

Member's Full Name:

Medicaid #:



# SERVICE AUTHORIZATION FORM

The information on this form must be submitted to the member's plan. **Each requested service must be submitted separately. Multiple services cannot be registered on the same form.**

MEMBER INFORMATION		PROVIDER INFORMATION	
Member First Name:		Organization Name:	
Member Last Name:		Group NPI #:	
Medicaid #:		Provider Tax ID #:	
Member Date of Birth:		Provider Phone:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Provider E-Mail:	
Member Plan ID #:		Provider Address:	
Member Address:		City, State, ZIP:	
City, State, ZIP:		Provider Fax:	
		Clinical Contact Name & Credentials*:	
		Clinical Contact Phone:	
		<i>* This is the individual to whom the MCO can reach out to answer additional clinical questions.</i>	

CLINICAL INFORMATION	
Primary Diagnosis	
Secondary Diagnosis	
Service Type	<input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use
Requested Start Date	

REQUESTED SERVICE FOR REGISTRATION
<input type="checkbox"/> Mental Health Case Management (H0023)
<input type="checkbox"/> Crisis Stabilization (H2019) [Initial Only]
<input type="checkbox"/> Crisis Intervention (H0036) [Initial Only]
<input type="checkbox"/> ICT (H0039) [Continued Stay Only]
<input type="checkbox"/> MH Peer Supports (H0024/H0025) [Initial Only]

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**PLEASE SEND FORM TO THE DESIGNATED HEALTH CARE PLAN USING THE CONTACT INFORMATION BELOW FOLLOWING THE TIME FRAME REQUIREMENTS ALSO BELOW**

All MCOs rely on Contract Standards; 3 business days or up to 5 business days if additional information is required.

CONTACT INFORMATION			
Commonwealth Coordinated Care (CCC) Plus	Phone Number	Fax Number	Web Portal
<b>Aetna Better Health of Virginia</b>	855-652-8249	855-661-1828	<a href="https://www.aetnabetterhealth.com/virginia/providers/portal">https://www.aetnabetterhealth.com/virginia/providers/portal</a>
<b>Anthem HealthKeepers Plus</b>	800-901-0020	866-877-5229	<a href="https://medproviders.anthem.com/va/pages/precert.aspx">https://medproviders.anthem.com/va/pages/precert.aspx</a>
<b>Magellan Complete Care of Virginia</b>	800-424-4524	866-210-1523	Pending/TBA 2018
<b>Optima Health Community Care</b>	888-946-1168	844-348-3719 (BH Inpatient) 844-895-3231 (BH Outpatient)	<a href="http://www.optimahealth.com">www.optimahealth.com</a>
<b>United Healthcare</b>	877-843-4366	855-368-1542	<a href="http://www.providerexpress.com">www.providerexpress.com</a>
<b>Virginia Premier Health Plan</b>	844-513-4951	888-237-3997	Pending/TBA 4/1/2018

Community Mental Health Rehabilitation Services	Procedure Code	Registration vs. Authorization INITIAL REQUEST	Registration vs. Authorization CONTINUED STAY REQUEST
Mental Health Case Management	H0023	R	R
Mental Health Peer Support Services – Individual	H0025	R	A
Mental Health Peer Support Services – Group	H0024	R	A
Crisis Intervention	H0036	R	A
Crisis Stabilization	H2019	R	A
Intensive Community Treatment	H0039	A	R
Intensive In-Home	H2012	A	A
Therapeutic Day Treatment (TDT) for Children *TDT School Day	H0035 *HA	A	A
Therapeutic Day Treatment (TDT) for Children *TDT Afterschool	H0035 *HA *UG	A	A
Therapeutic Day Treatment (TDT) for Children *TDT Summer	H0035 *HA *U7	A	A
Day Treatment/ Partial Hospitalization *Adults	H0035 *HB	A	A
Mental Health Skill-building Services (MHSS)	H0046	A	A
Psychosocial Rehab	H2017	A	A
EPSDT Behavioral Therapy (ABA)	H2033	A	A

Timeframe Requirements for Submission (Concurrent)	CMHRS Services (excluding CI/CS)	CI/CS
Aetna	7 business days	48 hrs.
Anthem	14 business days	48 hrs.
MCC	7 business days	48 hrs.
Optima	7 business days	48 hrs.
United Healthcare	14 business days	48 hrs.
Virginia Premier	14 business days	48 hrs.