



# SERVICE REGISTRATION 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 Number		Provider Tax ID #	
Member Date of Birth		Provider Phone	
Gender		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 #	
		* This is the individual whom the MCO can reach out to; to answer additional clinical questions.	

CLINICAL INFORMATION	
Primary Diagnosis	
Secondary Diagnosis	
Service Type	
Requested Start Date	

REQUESTED SERVICE FOR REGISTRATION

**PLEASE SEND FORM TO THE DESIGNATED HEALTHCARE 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 (for inpatient)	(877) 434-7578 (for inpatient) (800) 505-1193 (for outpatient)	<a href="https://mediproviders.anthem.com/va/pages/precert.aspx">https://mediproviders.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>	1-888-946-1168	(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.