California

# **PROVIDER***Update*

CONTRACTUAL | JULY 1, 2019 | UPDATE 19-532 | 1 PAGE

### CBAS Treatment Request Form Now Available in a Fillable PDF Format

## Changes to form allow for easy fill in and one more authorization date

It is now easier for providers to fill out the Health Net\* Community-Based Adult Services (CBAS) Treatment Request form. The form has been improved to include:

- Fillable fields. Users can now fill in data directly on the form, save and print.
- An additional authorization date. An additional service line was added to include six dates of service.

#### Request for treatment reminder

All CBAS requests including face-to-face assessments, Individual Plans of Care (IPCs) and reconciliation lists must be:

- Submitted using the CBAS Treatment Request form, and
- Faxed to the dedicated CBAS line at 1-833-581-5908.

The CBAS Treatment Request form is available on the Health Net provider website at provider.healthnet.com under *Provider Library* > *Forms*. Include a fax cover sheet with faxes that have protected health information. The cover sheet must be labeled "PROTECTED HEALTH INFORMATION."

#### Additional information

Relevant sections of Health Net's provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library, located on Health Net's provider website at provider.healthnet.com.

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by email at provider\_services@healthnet.com within 60 days, by telephone or through the Health Net provider website as listed in the right-hand column.



#### THIS UPDATE APPLIES TO CAL MEDICONNECT PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

#### PROVIDER SERVICES

provider\_services@healthnet.com Los Angeles County – 1-855-464-3571 San Diego County – 1-855-464-3572 www.healthnet.com

PROVIDER COMMUNICATIONS provider.communications@ healthnet.com

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## CBAS TREATMENT REQUEST FORM

If you have questions about how to complete this form, please call Health Net at 1-866-801-6294, select option 1 to speak with a Referral Specialist.

Х		Requesting Provider/CBAS Re	epresentative Signature
		Name (print)	Date (MMDDYYYY)
Expedited Request - Please anticipated to be admitte * INDICATES REQUIRED FIELD	d to a skilled n		
MEMBER INFORMATION	Member Telephone Number * MBER INFORMATION		Date of Birth <b>*</b>
Member ID/Medi-Cal ID *		Last Name, First	(MMDDYYYY)
<b>PROVIDER/CBAS FACILITY</b> Requesting Provider/CBAS Facility NPI *			ler/CBAS Facility Contact Name
Requesting Provider/CBAS Facility Addre	SS	City	ZIP Code
Requesting Provider/CBAS Facility Name		Telephone	Fax
AUTHORIZATION REQUES	<b>Г (S5102)</b> End Date	Quantity per Mo	onth Diagnosis Code *
MMDDYYYY) Start Date	(MMDDYYYY) End Date	Quantity per Mo	onth Diagnosis Code *
MMDDYYYY) Start Date	(MMDDYYYY) End Date	Quantity per Mo	onth Diagnosis Code *
MMDDYYYY) Start Date	(MMDDYYYY) End Date	Quantity per Mo	onth Diagnosis Code *
MMDDYYYY) Start Date	(MMDDYYYY) End Date	Quantity per Mo	onth Diagnosis Code *
MMDDYYYY) Start Date	(MMDDYYYY) End Date	Quantity per Me	onth Diagnosis Code *
(MMDDYYYY)	(MMDDYYYY)		(ICD-10)
SERVICES *	-	dividual Plan of Care (IPC)	Madification <sup>2</sup> (Increase (Decrease)
Face-to-Face Assessment (T1		ent for New CBAS (H2000)	Modification <sup>2</sup> (Increase/Decrease)
Initial	Modi	Initial	Reinstate Services
	Mea	ical Day Care Services (S5102)	Transfer
Modification	al (49 D)	Initial	<sup>2</sup> Please attach IPC, participant attendance records
Please attach copy of History and Physic with Face to Face Assessment request.	al (H&P)	Continuation/Renewal <sup>2</sup>	and transfer reason (if applicable) for continued authorization requests.

ALL CBAS REQUESTS REQUIRE COMPLETION OF THIS FORM. 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 policies and procedures and applicable law.

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