

Mailing Address: P.O. Box 1309 Minneapolis, MN 55440-1309 Mailstop 21103M

	y Prior Authoriz		Form an only accept via fax 952-	853-8830 or US			
mail. Name of Member to Receive Services:	Member's Insurance #:		Member's DOB:				
Facility/Provider Name/Degree/License		Phone	Fax				
Address:		Tax ID	NPI				
Is provider Supervised? Yes/ No		Supervisor/Degree/License					
See In-home Coverage Criteria online at coOportunityhealth.com							
Has the Diagnostic Interview (90791) taken place? Yes/ No Date completed or scheduled: (IF YES, PLEASE SEND COPY OF THE DIAGNOSTIC ASSESSMENT)							
Referred by: Name/Degree/Specialty/Phone:							
Is this a provider currently treating the member? Yes/ No Does the member have a county case manager? Yes/ No Name/Phone:							
Billing Information: Number of each CPT or HCPC code requested:							
907919083490837	90846	90847 Ot	her Code(s)				
Authorization Dates Requested: Start Date: End Date							
1. If yes, has the member failed to improve clinically which could lead to a higher level of care? Yes/No							
2. Is in-home part of a discharge plan from inpatient or residential care? Yes/No							
3. Does the member have a medical condition or agoraphobia which renders the member homebound? Yes/No							

Current and Provisional							
Axis I:	Axis II:	Axis III:	Axis IV:	Axis V:			
Symptoms/behaviors/risk factors:							
School/Academic proble	<u>ms</u> : _						
CD issues:							
Legal issues/Is treatment court ordered? Yes/No (If yes, send a copy of the court order & the mental health evaluation that it was based on.)							
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Past treatment:							
Present treatment/provid	lers/medications:						
If has a current provider, are they recommending in-home therapy? Yes/ No							
Specific reasons why the care needs to be in the home and not in the office:							
What is the desired outco	ome of in-home treatment?						
How will you know that the	he member is ready to be se	een in the office an	id no longer requires care	in the home?			
Has member had an of o	ut-of-home placement in the	<u>e past</u> ? Yes/ No If	yes, When/Where:				

Form completed by:

Date:

Phone: