

Provider Bulletin

Subject:	Authorization Changes		
Plan:	Coordinated Care Option 1	Bulletin Date:	November 30, 2015
Bulletin Number:	15-011	Effective Date:	December 1, 2015

The purpose of this bulletin is to inform participating providers of the below changes to the authorization requirements.

Effective December 1, 2015, the following specialties and/or services will no longer require an authorization for office visits (Place of Service 11). All other authorization requirements remain in effect.

- Neurology
- Otolaryngology
- Therapy (physical, occupational and speech) *combined limit of 30-treatments per calendar year.

Please do not send authorization requests for the above services or any other service that does not require authorization. A response will not be sent to your office for services that do not require an authorization.

As a reminder, authorization statuses may be obtained by completing the Authorization Status Request Form <http://www.hcdpbc.org/Modules/ShowDocument2.aspx?documentid=1201> and faxing directly to Customer Service. Your request will be faxed back within one business day. This form may be located on the Health Care District website www.hcdpbc.org.

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.