



Pinellas County Human Services: *Prior authorization requirements for all elective clinical services and non-emergency admissions provided in healthcare settings outside of Pinellas County for certified indigent residents.*

Policy: Pinellas County Human Services Department requires prior written authorization for All elective and non emergency admissions or services provided at hospitals located outside of Pinellas County for certified residents who qualify as an indigent patient under Florida Statutes Chapter 154 Part IV.

Procedure: An elective service or non emergency admission is defined as a clinical service that is scheduled and does not present an imminent danger to the patient. These elective services and/or non emergency admission will be paid for by the Pinellas County Human Services Department provided prior approval and written authorization from the Pinellas County Human Services Health Care Administrator is obtained. The prior approval process is used to verify eligibility and facilitate appropriate utilization of these elective clinical services and /or non emergency admissions. Prior authorization requests will contain the following information submitted in writing at least 1 week prior to the date of elective service/admission.

Elective and Non-Emergency Services: No county shall be required to pay for elective or non-emergency admissions or services at an out-of-county hospital for a qualified indigent when one of the following conditions exist: a) If the county of residence provides funding for such services and the services are available at a hospital located within the resident county; (b) The out-of-county hospital has not obtained prior written authorization and approval for such hospital admission or service, provided that the resident county has established written procedures to authorize and approve such admissions or services.

Requirements: Patient demographics to include: Patient Name, Address, DOB, (SS # if available)

Clinical Service Requested
ICD10 Code(s)
Procedure (CPT) Code(s)
Medical Necessity and Justification
Name and Credentials of requestor along with contact information

Written Authorizations: Written authorizations are provided by the PCHS Health Care Administrator in a timely manner to accommodate the clinical urgency.

Failure to comply with PCHS prior written authorization requirements shall result in an administrative denial for payment. Certified residents cannot be held liable for claims denied because service provider did not obtain prior authorization

Requests for prior approval and written authorization must be submitted to:

Daisy M. Rodriguez, MS, MBA
Health Care Administrator
Pinellas County Human Services
440 Court Street - 2nd Floor
Clearwater, FL 33756
(727) 464-4206
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