



## Outpatient Behavioral Health Treatment and Services Prior Authorization Request Form

Effective February 1, 2020, all Family Care services require authorization through the member's care team. Do not use this form for authorization. If you require assistance connecting with the member's care team, contact the My Choice Wisconsin Customer Service Center at 1-800-963-0035.

For other programs, please fax this completed form to 608-210-4050. Please enclose current treatment plan and medication list. Forms missing information may delay processing.

<b>Member Name:</b>	<b>D.O.B.:</b>	<b>Medicaid ID#:</b>
<b>Member Phone:</b>	<b>Member address:</b>	
<b>Requesting Provider Name/Clinic:</b>		<b>Tax ID:</b>
<b>Address:</b>		
<b>Clinical Contact/Title:</b>	<b>Phone Number:</b>	<b>Fax Number:</b>
<b>Servicing Provider Name/Clinic:</b>		<b>Tax ID:</b>
<b>Address:</b>		
<b>Clinical Contact/Title:</b>	<b>Phone Number:</b>	<b>Fax Number:</b>

**Request Type?**    **Standard**    **Expedited:** Please explain rationale for urgency:  
**Expedited is defined as:** Care and services that the physician indicates or the HMO determines that following the ordinary time frame could jeopardize the member's health or ability to regain maximum function.

<b>Diagnosis description:</b>	<b>ICD10:</b>
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<b>Initial visit date:</b>	<b>Anticipated discharge date:</b>
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**Mental health and substance abuse programs: (please include detailed description of program below)**  
Day treatment  
Partial hospitalization  
Intensive outpatient program

**Duration:**                      **Frequency:**                      **CPT/HCPC code:**

**Detailed description of program:**

**\*\*\*For outpatient Mental Health therapy visits, including home visits, fax the treatment plan and medication list to the member's care manager. No prior authorization is required for these services.\*\*\***

**Privacy and Confidentiality:**  
The information within this fax message is intended for the recipient(s) only. If you have received this fax in error, please contact us at 1-800-963-0035 (phone) or 608-210-4050 (fax) and destroy this document received. State and Federal Law prohibits any unauthorized use of this information. Thank you for your cooperation

### No Guarantee of Payment

A prior authorization or precertification does not imply or guarantee payment, nor is it a verification of a member's eligibility at the point of service. Payments of benefits are subject to all terms, conditions, limitations, and exclusions of the program's contract and eligibility of the member at the time services are rendered.