

# Southwest Michigan Behavioral Health

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

Provider/Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Provider Phone #: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Member Phone #: \_\_\_\_\_

MHL Eligibility Month(s): \_\_\_\_\_ Start date of services: \_\_\_\_\_

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

90792 - Psych Diagnostic with med services 99201/99202 - New pt, Med Review 99212/99213/99214 - Current Pt, Med Review 96372 - Med Injection (no longer requires authorization, but providers can still bill on this service code.)	90791 - Psych Diagnostic no med service 90832/90834/90837 - Individual Therapy 90853 - Group, Adult or Child 90847 - Family Therapy per Session	96101 - Assessment BHT/ABA Q3014 - 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-3 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-3 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: (269) 441-1234

*If you have questions, please contact SWMBH UM Department at: (800) 676-5814 or contact one of the MHL staff members:*

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