Prior Authorization Request

Prior authorization is the approval of medically necessary services for members
Prior authorization applies to the requested service(s) only and does not guarantee payment, nor does it guarantee the amount billed will be the amount reimbursed. The member must be Medicaid eligible and a member on the date of service or date

See below for instructions.

I. General information	
1. Member name:	April T.
2. DOB:	01/16/2009
3. Address (Street, City, State ZIP):	Pueblo Women's Shelter
4. Phone number:	867-5309
5. Medicaid ID/subscriber ID:	
6. Diagnosis code:	Opioid Disorder, F11.90
7. Diagnosis description:	Generalized Anxiety Disorder, F41.1
8. Name, NPI, and address of facility where services are to be rendered, if other than home or office:	
Bright Side Treatment- Residential Treatment Program 4525 Mountain Side Vista, Anytown, CO 99999	

II. Service information

9. Ref. NO.	10. Procedure code	11. Place of Service	12. From	13.Through	14. Description of service/ item	15. Qty or units
(1)	H0019	Facility	1/18/2024	2/15/2024	ASAM level 3.5	31 units
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

16. Detailed explanation of medical necessity for services/equipment/procedure/prosthesis. (Attach additional pages if necessary.):

See attached biopsychosocial, ASAM assessment and treatment plan for details. Requesting ASAM level 3.5, Clinically Managed High-Intensity Residential Services for Pregnant and Parenting Individuals

III. Provider

17. Provider name:	Bright Side Treatment	18. Telephone:	999-222-1111
19. Address:	4525 Mountain Side Vista, Anytown, CO 99999		
20. NPI:		21. Fax:	

IV. Practitioner

22. Name:		23. Telephone:	
24. Address:			
25. Fax:			

V. Prior authorization request form completed by	
26. Contact name:	Stacey Jones, LCSW, CAADC
27. Phone number:	999-111-4444
28. Fax number:	
VI. For plan use only	
Denial reason(s): Refer to field 9 above by reference numbers (Ref. NO.):	
If approved: Services authorized to begin	