

## 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:
<b>Member information</b>	
Name:	Simply and CHA ID:
Phone:	DOB:
Address:	Additional member information:
	Previous authorization #:
<b>Referring provider: <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating</b>	
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.

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Specialty:	
<b>Servicing provider/facility:</b> <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating	
Name:	NPI:
Provider ID:	TIN:
Provider contact name:	Provider phone:
Provider fax:	Address:
<b>Requested service</b>	<b>Date/date range of service:</b>
ICD-10-CM code(s):	CPT® code(s) (include requested units) (commonly used code options listed below):
<b>Type of service (check all that apply):</b> <input type="checkbox"/> Home health <input type="checkbox"/> Durable medical equipment <input type="checkbox"/> Personal care services <input type="checkbox"/> Other:	
<b>Place of service:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other:	
<b>Additional information</b>	
<input type="checkbox"/> New service request <input type="checkbox"/> Authorization renewal <input type="checkbox"/> Emergent — use for <b>all</b> nonelective <b>inpatient</b> admissions only when provider indicates that the admission was urgent, emergent, or expedited (for admission on same day). <input type="checkbox"/> Urgent — use for <b>outpatient</b> services only when provider indicates that the service is urgent, emergent, or expedited. (must meet 42 CFR 438. 210(d)(2)(i))	
<b>Frequently requested codes</b>	
<b>Assistive devices:</b> <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 Matr <input type="checkbox"/> E0300 - Pediatric crib, hospital grade, fully enclosed, with or without top enclosure (Under 21 only)	<b>Home health/Home infusion:</b> <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"> <li><input type="checkbox"/> E0301 - Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress (Under 21 only)</li> <li><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)</li> <li><input type="checkbox"/> E0303 - Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/mattress</li> <li><input type="checkbox"/> E0304 - Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress</li> <li><input type="checkbox"/> E0328 - Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard (Under 21 only)</li> <li><input type="checkbox"/> K0001 - Standard Wheelchair</li> <li><input type="checkbox"/> K0003 - Lightweight Wheelchair</li> <li><input type="checkbox"/> K0006 - Heavy Duty Wheelchair</li> <li><input type="checkbox"/> K0007 - Extra Heavy Duty Wheelchair</li> <li><input type="checkbox"/> K0195 - Elevating Whlchair Leg Rests</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> S9366 – Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day</li> <li><input type="checkbox"/> S9367 – Home infusion therapy, total parenteral nutrition (TPN); more than two liter but no more than three liters per day</li> <li><input type="checkbox"/> S9373 – Home infusion therapy, hydration therapy (do not use with hydration therapy codes S9374-S9377 using daily volume scales)</li> <li><input type="checkbox"/> S9374 – Home infusion therapy, hydration therapy; one liter per day</li> <li><input type="checkbox"/> S9375 – Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day</li> <li><input type="checkbox"/> S9376 – Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day</li> <li><input type="checkbox"/> S9377 – Home infusion therapy, hydration therapy; more than three liters per day</li> <li><input type="checkbox"/> S9379 –Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy servic</li> <li><input type="checkbox"/> S9500 - Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours</li> <li><input type="checkbox"/> S9501 – Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours</li> <li><input type="checkbox"/> S9502 – Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours</li> <li><input type="checkbox"/> S9503 - Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every six hours</li> </ul>
<p><b>Respiratory:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> E0431 - Portable Gaseous O2*</li> <li><input type="checkbox"/> E0433 - Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable (Under 21 only)</li> <li><input type="checkbox"/> E0434 - Portable Liquid O2*</li> <li><input type="checkbox"/> E0435 - Oxygen System Liquid Portabl (Under 21 only)</li> <li><input type="checkbox"/> E0439 - Stationary Liquid O2*</li> <li><input type="checkbox"/> E0445 - Oximeter Device For Measuring Blood Oxygen Levels Non-Invasively* (Under 21 only)</li> <li><input type="checkbox"/> E0465 - Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)*</li> <li><input type="checkbox"/> E0466 - Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)*</li> <li><input type="checkbox"/> E0470 - Respiratory assist device, bi-level pressure capability, without backup rate*</li> <li><input type="checkbox"/> E0471 - Respiratory assist device, bi-level pressure capability, with back-up rate*</li> <li><input type="checkbox"/> E0482 - Cough stimulating device, alternating positive and negative airway pressure</li> <li><input type="checkbox"/> E0483 - High frequency chest wall oscillation system, includes all accessories and supplies, each</li> <li><input type="checkbox"/> E0562 - Humidifier, heated, used with positive airway pressure device*</li> <li><input type="checkbox"/> E0570 - Nebulizer With Compression</li> <li><input type="checkbox"/> E0600 - Suction Pump Portab Hom Modl</li> <li><input type="checkbox"/> E0601 - Continuous positive airway pressure (cpap) device</li> <li><input type="checkbox"/> E0618 - Apnea Monitor, Without Recording Feature* (Under 21 only)</li> <li><input type="checkbox"/> E0619 - Apnea Monitor, With Recording Feature* (Under 21 only)</li> </ul>	<p><b>Long-term care only services:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> T1002 – Intermittent Skilled Nursing RN, 15 min</li> <li><input type="checkbox"/> T1003 – Intermittent Skilled Nursing LPN, 15 min</li> <li><input type="checkbox"/> S5125 – Attendant Care</li> </ul>

<input type="checkbox"/> E1390 - Oxygen Concentrator* <input type="checkbox"/> E1392 - Portable oxygen concentrator, rental*	
<p><b>Misc DME:</b></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><b>Home therapy:</b></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"/> <b>Other:</b>	

\* 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](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](https://ahca.myflorida.com/medicaid/review/General/59G_1053_Authorization_Requirements_Coverage_Policy.pdf)