Florida D-SNP — Community Behavioral Health and Targeted Case Management (Medicaid Primary Services)

This form should not be used to initiate a new precert. Please call the number on the member's ID card or use Availity. If you use Availity, you can upload/attach this form and any supporting documents.

Once you have a pending reference number, you can fax this form and supporting documents to **959-282-8799**. Attn: Medicare Behavioral Health Precert, FL D-SNP

Section 1: Member and servicing provider information

Member name:	Member telephone number:
Does member have full Medicaid coverage (if no, please complete section 1 and 2 only): ☐ Yes ☐ No	
Member ID:	Member DOB:
Servicing provider group name, NPI and TIN:	
Servicing provider group address:	
Servicing provider telephone number:	Contact person name:
Servicing provider fax number:	Servicing provider status: ☐ Participating ☐ Nonparticipating
If provider group is not participating with Aetna®, list names of participating provider(s) you attempted to place member with:	Treating/supervising provider name(s), role in agency and credentials:

Section 2: Ordering provider information

Ordering/referring provider name:	Ordering/referring provider phone number:
Ordering/referring provider NPI:	

Section 3: Services requested

What type of review are you requesting? (choose one)

☐ Initial 1-month assessment for services/member has not been seen yet.

- Please fill out requested units below, sign Section 5 and submit form. **Section 4 is not required.**

☐ Initial 3-month course of treatment. Please fill out complete form and attach the following information:

- For TCM, please attach the Adult Certification, Adult Mental Health Targeted Case Management form
- Treatment plan with specific targeted behaviors with measurable goals and discharge planning
- Copy of assessment

☐ Request for additional service after 3-month course of treatment. Please fill out the complete form and attach the following information:

- Progress notes demonstrating progress toward goals
- Treatment plan with specific targeted behaviors with measurable goals and discharge planning

NOTE: IF YOU ARE REQUESTING A CONTINUATION OF CARE FOR SERVICES OTHER THAN THE CODES LISTED BELOW, PLEASE LIST THEM HERE. SECTION 4 IS NOT REQUIRED.

_____

_____

Service start date:	Projected service end date:
When was assessment completed?	

Requested codes and quantity/number of units:

☐ H2017 _____ ☐ T1017 _____ ☐ H2030 _____

☐ H2019 (with modifier) _____

Section 4: Clinical information

Member's current diagnosis(es)		
Diagnosis code/name:	Date given:	Diagnosis made by:
Current medications		
Name of medication:	Dose:	Start date:

Is member currently a resident/patient at a residential treatment facility, group home or shelter?

☐ Yes ☐ No

If yes, note the name and projected discharge date:

Is member currently receiving services via Florida Assertive Community Treatment (FACT)? ☐ Yes ☐ No

Continued

Section 4: Clinical information *(continued)*

Other services used in last 12 months:				
Level of care	Name of provider	Start date	End date	Outcome

For TCM only: What is the size of the case manager's caseload?
For Psychosocial Rehabilitation only: What are the size of the group sessions?
For Clubhouse Services only: What is the number of participants per staff member?
Based on current assessment, is member able to adequately participate and respond to proposed treatment? ☐ Yes ☐ No
Based on current assessment, is the member an imminent danger to self or others? ☐ Yes ☐ No

Section 5: Attestation

Printed name of provider/clinician:	Date:
Signature of provider/clinician:	

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

This material is for informational purposes only and is not medical advice. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Contact a health care professional with any questions or concerns about specific health care needs. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna is not a provider of health care services and, therefore, cannot guarantee any results or outcomes. The availability of any particular provider cannot be guaranteed and is subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to our website.

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