

Preauthorizations and referrals information

Frequently requested services

For information on how to submit a preauthorization for frequently requested services/procedures for your patients with coverage through CarePlus, please refer to the below list. Select the service to learn how to submit a preauthorization request.

For all other services not listed, please reference the inpatient and outpatient services on the [CarePlus Preauthorization Lists](#) to complete your request online or call the CarePlus Health Services Department at **1-800-201-4305**, Monday – Friday, 8 a.m. to 5 p.m., Eastern time.

Select service/procedure*

- [Ablation services](#)
- [Advanced imaging](#)
- [Behavioral health services](#)
- [Cardiac services](#)
- [Chemotherapy services and supportive drugs](#)
- [Durable medical equipment](#)
- [Endoscopy services](#)
- [Gastroenterology services](#)
- [Hematology/Oncology services](#)
- [Home health care](#)
- [Infusion therapy](#)
- [Molecular diagnostic and genetic testing \(MD/GT\) services](#)
- [Ophthalmology services](#)
- [Physical therapy, occupational therapy, and speech-language therapy](#)
- [Podiatry services](#)
- [Radiation oncology services](#)
- [Urology services](#)

Preauthorization and notification lists

View documents that list services and medications for which preauthorization may be required for your patients with coverage through CarePlus.

[Preauthorization and notification lists](#)

Important links

Specific medical and pharmacy coverage criteria and updates

[Medical and pharmacy coverage criteria](#)

Submit a preauthorization request via Availity Essentials

[How to register for Availity Essentials](#)

[Access Availity Essentials](#)

Submit a preauthorization request via CarePlus Provider Web Services (PWS)

[Access PWS](#)

Submit a preauthorization request via fax

[Health Services Preauthorization Form](#)

Submit a preauthorization via phone:

Call CarePlus Health Services Department at **1-800-201-4305**, Monday – Friday, 8 a.m. to 5 p.m., Eastern time.

Submitting all relevant clinical information at the time of the request will help expedite the determination. If additional clinical information is required, a CarePlus representative will contact the individual who submitted the preauthorization request and request the specific information needed to complete the authorization process.

To prevent disruption of care, CarePlus does not require prior authorization for basic Medicare benefits during the first 90 days of a new member's enrollment for active courses of treatment that started prior to the enrollment. CarePlus may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment.

Ablation services

Non-cardiac ablation services

CarePlus Health Plans reviews non-cardiac (e.g., bone, kidney, liver, prostate, etc.) ablation services preauthorization requests.

Submitting preauthorization requests

Choose from the following options to submit a request for preauthorization:

- Submit via [Availity](#).
- Submit via [CarePlus Provider Web Services \(PWS\)](#).
- Complete the [Health Services Preauthorization Form](#) and fax it (and a cover sheet) to the appropriate fax number:
 - Broward and Palm Beach: 1-866-832-2678
 - Miami-Dade: 1-888-790-9999
 - All other counties: 1-888-634-3521
- Call the CarePlus Health Services Department at 1-800-201-4305, Monday – Friday, 8 a.m. to 5 p.m., Eastern time.

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Advanced imaging

Evolent Health, formerly New Century Health, reviews cardiac advanced imaging services preauthorization requests.

Evolent Health will evaluate the medical necessity of the service and request necessary medical records. A physician may contact the requesting physician to discuss the preauthorization request. Submit all requests with supporting clinical documentation, including:

- Date of service
- Patient name and CarePlus member ID
- Patient diagnosis (and diagnosis code[s])
- Provider name, location/address, phone and fax numbers, and National Provider Identifier (NPI)/Tax ID Number (TIN)
- Requested medication (including dose, frequency, directions for use, and/or CPT code[s])
- Relevant clinical information, such as:
 - Significant clinical history, including history of present illness, significant comorbidities, current medications, surgical history, key clinical exam findings, and the results of conservative therapy undertaken, in detail, including duration and results
 - Relevant current imaging reports and other key diagnostic test results
- Site of administration

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Submitting preauthorization requests

Choose from the following options to submit a request for preauthorization:

- Log on to [Evolent Health's website](#), enter your username and password, then submit your request.
 - If you need a username and password, email ProviderTraining@NewCenturyHealth.com. Use **Access to Evolent Portal** and your state (Florida) as the email subject line. Include your TIN, specialty, practice name, contact name, and contact phone number.
- Fax the required information to 1-714-582-7547
- Email Efax-CarePro-Cardio@NewCenturyHealth.com
- Call Evolent Health's intake coordinator department at 1-888-999-7713 and choose option 1, Monday – Friday, 8 a.m. to 8 p.m., Eastern time, Saturdays, 8 a.m. to 8 p.m., and Sundays, 9 a.m. to 5 p.m. Evolent Health is closed on federal holidays.

Non-cardiac advanced imaging services

CarePlus Health Plans reviews non-cardiac advanced imaging services preauthorization requests.

Submitting preauthorization requests

Choose from the following options to submit a request for preauthorization:

- Submit via [Availity](#).
- Submit via [CarePlus Provider Web Services \(PWS\)](#).
- Complete the [Health Services Preauthorization Form](#) and fax it (and a cover sheet) to the appropriate fax number:
 - Broward and Palm Beach: 1-866-832-2678
 - Miami-Dade: 1-888-790-9999
 - All other counties: 1-888-634-3521
- Call the CarePlus Health Services Department at 1-800-201-4305, Monday – Friday, 8 a.m. to 5 p.m., Eastern time.

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Behavioral health services

Carelon Behavioral Health reviews preauthorization requests for the following behavioral health and substance use services:

- Clubhouse services, psychosocial rehabilitation services, and/or targeted case management
- Mental health inpatient hospitalization
- Partial hospitalization
- Residential treatment
- Substance use inpatient hospitalization
- Transcranial magnetic stimulation (TMS)

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Submitting preauthorization requests

1. Inpatient/Diversionary authorizations (if applicable):

Authorizations for new treatment as of the effective date of **Jan. 1, 2024** may be obtained via one of the following methods, all of which are available 24 hours per day, seven days a week:

- Provider portal – Carelon's provider website (registration required):
 - [Provider Portal \(CarelonBehavioralHealth.com\)](https://carelonbehavioralhealth.com)
- Providers can also call: 833-227-3757 (833-CAREPLS)
- Out-of-network providers: Please call: 833-227-3757 (833-CAREPLS)

2. Outpatient Authorizations (if applicable):

Authorizations for new treatment as of the effective date of **Jan. 1, 2024** may be obtained via one of the following methods, all of which are available 24 hours per day, seven days a week:

- Provider portal – Carelon's provider website (registration required):
 - [Provider Portal \(CarelonBehavioralHealth.com\)](https://carelonbehavioralhealth.com)
- Out-of-network providers: Fax: 800-370-1116 for all non-urgent requests for initiation of treatment.
 - PCP referrals are also required for out-of-network provider requests.

Preauthorization requests can be made 24 hours per day, seven days a week.

[Access preauthorization forms, guides, resources, criteria hierarchy, and clinical practice guidelines](#)

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Cardiac services

Cardiac services requiring preauthorization include:

- Aortic repair
- Atrioventricular node ablation
- Cardiac ablation
- Cardiac catheterization
- Cardiac implantable device
- Cardiac implantable device (defibrillators)
- Cardiac implantable device (pacemakers)
- Cardio MEMS
- Carotid artery stenting (CAS)
- Carotid endarterectomy
- Catheter-based angiogram, lower extremity arteries

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- Electrophysiology study (EPS)
- Endovascular aortic repair
- External wearable devices
- Internal loop recorders
- LAAC
- Myocardial perfusion imaging single photon emission computed tomography (MPI-SPECT)
- Patent foramen ovale (PFO) and atrial septal defect (ASD) closure
- Percutaneous coronary intervention (PCI)/angioplasty
- Percutaneous intervention: Angioplasty/atherectomy/stenting
- Percutaneous thoracic aortic repair
- Percutaneous ventricular assist devices
- Peripheral angiography
- Peripheral revascularization
- Positron emission topography
- Stress echocardiogram
- Surgical revascularization/thromboendarterectomy/peripheral vascular bypass
- Surgical thoracic aortic repair
- Transcatheter aortic valve replacement/implantation (TAVR)
- Transcatheter mitral valve repair
- Transesophageal echocardiogram (TEE)
- Transthoracic echocardiogram (TTE)
- Ventricular assist devices

All remaining authorization requirements remain in effect.

Evolent Health, formerly New Century Health, reviews cardiac services preauthorization requests for patients receiving procedures in South Florida (Broward, Miami-Dade, and Palm Beach counties) and West Florida (Hillsborough, Pasco, and Pinellas counties).

*The full list of preauthorization requirements applies to your patients with CarePlus Medicare Advantage (MA) health maintenance organization (HMO) coverage. Physicians and other healthcare providers who are affiliated with an independent practice association (IPA) or value-based network are subject to the PAL and should refer to their IPA or value-based network for guidance on processing preauthorization requests.

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Evolent Health will evaluate the medical necessity of the service and request necessary medical records. A physician may contact the requesting physician to discuss the preauthorization request. Submit all requests with supporting clinical documentation, including:

- Date of service
- Patient name and CarePlus member ID
- Patient diagnosis (and diagnosis code[s])
- Provider name, location/address, phone and fax numbers, and NPI/TIN
- Requested medication (including dose, frequency, directions for use, and /or CPT code[s])
- Relevant clinical information, such as:
 - Significant clinical history, including history of present illness, significant comorbidities, current medications, surgical history, key clinical exam findings and the results of conservative therapy undertaken, in detail, including duration and results
 - Relevant current imaging reports and other key diagnostic test results
- Site of administration

Submitting preauthorization requests

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- Log on to [Evolent Health's website](#), enter your username and password, then submit your request.
 - If you need a username and password, email ProviderTraining@NewCenturyHealth.com. Use **Access to Evolent Portal** and your state (Florida) as the email subject line. Include your TIN, specialty, practice name, contact name, and contact phone number.
- Fax the required information to 1-714-582-7547
- Email Efax-CarePro-Cardio@NewCenturyHealth.com
- Call Evolent Health's intake coordinator department at 1-888-999-7713 and choose option 2, Monday – Friday, 8 a.m. to 8 p.m., Eastern time, Saturdays, 8 a.m. to 8 p.m., and Sundays, 9 a.m. to 5 p.m. Evolent Health is closed on federal holidays.

CarePlus Health Plans reviews chemotherapy and supportive drugs preauthorization requests for patients receiving services in West Florida (Hernando and Polk counties only), North Florida (Clay, Duval, and St. Johns counties), the Daytona area (Flagler and Volusia counties), Central Florida (Lake, Marion, Orange, Osceola, Seminole, and Sumter counties), and the Space Coast area (Brevard and Indian River counties).

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- Call the CarePlus Health Services Department at 1-800-201-4305, Monday – Friday, 8 a.m. to 5 p.m., Eastern time.

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Chemotherapy agents/Supportive drugs

Evolent Health* reviews chemotherapy and supportive drugs preauthorization requests for patients receiving services in South Florida (Broward, Miami-Dade, and Palm Beach counties).

*The full list of preauthorization requirements applies to your patients with CarePlus MA HMO coverage. Physicians and other healthcare providers who are affiliated with an independent practice association (IPA) or value-based network are subject to the PAL and should refer to their IPA or value-based network for guidance on processing preauthorization requests.

Evolent Health will evaluate the medical necessity of the service and request necessary medical records. A physician may contact the requesting physician to discuss the preauthorization request. Submit all requests with supporting clinical documentation, including:

- Billing type
- Date of service
- Patient name, height and weight, and CarePlus member ID
- Patient diagnosis (and diagnosis code[s])
- Provider name, location/address, phone and fax numbers, and NPI/TIN
- Requested medication (including dose, frequency, directions for use, and /or CPT code[s])
- Relevant clinical information, such as:
 - Significant clinical history, including history of present illness, significant comorbidities, current medications, surgical history, key clinical exam findings and the results of conservative therapy undertaken, in detail, including duration and results
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Submitting preauthorization requests

Choose from the following options to submit a request for preauthorization:

- Log on to [Evolent Health's website](#), enter your username and password, then submit your request.
 - If you need a username and password, email ProviderTraining@NewCenturyHealth.com. Use **Access to Evolent Portal** and your state (Florida) as the email subject line. Include your TIN, specialty, practice name, contact name, and contact phone number.
- Fax the required information to 213-596-3783
- Email Efax-CarePro-Oncology@NewCenturyHealth.com
- Call Evolent Health's intake coordinator department at 1-888-999-7713 and choose option 2, Monday – Friday, 8 a.m. to 8 p.m., Eastern time, Saturdays, 8 a.m. to 8 p.m., and Sundays, 9 a.m. to 5 p.m. Evolent Health is closed on federal holidays.

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CarePlus Health Plans reviews chemotherapy and supportive drugs preauthorization requests for patients receiving services in West Florida (Hernando and Polk counties only), North Florida (Clay, Duval, and St. Johns counties), the Daytona area (Flagler and Volusia counties), Central Florida (Lake, Marion, Orange, Osceola, Seminole, and Sumter counties), and the Space Coast area (Brevard and Indian River counties).

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- Complete the [Health Services Preauthorization Form](#) and fax it (and a cover sheet) to the appropriate fax number:
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 - Miami-Dade: 1-888-790-9999
 - All other counties: 1-888-634-3521
- Call the CarePlus Health Services Department at 1-800-201-4305, Monday – Friday, 8 a.m. to 5 p.m., Eastern time.

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Durable medical equipment

For durable medical equipment (DME) preauthorization requests, CarePlus has 2 delegated vendors for specific service areas: One Homecare Solutions and Integrated Home Care Services.

One Homecare Solutions

One Homecare Solutions reviews preauthorization requests for patients receiving services in South Florida (Broward, Miami-Dade, and Palm Beach counties).

Submitting preauthorization requests

Submit a preauthorization request by:

- Faxing 855-441-6941
- Calling 855-441-6900, Monday – Friday, 8 a.m. – 9 p.m., and Saturdays, Sundays, and federal holidays from 9 a.m. to 5 p.m. On-call after-hours support is available 24 hours, seven days a week.

Integrated Home Care Services

Integrated Homecare Solutions reviews preauthorization requests for patients receiving services in West Florida (Hernando, Hillsborough, Pasco, Pinellas, and Polk counties); North Florida (Clay, Duval, and St. Johns counties); the Daytona area (Flagler and Volusia counties); Central Florida (Lake, Marion, Orange, Osceola, Seminole, and Sumter counties); and the Space Coast area (Brevard and Indian River counties).

Submitting preauthorization requests

Submit a preauthorization request:

- Through the [Integrated Home Care Services online portal](#)
- By faxing 844-215-4265

To prevent disruption of care, CarePlus does not require prior authorization for basic Medicare benefits during the first 90 days of a new member's enrollment for active courses of treatment that started prior to the enrollment. CarePlus may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment.

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- By calling 844-215-4264, Monday – Friday, 8:30 a.m. to 7 p.m., and Saturdays from 8:30 a.m. to 5:30 p.m. On-call after-hours answering service is available Monday – Friday, 7 p.m. to 8:30 a.m., and from 5:30 p.m. Saturday to 8 a.m. Monday, and all federal holidays, Eastern time.

Integrated Home Care Services makes available through its online resource center a Referral Source Quick Reference Guide. This guide includes department phone numbers, authorization request forms, and prescription and clinical information.

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Endoscopy services

Capsule endoscopy services

CarePlus Health Plans reviews capsule endoscopy services preauthorization requests.

Submitting preauthorization requests

Choose from the following options to submit a request for preauthorization:

- Submit via [Availity](#).
- Submit via [CarePlus Provider Web Services \(PWS\)](#).
- Complete the [Health Services Preauthorization Form](#) and fax it (and a cover sheet) to the appropriate fax number:
 - Broward and Palm Beach: 1-866-832-2678
 - Miami-Dade: 1-888-790-9999
 - All other counties: 1-888-634-3521
- Call the CarePlus Health Services Department at 1-800-201-4305, Monday – Friday, 8 a.m. to 5 p.m., Eastern time.

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EGD (Esophagogastroduodenoscopy) services

Health Network One* reviews EGD services preauthorization requests for patients receiving services in South Florida (Broward, Miami-Dade, and Palm Beach counties).

*The full list of preauthorization requirements applies to your patients with CarePlus MA HMO coverage. Physicians and other healthcare providers who are affiliated with an independent practice association (IPA) or value-based network are subject to the PAL and should refer to their IPA or value-based network for guidance on processing preauthorization requests.

Submitting preauthorization requests

Submit preauthorization requests:

- Through its [online portal](#)
- By faxing 1-866-646-1772
- By calling 1-800-595-9631, Monday – Friday, 8:30 a.m. to 5 p.m., Eastern time

To prevent disruption of care, CarePlus does not require prior authorization for basic Medicare benefits during the first 90 days of a new member's enrollment for active courses of treatment that started prior to the enrollment. CarePlus may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment.

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When submitting a preauthorization request (intake form), please include:

- Clinical documentation
- CPT code
- Diagnosis
- Member demographic information
- Place of service (POS)
- Requesting and referring provider information
- Type of service

CarePlus Health Plans reviews EGD services preauthorization requests for patients receiving services in West Florida (Hernando, Hillsborough, Pasco, Pinellas, and Polk counties), North Florida (Clay, Duval, and St. Johns counties), the Daytona area (Flagler and Volusia counties), Central Florida (Lake, Marion, Orange, Osceola, Seminole, and Sumter counties), and the Space Coast area (Brevard and Indian River counties).

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Gastroenterology services

Health Network One* reviews preauthorization requests for patients receiving gastroenterology services in South Florida (Broward, Miami-Dade, and Palm Beach counties).

*The full list of preauthorization requirements applies to your patients with CarePlus MA HMO coverage. Physicians and other healthcare providers who are affiliated with an independent practice association (IPA) or value-based network are subject to the PAL and should refer to their IPA or value-based network for guidance on processing preauthorization requests.

Submitting preauthorization requests

Submit preauthorization requests:

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- By faxing 1-866-646-1772
- By calling 1-800-595-9631, Monday – Friday, 8:30 a.m. to 5 p.m., Eastern time

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Hematology/Oncology services

Evolent Health* reviews hematology/oncology preauthorization requests for patients receiving procedures in South Florida (Broward, Miami-Dade, and Palm Beach counties).

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- Billing type
- Date of service

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- Patient name, height and weight, and CarePlus member ID
- Patient diagnosis [and diagnosis code(s)]
- Provider name, location/address, phone and fax numbers, and NPI/TIN
- Requested medication [including dose, frequency, directions for use, and /or CPT code(s)]
- Relevant clinical information, such as:
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- Fax the required information to 213-596-3783
- Email Efax-CarePro-Oncology@NewCenturyHealth.com
- Call Evolent Health's intake coordinator department at 1-888-999-7713 and choose option 2, Monday – Friday, 8 a.m. to 8 p.m., Eastern time, Saturdays, 8 a.m. to 8 p.m., and Sundays, 9 a.m. to 5 p.m. Evolent Health is closed on federal holidays.

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Home health care

For home health care preauthorization requests, CarePlus has 2 delegated vendors for specific service areas: One Homecare Solutions and Integrated Home Care Services.

One Homecare Solutions reviews preauthorization requests for patients receiving services in South Florida (Broward, Miami-Dade, and Palm Beach counties).

Submitting preauthorization requests

Submit a preauthorization request by:

- Faxing 1-855-441-6941
- Calling 1-855-441-6900, Monday – Friday, 8 a.m. to 9 p.m., and Saturdays, Sundays, and federal holidays from 9 a.m. to 5 p.m. On-call after-hours support is available 24 hours, seven days a week.

Integrated Homecare Solutions reviews preauthorization requests for patients receiving services in West Florida (Hernando, Hillsborough, Pasco, Pinellas, and Polk counties); North Florida (Clay, Duval, and St. Johns counties); the Daytona area (Flagler and Volusia counties); Central Florida (Lake, Marion, Orange, Osceola, Seminole, and Sumter counties); and the Space Coast area (Brevard and Indian River counties).

Submitting preauthorization requests

Submit a preauthorization request:

- Through the [Integrated Home Care Services online portal](#)
- By faxing 844-215-4265
- By calling 844-215-4264, Monday – Friday, 8:30 a.m. to 7 p.m., and Saturdays from 8:30 a.m. to 5:30 p.m. On-call after-hours answering service is available Monday – Friday, 7 p.m. to 8:30 a.m., from 5:30 p.m. Saturday to 8 a.m. Monday, and all federal holidays, Eastern time

Integrated Home Care Services makes available through its [online resource center](#) a Referral Source Quick Reference Guide. This guide includes department phone numbers, authorization request forms, and information prescription and clinical information.

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Infusion therapy

One Homecare Solutions reviews preauthorization requests for infusion therapy services for all patients with CarePlus coverage.

Submitting preauthorization requests

Submit a preauthorization request by:

- Faxing 1-855-441-6941
- Calling 1-855-441-6900, Monday – Friday, 8 a.m. to 9 p.m., Eastern time, and Saturdays, Sundays, and federal holidays from 9 a.m. to 5 p.m., Eastern time. On-call after-hours support is available 24 hours, seven days a week.

[Return to services list](#)

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Molecular diagnostic and Genetic testing (MD/GT) services

CarePlus Health Plans reviews MD/GT services preauthorization requests.

Submitting preauthorization requests

Choose from the following options to submit a request for preauthorization:

- Submit via [Availity](#).
- Submit via [CarePlus Provider Web Services \(PWS\)](#).
- Complete the [Health Services Preauthorization Form](#) and fax it (and a cover sheet) to the appropriate fax number:
 - Broward and Palm Beach: 1-866-832-2678
 - Miami-Dade: 1-888-790-9999
 - All other counties: 1-888-634-3521
- Call the CarePlus Health Services Department at 1-800-201-4305, Monday – Friday, 8 a.m. to 5 p.m., Eastern time.

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Ophthalmology services

Premier Eye Care* reviews ophthalmology services preauthorization requests with CarePlus coverage.

*The full list of preauthorization requirements applies to your patients with CarePlus MA HMO coverage. Physicians and other healthcare providers who are affiliated with an independent practice association (IPA) or value-based network are subject to the PAL and should refer to their IPA or value-based network for guidance on processing preauthorization requests.

Submitting preauthorization requests

Submit a preauthorization request:

- Through its [online portal](#) (available 24 hours, seven days a week)
- By faxing 1-800-523-3788
- By calling 1-800-738-1889, Monday – Friday, 8 a.m. to 9 p.m., Eastern time

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Physical therapy, occupational therapy, and speech-language therapy

Health Network One* reviews preauthorization requests for patients receiving physical therapy, occupational therapy, and speech-language therapy services in West Florida (Hillsborough, Pasco, Pinellas, and Polk counties); North Florida (Clay and Duval counties); the Daytona area (Volusia County); and Central Florida (Lake, Marion, Orange, Osceola, Seminole, and Sumter counties).

Health Network One also reviews preauthorization requests for patients receiving physical therapy, occupational therapy, and speech-language therapy services for members with plan coverage for certain out-of-network services received in Puerto Rico.

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guidance on processing preauthorization requests.

Submitting preauthorization requests

Submit preauthorization requests:

- Through its [online portal](#)
- By faxing 1-855-410-0121
- By calling 1-800-595-9631, Monday – Friday, 8:30 a.m. to 5 p.m., Eastern time

When submitting a preauthorization request (intake form), please include:

- Clinical documentation
- CPT code
- Diagnosis
- Member demographic information
- POS
- Requesting and referring provider information
- Type of service

CarePlus Health Plans reviews physical therapy, occupational therapy, and speech-language therapy services preauthorization requests for patients receiving services in Flagler, Hernando, and St. Johns counties.

Submitting preauthorization requests

Choose from the following options to submit a request for preauthorization:

- Submit via [Availity](#).
- Submit via [CarePlus Provider Web Services \(PWS\)](#).
- Complete the [Health Services Preauthorization Form](#) and fax it (and a cover sheet) to the appropriate fax number:
 - Broward and Palm Beach: 1-866-832-2678
 - Miami-Dade: 1-888-790-9999
 - All other counties: 1-888-634-3521
- Call the CarePlus Health Services Department at 1-800-201-4305, Monday – Friday, 8 a.m. to 5 p.m., Eastern time.

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Podiatry services

Health Network One* reviews preauthorization requests for patients receiving podiatry services in West Florida (Hillsborough, Pasco, Pinellas, and Polk counties) and Central Florida (Lake, Marion, Orange, Osceola, Seminole, and Sumter counties).

*The full list of preauthorization requirements applies to your patients with CarePlus MA HMO coverage. Physicians and other healthcare providers who are affiliated with an independent practice association (IPA) or value-based network are subject to the PAL and should refer to their IPA or value-based network for guidance on processing preauthorization requests.

To prevent disruption of care, CarePlus does not require prior authorization for basic Medicare benefits during the first 90 days of a new member's enrollment for active courses of treatment that started prior to the enrollment. CarePlus may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment.

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Submitting preauthorization requests

Submit preauthorization requests:

- Through its [online portal](#)
- By faxing 1-866-646-1772
- By calling 1-800-595-9631, Monday – Friday, 8:30 a.m. to 5 p.m., Eastern time

When submitting a preauthorization request (intake form), please include:

- Clinical documentation
- CPT code
- Diagnosis
- Member demographic information
- POS
- Requesting and referring provider information
- Type of service

CarePlus Health Plans reviews physical therapy, occupational therapy, and speech-language therapy services preauthorization requests for patients receiving services in Flagler, Hernando, and St. Johns counties.

Submitting preauthorization requests

Choose from the following options to submit a request for preauthorization:

- Submit via [Availity](#).
- Submit via [CarePlus Provider Web Services \(PWS\)](#).
- Complete the [Health Services Preauthorization Form](#) and fax it (and a cover sheet) to the appropriate fax number:
 - Broward and Palm Beach: 1-866-832-2678
 - Miami-Dade: 1-888-790-9999
 - All other counties: 1-888-634-3521
- Call the CarePlus Health Services Department at 1-800-201-4305, Monday – Friday, 8 a.m. to 5 p.m., Eastern time.

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Radiation oncology services

Preauthorization for radiation oncology services is required for all patients with coverage through CarePlus, unless noted below.

Evolent Health, formerly New Century Health, reviews preauthorization requests for the following radiation oncology therapy procedures:

- Conventional and conformal radiotherapy (2D/3D)
- Intensity-modulated radiotherapy (IMRT)
- Brachytherapy
- Neutron therapy

To prevent disruption of care, CarePlus does not require prior authorization for basic Medicare benefits during the first 90 days of a new member's enrollment for active courses of treatment that started prior to the enrollment. CarePlus may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment.

- Proton beam therapy
- Stereotactic radiosurgery/stereotactic body radiation therapy (SRS/SBRT)

Evolent Health* reviews requests for any of the above oncology therapy procedures in South Florida (Broward, Miami-Dade, and Palm Beach counties).

*The full list of preauthorization requirements applies to your patients with CarePlus MA HMO coverage. Physicians and other healthcare providers who are affiliated with an independent practice association (IPA) or value-based network are subject to the PAL and should refer to their IPA or value-based network for guidance on processing preauthorization requests.

Evolent Health will evaluate the medical necessity of the service and request necessary medical records. A physician may contact the requesting physician to discuss the preauthorization request. Submit all requests with supporting clinical documentation, including:

- Billing type
- Date of service
- Patient name, height and weight, and CarePlus member ID
- Patient diagnosis (and diagnosis code[s])
- Provider name, location/address, phone and fax numbers, and NPI/TIN
- Requested medication [including dose, frequency, directions for use, and /or CPT code(s)]
- Relevant clinical information, such as:
 - Significant clinical history, including history of present illness, significant comorbidities, current medications, surgical history, key clinical exam findings and the results of conservative therapy undertaken, in detail, including duration and results.
 - Relevant current imaging reports and other key diagnostic test results
- Site of administration

Choose from the following options to submit a request for preauthorization:

- Log on to [Evolent Health's website](#), enter your username and password, then submit your request.
 - If you need a username and password, email ProviderTraining@NewCenturyHealth.com. Use **Access to Evolent Portal** and your state (Florida) as the email subject line. Include your TIN, specialty, practice name, contact name, and contact phone number.
- Fax the required information to 1-714-494-8366
- Email Efax-CarePro-RadOncon@NewCenturyHealth.com
- Call Evolent Health's intake coordinator department at 1-888-999-7713 and choose option 3, Monday – Friday, 8 a.m. to 8 p.m., Eastern time, Saturdays, 8 a.m. to 8 p.m., and Sundays, 9 a.m. to 5 p.m. Evolent Health is closed on federal holidays.

CarePlus Health Plans reviews preauthorization requests for the following radiation oncology therapy procedures:

- Conventional and conformal radiotherapy (2D/3D)
- Intensity-modulated radiotherapy (IMRT)
- Brachytherapy
- Neutron therapy

To prevent disruption of care, CarePlus does not require prior authorization for basic Medicare benefits during the first 90 days of a new member's enrollment for active courses of treatment that started prior to the enrollment. CarePlus may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment.

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- Proton beam therapy
- Stereotactic radiosurgery/stereotactic body radiation therapy (SRS/SBRT)

CarePlus Health Plans reviews requests for any of the above oncology therapy procedures in West Florida (Hernando, Hillsborough, Pasco, Pinellas, and Polk counties), North Florida (Clay, Duval, and St. Johns counties), the Daytona area (Flagler and Volusia counties), Central Florida (Lake, Marion, Orange, Osceola, Seminole, and Sumter counties), and the Space Coast area (Brevard and Indian River counties).

Submitting preauthorization requests

Choose from the following options to submit a request for preauthorization:

- Submit via [Availity](#).
- Submit via [CarePlus Provider Web Services \(PWS\)](#).
- Complete the [Health Services Preauthorization Form](#) and fax it (and a cover sheet) to the appropriate fax number:
 - Broward and Palm Beach: 1-866-832-2678
 - Miami-Dade: 1-888-790-9999
 - All other counties: 1-888-634-3521
- Call the CarePlus Health Services Department at 1-800-201-4305, Monday – Friday, 8 a.m. to 5 p.m., Eastern time.

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Urology services

Health Network One* reviews urology services preauthorization requests for patients receiving procedures in South Florida (Miami-Dade County) and West Florida (Hillsborough and Pinellas counties).

*The full list of preauthorization requirements applies to your patients with CarePlus MA HMO coverage. Physicians and other healthcare providers who are affiliated with an independent practice association (IPA) or value-based network are subject to the PAL and should refer to their IPA or value-based network for guidance on processing preauthorization requests.

Submitting preauthorization requests

Submit preauthorization requests:

- Through its [online portal](#)
- By faxing 1-866-646-1772
- By calling 1-800-595-9631, Monday – Friday, 8:30 a.m. to 5 p.m., Eastern time

When submitting a preauthorization request (intake form), please include:

- Clinical documentation
- CPT code
- Diagnosis
- Member demographic information
- POS

To prevent disruption of care, CarePlus does not require prior authorization for basic Medicare benefits during the first 90 days of a new member's enrollment for active courses of treatment that started prior to the enrollment. CarePlus may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment.

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- Requesting and referring provider information
- Type of service

Evolut Health* reviews urology services preauthorization requests for patients receiving procedures in South Florida (Broward County).

*The full list of preauthorization requirements applies to your patients with CarePlus MA HMO coverage. Physicians and other healthcare providers who are affiliated with an independent practice association (IPA) or value-based network are subject to the PAL and should refer to their IPA or value-based network for guidance on processing preauthorization requests.

Evolut Health will evaluate the medical necessity of the service and request necessary medical records. A physician may contact the requesting physician to discuss the preauthorization request. Submit all requests with supporting clinical documentation, including:

- Patient name, CarePlus member ID, and physician name
- Patient diagnosis
- Relevant clinical information, such as:
 - Significant clinical history, including history of present illness, significant comorbidities, current medications, surgical history, key clinical exam findings and the results of conservative therapy undertaken, in detail, including duration and results.
 - Relevant current imaging reports and other key diagnostic test results

Submitting preauthorization requests

Choose from the following options to submit a request for preauthorization:

- Log on to [Evolut Health's website](#), enter your username and password, then submit your request.
 - If you need a username and password, email ProviderTraining@NewCenturyHealth.com. Use **Access to Evolut Portal** and your state (Florida) as the email subject line. Include your TIN, specialty, practice name, contact name, and contact phone number.
- Call Evolut Health's intake coordinator department at 1-888-999-7713, Monday – Friday, 8 a.m. to 8 p.m., Eastern time.
- Fax the required information to 714-582-7547.

CarePlus Health Plans reviews urology service preauthorization requests for patients receiving services in Hernando, Palm Beach, Pasco, and Polk counties and in North Florida (Clay, Duval, and St. Johns counties), the Daytona area (Flagler and Volusia counties), Central Florida (Lake, Marion, Orange, Osceola, Seminole, and Sumter counties), and the Space Coast area (Brevard and Indian River counties).

Submitting preauthorization requests

Choose from the following options to submit a request for preauthorization:

- Submit via [Availity](#).
- Submit via [CarePlus Provider Web Services \(PWS\)](#).
- Complete the [Health Services Preauthorization Form](#) and fax it (and a cover sheet) to the appropriate fax number:
 - Broward and Palm Beach: 1-866-832-2678
 - Miami-Dade: 1-888-790-9999

To prevent disruption of care, CarePlus does not require prior authorization for basic Medicare benefits during the first 90 days of a new member's enrollment for active courses of treatment that started prior to the enrollment. CarePlus may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment.

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- All other counties: 1-888-634-3521
- Call the CarePlus Health Services Department at 1-800-201-4305, Monday – Friday, 8 a.m. to 5 p.m., Eastern time.

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South Florida, West Florida, Central Florida, and Atlantic Coast. CarePlus is an HMO plan with a Medicare contract. Enrollment in CarePlus depends on contract renewal.

Important: At CarePlus, it is important you are treated fairly. CarePlus Health Plans, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

The following department has been designated to handle inquiries regarding CarePlus's non-discrimination policies: Member Services, PO Box 277810 Miramar, FL 33027, 1-800-794-5907 (TTY: 711).

Auxiliary aids and services, free of charge, are available to you. 1-800-794-5907 (TTY: 711)

CarePlus provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

This information is available for free in other languages. Please call our Member Services number at 1-800-794-5907. Hours of operation: From October 1 - March 31, we are open 7 days a week, 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

Español (Spanish): Esta información está disponible de forma gratuita en otros idiomas. Favor de llamar a Servicios para Afiliados al número que aparece anteriormente.

Kreyòl Ayisyen (French Creole): Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri rele nimewo Sèvis pou Manm nou yo ki nan lis anwo an.

[See our rights information and language options.](#)

To prevent disruption of care, CarePlus does not require prior authorization for basic Medicare benefits during the first 90 days of a new member's enrollment for active courses of treatment that started prior to the enrollment. CarePlus may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment.

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