Requesting an Authorization for DME with
Gulf Coast Health Plans (SMH employees and dependants)

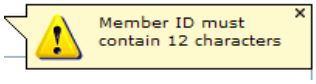
Go to www.gulfcoastmemberservices.org

Click on the Provider tab

Next, click on the Non-PHO Provider Authorization Request Form

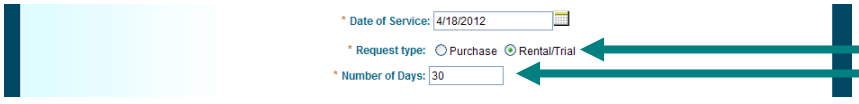
Click the DME button

If an incorrect number of characters are entered for the Member ID you will see this warning message:

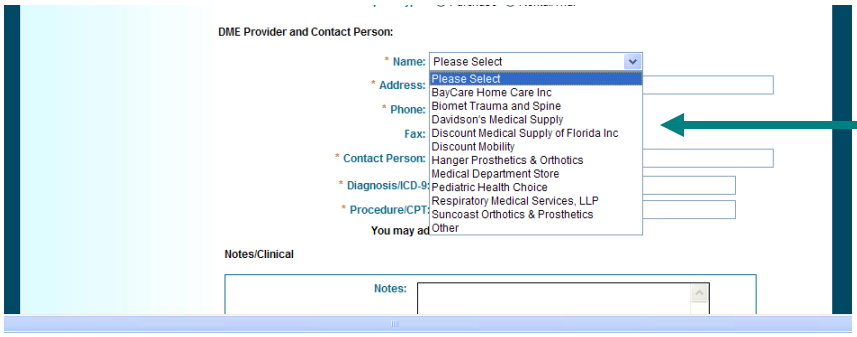


Complete all the required* information.

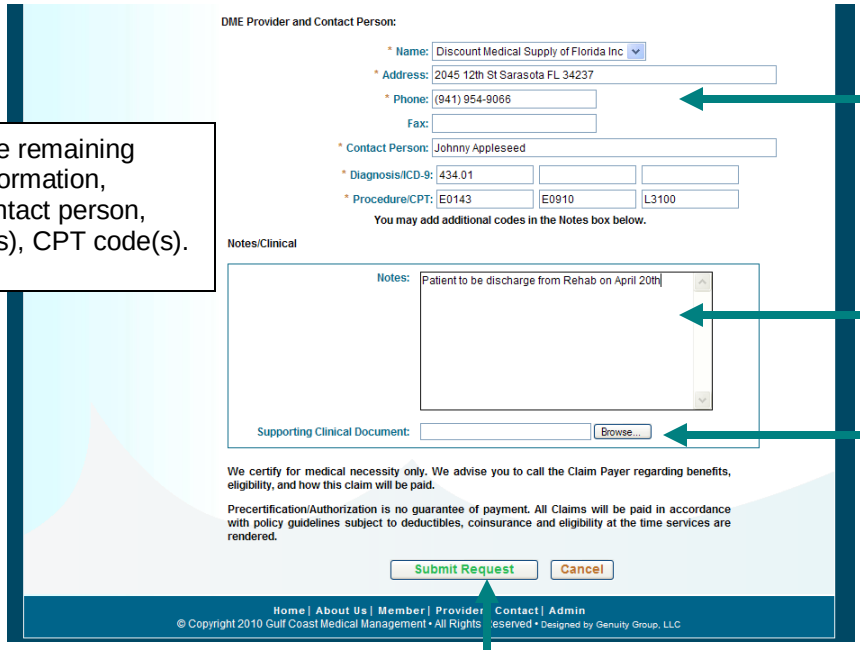
If the Request is a Purchase, click on the **Purchase** button and proceed.



If the Request is a Rental/Trial, click on the **Rental/Trial** button and type in the Number of Days requested.



Next, select your company name from the dropdown list



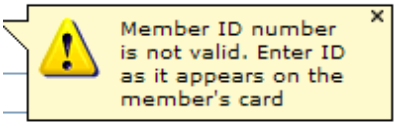
The company name, address and phone number will automatically populate.

Complete the remaining required* information, including contact person, ICD-9 code(s), CPT code(s).

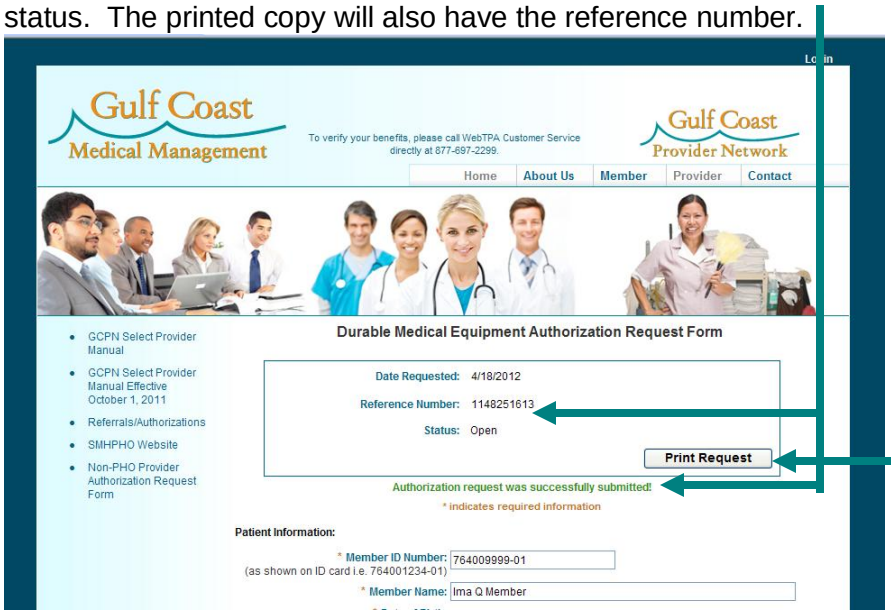
You may also type in any pertinent notes or attach a document(s).

When you have completed all the required information, click on the Submit Request button.

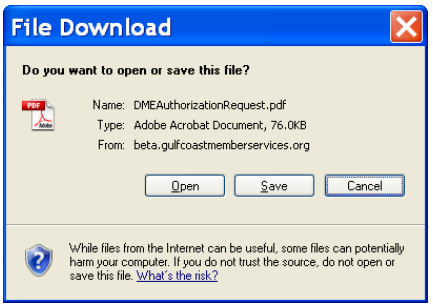
If the Member ID Number is incorrect, this warning message will display when you click on the Submit Request button.



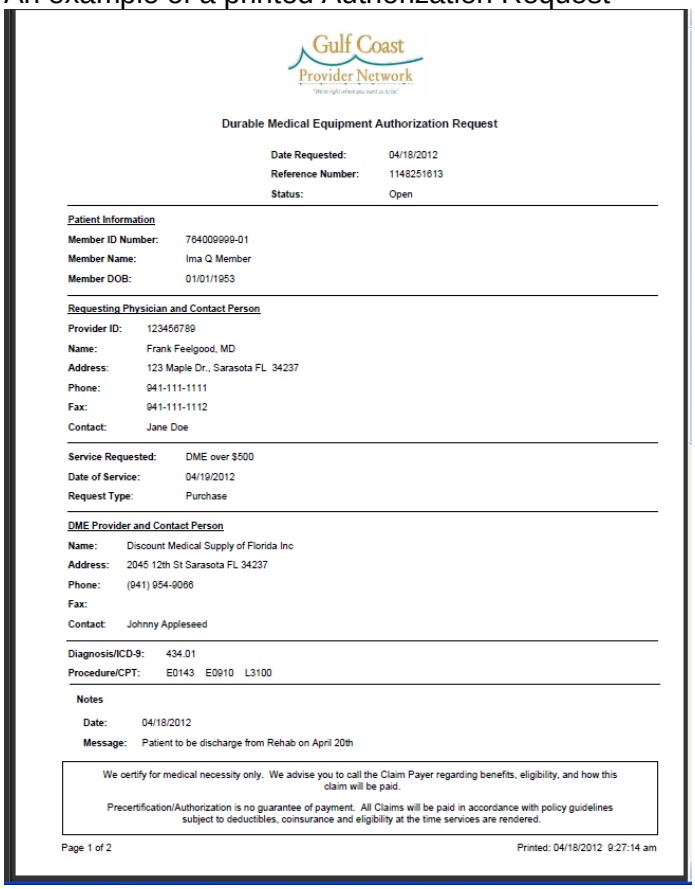
At the top of the screen you will now see Reference Number and that the request was submitted successfully. Make note of the Reference Number so you may check on the status. The printed copy will also have the reference number.



By clicking on the Print request button, you can print or save the Authorization request in a .pdf format.



An example of a printed Authorization Request



Gulf Coast Provider Network

Durable Medical Equipment Authorization Request

Date Requested: 04/18/2012
Reference Number: 1148251613
Status: Open

Patient Information
Member ID Number: 764009999-01
Member Name: Ima Q Member
Member DOB: 01/01/1953

Requesting Physician and Contact Person
Provider ID: 123456789
Name: Frank Feelgood, MD
Address: 123 Maple Dr., Sarasota FL 34237
Phone: 941-111-1111
Fax: 941-111-1112
Contact: Jane Doe

Service Requested: DME over $500
Date of Service: 04/19/2012
Request Type: Purchase

DME Provider and Contact Person
Name: Discount Medical Supply of Florida Inc
Address: 2045 12th St Sarasota FL 34237
Phone: (941) 954-9066
Fax:
Contact: Johnny Appleseed

Diagnosis/ICD-9: 434.01
Procedure/CPT: E0143 E0910 L3100

Notes
Date: 04/18/2012
Message: Patient to be discharge from Rehab on April 20th

We certify for medical necessity only. We advise you to call the Claim Payer regarding benefits, eligibility, and how this claim will be paid.

Precertification/Authorization is no guarantee of payment. All Claims will be paid in accordance with policy guidelines subject to deductibles, coinsurance and eligibility at the time services are rendered.

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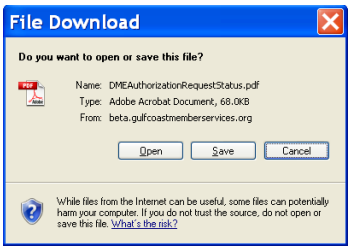
Gulf Coast Medical Management staff will then review the Authorization Request. To check on the status of the request, access the system as before:

www.gulfcoastmemberservices.org -> Provider tab -> Non-PHO Provider Authorization Request Form -> and enter the Reference number and click the Go button

You can now see the status of the request. You also may Save or Print this page.



An example of a printed Authorization Status