



Behavioral Health Therapeutic Rehabilitation Program

Authorization Request Form

Codes : H2109 Therapeutic Behavioral Services, per 15 minutes and H2020 Therapeutic Behavioral Services, per diem

Member Information

Member Name:	Member Medicaid ID#:
Member Date of Birth:	

Provider Information

Treating Provider Name:	Provider NPI:	TIN#
Requestor Information:		
Name:	Phone:	Fax:
Facility Name:	Facility NPI:	

CLINICAL INFORMATION

Diagnosis Codes / Description	
Co-morbid conditions if applicable	
Conditions, barriers, or environmental factors that may interfere with stability of underlying psychiatric disorder	
Is member an imminent danger to self or others ?	
Treatment Plan	
List specific targeted behaviors or skills, and includes setting appropriate to addressing maladaptive behavior	
Does the treatment plan addresses comorbid medical, psychiatric, and substance use disorders, including coordination of care with other providers and community-based resources, as appropriate. ? Provide Details	
List measurable recovery goals	



Behavioral Health **Therapeutic Rehabilitation Program**

Authorization Request Form

Does the treatment plan engage family, caregivers, and other people impacted by and in position to affect patient behavior (eg, teachers), as appropriate ? Provide Details	
--	--

Start of Care Date :

Units / Day utilized to date:

Code(s) requested	
Number of units / days	
Dare range for services requested	

To submit your request to the UM Department :

- **UTILIZE AVAILITY TO SUBMIT YOUR REQUEST**
- **FAX THE CLINICAL REQUEST TO: (833) 454-0641**
- **CALL THE REQUEST: (800) 578-0775**

You may also utilize the Universal Fax form located on our Website