

## Specialized Therapeutic and Behavioral Health Overlay Services Request Form

TELEPHONE: 1-800-454-3730 FAX: 1-800-505-1193

**FILL OUT COMPLETELY TO AVOID DELAYS**

IDENTIFYING DATA		
Member's name		
Medicaid ID:	Date of Birth	
Member's address or name and address of shelter:		
City, State	ZIP Code	
Member's phone:		
PROVIDER INFORMATION		
Provider's name:		
Tax ID:	Phone:	Fax:
DSM-V DIAGNOSES		
REQUESTED SERVICE (Please request units for no more than 20 units for Comprehensive Behavioral Assessment)		
Description	Procedure Code	Number of Requested Units
Comprehensive Behavioral Assessment	H0031 HA	(per 15 min unit)
REQUESTED SERVICE (Please request units for no more than 30 days per request for services below)		
Description	Procedure Code	Number of Requested Units
Level I Specialized Therapeutic Foster Care	S5145	(per day unit)
Level II Specialized Therapeutic Foster Care	S5145 HE	(per day unit)
Specialized Therapeutic Foster Care, Crisis Intervention	S5145 HK	(per day unit)
Therapeutic Group Care	H0019	(per day unit)
Behavioral Health Overlay Services	H2020 HA	(per day unit)

Attestation of eligibility and screening for requested service
<p>The above member has been screened, meets the eligibility criteria and has been determined to be in need of the above requested service as outlined in the Florida Medicaid Specialized Therapeutic Services Coverage and Limitations Handbook or, for Behavioral Health Overlay Services, the Florida Medicaid Behavioral Health Overlay Services Coverage and Limitations Handbook.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

Certified by: \_\_\_\_\_  
 Credentials: \_\_\_\_\_

Date: \_\_\_\_\_

**Disclaimer:** Authorization indicates that Amerigroup Community Care determined medical necessity has been met for the requested service(s) but does not guarantee payment. Payment is contingent upon the eligibility and benefit limitations at the time services are rendered.

**Important Note:** You are not permitted to use or disclose Protected Health Information about individuals that you are not currently treating or have enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.