

Ohio Medicaid/MyCare Authorization Form - Community Behavioral Health

Aetna OhioRISE 855.948.3774
 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
Assertive Community Treatment*		Service Code(s) requested: H004
Intensive Home-Based Treatment*		H2015
SUD Partial Hospitalization		H0015 PHP Meets: specify 5,6, or 7 days/wk
SUD Residential Treatment		H2034
Behavioral Health Respite*		S5150
Psychological Testing		96101 96111 96116 96118
SBIRT Services		G0396 G0397
Psychiatric Diagnostic Evaluation		90791
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:		
Units requested:		Requested Dates of Service:

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).