



## HCBS Complementary and Integrative Health Services Provider Recommendation Form

<b>Member Information</b>	
Name of Provider:	Date:
Provider Email:	Provider Phone:
Member Full Name:	
Medicaid ID:	Member Phone:
Case Management Agency:	
Case Management Email:	

Note that the member may be receiving additional acupuncture, massage therapy, and chiropractic from other Complementary and Integrative Health (CIH) service providers and therefore may need to receive less than the recommended amount. There is an annual unit limit of 408 units for all CIH three modalities. **The final Prior Authorization Request (PAR) units will be determined by the member and their case manager.**

Is this a request for a PAR revision?     Yes     No

<b>Provided Services</b> <i>(Check all that apply)</i>		
<input type="checkbox"/> <b>Acupuncture</b> (Procedure Code 97810) – if providing this service enter recommended amount, frequency and total units you would recommend be authorized		
How much time per treatment do you recommend for the member for acupuncture?	How often do you recommend the member receive acupuncture?	Estimated total acupuncture units for support plan year (each unit is 15 min of treatment)
<input type="checkbox"/> <b>Chiropractic</b> (Procedure Code 98942) – if providing this service enter recommended amount, frequency and total units you would recommend be authorized		
How much time per treatment do you recommend for the member for Chiropractic?	How often do you recommend the member receive chiropractic?	Estimated total chiropractic units for support plan year (each unit is 15 min of treatment)

<b>Provided Services</b> <i>(Check all that apply)</i>		
<input type="checkbox"/> <b>Massage Therapy</b> (Procedure Code 87124) – if providing this service enter recommended amount, frequency and total units you would recommend be authorized		
How much time per treatment do you recommend for the member for Massage Therapy?	How often do you recommend the member receive Massage Therapy treatments?	Estimated total massage therapy units for year (each unit is 15 min of treatment)

**Optional:** Please explain how acupuncture, chiropractic and/or massage therapy will be used for the treatment of conditions or symptoms related to the member’s qualifying condition and inability to independently ambulate:

Signature of rendering provider:	Date:
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This is a recommendation of the number of units and services for a CIH Waiver member by the rendering provider for Acupuncture, Chiropractic, and Massage Therapy Services. It is not a guarantee of payment. Submit the completed recommendation to the member’s case manager so it can be used to develop the PAR. CIHS will be added to the PAR only if recommended by the rendering provider and agreed to by the member. Upon the PAR approval, the case manager will notify the service provider by sending them a copy of the approved PAR so services may be rendered and billed.

**Case Managers: Please maintain a copy of this CIH Provider Recommendation for the member in the Care and Case Management System.**

