



KENTUCKY MEDICAID

INITIAL BEHAVIORAL HEALTH SERVICE REQUEST FORM

Fax To: 877-544-2007

<input type="checkbox"/>	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	<input type="checkbox"/> Female <input type="checkbox"/> Male
Third Party Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 Number		Participating		Yes No Discipline/Specialty	
Street Address		City, State		Zip	
Phone Number		Fax Number		Office Contact	

FACILITY INFORMATION					
Last Name		Facility ID		NPI Number	
Street Address		City, State		Zip	
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.			

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