# BEHAVIORAL HEALTH OUTPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Trillium Community Health Plan

Complete and **Fax** to: 1-833-505-1300

☐ Request for additional units. Existing Authorization _____ Units _____

☐ **Standard requests -** Determination within 7 calendar days of receipt of request.

☐ **Urgent requests -** Please call 1-833-616-0645. *Urgent requests are made when the member or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

*** INDICATES REQUIRED FIELD**

## MEMBER INFORMATION

*Medicaid/Member ID

*Date of Birth (MMDDYYYY)

Last Name, First

## REQUESTING PROVIDER INFORMATION

*Requesting NPI

*Requesting TIN

Requesting Provider Contact Name

Requesting Provider Name

Phone

*Fax

## SERVICING PROVIDER / FACILITY INFORMATION

☐ Same as Requesting Provider

*Servicing NPI

*Servicing TIN

Servicing Provider Contact Name

Servicing Provider/Facility Name

Phone

Fax

## AUTHORIZATION REQUEST

***Primary** Procedure Code (CPT/HCPCS) (Modifier)

**Additional** Procedure Code (CPT/HCPCS) (Modifier)

***Start Date *OR*** Admission Date (MMDDYYYY)

*Diagnosis Code (ICD-10)

**Additional** Procedure Code (CPT/HCPCS) (Modifier)

**Additional** Procedure Code (CPT/HCPCS) (Modifier)

**End Date *OR*** Discharge Date (MMDDYYYY)

Total Units/Visits/Days

## *OUTPATIENT SERVICE TYPE

(Enter the Service type number in the boxes) _____

**Behavioral Health**

512 BH Community Based Services
515 BH Electroconvulsive Therapy
516 BH Intensive Outpatient Therapy
510 BH Medical Management
518 BH Mental Health /Chemical Dependency Observation
519 BH Outpatient Therapy
530 BH PHP
520 BH Professional Fees
522 BH Psychiatric Evaluation
521 BH Psychological Testing
533 BH Applied Behavioral Analysis
513 BH Crisis Psychotherapy
513 BH Crisis Psychotherapy
514 BH Day Treatment

***ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.***
***COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.***



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