



Prior Authorization Request Form

Community Based / Outpatient

Provider Information			
Provider Name:			
Date Submitted:		Contracted (Y / N)	
Provider NPI:		Provider Tax ID (TIN):	
Provider Medicaid ID:		Provider Email Address:	
Provider Contact Name:		Provider Fax Number:	
Provider Phone:			
Provider Address:			
Member Information			
Member Name:		Member DOB:	
CareSource PASSE ID#:		Member Medicaid ID:	
Care Coordinator Name:			
PCSP Start Date:		PCSP End Date:	
ICD-10 Diagnosis Code: (include all)		Diagnosis Description:	

INSTRUCTIONS:

1. This form should be submitted for service code(s) that require an authorization.
2. Please mark the corresponding box under the heading to note the services being requested. Services are listed in the order shown below.
3. Under each service category, you will find associated codes, frequency and recommended supporting documentation for submission.
4. Please submit completed/signed prior authorization form and supporting documentation to the Care Coordinator's email or Care Coordination fax: 937-396-3532.
5. If you are unsure of the member's Care Coordinator, please email CareCoordination@CareSourcePASSE.com.

COMMUNITY BASED OUTPATIENT		
Adult Rehabilitative Day Aftercare Recovery Services Assessments/Evaluations Behavioral Assistance Child & Youth Supports Crisis	Family Support Partners Pharmacological Counseling Residential Community Reintegration Respite Life Skills Development Partial Hospitalization	Peer Support SUD Detox Supportive Housing Therapeutic Community Therapeutic Host Home Therapies
** Service not listed or questions about recommended clinical? Please email servicedeterminations@caresourcepasse.com		

By signing, I agree and acknowledge: the listed authorizations have been reviewed and are correct for the identified CareSource PASSE member. I, as a provider of services, agree the submission of this request for Prior Authorization reflects the treatment needed for the CareSource PASSE member. I understand that this form, supporting documentation, and valid PCSP are part of the review process. Failure to actively participate in any of these processes can result in delayed authorizations.

Please sign below.

Your Signature (Provider Representative)	Date:
Click to enter signature:	

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Adult Rehabilitative Day	Authorization Time Period: end of PCSP or quarter		Limits/Guidelines:		PA required after 240 units of the following codes in combination per quarter: H2017 U4 UB & H2017 U4 UA	
	Adult Rehabilitative Day Supports (18+)		Start Date:		End Date:	
			Care Type: Elective		Frequency:	
	H2017 degreed	UB + U4	Total units: (1 unit = 1 hr)			
	H2017 non-degreed	UA + U4	Total units: (1 unit = 1 hr)			
Recommended supporting documentation			PCSP, assessment/evaluation, recovery plan, progress notes, med management / therapy notes			

Adult Life Skills Develop	Authorization Time Period: end of PCSP or quarter		Limits/Guidelines:		PA required after 200 units of the following codes in combination per quarter: H2017 U3 U4 & H2017 U4 U5	
	Adult Life Skills Dev		Start Date:		End Date:	
			Care Type: Elective		Frequency:	
	H2017 degreed	U3 + U4	Total units: (1 unit = 1 hr)			
	H2017 non-degreed	U4 + U5	Total units: (1 unit = 1 hr)			
Recommended supporting documentation			PCSP, assessment/evaluation, recovery plan, progress notes, med management / therapy notes			

Aftercare Recovery Svcs	Authorization Time Period: end of PCSP or quarter		Limits/Guidelines:		PA required after 200 units of the following codes in combination per quarter: H2017 U2 U4 & H2017 U1 U4	
	Aftercare Recovery Services		Start Date:		End Date:	
			Care Type: Elective		Frequency:	
	H2017 degreed	U2 + U4	Total units: (1 unit = 1 hr)			
	H2017 non-degreed	U1 + U4	Total units: (1 unit = 1 hr)			
Recommended supporting documentation			PCSP, assessment/evaluation, recovery plan, progress notes, med management / therapy notes			

Assessments/Evals	Authorization Time Period: Date of service rendered		Limits/Guidelines:		Prior Authorization required when 1 unit of any evaluation code has been exhausted.	
	Assessments/Evaluation		Start Date:		End Date:	
			Care Type: Elective		Frequency:	
	Mental Health Diagnosis	90791 U4, GT, UC, UK (combined)	Total units: (1 unit = 1 encounter)			
	Psychiatric Evaluation	90792	Total units: (1 unit = 1 encounter)			
	Substance Abuse Assessment	H0001 U4	Total units: (1 unit = 1 encounter)			

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Medication Assisted Treatment-Opioid	H0001 X2	Total units: <i>(1 unit = 1 encounter)</i>	
	H0001 U4 + X4	Total units: <i>(1 unit = 1 encounter)</i>	
	H0001 U8 + X2	Total units: <i>(1 unit = 1 encounter)</i>	
	H0001 U8 + X4	Total units: <i>(1 unit = 1 encounter)</i>	
	H0001 U4 + X2	Total units: <i>(1 unit = 1 encounter)</i>	
	H0001 U4 + GT	Total units: <i>(1 unit = 1 encounter)</i>	
	Recommended supporting Documentation		Justification as to need for additional assessment; Prior assessment as available

Behavioral Assistance	Authorization Time Period: Up to 6 months or end of PCSP		Limits/Guidelines:		PA required after 300 units of the following codes in combination per year: H2019 U4 UC & H2019 U4	
	Behavioral Assistance (up to 21)		Start Date:		End Date:	
			Care Type:	Elective	Frequency:	
	H2019 Degreed/RN	U4 + UC	Total units: <i>(1 unit = 15 min.)</i>			
	H2019 non-degreed	U4	Total units: <i>(1 unit = 15 min)</i>			
Recommended supporting documentation		PCSP, evaluation/assessment summarizing risk for out of home placement, treatment goals documenting settings for interventions, progress notes, medication management notes				

Acute Crisis	Authorization Time Period: Up to 7 days, end of PCSP or end of calendar year		Limits/Guidelines:		Prior Authorization required after using 6 units.	
	Crisis (Acute)		Start Date:		End Date:	
			Care Type:	Elective	Frequency:	
	H0018 U4		Total units: <i>(1 unit = 1 day)</i>			
Recommended supporting Documentation		PCSP to include updated crisis plan, behavior management plan and/or summary of intervention services targeting a specific area of need, additional services member receives, family and natural supports				

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Crisis Intervention	Authorization Time Period: Up to, end of PCSP or calendar year	Limits/Guidelines:	Prior Authorization required when 72 units have been exhausted of all H2011 combined.	
	Crisis Intervention	Start Date:		End Date:
		Care Type:	Elective	Frequency:
	H2011 (all modifiers)	Total units: <i>(1 unit = 15 min)</i>		
Recommended supporting Documentation	PCSP to include updated crisis plan, behavior management plan and/or summary of intervention services targeting a specific area of need, additional services member receives, progress notes detailing prior crisis intervention			

Child & Youth Support Svcs	Authorization Time Period: Up to 6 months, end of PCSP or calendar year	Limits/Guidelines:	PA required after 120 units of the following codes in combination per year: H2015 UC U4 & H2015 U1 U4		
	Child and Youth Support Services	Start Date:		End Date:	
		Care Type:	Elective	Frequency:	
	H2015 Degreed/RN	UC + U4	Total units: <i>(1 unit = 15 min.)</i>		
	H2015 non-degreed	U1 + U4	Total units: <i>(1 unit = 15 min)</i>		
Recommended supporting documentation	PCSP, assessment/evaluation, Treatment plan, progress notes, additional service needs received by youth				

Family Support Partners	Authorization Time Period: Up to 6 months, end of PCSP or calendar year	Limits/Guidelines:	PA required after 120 units of the following codes in combination per year: H2014 UC U4 & H2014 U4		
	Family Support Partners	Start Date:		End Date:	
		Care Type:	Elective	Frequency:	
	H2014 F2F	UC + U4	Total units: <i>(1 unit = 15 min.)</i>		
	H2014 Telephonic	U4	Total units: <i>(1 unit = 15 min)</i>		
Recommended supporting documentation	PCSP, assessment/evaluation documenting risks for of home placement, Treatment plan, progress notes, additional service needs received by youth/family				

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Life Skills Development	Authorization Time Period: Up to 6 months, end of PCSP or calendar year		Limits/Guidelines:	PA required after 300 units of the following codes in combination per quarter: H2017 U4 UC, H2017 U4 U6, H2017 HQ U4 UC, & H2017 HQ U4 U6		
	Life Skills Development (youth) Individual/Group		Start Date:		End Date:	
			Care Type:	Elective	Frequency:	
	Individual Degreed	H2017 UC + U4	Total units: <i>(1 unit = 15 min.)</i>			
	Individual non-degreed	H2017 U4 + U6	Total units: <i>(1 unit = 15 min.)</i>			
	Group Degreed	H2017 HQ, UC, U4	Total units: <i>(1 unit = 15 min.)</i>			
	Group non-degreed	H2017 HQ, U4, U6	Total units: <i>(1 unit = 15 min.)</i>			
Recommended supporting documentation		PCSP, assessment/evaluation, recovery plan, progress notes, med management / therapy notes				

Partial Hospitalization	Authorization Time Period: Up to 1 month initial; continued stay 14; end of PCSP or calendar year		Limits/Guidelines:	PA required when exceeding yearly maximum of 40 units		
	Partial Hospitalization Program		Start Date:		End Date:	
			Care Type:	Elective	Frequency:	
	H0035	U4	Total units: <i>(1 unit = 1 day)</i>			
Recommended supporting documentation		PCSP, Treatment Plan, medication management notes, psychosocial assessment, evaluations, ASAM				

Peer Support Services	Authorization Time Period Up to 6 months or end of PCSP		Limits/Guidelines:	PA required after 120 units of the following codes in combination per year: H0038 U4 & H0038 U4 UC		
	PEER SUPPORT		Start Date:		End Date:	
			Care Type:	Elective	Frequency:	
	PSS F2F	H0038 U4	# of hours per wk		Total units: <i>(1 unit = 15 min)</i>	
	PSS Telephonic	H0038 UC U4	# of hours per wk		Total units: <i>(1 unit = 15 min)</i>	
Recommended supporting Documentation		PCSP, assessment/evaluation, Provider Treatment plan, progress notes, additional services				

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Pharmacological Counseling	Authorization Time Period: Up to 3 units per 90 days, end of PCSP or end of calendar year		Limits/Guidelines:		Prior Authorization required when 12 units combined have been exhausted		
	Pharmacological Counseling		Start Date:		End Date:		
			Care Type: Elective		Frequency:		
	Individual RN	H0034 TD, U4	Total units: <i>(1 unit = 1 encounter)</i>				
	Group RN	H0034, UQ	Total units: <i>(1 unit = 1 encounter)</i>				
Recommended supporting Documentation		PCSP, psychiatric assessment supporting prescribed need for psychotropic medications and need for time limited support on administration and understanding of medication, therapist and medication management notes					

Res Cmty Reintegration	Authorization Time Period: Up to 180 days or end of PCSP		Limits/Guidelines:		PA required; 180 Day authorization period	
	Residential Community Reintegration		Start Date:		End Date:	
			Care Type: Elective		Frequency:	
	H2020	U4	Total units: <i>(1 unit =1 day)</i>			
Recommended supporting documentation		PCSP, Treatment plan, progress notes, active discharge planning to include family, DCFS, medication management notes				

Respite	Authorization Time Period Emergency: Up to 7 days Planned: up to 60 days + end of PCSP or calendar year		Limits/Guidelines:		Emergency/Planned: PA required after exceeding 8 days per year.		
	Respite		Start Date:		End Date:		
			Care Type: Elective		Frequency:		
	EMERGENCY	H0045 U1	Total units: <i>(1 unit =1 day)</i>				
	PLANNED	H0045 U4	Total units: <i>(1 unit =1 day)</i>				
Recommended supporting Documentation		PCSP; Assessment, anticipated length of time and how respite would be used; natural support/household make-up and reunification plans with caregiver					

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Substance Use Detox	Authorization Time Period: up to 5 days, end of PCSP or calendar year		Limits/Guidelines: PA required after 6 encounters per year.	
	Substance Abuse Detox		Start Date:	End Date:
			Care Type: Elective	Frequency:
	Code: H0014	Modifier: U4	Total units: (1 unit =1 encounter)	
Recommended supporting documentation		Substance use assessment; ASAM, medication management notes; lower levels of care attempted to include Medication Assisted treatment (MAT)		

Supportive Employment	Authorization Time Period: up to 6 months or end of PCSP		Limits/Guidelines: Prior Authorization Required	
	Supportive Employment		Start Date:	End Date:
			Care Type: Elective	Frequency:
	Code: H2023	Modifier: U4	Total units: (1 unit =1 hr)	
Recommended supporting documentation		PCSP, Individual Career profile, Employment Plan with job goals focused on acquiring and maintaining competitive employment, progress notes		

Supportive Housing	Authorization Time Period: end of PCSP or quarter		Limits/Guidelines: Prior Auth required if exceeding 60 units per quarter	
	Supportive Housing		Start Date:	End Date:
			Care Type: Elective	Frequency:
	Code: H0043	Modifier: U4	Total units: (1 unit =1 hr)	
Recommended supporting documentation		PCSP, Treatment plan with documented goals around acquiring and maintaining housing. Evaluation/assessment; additional services received, therapy and med management notes		

Therapeutic Communities	Authorization Time Period Up to 6 months or end of PCSP		Limits/Guidelines: Prior Authorization required after exceeding 300 units combined per year.		
	Therapeutic Communities		Start Date:	End Date:	
			Care Type: Elective	Frequency:	
	Level 1	H0019 HQ UC U4	Total units: (1 unit =1 day)		
	Level 2	H0019 HQ U4	Total units: (1 unit =1 day)		
Recommended supporting Documentation		PCSP, Provider Treatment plan, Assessment/evaluation, progress notes, legal involvement			

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Therapeutic Host Homes	Authorization Time Period: Initial 30 days; concurrent 14 days		Limits/Guidelines: Prior Authorization Required.	
	Therapeutic Host Homes		Start Date:	End Date:
			Care Type: Elective	Frequency:
	Code: T2016	Modifier:	Total units: (1 unit = 1 day)	
Recommended supporting Documentation		PCSP, Psychiatric assessment supporting risk of placement in a residential setting, Provider Treatment plan that engages parent/guardian during placement with host home		

Individual Therapy	Authorization Time Period: Up to 6 months, end of PCSP or end of calendar year		Limits/Guidelines: Prior Authorization required when exceeding 24 units of all individual therapy codes combined	
	Therapy (individual)		Start Date:	End Date:
			Care Type: Elective	Frequency:
	Include all codes + modifiers: 90832, 90834, 90837		Total units: (1 unit = 1 encounter)	
Recommended supporting Documentation		PCSP, Assessment, treatment plan to include progress towards goals, progress notes		

Family Therapy	Authorization Time Period: Up to 6 months, end of PCSP or calendar year		Limits/Guidelines: Prior Authorization required when exceeding 24 units of all individual therapy codes combined	
	Therapy (family)		Start Date:	End Date:
			Care Type: Elective	Frequency:
	Includes all codes + modifiers: 90846, 90847		Total units: (1 unit = 1 encounter)	
Recommended supporting Documentation		PCSP, Assessment, treatment plan to include progress towards goals, progress notes		

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