Aetna Better Health® of Ohio Dual Preferred (HMO SNP)
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aetna®

Member Information

Plan: ☐MyCare ☐ Medicaid Date of Request:_____

Request Type: ☐ **Initial** ☐ **Concurrent**

Member Name: _____ DOB: _____

Member ID#: _____ Member Phone: _____

Service Is: ☐ Routine ☐ Expedited/Urgent** (Please mark expedited for ACT, IHBT, or SUD Residential request)

Provider Information

Billing Provider/Agency Name and Service Location: _____

Provider NPI/Provider Tax ID# (number to be submitted with claim): _____

Contact Name: _____ Phone#/Fax#: _____

Provider Status: ☐PAR ☐Non-PAR Member Court Ordered? ☐Yes ☐No

Service Type Requested

Service is for: ☐ Mental Health ☐ Substance Use

	Service Code(s) requested:	Units requested:	Requested Dates of Service:
Assertive Community Treatment*	☐ H0040		
Intensive Home-Based Treatment*	☐ H2015		
SUD Partial Hospitalization	☐ H0015		
SUD Residential Treatment	☐ H2034 ☐ H2036		
Behavioral Health Respite*	☐ S5150 ☐ S5151		
Psychological Testing	☐ 96101 ☐ 96111 ☐ 96116 ☐ 96118		
SBIRT Services	☐ G0396 ☐ G0397		
Psychiatric Diagnostic Evaluation	☐ 90791 ☐ 90792		
Alcohol or Drug Assessment	☐ H0001		
Specialized Recovery Services Program	☐ T1016 ☐ H0038 ☐ H2023 ☐ H2025		
Partial Hospitalization (Medicare only)	☐ G0410 ☐ G0411		
Other Services/Out of Network Providers:			

Primary Diagnosis (ICD-10) (including Provisional Diagnosis)	

Clinical Symptoms & Social Barriers

☐ Suicidal ideations/plan/attempt
☐ Homicidal ideations/plan/attempt
☐ History of Suicidal/Homicidal actions
☐ Hallucinations/Delusions/Paranoia
☐ Self-Mutilation (ex. cutting/burning self)
☐ Mood Lability
☐ Anxiety
☐ Sleep disturbances
☐ Appetite Changes
☐ Significant Weight Gain/Loss
☐ Panic Attacks
☐ Poor Motivation
☐ Cognitive Deficits
☐ Somatic Complaints
☐ Anger Outbursts/Aggressiveness
☐ Inattention
☐ Impulsivity
☐ Legal Issues
☐ Problems with Performing ADL's
☐ Poor Treatment Compliance
☐ Social Support Problems
☐ Learning/School/Work Issues
☐ Substance Use Interfering with Functioning
☐ Homeless/Housing Instability

**Providers should attach clinical documentation (e.g. Assessment Summary, ISP with Diagnostic Summary, Clinical Summary) to provide justification that the member meets criteria for a service. Services marked with an asterisk (*) may require additional assessment results to be provided (e.g. ANSA, CANS [including CIP-IHBT version], Achenbach).