



## Home and Community Based Services (HBTS) Prior Authorization Form for Tufts Health RITogether

**Please fax form to:** 857.304.6404

**Phone:** 844.301.4093

Please use this form to request prior authorization for Home and Community Based Services (HBTS)

Today's Date \_\_\_ / \_\_\_ / \_\_\_

Date range of requested sessions: \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

### **Member Information:**

Member Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Member Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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### **Provider Information:**

Provider Name: \_\_\_\_\_ NPI #: \_\_\_\_\_

Provider Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Tax ID #: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email \_\_\_\_\_

How many times have you seen this patient? \_\_\_\_\_ Date of most recent contact: \_\_\_/\_\_\_/\_\_\_

### **Diagnosis (ICD 10 Code):**

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Home and Community Based Services are intensive outpatient services within the continuum of care for children and adolescent with special health care needs. Although applied behavioral Analysis (ABA) is an HBTS service, there is a separate form for ABA Therapy for Autism Spectrum Disorders.

Use the grid on page 2 to request the type and number of units you are requesting and **attach all supporting documentation to this request form.**

<b>Code</b>	<b>Description</b>	<b># of units requested</b>
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	
T1027	Family training and counseling for child development, per 15minutes	
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	
H2014	Skills training and development, per 15 minutes	
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	
H0037	Community psychiatric supportive treatment program, per diem	
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	
H2016	Comprehensive community support services, per diem	
H2021	Community-based wrap-around services, per 15 minutes	
H2022	Community-based wrap-around services, per diem	
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	
H0037	Community psychiatric supportive treatment program, per diem	
H0039	Assertive community treatment, face-to-face, per 15 minutes	
H0040	Assertive community treatment program, per diem	
H2015	Comprehensive community support services, per 15 minutes	
H2016	Comprehensive community support services, per diem	
T1040	Medicaid certified community behavioral health clinic services, per diem	
T1041	Medicaid certified community behavioral health clinic services, per month	