Prior Authorization Request Form
Community Based/Behavioral Health Outpatient

Provider Information			
Provider Name:		☐ **Initial Request** ☐ **Concurrent**	
Date Submitted:		**Contracted:**	☐Yes ☐No
Provider National Provider Identifier (NPI):		**Provider Tax ID (TIN):**	
Provider Medicaid ID:			
Provider Contact Name:		**Provider Email Address:**	
Provider Phone Number:		**Provider Fax Number:**	
Provider Address:			

Member Information			
Member Name:		**Member Date of Birth:**	
CareSource PASSE ID Number:		**Member Medicaid ID:**	
Care Coordinator Name:			
ICD-10 Diagnosis Code: (Include all)		**Diagnosis Description:**	
Is member in Division of Children & Family Services custody?	☐Yes ☐No	**Is member in Arkansas 911?**	☐Yes ☐No

Community Based/OBHS

Routine ☐ Urgent ☐ Retrospective ☐

CODE	Description	Date Range	# of Units

INSTRUCTIONS:

1.) Please refer to Prior Authorization Guidance Page 2, before completing Page 1.
2.) All services should be reflected on the Person-Centered Service Plan (PCSP) and developed in collaboration between member, family/guardian, service providers and Care Coordination. Care Coordination assignment can be found in the Provider Portal or by emailing CareCoordination@CareSourcePASSE.com.
3.) The following are the ***current methods for submitting an authorization***. Completed form is required.
   a. Email: Servicedeterminations@CareSourcePASSE.com
   b. Fax: **1-844-542-2605**
4.) The CareSource Provider Portal is not available for submission of these services; however, you will be able use the portal for viewing their status.

Services are subject to change; Please refer to CareSource PASSE Prior Authorization, Custom Fee Schedules (c) or (i) for most up-to-date information.

Disclaimer: An authorization is not a guarantee of payment; Member must be eligible at time of services are rendered.

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Prior Authorization Guidance Page

Some services have a benefit package that should be exhausted before requesting Prior Authorization. Non-contracted providers always require a Prior Authorization. Some services require additional certification from Medicaid before providing (*).

CODE	Description	Authorization Guidelines	Recommended Documentation
H2017 UB + U4 UA + U4	Adult Rehabilitative Day (18+ years old)	Prior Authorization required after 960 units of the following codes in combination annually; 1 unit = 1 hour.	Assessment/evaluation, recovery plan, progress notes, med management/therapy notes
H2017 U3, U4, U5	Adult Life Skills Development (18+ years old)	Prior Authorization required after 300 units of the following codes in combination per quarter; Up to Six months/end of calendar year	Assessment/evaluation, recovery plan, progress notes, medication management/therapy notes
90791, 90792, H0001 + Modifiers	Assessments/ Evaluations	End of calendar year; Prior Authorization required when 1 unit of any evaluation code has been exhausted.	Justification as to need for additional assessment; Prior Assessment as available
H2019 U4 UC	Behavioral Assistance (4-20 years old)	Prior Authorization required after 300 units of all codes in combination per year; 1 unit = 15 minutes.	Assessment summarizing risk for out of home placement, treatment goals documenting settings for interventions, progress notes, medication management notes
H2015 U1, U4 U4, UC	Child & Youth Supports (4-17 years old)	Prior Authorization required after 120 units of all codes in combination per year; 1 unit = 15 minutes.	Assessment/evaluation documenting risks for of home placement, Treatment plan, progress notes, additional service needs received by youth/family
H2011 U4, U5, U6	Crisis Stabilization	Prior Authorization required after 72 units of all codes are used per year. 1 unit = 15 min.	Treatment plan, Crisis Stabilization notes and interventions, Psychiatric Assessment
H2014 UC U4, U4	Family Support Partners (4-17 years old)	Prior Authorization required after 120 units of all codes in combination per year. 1 unit = 15 min	Assessment/evaluation documenting risks for of home placement, Treatment plan, progress notes, additional service needs received by youth/family
H2017 UC + U4	Life Skills Development (16-20 years old)	Prior Authorization required after 300 units of the following codes in combination per quarter; Up to Six months/end of calendar year	Assessment/evaluation, recovery plan, progress notes, med management/therapy notes
H0035 U4	Partial Hospitalization*	Prior Authorization required; maximum of 40 units; One unit = One per day.	Treatment Plan, medication management notes, psychosocial Assessment, evaluations, American Society of Addiction Medicine, ASAM.
H0038 U4 UC	Peer Support (18+ years old) *	Prior Authorization required after 120 units of the following codes in combination per year; 1 unit = 15 min.	Assessment/evaluation, recovery plan, progress notes, med management/therapy notes.

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H0034 TD U4	Pharmacological Counseling	Prior Authorization required when 12 units combined have been exhausted. 1 unit = 1 encounter.	Psychiatric assessment, therapist notes, medication management notes.
96130, 96131, 96132, 96133, 96136, 96137	Psychological Testing	Participating Providers – No Prior Authorization Required Non-Participating Providers – Prior Authorization Required	Tests, assessments to be utilized. Referral source and reason testing is needed. Anticipated number of hours to perform assessment, identified recipients of test results.
H2020 U4	Residential Community Reintegration (4-17 years old) *	Prior Authorization required; 180 Day authorization period; 1 unit = 1 day.	Treatment plan, progress notes, active discharge planning efforts, Division of Children and Family Services (DCFS) or Non-DCFS custody must be indicated.
S5151 U4, U1	Respite (Planned and Emergency)	Prior Authorization required	Admission assessment; psychiatric assessment: plan of care with goals and progress.
H0014 U4	Substance Use Detox	Prior Authorization required after six encounters per year: 1 unit = 1 encounter.	Assessment; ASAM, medication management notes; lower levels of care attempted to include Medication Assisted treatment (MAT).
H2023 U4	Supportive Employment (16+ years old)	Prior Authorization Required 1 unit = 1 hour.	Admission assessment; employment plan with goals and progress.
H0043 U4	Supportive Housing (18+ years old)	Prior Authorization required if exceeding 60 units per quarter; 1 unit = 1 hour	Admission assessment; psychiatric assessment: plan of care with goals and progress.
H0019 UC U4, HQ	Therapeutic Communities (18+ years old)*	Please see Therapeutic Communities Prior Authorization form.	See Therapeutic Communities Prior Authorization specific form.
90832, 90834, 90837 + all modifiers	Therapy (individual)	Prior Authorization required when 24 units of individual codes combined have been exhausted. 1 unit = 1 session.	Admission assessment; psychiatric assessment; treatment plan with goals and progress.
90846, 90847 + all modifiers	Therapy (family)	Prior Authorization required when 24 units of individual codes combined have been exhausted. 1 unit = 1 session.	Admission assessment; psychiatric assessment; treatment plan with goals and progress.
90853 + all modifiers	Therapy (group)	No Prior Authorization required; unlimited benefit.	Admission assessment; psychiatric assessment; treatment plan with goals and progress.
H0045 U4	Therapeutic Host Home*	Prior Authorization required; up to six months. 1 unit = 1 day	Admission assessment; psychiatric assessment: plan of care with goals and progress.

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