

□ 60 min

Other

## **Therapeutic Behavioral On-Site Services Request**

To expedite the processing of your request, please complete all sections of the form.

Please include form with related medical records or claims submission.

Therapeutic Behavioral On-Site Services involve Community Based Services that are often billed as H codes or T codes (in this format: H#### or T####).

This is not a level of care that typically requires prior authorization, however, in order for us to verify the services you are billing and adjudicate your claim(s) we need this form filled out in its entirety.

Note: If this is a request for Retro or Post Service Clinical Review, it cannot be processed until providers have submitted a claim.

| Member Name                      |                               | Member Date of Birth                               |              |        |  |
|----------------------------------|-------------------------------|--|--------------|--------|--|
| Subscriber Name                  |                               | Subscriber ID Group                                |              |        |  |
| Address                          |                               | NPI  |              |        |  |
|                                  |                               | City   | State        | Zip    |  |
|                                  |                               | NPI  |              |        |  |
| Rendering Provider License Typ   | e                             | License Number                                     |              |        |  |
| Address                          |                               | City   | State        | Zip    |  |
| Start Date of Therapeutic Behavi | oral On-Site Services         | Diagnosis Code(s):                                 |              |        |  |
| 1. Requested CPT/HCPCS code      |                               | Dates of service: From to                          |              |        |  |
|                                  | ervice the member is receivir | ng for this CPT/HCPCS code being bill ation, etc.) |              |        |  |
|                                  |                               |  |              |        |  |
| <br>Duration of time for 1 unit  | Treatment Location            | Attendance Type                                    | Treatment    | Type   |  |
| (if applicable)                  |                               | Attendance Type                                    | reatment     |        |  |
| □ 15 min                         | Home                          | Individual   | Assessm      |        |  |
| 🗆 30 min                         | 🗆 Clinic                      | 🗆 Family   | Therapy      |        |  |
| 🗆 45 min                         | 🗆 School                      | 🗆 Group  | 🗆 Skills Tra | aining |  |

□ Other

□ Other

□ Other



## **THERAPEUTIC BEHAVIORAL ON-SITE SERVICES REQUEST FORM**

| Requested CPT/HCPCS code _   |  |   |   |
|--|--|---|---|
|  |  |   |   |
| A description of the physical s<br>(i.e. counseling services, assessment,  |  | ng for this CPT/HCPCS code being bill ation, etc.)  | led   |
|  |  |   |   |
| Duration of time for 1 unit<br>(if applicable)   | Treatment Location                           | Attendance Type   | Treatment Type  |
| □ 15 min   | 🗆 Home                                       | 🗆 Individual  | □ Assessment  |
| 🗆 30 min   | 🗆 Clinic                                     | 🗆 Family  | Therapy   |
| □ 45 min   | 🗆 School                                     | 🗆 Group   | Skills Training   |
| 🗆 60 min   | 🗆 Other                                      |   | □ Other   |
| □ Other  |  |   |   |
| Requested CPT/HCPCS code   |  | Dates of service: From  | to  |
|  |  |   |   |
|  |  |   |   |
|  |  | ng for this CPT/HCPCS code being bill   | led   |
| (i.e. counseling services, assessment,   |  |   |   |
| (  | , treatment planning, training/educt         | ation, etc.)  |   |
|  | , treatment planning, training/eauco         | ation, etc.)  |   |
|  | , treatment planning, training/eauto         | ation, etc.)  |   |
|  | , treatment planning, training/eauto         | ation, etc.)  |   |
|  | , treatment planning, training/eauco         | ation, etc.)  |   |
|  |  |   |   |
| Duration of time for 1 unit<br>(if applicable)   | Treatment Location                           | Attendance Type   | Treatment Type  |
| Duration of time for 1 unit  |  |   | Treatment Type  |
| Duration of time for 1 unit<br>(if applicable)   | Treatment Location                           | Attendance Type   |   |
| Duration of time for 1 unit<br>( <i>if applicable</i> )  | Treatment Location                           | Attendance Type   | <ul> <li>Assessment</li> <li>Therapy</li> </ul>   |
| Duration of time for 1 unit<br>( <i>if applicable</i> )<br>15 min<br>30 min  | Treatment Location  Home Clinic School       | Attendance Type   | <ul> <li>Assessment</li> <li>Therapy</li> <li>Skills Training</li> </ul>                |
| Duration of time for 1 unit<br>( <i>if applicable</i> )<br>15 min<br>30 min<br>45 min  | Treatment Location                           | Attendance Type   | <ul> <li>Assessment</li> <li>Therapy</li> </ul>   |
| Duration of time for 1 unit<br>( <i>if applicable</i> )   15 min  30 min  45 min  60 min  Other  | Treatment Location  Home Clinic School Other | Attendance Type  Individual Family Group Other  | <ul> <li>Assessment</li> <li>Therapy</li> <li>Skills Training</li> <li>Other</li> </ul> |
| Duration of time for 1 unit<br>( <i>if applicable</i> )    15 min  30 min  45 min  60 min  Other Requested CPT/HCPCS code _  | Treatment Location  Home Clinic School Other | Attendance Type  Attendance Type  Individual  Family  Group Other Dates of service: From  | Assessment Assessment Skills Training Otherto   |
| Duration of time for 1 unit<br>( <i>if applicable</i> )  15 min 30 min 45 min 60 min 0 Other   | Treatment Location  Home Clinic School Other | Attendance Type  Individual Family Group Other  | Assessment Assessment Skills Training Otherto   |
| Duration of time for 1 unit<br>( <i>if applicable</i> )<br>15 min<br>30 min<br>45 min<br>60 min<br>Other<br>Requested CPT/HCPCS code<br>Number of units of this code l                   | Treatment Location  Home Clinic School Other | Attendance Type  Attendance Type  Individual  Family  Group Other Dates of service: From  | Assessment Therapy Skills Training Otherto  |
| Duration of time for 1 unit<br>( <i>if applicable</i> )    15 min  30 min  45 min  60 min  Other Requested CPT/HCPCS code Number of units of this code l                                 | Treatment Location  Home Clinic School Other | Attendance Type  Attendance Type  Individual  Family  Group  Other Dates of service: From  ng for this CPT/HCPCS code being bill  | Assessment Therapy Skills Training Otherto  |
| Duration of time for 1 unit<br>( <i>if applicable</i> )   15 min  30 min  45 min  60 min  Other Requested CPT/HCPCS code Number of units of this code I A description of the physical s  | Treatment Location  Home Clinic School Other | Attendance Type  Attendance Type  Individual  Family  Group  Other Dates of service: From  ng for this CPT/HCPCS code being bill  | Assessment Therapy Skills Training Otherto  |
| Duration of time for 1 unit<br>( <i>if applicable</i> )<br>15 min<br>30 min<br>45 min<br>60 min<br>Other<br>Requested CPT/HCPCS code<br>Number of units of this code l                   | Treatment Location  Home Clinic School Other | Attendance Type  Attendance Type  Individual  Family  Group  Other Dates of service: From  ng for this CPT/HCPCS code being bill  | Assessment Therapy Skills Training Otherto  |
| Duration of time for 1 unit<br>( <i>if applicable</i> )<br>15 min<br>30 min<br>45 min<br>60 min<br>Other<br>Requested CPT/HCPCS code<br>Number of units of this code l                   | Treatment Location  Home Clinic School Other | Attendance Type  Attendance Type  Individual  Family  Group  Other Dates of service: From  ng for this CPT/HCPCS code being bill  | Assessment Therapy Skills Training Otherto  |
| Duration of time for 1 unit<br>( <i>if applicable</i> )  15 min 30 min 45 min 60 min 0 Other Requested CPT/HCPCS code Number of units of this code I A description of the physical s     | Treatment Location  Home Clinic School Other | Attendance Type  Attendance Type  Individual  Family  Group  Other Dates of service: From  ng for this CPT/HCPCS code being bill  | Assessment Therapy Skills Training Otherto  |
| Duration of time for 1 unit<br>( <i>if applicable</i> )    15 min  30 min  45 min  60 min  Other Requested CPT/HCPCS code Number of units of this code I A description of the physical s | Treatment Location  Home Clinic School Other | Attendance Type  Attendance Type  Individual  Family  Group  Other Dates of service: From  ng for this CPT/HCPCS code being bill  | Assessment Therapy Skills Training Otherto  |
| Duration of time for 1 unit<br>( <i>if applicable</i> )  | Treatment Location                           | Attendance Type         Individual         Family         Group         Other         Dates of service: From         og for this CPT/HCPCS code being bill         attendance Type  | Assessment         Therapy         Skills Training         Other                        |
| Duration of time for 1 unit<br>( <i>if applicable</i> )  | Treatment Location                           | Attendance Type   Individual   Family   Group   Other   Dates of service: From  and for this CPT/HCPCS code being bill ation, etc.)   | Assessment         Therapy         Skills Training         Other         to             |
| Duration of time for 1 unit<br>( <i>if applicable</i> )  | Treatment Location                           | Attendance Type  Attendance Type  Attendance Type  Group  Other Dates of service: From  Dates of service: From  Attendance Type  Attendance Type  Individual  Family                | Assessment   Therapy   Skills Training   Other  |
| Duration of time for 1 unit<br>( <i>if applicable</i> )  | Treatment Location                           | Attendance Type  Attendance Type  Individual  Family  Group  Other Dates of service: From  Dates of service: From  Attendance Type  Attendance Type  Individual  Family Group Group | Assessment         Therapy         Skills Training         Other         to             |



## **THERAPEUTIC BEHAVIORAL ON-SITE SERVICES REQUEST FORM**

| A description of the physical s   | service the member is receivin   |  |   |  |  |  |  |
|---|--|--|---|--|--|--|--|
|   | Number of units of this code billed within this time frame         A description of the physical service the member is receiving for this CPT/HCPCS code being billed         (i.e. counseling services, assessment, treatment planning, training/education, etc.) |  |   |  |  |  |  |
|   |  |  |   |  |  |  |  |
| <b>Duration of time for 1 unit</b><br>if applicable)                                      | Treatment Location   | Attendance Type  | Treatment Type  |  |  |  |  |
| <ul> <li>15 min</li> <li>30 min</li> <li>45 min</li> <li>60 min</li> <li>Other</li> </ul> | <ul> <li>Home</li> <li>Clinic</li> <li>School</li> <li>Other</li> </ul>  | <ul> <li>Individual</li> <li>Family</li> <li>Group</li> <li>Other</li> </ul> | <ul> <li>Assessment</li> <li>Therapy</li> <li>Skills Training</li> <li>Other</li> </ul> |  |  |  |  |
|   |  |  |   |  |  |  |  |
| Requested CPT/HCPCS code _  |  | Dates of service: From   | 1t0   |  |  |  |  |
| Duration of time for 1 unit   | Treatment Location   | Attendance Type  | Treatment Type  |  |  |  |  |
| □ <b>15 min</b>   | □ Home   | □ Individual   | □ Assessment  |  |  |  |  |
| □ 30 min  | □ Clinic   | □ Family   | □ Therapy   |  |  |  |  |
| □ 45 min  | 🗆 School   | 🗆 Group  | □ Skills Training   |  |  |  |  |
| □ 60 min  | □ Other  | □ Other  | Other   |  |  |  |  |
| □ Other   |  |  |   |  |  |  |  |
|   |  |  |   |  |  |  |  |
|   |  |  |   |  |  |  |  |
| Other Comments  |  |  |   |  |  |  |  |
| Other Comments  |  |  |   |  |  |  |  |
| Other Comments  |  |  |   |  |  |  |  |
| Other Comments  |  |  |   |  |  |  |  |
| Other Comments  |  |  |   |  |  |  |  |

My signature confirms that I am providing the requested services:

Signature \_\_\_\_\_ Date \_\_\_\_\_