

THERAPEUTIC BEHAVIORAL ON-SITE SERVICES REQUEST FORM

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			
Facility/Billing Provider Name		NPI			
Address		City	State	Zip	
		NPI License Number			
Start Date of Therapeutic Behavioral On-Site Services		Diagnosis Code(s):			
1. Requested CPT/HCPCS code		Dates of service: From to to			
Number of units of this code k	oilled within this time frame				
(i.e. counseling services, assessment,	treatment planning, training/educe	ng for this CPT/HCPCS code being ation, etc.)			
Duration of time for 1 unit (if applicable)	Treatment Location	Attendance Type	Treatment ⁻	Туре	
□ 15 min	☐ Home	☐ Individual	☐ Assessme		
☐ 30 min	☐ Clinic	☐ Family	☐ Therapy		
☐ 45 min	□ School	☐ Group	☐ Skills Tra	•	
☐ 60 min	□ Other	_	Utner		
□ Other					



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Attendance Type	Treatment Type
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Attendance Type	Treatment Type
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Attendance Type	Treatment Type
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☐ Individual ☐ Family ☐ Group	☐ Assessment ☐ Therapy ☐ Skills Training
☐ Individual ☐ Family	☐ Assessment ☐ Therapy
☐ Individual ☐ Family ☐ Group ☐ Other	☐ Assessment ☐ Therapy ☐ Skills Training ☐ Other
☐ Individual ☐ Family ☐ Group	☐ Assessment ☐ Therapy ☐ Skills Training ☐ Other
☐ Individual ☐ Family ☐ Group ☐ Other	☐ Assessment ☐ Therapy ☐ Skills Training ☐ Other
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☐ Individual ☐ Family ☐ Group ☐ Other Dates of service: From rame ecciving for this CPT/HCPCS code being bill g/education, etc.) Attendance Type	Assessment Therapy Skills Training Other to Treatment Type
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□ 30 min	□ Clinic	☐ Family	☐ Therapy
□ 45 min	□ School	□ Group	☐ Skills Training
□ 60 min	□ Other	□ Other	Other
□ Other			
Requested CPT/HCPCS code		Dates of service: Fron	n to
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Duration of time for 1 unit	Treatment Location	Attendance Type	Treatment Type
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íf applicable) □ 15 min □ 30 min	☐ Home	☐ Individual	☐ Assessment ☐ Therapy
if applicable) □ 15 min □ 30 min □ 45 min	☐ Home ☐ Clinic	☐ Individual ☐ Family ☐ Group	☐ Assessment ☐ Therapy ☐ Skills Training
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if applicable) ☐ 15 min ☐ 30 min ☐ 45 min ☐ 60 min ☐ Other	☐ Home ☐ Clinic ☐ School	☐ Individual ☐ Family ☐ Group	☐ Assessment ☐ Therapy ☐ Skills Training
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