Place of service: <input type="checkbox"/> Home <input type="checkbox"/> Other:	
Additional information	
<input type="checkbox"/> New service request <input type="checkbox"/> Authorization renewal <input type="checkbox"/> Emergent — use for all nonelective inpatient admissions only when provider indicates that the admission was urgent, emergent, or expedited (for admission on same day). <input type="checkbox"/> Urgent — use for outpatient services only when provider indicates that the service is urgent, emergent, or expedited. (must meet 42 CFR 438. 210(d)(2)(i))	
Frequently requested codes	
Assistive devices: <input type="checkbox"/> E0100 – Cane Adjust/Fixed With Tip <input type="checkbox"/> E0105 – Cane Adjust/Fixed Quad/3 Pro <input type="checkbox"/> E0143 - Walker Folding Wheeled W/O S <input type="checkbox"/> E0149 - Heavy Duty Wheeled Walker <input type="checkbox"/> E0156 - Walker Seat Attachment <input type="checkbox"/> E0163 – Commode chair, mobile or stationary, with fixed arms <input type="checkbox"/> E0165 – Commode chair, mobile or stationary, with detachable arms <input type="checkbox"/> E0168 - Heavyduty/Wide Commode Chair <input type="checkbox"/> E0181 – Powered pressure reducing mattress overlay/pad, alternating, with pump <input type="checkbox"/> E0250 - Hosp Bed Fixed Ht W/ Mattres <input type="checkbox"/> E0255 - Hospital Bed Var Ht W/ Matr <input type="checkbox"/> E0260 - Hosp Bed Semi-Electr W/ Matt <input type="checkbox"/> E0265 - Hosp Bed Total Electr W/ Mat (Under 21 only) <input type="checkbox"/> E0277 - Powered Pres-Redu Air Mattrs <input type="checkbox"/> E0300 - Pediatric crib, hospital grade, fully enclosed, with or without top enclosure (Under 21 only)	Home health/Home infusion: <input type="checkbox"/> T1001 - Nursing assessment/evaluation <input type="checkbox"/> T1021 - Home Health Aide Or Certified Nurse Assistant, Per Visit <input type="checkbox"/> T1030 - Nursing Care, In The Home, By Registered Nurse, Per Diem <input type="checkbox"/> T1031 - Nursing Care, In The Home, By Licensed Practical Nurse, Per Diem <input type="checkbox"/> G0155 - Services Of Clinical Social Worker In Home Health Or Hospice Settings, Each 15 Minutes <input type="checkbox"/> S9122 - Home health aide or certified nurse assistant, providing care in the home; per hour (Under 21 only) <input type="checkbox"/> S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT cod (Under 21 only) <input type="checkbox"/> S9124 - Nursing care, in the home; by licensed practical nurse, per hour (Under 21 only) <input type="checkbox"/> S9364 - Home infusion therapy, total parenteral nutrition (TPN) (do not use with home infusion codes S9365-S9368 using daily vol <input type="checkbox"/> S9365 – Home infusion therapy, total parenteral nutrition (TPN); one liter per day

<ul style="list-style-type: none"> <input type="checkbox"/> E0301 - Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress (Under 21 only) <input type="checkbox"/> E0302 - Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress (Under 21 only) <input type="checkbox"/> E0303 - Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/mattress <input type="checkbox"/> E0304 - Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress <input type="checkbox"/> E0328 - Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard (Under 21 only) <input type="checkbox"/> K0001 - Standard Wheelchair <input type="checkbox"/> K0003 - Lightweight Wheelchair <input type="checkbox"/> K0006 - Heavy Duty Wheelchair <input type="checkbox"/> K0007 - Extra Heavy Duty Wheelchair <input type="checkbox"/> K0195 - Elevating Whlchair Leg Rests 	<ul style="list-style-type: none"> <input type="checkbox"/> S9366 – Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day <input type="checkbox"/> S9367 – Home infusion therapy, total parenteral nutrition (TPN); more than two liter but no more than three liters per day <input type="checkbox"/> S9373 – Home infusion therapy, hydration therapy (do not use with hydration therapy codes S9374-S9377 using daily volume scales) <input type="checkbox"/> S9374 – Home infusion therapy, hydration therapy; one liter per day <input type="checkbox"/> S9375 – Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day <input type="checkbox"/> S9376 – Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day <input type="checkbox"/> S9377 – Home infusion therapy, hydration therapy; more than three liters per day <input type="checkbox"/> S9379 –Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy servic <input type="checkbox"/> S9500 - Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours <input type="checkbox"/> S9501 – Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours <input type="checkbox"/> S9502 – Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours <input type="checkbox"/> S9503 - Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every six hours <p>Long-term care only services:</p> <ul style="list-style-type: none"> <input type="checkbox"/> T1002 – Intermittent Skilled Nursing RN, 15 min <input type="checkbox"/> T1003 – Intermittent Skilled Nursing LPN, 15 min <input type="checkbox"/> S5125 – Attendant Care
<p>Respiratory:</p> <ul style="list-style-type: none"> <input type="checkbox"/> E0431 - Portable Gaseous O2* <input type="checkbox"/> E0433 - Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable (Under 21 only) <input type="checkbox"/> E0434 - Portable Liquid O2* <input type="checkbox"/> E0435 - Oxygen System Liquid Portabl (Under 21 only) <input type="checkbox"/> E0439 - Stationary Liquid O2* <input type="checkbox"/> E0445 - Oximeter Device For Measuring Blood Oxygen Levels Non-Invasively* (Under 21 only) <input type="checkbox"/> E0465 - Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)* <input type="checkbox"/> E0466 - Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)* <input type="checkbox"/> E0470 - Respiratory assist device, bi-level pressure capability, without backup rate* <input type="checkbox"/> E0471 - Respiratory assist device, bi-level pressure capability, with back-up rate* <input type="checkbox"/> E0482 - Cough stimulating device, alternating positive and negative airway pressure <input type="checkbox"/> E0483 - High frequency chest wall oscillation system, includes all accessories and supplies, each <input type="checkbox"/> E0562 - Humidifier, heated, used with positive airway pressure device* <input type="checkbox"/> E0570 - Nebulizer With Compression <input type="checkbox"/> E0600 - Suction Pump Portab Hom Modl <input type="checkbox"/> E0601 - Continuous positive airway pressure (cpap) device <input type="checkbox"/> E0618 - Apnea Monitor, Without Recording Feature* (Under 21 only) <input type="checkbox"/> E0619 - Apnea Monitor, With Recording Feature* (Under 21 only) 	

<input type="checkbox"/> E1390 - Oxygen Concentrator* <input type="checkbox"/> E1392 - Portable oxygen concentrator, rental*	
<p>Misc DME:</p> <input type="checkbox"/> E0603 - Breast pump, electric (AC and/or DC), any type <input type="checkbox"/> E0604 - Breast pump, hospital grade, electric (AC and/or DC), any type* <input type="checkbox"/> E0630 - Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s) <input type="checkbox"/> E0720 – Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized <input type="checkbox"/> E0730 – Transcutaneous electrical nerve stimulation (TENS) device, four or more leads <input type="checkbox"/> E0747 - Elec Osteogen Stim Not Spine* <input type="checkbox"/> E0748 - Elec Osteogen Stim Spinal <input type="checkbox"/> E0760 - Osteogen Ultrasound Stimltor (Under 21 only) <input type="checkbox"/> E0776 - Iv Pole <input type="checkbox"/> E0781 - External Ambulatory Infus Pump* <input type="checkbox"/> E0910 - Trapeze Bar Attached To Bed <input type="checkbox"/> E0911 - Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar (Under 21 only) <input type="checkbox"/> E0912 - Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (Under 21 only) <input type="checkbox"/> E0935 - Continuous passive motion exercise device for use on knee only* (Under 21 only) <input type="checkbox"/> E2402 - Negative pressure wound therapy electrical pump, stationary or portable <input type="checkbox"/> K0606 - Automatic external defibrillator, with integrated electrocardiogram analysis, garment type (Under 21 only)	<p>Home therapy:</p> <input type="checkbox"/> 97161 - Physical therapy evaluation; low complexity, requiring components <input type="checkbox"/> 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual <input type="checkbox"/> 92523 - Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language) <input type="checkbox"/> 97110 - Therapeutic Proc, 1+ Areas, Each 15 Min; Therapeutic Exercises <input type="checkbox"/> 97162 - Physical therapy evaluation; moderate complexity requiring components <input type="checkbox"/> 97163 - Physical therapy evaluation; high complexity requiring components <input type="checkbox"/> 97164 - Reevaluation of physical therapy established plan of care requiring components <input type="checkbox"/> 97165 - Occupational therapy evaluation; low complexity requiring components <input type="checkbox"/> 97166 - Occupational therapy evaluation; moderate complexity requiring components <input type="checkbox"/> 97167 - Occupational therapy evaluation; high complexity requiring components <input type="checkbox"/> 97168 - Reevaluation of occupational therapy care/established plan of care requiring components <input type="checkbox"/> 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes <input type="checkbox"/> 97542 - Wheelchair management (eg, assessment, fitting, training), each 15 minutes <input type="checkbox"/> S9128 - Speech Therapy, In The Home <input type="checkbox"/> S9129 - Occupational Therapy, In The Home <input type="checkbox"/> S9131 - Physical therapy, in the home, per diem
<input type="checkbox"/> Other:	

* DME items that are approved as rental only and will be one unit per month.

Additional information:

- Most cost effective (request for brand specific items): an item must be the least costly/most conservative service available statewide.
- Rent to purchase: For rent-to-purchase equipment, Medicaid's total reimbursement may not exceed a total of 10 monthly claims. The provider may not submit a claim for more than one unit of service within the same calendar month.
- Simply and CHA's Precertification Lookup Tool: <https://provider.simplyhealthcareplans.com/florida-provider/precertification-lookup>
- AHCA Provider Reimbursement Schedules and Billing Codes:
https://ahca.myflorida.com/medicaid/review/fee_schedules.shtml
- To fully complete the authorization requirements, requests are required to adhere to AHCA Authorization Requirements Policy, Section 2.4:
https://ahca.myflorida.com/medicaid/review/General/59G_1053_Authorization_Requirements_Coverage_Policy.pdf