california health & wellness

CBAS TREATMENT REQUEST FORM

Fax to:1-855-556-7909

If you have questions about how to complete this form, please call California Health & Wellness at 1-877-658-0305, and ask for Case Management.

X _____ Requesting Provider/CBAS Representative Signature

_____ Name (print) _____ Date (MMDDYYYY)

☐ Expedited Request - Please check if this is for a new participant who is hospitalized or anticipated to be admitted to a skilled nursing facility.

***** ***INDICATES REQUIRED FIELD***

MEMBER INFORMATION

Member Telephone Number *

Date of Birth * (MMDDYYYY)

Member ID/Medi-Cal ID *

Last Name, First

PROVIDER/CBAS FACILITY INFORMATION

Requesting Provider/CBAS Facility NPI *

Requesting Provider/CBAS Facility TIN

Provider/CBAS Facility Contact Name

Requesting Provider/CBAS Facility Address

City

ZIP Code

Requesting Provider/CBAS Facility Name

Telephone

Fax

AUTHORIZATION REQUEST/NOTIFICATION (S5102)

Start Date (MMDDYYYY)	End Date (MMDDYYYY)	Quantity per Month	Diagnosis Code * (ICD-10)
Start Date (MMDDYYYY)	End Date (MMDDYYYY)	Quantity per Month	Diagnosis Code * (ICD-10)
Start Date (MMDDYYYY)	End Date (MMDDYYYY)	Quantity per Month	Diagnosis Code * (ICD-10)
Start Date (MMDDYYYY)	End Date (MMDDYYYY)	Quantity per Month	Diagnosis Code * (ICD-10)
Start Date (MMDDYYYY)	End Date (MMDDYYYY)	Quantity per Month	Diagnosis Code * (ICD-10)

SERVICES *

Face-to-Face Assessment (T1023)

☐ Initial

☐ Modification

[2] **Please attach copy of History and Physical (H&P) with Face to Face Assessment request.**

3-Day Individual Plan of Care (IPC) Assessment for New CBAS (H2000)

☐ Initial

Medical Day Care Services (S5102)

☐ Initial

☐ Continuation/Renewal[2]

☐ Modification[2] (Increase/Decrease)

☐ Reinstate Services

☐ Transfer

[2] **Please attach IPC, participant attendance records and transfer reason (if applicable) for continued authorization requests.**

***FOR PRIOR AUTHORIZATION REQUEST ONLY:** ALL REQUIRED FIELDS MUST BE FILLED IN. INCOMPLETE FORMS WILL BE REJECTED. COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.*

Disclaimer: Please check member eligibility prior to rendering services. A prior authorization is not a guarantee of payment. Payment may be denied in accordance with Plan's polocies and procedures applicable law.

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