Ohio Medicaid/MyCare Authorization Form - Community Behavioral Health

Aetna 855.734.9389 (routine) / 855.734.9393 (expedited)
Buckeye 866 694 3649 (Medicaid) / 877.725.7751 (MyCare)
CareSource 937.487.1664 / Molina 866.449.6843
Paramount 844.282.4901 / UHC 855.633.3306

Member Information

Plan: Medicaid MyCare Date of Request:_____

Request Type: Initial Concurrent

Member Name: _____ DOB: _____

Member ID#: _____ Member Phone: _____

Service Is: Routine Expedited/Urgent** (Please mark expedited for ACT, IHBT, or SUD Residential request)

Provider Information

Billing Provider/Agency Name and Service Location: _____

Provider NPI/Provider Tax ID# (number to be submitted with claim): _____

Contact Name: _____ Phone#/Fax#: _____

Provider Status: PAR Non-PAR Member Court Ordered? Yes No

Service Type Requested

Service is for: Mental Health Substance Use

	Service Code(s) requested:				Units requested:	Requested Dates of Service:
Assertive Community Treatment*	H0040					
Intensive Home-Based Treatment*	H2015					
SUD Partial Hospitalization	H0015					
SUD Residential Treatment	H2034	H2036				
Behavioral Health Respite*	S5150	S5151				
Psychological Testing	96101	96111	96116	96118		
SBIRT Services	G0396	G0397				
Psychiatric Diagnostic Evaluation	90791	90792				
Alcohol or Drug Assessment	H0001					
Specialized Recovery Services Program	T1016	H0038	H2023	H2025		
Partial Hospitalization (Medicare only)	G0410	G0411				
Other Services/Out of Network Providers:						

Primary Diagnosis (ICD-10) (including Provisional Diagnosis)	

Instructions for SUD Service Requests

- Include admission date and referral source along with reason for admission
- Provide primary/secondary diagnoses and psychosocial issues/barriers to treatment
- Indicate whether the admission was court ordered
- Identify Level of Care requested and provide documentation of medical necessity using ASAM criteria
- Provide pertinent medical and BH history including SI/HI risk
- Provide treatment plan with target dates and discharge plan
- For continued stay requests please provide: updated ASAM LOC documentation, any new problems identified, an update on the treatment plan including how lack of progress is being addressed in any areas, updated discharge plan, updated information on psychosocial barriers, and MAT status.

**Providers should attach clinical documentation (e.g. Assessment Summary, ISP with Diagnostic Summary, Clinical Summary) to provide justification that the member meets criteria for a service. Services marked with an asterisk (*) may require additional assessment results to be provided (e.g. ANSA, CANS [including CIP-IHBT version], Achenbach).