Molina® Healthcare South Carolina, Inc.
Behavioral Health Treatment Request Form
FAX (866) 423-3889 PHONE (855) 237-6178

MEMBER INFORMATION			
Member Name:		**DOB:**	/ /
Member ID#:		**Phone:**	( ) -
Service Type:	☐Elective/Routine	☐Expedited/Urgent*	

***Definition of Expedited/Urgent service request designation is when the treatment requested is required to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function. Requests outside of this definition should be submitted as routine/non-urgent.**

TREATMENT HISTORY				
BH Provider	**Provider Name**	**Telephone Number**	**Agency**	**Last Appointment**
Therapist/Program:		( ) -		/ /
Psychiatrist:		( ) -		/ /

REFERRAL/SERVICE TYPE REQUESTED

Mental Health Service: ☐Mental Health ☐Substance Abuse **Request Type:** ☐Initial ☐Concurrent

Inpatient	**Outpatient**		
☐Detox ☐Residential ☐PRTF ☐PHP ☐Acute IP	☐Office visit/therapy ☐Tele Health ☐Medication Management	☐Foster Care Treatment ☐Neuropsychological/Psychological Testing ☐Home Based Services ☐Other: _____	☐IOP ☐ABA ☐ECT ☐RBHS

Diagnosis Code & Description:			
CPT/HCPC & Description:			
Number of visits requested:		DOS From: / / to / /	
Number of days/visits authorized to date:		Number of days/units used to date:	

PRESENTING/CURRENT SYMPTOMS THAT MAY DELAY DISCHARGE OR LOWER LEVEL OF CARE

☐SI/HI IDEATION	☐SI/HI ATTEMPT	☐SI/HI W/PLAN	☐APPETITE ISSUE	☐POOR MOTIVATION	☐ANGER/AGGRESSION	☐HX OF SI/HI ACTIONS
☐PANIC ATTACKS	☐MOOD LABILITY	☐ANXIETY	☐ATTENTION ISSUE	☐SLEEP DISTURBANCES	☐SCHOOL/WORK ISSUES	☐LACK OF SOCIAL SUPPORT
☐LEGAL ISSUES	☐PSYCHOSIS	☐IMPULSIVITY	☐SUBSTANCE USE	☐SOMATIC COMPLAINTS	☐COGNITIVE DEFICITS	☐TREATMENT COMPLIANCE

Psychosocial Barriers:	
Level of Function:	

Please send clinical notes and any supporting documentation

PROVIDER INFORMATION					
Provider/Facility/Clinic Name:		NPI#:		TIN#:	
Clinician Name Providing Service and Credentials:		NPI#:		TIN#:	
Contact at Requesting Provider's office:					
Phone Number:	( ) -	Fax Number:	( ) -		

For Molina Use Only:

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility, benefit limitation/exclusions, evidence of medical necessity and other applicable standards during the claim review.