MSS or ICM Limitation Extension Requests
Tips for Successful Completion

Required Paperwork:

- Fax to 1-866-668-1214
  - General Information for Authorization
  - MSS or ICM Limitation Extension Request (Be sure to select the correct form)
  - Complete MSS or ICM Chart

General Information for Authorization

<table>
<thead>
<tr>
<th>Org</th>
<th>521</th>
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<tbody>
<tr>
<td>Name</td>
<td>Minnie Mouse</td>
</tr>
<tr>
<td>Client ID</td>
<td>1234567898</td>
</tr>
<tr>
<td>Reference Auth #</td>
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</tbody>
</table>

Checking status of Limitation Extension Request

- Check status using:
  - Interactive Voice Response (IVR) – 1-800-532-3022
  - ProviderOne Portal
- Have available the billing NPI along with the client’s ID and DOB
- ProviderOne Billing and Resource Guide Appendix G provides directions on how to check status

The material in this facsimile transmission is intended only for the use of the individual to whom it is addressed and may contain information that is confidential, privileged, and exempt from disclosure under applicable law. HIPAA Compliance: Unless otherwise authorized in writing by the party protected health information will only be used to provide treatment, to seek insurance payment, or to perform other specific health care functions.
1. **General Information for Authorization**
   ✓ Only complete the same boxes as in the example
   ✓ Requesting NPI & Billing NPI must be identical and be the agency NPI
   ✓ Only list the requested services in box 21
   
<table>
<thead>
<tr>
<th>CODE</th>
<th>NATIONAL CODE</th>
<th>SERVICE</th>
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<tbody>
<tr>
<td>P</td>
<td>S9482</td>
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<td>P</td>
<td>T1027</td>
<td>CHW</td>
</tr>
<tr>
<td>P</td>
<td>T1017</td>
<td>ICM</td>
</tr>
</tbody>
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   ✓ Must be typed
   ✓ Must be the first page of the request
   ✓ Service Type:
     - PPP – Client received MSS during prenatal period
     - PO – Client ONLY received MSS during postpartum period
     - ICM – Infant is the client

2. **MSS Limitation Extension Request form**
   ✓ Complete all boxes (.doc version – the boxes expand)
   ✓ Provide a comprehensive picture including risks, progress, interventions, etc. (Tell the story)
   ✓ List any risks not identified on the screening tool
   ✓ Question 11: When asking for units for multiple team members, list what interventions team member plans to do

   **ICM Limitation Extension Request form**
   ✓ Complete all boxes (.doc version – the boxes expand)
   ✓ Provide a comprehensive picture including risks, progress, interventions, etc. (Tell the story)
   ✓ List any risks not identified on the screening tool
   ✓ Question 10: List additional referrals, linkages, advocacy, case management, and care coordination that will take place

3. **Complete First Steps MSS or ICM Chart**
   (Need the starting point, progression, and current state of client)
   ✓ Risk Factor Screening Tool(s)
   ✓ Care Plan addressing identified risk factors
   ✓ Case Conference Summary for MSS high risk clients only
   ✓ Depression screening score, if applicable
   ✓ Visit records showing progress (see Provider Billing Guide for details on what a visit record should contain)