

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

| CODE QUALIFIER | NATIONAL CODE | SERVICE |
|----------------|---------------|---------|
| C | 96152 | BHS |
| P | S9446 | Group |
| P | S9470 | RD |
| P | T1002 | RN |
| P | T1027 | CHW |
| P | T1017 | ICM |

- ✓ 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 each 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 if additional units

3. Complete 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 (who attended, date, & result)
- ✓ Depression screening score, if applicable
- ✓ Visit records showing progress (see Provider Billing Guide for details on what a visit record should contain)