



Physician/Provider Bulletin

Subject:	Authorization Request		
Plan:	Coordinated Care Option 1	Bulletin Date:	August 22, 2014
Bulletin Number:	14-006	Effective Date:	N/A

The purpose of this bulletin is to remind Providers of the documentation requirements when requesting authorizations.

Reminder

As a reminder, all request for authorizations, must include documentation of medical necessity. Authorization requests submitted without the required documentation may be denied.

Thank you for your cooperation.

If you have questions regarding this bulletin, please contact your Provider Representative at (561) 659-1002.

Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.