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

Health Net®
COMMUNITY SOLUTIONS

CBAS TREATMENT REQUEST FORM

Fax to:1-833-581-5908

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.

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 (S5102)

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.**

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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