

Southwest Michigan Behavioral Health

MI Health Link Initial Authorization Request Form (Behavioral Health Services)

Provider/Agency: _____ Contact Person: _____ Phone Number: _____

Member Name: _____ DOB: _____ Start Date of Services: _____ MHL Eligibility Month(s): _____

Services/Codes (Please refer to your contract for codes that can be requested by your agency)

90792 (MC) - Psych Diagnostic with med services 99201/99202 (MC) - New pt, Med Review 99212/99213/99214 (MC) - Current Pt, Med Review 96372 (MC) - Med Injection	90791 (MC) - Psych Diagnostic no med service 90832/90834/90837 (MC) - Individual Therapy 90853 (MC) - Group, Adult or Child 90847 (MC) - Family Therapy per Session	96101 (MC) - Assessment BHT/ABA Q3014 (GT MC) - Telemedicine Facility Fee
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Service/Code Requested	Start Date	End Date	Number of units

Documents Required for Processing Psychiatric Service Requests

Documents Required for Processing Therapy Service Requests

Attached	Previously Provided	Document
<input type="checkbox"/>	<input type="checkbox"/>	Release of Information (MDCH Form-2 pages)
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Evaluation
<input type="checkbox"/>	<input type="checkbox"/>	Med Review Notes
<input type="checkbox"/>	<input type="checkbox"/>	Treatment Plan for requested dates of service

Attached	Previously Provided	Document
<input type="checkbox"/>	<input type="checkbox"/>	Release of Information (MDCH Form-2 pages)
<input type="checkbox"/>	<input type="checkbox"/>	Assessment
<input type="checkbox"/>	<input type="checkbox"/>	Treatment Plan for requested dates of service
<input type="checkbox"/>	<input type="checkbox"/>	Progress Notes

Fax this request, along with the required documents to Attention: Natalie (269) 441-1234

If you have questions, please contact Natalie at: (269) 488-6962