

Aetna: 855-734-9389 (routine) / 855-734-9393 (expedited)

Buckeye: (Medicaid) 866-694-3649

Buckeye: (MyCare) 877-725-7751

CareSource: 937-487-1664

Molina: 866-449-6843 / UHC 866-839-6454

Ohio Uniform Authorization Form

Community Behavioral Health Services

Member Information

Date of Request: _____ Request Type: Initial Concurrent

Member Name: _____ DOB: _____

Member ID#: _____ Member Phone: _____

Service Is: Routine Expedited/Urgent**

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

	Service Code(s) requested				Units requested	Requested Date of Service
Assertive Community Treatment*	H0040					
Intensive Home-Based Treatment*	H2015					
SUD Partial Hospitalization	H0015					
SUD Residential Treatment	H2034	H2036				
Behavioral Health Respite*	S5150	S5151				
Psychological Testing	96101	96111	96116	96118		
SBIRT Services	G0396	G0397				
Psychiatric Diagnostic Evaluation	90791	90792				
Alcohol or Drug Assessment	H0001					
Recovery Management Services (SRSP)	T1016	H0038	H2023	H2025		
TBS Group/MH Partial Hospitalization	H2012	H2010	G0410^	G0411^		
Other Services/Out of Network Providers:						

Primary Diagnosis (ICD-10) (Including Provisional Diagnosis)	
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Clinical Symptoms & Social Barriers

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|--|--------------------------------|--|
| Suicidal ideations/plan/attempt | Appetite changes | Impulsivity |
| Homicidal ideations/plan/attempt | Significant weight gain/loss | Legal issues |
| History of suicidal/Homicidal actions | Panic attacks | Problems with performing ADL's |
| Hallucinations/Delusions/Paranoia | Poor motivation | Poor treatment compliance |
| Self-mutilation (ex. cutting/burning self) | Cognitive deficits | Social support problems |
| Mood lability | Somatic complaints | Learning/school/work issues |
| Anxiety | Anger outbursts/Aggressiveness | Substance use interfering with functioning |
| Sleep disturbances | Inattention | Homeless/housing instability |

**Providers should attach clinical documentation (Assessment Summary, Treatment Plan) to provide justification that the member meets criteria for a service. Services marked with an asterisk (*) may require additional assessment results to be provided (ANSA, CANS [including CIP-IHBT version], Achenbach). Service codes marked with a (^) should be used only for Medicare-certified Partial Hospitalization programs.