KENTUCKY MEDICAID

INITIAL BEHAVIORAL HEALTH SERVICE REQUEST FORM

Fax To: 877-544-2007

☐	**Initial Service Request**	The services below can be registered without a clinical review once per member per calendar year. Initial service requests should be sent to the Health Plan fourteen (14) days prior to the date the requested services will be performed. If a response has not been received within the two (2) business days, call 855-620-1861 to confirm your request has been received. If your request for services is denied using this process, it means that the initial service set is already in use and you will need to revert to a Prior Authorization Request.

MEMBER INFORMATION

Last Name		**First Name, M. Initial**		**Date of Birth**	
Phone Number		**WellCare Member ID Number**		**Gender**	☐ **Female** ☐ **Male**
Third Party Insurance?	☐ **Yes** ☐ **No**	If Yes, please attach a copy of the insurance card. If the card is no available, provide the name of the insurer, policy type and number.		**Languages spoken**	

FOR INDIVIDUAL PROVIDERS: TREATING PROVIDER/PRACTITIONER INFORMATION

Last Name		**First Name**		**NPI Number**	
WellCare ID Numb		**Participatin**	**Yes** **No**	**Discipline/ Specialty**	
Street Address	4010 Dupont Circle Suite 582	**City, State**	Louisville	**Zip** 40207	
Phone Number		**Fax Numbe**		**Office Contac**	

FACILITY INFORMATION

Last Name	Transformations	**Facility ID**	1006541	**NPI Number**	1427229483
Street Address	4010 DuPont Cir. Ste 582	**City, State**	Louisville, KY	**Zip** 40207	
Phone Number		**Fax Number**		**Office Contact**	

REQUESTED SERVICES

Primary Diagnosis Code(s)		**Diagnosis Description/Condition**	

The following services may be registered upon request. One set of registered services are allowed per member annually. Services will be registered and effective for the year. Providers are responsible for choosing the service they are credentialed to provide and submitting clean claims.

You will receive the indicated number of Units/Sessions that include any/all of the Codes listed in the time allowed for each.
The codes are not registered separately - you can bill for up to the total amount of each code listed below each Registration.

☐ **H-Code Registration**	☐ **9000-Series Code Registration**	
You will receive 36 Units that include any/all of the following H-Codes in the time allowed for each.	**You will receive 20 sessions that include any/all of the following 9000-series codes in the time allowed for each.**	**Submission of this form is your agreement to accept the sessions/units indicated.**
Check here if you wish these to be registered	***Check here if you wish these to be registered***	**All further outpatient services on this form that you wish to provide within the year must be requested using the Prior Authorization process.**
H0004 H0006 H0047	90832 90834 90836 90837 90838 90846 90847 90849 90853 90887	