Ohio MyCare Authorization Form - Community Behavioral Health Services

Aetna 855.734.9389 (routine) / 855.734.9393 (expedited)
Buckeye 877.725.7751 / CareSource 937.487.1664
Molina 866.449.6843 / UHC 855.633.3306

Member Information

Plan: ☐MyCare ☐ Medicaid 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)	

Clinical Symptoms & Social Barriers

☐ Suicidal ideations/plan/attempt
☐ Homicidal ideations/plan/attempt
☐ History of Suicidal/Homicidal actions
☐ Hallucinations/Delusions/Paranoia
☐ Self-Mutilation (ex. cutting/burning self)
☐ Mood Lability
☐ Anxiety
☐ Sleep disturbances
☐ Appetite Changes
☐ Significant Weight Gain/Loss
☐ Panic Attacks
☐ Poor Motivation
☐ Cognitive Deficits
☐ Somatic Complaints
☐ Anger Outbursts/Aggressiveness
☐ Inattention
☐ Impulsivity
☐ Legal Issues
☐ Problems with Performing ADL's
☐ Poor Treatment Compliance
☐ Social Support Problems
☐ Learning/School/Work Issues
☐ Substance Use Interfering with Functioning
Homeless/Housing Instability

**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).