BEHAVIORAL HEALTH OUTPATIENT
PRIOR AUTHORIZATION FAX FORM

Trillium Community Health Plan

Complete and Fax to:
(866)683-5621

☐ Request for additional units. Existing Authorization ☐☐☐☐☐☐☐☐☐☐☐☐ Units ☐☐☐☐

☐ Standard Request - Determination within 14 working days of receiving all necessary information

☐ Urgent Request - I certify this request is urgent and medically necessary to treat an injury, illness, or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.

*INDICATES REQUIRED FIELD

MEMBER INFORMATION

Date of Birth * ☐☐☐☐☐☐☐☐ (MMDDYYYY)

Member ID/Medicaid ID * ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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-9/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) ☐☐☐

270 Psychiatric Evaluations
250 Outpatient Therapy
185 Community Based Services
195 Crisis Psychotherapy
160 Electroconvulsive Therapy
265 Psych Testing

Additional Diagnosis Code ☐☐☐.☐☐☐☐ (ICD-10)

Additional Diagnosis Code ☐☐☐.☐☐☐☐ (ICD-10)

Additional Diagnosis Code ☐☐☐.☐☐☐☐ (ICD-10)

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.