

Attention: Crosswalk Developed for Alaska State Unique Codes

Effective beginning with January 1, 2004 dates of service, the state unique/local codes used by Alaska Medical Assistance will change. In addition, the prior authorization form will also be changed. The enclosed information will help you transition to the new codes and form. We encourage the sharing of this information with clinicians and billing staff.

The enclosed packet contains the following information:

- A crosswalk comparing the old state unique/local codes and the new national replacement codes
- A list of Questions and Answers to be referenced when filing your claims to Alaska Medical Assistance
- A new prior authorization (PA) request form containing the new national codes
Note: As of calendar year 2004, prior authorization requests will be accepted if requested for periods not to exceed 6 months and not to extend beyond the end of a calendar year for children as well as adults.

For your convenience, the enclosed crosswalk includes the national codes and descriptions that have not changed such as 90804, 90810, and 90862. This crosswalk also replaces the procedure code tables in Section I of your billing manual which are Tables I-4 and I-5 for Mental Health Physician Clinic Providers or Tables I-6 and I-7 for Community Mental Health Clinic Providers. **The “old” state unique/local codes can only be used for billing services provided on or before December 31, 2003. The “new” national codes can only be used for billing services provided on or after January 1, 2004.**

Use the “new” prior authorization request form can only be used to request prior authorization for services provided on or after January 1, 2004. To assist providers, First Health Services will crosswalk the old state unique/local codes to the new national codes for any 2004 PA requests received on the old PA request form that have been received by the end of the day on December 31, 2003. A screen print of the PA record will be returned to the provider showing them the services authorized along with a packet containing the new prior authorization request form. Any PA requests received by First Health Services on or after 1/1/04 should be requested on the new PA form with the new national procedure codes. 2004 PA requests that are received **on or after 1/1/04** on the old prior authorization request form or that contain the old state unique codes will be returned to the provider for resubmission with the new information. Additionally, since the old state unique/local code 8011F (Psychiatric Assessment) may crosswalk to either 90801 or 90802 based on the service performed, First Health Services will return any 2004 PA requests received for 8011F to the provider to choose and resubmit either 90801 or 90802.

If you have any questions, please contact the Enhanced Provider Services Coordinator for Mental Health at (907) 561-5650 or 1-800-770-5650 (toll-free in Alaska) and choose option #90.

Community Mental Health Clinic Crosswalk

Children's Clinic Services

(Replaces Table I-6(b). State Unique Procedure Codes: Children's Clinic Services/Community Mental Health Clinic)

Current Code through 12/31/03 dates of service	Description	Max Allowable	Approved New Code for dates of service on or after 1/1/04	Description
8015F#	Intake Assessment, Initial, Per 15 Minutes (Maximum = 3 Hours/Admission)	\$21.25/ 15 Minutes	H0031	Mental health assessment, by non-physician
8115F#	Intake Assessment, Semi-Annual, Per 15 Minutes (Maximum = 1 Hour, 2 Times Per Year)	\$21.25/ 15 Minutes	H0031	Mental health assessment, by non-physician
8011F	Psychiatric Assessment (Maximum = 4 Assessments/Calendar Year)	\$230.00	90801 or 90802 based on service performed	90801 - Psychiatric diagnostic interview examination 90802 - Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication
6015F#	Psychological Testing and Evaluation, Per 15 Minutes (Maximum = 6 Hours/Calendar Year)	\$21.25/ 15 Minutes	CDBAQ	Psychological testing, comprehensive, Testing, evaluation and interpretation
7015F#	Neuro-Psychological Testing and Evaluation, Per 15 Minutes (Maximum = 12 Hours/Calendar Year)	\$21.25/ 15 Minutes	CDBAS	Neuropsychological testing, Testing, evaluation and interpretation
*3115F#	Crisis Intervention, Per 15 Minutes (Maximum = 2 Hours/Day, 22 Hours/Calendar Year)	\$18.75/ 15 Minutes	S9484	Crisis intervention mental health services, per hour
**8473F##	Family Psychotherapy, Per 30 Minutes	\$40.00/ 30 minutes	90847	Family psychotherapy (conjoint psychotherapy) (with patient present)
**8530F##	Multiple-Family Group Psychotherapy, Per Recipient, Per 30 Minutes	\$22.50/ 30 minutes	90849	Multiple-family group psychotherapy
**8415F##	Group Psychotherapy, Per Recipient, Per 30 Minutes	\$22.50/ 30 minutes	90853	Group psychotherapy (other than of a multiple-family group)

NOTES:	# 1 Unit = 15 Minutes
	## 1 Unit = 30 Minutes
	* Crisis Intervention; (Maximum of 2 hours per day and no more than 72 hours in one psychiatric emergency, Maximum 22 hours per calendar year)
	** Individual, Group, Family Psychotherapy; Combined maximum of 10 hours per calendar year

Community Mental Health Clinic Crosswalk

Children's Rehabilitation Services

(Replaces Table I-6(c). State Unique Procedure Codes: Children's Rehabilitation Services/Community Mental Health Clinic)

Current Code through 12/31/03 dates of service	Description	Max Allowable	Approved New Code for dates of service on or after 1/1/04	Description
8215F#	Functional Assessment, Initial, Per 15 Minutes (Maximum = 4 Hours/Admission)	\$12.50/ 15 Minutes	CDBAP	Psychological testing, brief assessment, Testing, evaluation and interpretation
8315F#	Functional Assessment, Semi-Annual, Per 15 Minutes (Maximum = 1 Hour, 2 Times Per Year)	\$12.50/ 15 Minutes	CDBAP	Psychological testing, brief assessment, Testing, evaluation and interpretation
*9086F###	Medication Administration, on Clinic Premises, per day (Maximum = Daily Rate)	\$20.00/Day	H0033	Oral medication administration, direct observation
*9087F###	Medication Administration, off Clinic Premises, per day (Maximum = Daily Rate)	\$30.00/Day	H0033 with HK modifier	Oral medication administration, direct observation
8210F#	Case Management Services, per 15 Minutes (Maximum = 180 hours/calendar year)	\$12.50/ 15 Minutes	T1016	Case Management, each 15 minutes
8212F#	Individual Skill Development Services, per 15 minutes (Maximum = 100 hours/calendar year)	\$12.50/ 15 Minutes	CDAEP	Behavior modification training, social skills, individual , Counseling
8213F#	Family Skill Development Services, per 15 minutes (Maximum = 180 hours/calendar year)	\$12.50/ 15 Minutes	CDABF	Family involvement training, Counseling
8214F#	Group Skill Development Services, per 15 minutes (Maximum = 140 hours/calendar year)	\$7.50/ 15 Minutes	CDAEQ	Behavior modification training, social skills, group , Counseling
8220F##	Recipient Support Services, per Hour, (Maximum = 4 hours/day; 1,460 hours/calendar year)	\$20.00/Hour	CDAJC	Coping support skill, Counseling

NOTES:	# 1 Unit = 15 Minutes
	## 1 Unit = 1 hour
	### 1 Unit = 1 Day
	* To be billed, medication management must be rendered at least once on a given date and may be rendered multiple times during that day. Reimbursement is based on a daily rate code.

Community Mental Health Clinic Crosswalk

Adult Clinic Services

(Replaces Table I-7(b). State Unique Procedure Codes: Adult's Clinic Services/Community Mental Health Clinic)

Current Code through 12/31/03 dates of service	Description	Max Allowable	Approved New Code for dates of service on or after 1/1/04	Description
8015F#	Intake Assessment, Initial, Per 15 Minutes (Maximum = 3 Hours/Admission)	\$21.25/ 15 Minutes	H0031	Mental health assessment, by non-physician
8115F#	Intake Assessment, Semi-Annual, Per 15 Minutes (Maximum = 1 Hour, 2 Times Per Year)	\$21.25/ 15 Minutes	H0031	Mental health assessment, by non-physician
8011F	Psychiatric Assessment (Maximum = 4 Assessments/Calendar Year)	\$230.00	90801 or 90802 based on service performed	90801 - Psychiatric diagnostic interview examination 90802 - Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication
6015F#	Psychological Testing and Evaluation, Per 15 Minutes (Maximum = 6 Hours/Calendar Year)	\$21.25/ 15 Minutes	CDBAQ	Psychological testing, comprehensive, Testing, evaluation and interpretation
7015F#	Neuro-Psychological Testing and Evaluation, Per 15 Minutes (Maximum = 12 Hours/Calendar Year)	\$21.25/ 15 Minutes	CDBAS	Neuropsychological testing, Testing, evaluation and interpretation
*3115F#	Crisis Intervention, Per 15 Minutes (Maximum = 2 Hours/Day, 22 Hours/Calendar Year)	\$18.75/ 15 Minutes	S9484	Crisis intervention mental health services, per hour
**8473F##	Family Psychotherapy, Per 30 Minutes	\$40.00/ 30 minutes	90847	Family psychotherapy (conjoint psychotherapy) (with patient present)
**8530F##	Multiple-Family Group Psychotherapy, Per Recipient, Per 30 Minutes	\$22.50/ 30 minutes	90849	Multiple-family group psychotherapy
**8415F##	Group Psychotherapy, Per Recipient, Per 30 Minutes	\$22.50/ 30 minutes	90853	Group psychotherapy (other than of a multiple-family group)

NOTES:	# 1 Unit = 15 Minutes
	## 1 Unit = 30 Minutes
	* Crisis Intervention; (Maximum of 2 hours per day and no more than 72 hours in one psychiatric emergency, Maximum 22 hours per calendar year)
	** Individual, Group, Family Psychotherapy; Combined maximum of 10 hours per calendar year

Community Mental Health Clinic Crosswalk

Adult Rehabilitation Services

(Replaces Table I-7(c). State Unique Procedure Codes: Adult's Rehabilitation Services/Community Mental Health Clinic)

Current Code through 12/31/03 dates of service	Description	Max Allowable	Approved New Code for dates of service on or after 1/1/04	Description
8215F#	Functional Assessment, Initial, Per 15 Minutes (Maximum = 4 Hours/Admission)	\$12.50/ 15 Minutes	CDBAP	Psychological testing, brief assessment, Testing, evaluation and interpretation
8315F#	Functional Assessment, Semi-Annual, Per 15 Minutes (Maximum = 1 Hour, 2 Times Per Year)	\$12.50/ 15 Minutes	CDBAP	Psychological testing, brief assessment, Testing, evaluation and interpretation
*9086F###	Medication Administration, on Clinic Premises, per day (Maximum = Daily Rate)	\$20.00/Day	H0033	Oral medication administration, direct observation
*9087F###	Medication Administration, off Clinic Premises, per day (Maximum = Daily Rate)	\$30.00/Day	H0033 with HK modifier	Oral medication administration, direct observation
8210F#	Case Management Services, per 15 Minutes (Maximum = 180 hours/calendar year)	\$12.50/ 15 Minutes	T1016	Case Management, each 15 minutes
8212F#	Individual Skill Development Services, per 15 minutes (Maximum = 240 hours/calendar year)	\$12.50/ 15 Minutes	CDAEP	Behavior modification training, social skills, individual, Counseling
8214F#	Group Skill Development Services, per 15 minutes (Maximum = 140 hours/calendar year)	\$7.50/ 15 Minutes	CDAEQ	Behavior modification training, social skills, group, Counseling
8220F##	Recipient Support Services, per Hour, (Maximum = 4 hours/day; 1,460 hours/calendar year)	\$20.00/Hour	CDAJC	Coping support skill, Counseling

NOTES:	# 1 Unit = 15 Minutes
	## 1 Unit = 1 hour
	### 1 Unit = 1 Day
	* To be billed, medication management must be rendered at least once on a given date and may be rendered multiple times during that day. Reimbursement is based on a daily rate code.

Community Mental Health Clinic Crosswalk

Procedure codes with no changes (Tables included for reference only)

Children's Clinic Services

(Replaces Table I-6(a). CPT¹ Procedure Codes: Children's Clinic Services/Community Mental Health Clinic)

Current CPT ¹ Code through 12/31/03 dates of service	CPT ¹ Short Description	Max Allowable	Approved New Code for dates of service on or after 1/1/04	Description
*90804#	Individual Psychotherapy – Insight Oriented	\$40.00/ 30 Minutes	Not Applicable	Continue to use code 90804
*90810#	Individual Psychotherapy - Interactive	\$40.00/ 30 Minutes	Not Applicable	Continue to use code 90810
90862**	Pharmacologic Management	\$75.00/visit	Not Applicable	Continue to use code 90862

Adult's Clinic Services

(Replaces Table I-7(a). CPT¹ Procedure Codes: Adult's Clinic Services/Community Mental Health Clinic)

Current CPT ¹ Code through 12/31/03 dates of service	CPT ¹ Short Description	Max Allowable	Approved New Code for dates of service on or after 1/1/04	Description
*90804#	Individual Psychotherapy – Insight Oriented	\$40.00/ 30 Minutes	Not Applicable	Continue to use code 90804
90862**	Pharmacologic Management	\$75.00/visit	Not Applicable	Continue to use code 90862

NOTES:	# 1 Unit = 30 Minutes
	* Individual, Group, and Family Psychotherapy: combined limit of 10 hours per calendar year
	** Pharmacologic Management: no more than one visit per week during the initial month following entry to a program; then no more than one visit per month unless unusual reaction or more frequent monitoring is required.
	For complete definitions and guidelines for the above services, refer to the <i>American Medical Association Current Procedural Terminology</i> in addition to Section I of the Community Mental Health Clinic manual and Medical Assistance regulations.

Questions and Answers for Community Mental Health Clinic Providers

First Health Services, in conjunction with the Department of Health and Social Services, has developed these Questions and Answers to assist you in filing your claims with Alaska Medical Assistance. More specifically, this information may be useful to providers as they transition from the use of current local/state unique procedure codes to national codes as required by HIPAA.

Question: What is a “crosswalk” and how is it used?

Answer: A “crosswalk” is a table or matrix that correlates the current local/state unique procedure code and service description with the replacement national code and service description. Providers may bill using state unique codes only through dates of service 12-31-2003 and will be required to use the replacement national codes for all dates of service on or after 1-1-2004.

Question: Which national code sources were used to choose the replacement codes for local/state unique codes that are reflected in the crosswalks?

Answer: To the extent possible, replacement codes were chosen from comparable services included within two national coding systems: the American Medical Association’s CPT (Current Procedural Terminology) and HCPCS (Healthcare Common Procedure Coding System) codes. In the absence of comparable CPT or HCPCS codes, a third national code source, developed by Alternative Link and referred to as ABC (Alternative Billing Concepts) codes, was utilized.

Question: Is there a “one-to-one” correlation between local/state unique codes and replacement national codes?

Answer: Not always. Double check the code and description columns of the new replacement national codes for accuracy when filing your claim. Some new national codes replace more than one old local/state unique code. In addition, one old local/state unique code has two possible replacement national codes based on the service performed.

Example 1: The new code H0031 (mental health assessment, by non-physician) replaced code 8015F (Intake assessment, initial, per 15 minutes) **and** 8115F (Intake assessment, semi-annual, per 15 minutes).

Example 2: The new code CDBAP (Psychological testing, brief assessment, testing evaluation and interpretation) replaced 8215F (Functional assessment, initial, per 15 minutes) **and** 8315F (Functional assessment, semi-annual, per 15 minutes).

Example 3: The old local/state unique code 8011F (Psychiatric assessment) has two possible new national replacement codes (90801 or 90802) depending on the service performed:

- 90801 indicates a psychiatric diagnostic interview examination
- 90802 indicates an interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication

Question: Are any procedure code modifiers required to identify the correct service rendered?

Answer: For Community Mental Health services, **one** replacement code now requires a modifier. The replacement code for 9087F (Medication Administration, **off** clinic premises, per day) is H0033 and **it requires a modifier HK**. This modifier is required for correct reimbursement whether you are billing for a child or an adult.

Question: Have the time increments associated with the services changed?

Answer: For a few services, the time increment for the national replacement code is different, but in most cases the time increment for each unit of service has remained the same. Ensure that you billed the correct number of units to identify the quantity of services actually rendered. Double check the code and description columns of the new national replacement codes to see if the time increment has changed. For Community Mental Health services, the time increment has changed for procedure code 3115F (Crisis intervention, **per 15 minutes**). The replacement code is S9484 (Crisis intervention mental health services, **per hour**).

Example 1: If you provided two hours of crisis intervention and the date of service is **before 12/31/03**, then you would bill 8 units of 3115F (8, 15-minute units). However, if you provided two hours of crisis intervention and the date of service is **after 12/31/03**, then you would **bill 2 units of S9484**.

Question: Have the service limitation and prior authorization requirements changed?

Answer: The service limitation and prior authorization requirements as stipulated in the Alaska Medical Assistance regulations have **not** changed. Please ensure that you have requested the correct number of units and the correct code on the appropriate prior authorization request form. Double check the date of service, the old and new code descriptions, and the time increments associated with them. Calculate the number of units you are requesting to make sure it is accurate and included on the appropriate prior authorization request form.

Example: If you are requesting an additional Psychiatric Assessment and the date of service is **before 12/31/03**, then you would request **1 unit of 8011F**. However, if you are requesting an additional Psychiatric Assessment and the date of service is **on or after 1/1/04**, then you would have to first determine if it was going to be an **interactive** psychiatric diagnostic interview examination or not. Once you have made this determination, you would know whether to request a prior authorization on the new form for 1 unit of 90801 or 90802.

**COMMUNITY MENTAL HEALTH CLINIC
PRIOR AUTHORIZATION REQUEST**

Page 1 of 2

1. Request Date _____

2. Provider Name _____

3. Provider ID No. _____

4. Contact Name and Address (decision will be returned to this address)

Additional Contact Information

5. Phone No. _____

6. Fax No. _____

7. E-Mail Address _____

8. Recipient Name _____

9. Date of Birth _____

10. Recipient ID No. _____

11. Gender **M** **F**

12. Type of Client (Mark with X): **A.** ED Adult **B.** SED Adult
 C. CMI Adult **D.** ED Child **E.** SED Child **F.** Other

13. DSM: Axis I _____

Axis II _____

Axis III _____

14. (Use only if new request): **A.** **Initial Request** **B.** Request Dates: From: _____ Thru: _____

C. PA No. _____ (For FHSC use only)

15. (Use only if an update to an existing PA): **A.** **Update** **B.** Update: From: _____ Thru: _____

C. PA No. _____ (Required for PA updates only)

<u>Clinic Services</u>	<u>Unit</u>	<u>Code</u>	<u>16. Units Requested</u>
Mental health assessment, by non-physician [Intake assessment]	15 min	H0031	_____
Psychiatric diagnostic inter [Psychiatric assessment]	1 assess.	90801*	_____
Interactive psychiatric diag [Psychiatric assessment]	1 assess.	90802*	_____
Psychological testing, comprehensive, Testing, evaluation and interpretation	15 min	CDBAQ	_____
Neuropsychological testing, Testing, evaluation and interpretation	15 min	CDBAS	_____
Crisis intervention mental health services, per hour	1 hour	S9484	_____
Group psychotherapy	30 min	90853*	_____
Family psychotherapy	30 min	90847*	_____
Multiple-family group psycho	30 min	90849*	_____
Individual psychotherapy ins	30 min	90804*	_____
Individual psychotherapy int	30 min	90810*	_____
Pharmacologic management	1 visit	90862*	_____

Pages 1 & 2 of this request must be completed. Requests without both pages cannot be processed.

* CPT Codes and descriptions are copyright 2002, American Medical Association. All rights reserved. Applicable FARS/DFARS apply.
CPT code descriptions are shortened to 28 characters or less to comply with copyright restrictions. For full descriptions, please refer to your CPT book. Rev. 12/03

**COMMUNITY MENTAL HEALTH CLINIC
PRIOR AUTHORIZATION REQUEST**
Page 2 of 2

Pages 1 & 2 of this request must be completed. Requests without both pages cannot be processed.

Request Date _____

Provider Name _____

Provider ID No. _____

Contact Name _____

Contact Phone No. _____

Recipient Name _____

Recipient ID No. _____

<u>Rehab. Services-Adult & Child</u>	<u>Unit</u>	<u>Code</u>	<u>17. Units Requested</u>
Psychological testing, brief assessment, Testing, evaluation and interpretation <i>[Functional assessment]</i>	15 min	CDBAP	_____
Oral medication administration, direct observation <i>[on-premises]</i>	1 day	H0033	_____
Oral medication administration, direct observation <i>[off-premises]</i>	1 day	H0033 HK	_____
Behavior modification training, social skills, group, Counseling <i>[Group skill develop.]</i>	15 min	CDAEQ	_____
Behavior modification training, social skills, individual, Counseling <i>[Individual skill develop.]</i>	15 min	CDAEP	_____
Case management, each 15 minutes	15 min	T1016	_____

<u>Rehab. Services-Child Only</u>	<u>Unit</u>	<u>Code</u>	<u>18. Units Requested</u>
Family involvement training, Counseling <i>[Family skill develop.]</i>	15 min	CDABF	_____

<u>19. Coping support skill, Counseling</u> <i>[Recipient support services]</i>	<u>Unit</u>	<u>Code</u>	<u>Units Requested</u>
Current GAF Score _____ (DBH review is required)	1 hour	CDAJC	_____
Explanation: _____			

By submission of this form the provider:

- affirms the assessment of the recipient's symptomatology and current level of functioning is documented in the recipient's record and indicates the units and duration of services requested are medically necessary;
- affirms the recipient's record includes documentation of the interdisciplinary team, physician, or mental health clinician recommendation of the requested services as medically necessary;
 - If the recipient is a severely emotionally disturbed child, the documentation must show that the interdisciplinary team reviewed the treatment plan and recommended the requested services as medically necessary.
 - If the recipient is a severely emotionally disturbed adult or a chronically mentally ill adult, the documentation must show that the recipient's mental health professional clinician or the recipient's physician reviewed the treatment plan and recommended the requested services as medically necessary; and
- acknowledges the services are subject to post-payment review for medical necessity and completeness of documentation according to Medicaid/Denali KidCare program rules. The Department of Health and Social Services may recoup payment for any services that are not medically necessary, not properly documented, or not in compliance with Medicaid/Denali KidCare program rules.

20. Clinic Signature _____ **Title** _____

21. DBH Signature _____ **Date** _____

Community Mental Health Clinic Prior Authorization Request Instructions

Submission Requirements: This prior authorization (PA) form must be completed to indicate the amount of services requested beyond the service limitations set out in the Provider Billing Manual and must bear the signature of a person authorized to bind the requesting clinic. Requests that include **Recipient Support Services must be submitted to the Division of Behavioral Health (DBH)** for its review. DBH will forward the form to First Health Services (FHSC) after its review. **Submit all other requests directly to FHSC.**

1. **Request Date:** Enter the date that the authorization request is being submitted.
2. **Provider Name:** Enter the name of the enrolled mental health clinic.
3. **Provider ID No.:** Enter the Medical Assistance identification number assigned to the mental health clinic. If a clinic has multiple identification numbers, separate authorizations must be requested for each provider identification number (e.g., Day Treatment requests must be submitted on a separate form).
4. **Contact Name and Address:** Enter the name and address of the person FHSC should contact regarding the authorization request. The authorization decision will be returned to the address entered here.
5. **Phone No.:** Enter the contact person's telephone number.
6. **Fax No.:** Enter the contact person's fax number, if applicable.
7. **E-Mail Address:** Enter the contact person's e-mail address, if applicable.
8. **Recipient Name:** Enter the name of the recipient for whom the authorization is being requested.
9. **Date of Birth:** Enter the recipient's date of birth.
10. **Recipient ID No.:** Enter the recipient's Medical Assistance identification number.
11. **Gender (recipient's):** Check "M" for male or "F" for female.
12. **Type of Client:** Indicate by marking the appropriate designation for the client.
13. **DSM: Axis I**—Enter the primary DSM IV mental health disorder being treated. **Axis II**—Enter the DSM IV diagnosis being treated, if any. **Axis III**—Enter the medical condition, if applicable.
14. **A. Initial Request**—Mark this box if the prior authorization request is a request to initially exceed the annual service limits identified in the Provider Billing Manual.
B. Request Dates—Enter the dates requested for the initial prior authorization. Prior authorization requests will be accepted if requested for periods not to exceed 6 months and not to extend beyond the end of a calendar year.
C. PA No.—Leave this field blank. FHSC will enter the prior authorization number here.
15. **A. Update**—Mark this box when
 - a) Requesting an update to add additional units of service to the existing PA record referred to in Field 15C.
 - b) Adding services not already included in the existing PA record referred to in Field 15C.
 - c) Extending the "thru" date of the authorization period for the existing PA record referred to in Field 15C.**B. Update**—Enter the "from" and "thru" dates for the authorization period being requested. Prior authorization requests will be accepted if requested for periods not to exceed 6 months and not to extend beyond the end of a calendar year.
C. PA Number—Enter the number of the PA being updated.
16. **Units Requested (Clinic Services):** Enter the number of **additional units** of Clinic Services being requested.
Page 2: Enter the request date, Provider name and ID number, Contact person and phone number, recipient name and ID number as entered on page 1. **If you do not enter this information, FHSC may not be able to process your authorization.**
17. **Units Requested (Rehab. Services-Adult & Child):** Enter the number of **additional** units of Child or Adult Rehabilitation Services being requested.
18. **Units Requested (Rehab. Services-Child Only):** Enter the number of **additional** units of Child-only Rehabilitation Services being requested.
20. **Units Requested:** Enter the number of **additional** units of Recipient Support Services (RSS) being requested. Enter the client's current (past 7 days) GAF score. Your explanation must give 1) the specific staff involvement to be provided as RSS and 2) the symptoms and behaviors that support the GAF score.
21. **Clinic Signature:** The signature must be by a person authorized to bind the clinic to the completed form as accurate and subject to Medical Assistance program rules. Please include the title of the person signing the prior authorization request form.
22. **DBH Signature:** The DBH signature indicates DBH reviewed the form and may have discussed the request with the clinic staff for clarification. The signature does not indicate acceptance of the requested services or units as medically necessary. Medical necessity may be determined during a post-payment review according to Medical Assistance program rules. The division may recoup payment for any services that are not medically necessary, not properly documented, or not in compliance with Medical Assistance program rules.