



### Initial Behavioral Health Notification

- Partial Hospitalization
- PRTF

- IRTS
- Children’s Residential (CMHRTS / Rule 5)

Please visit <https://mnscha.org> to view the Provider Prior Authorization grid for threshold limits.

<b>Member Information</b>					
Name:					
Address:					
ID Number:			Date of Birth:		
<b>Provider Information</b>					
Facility Name:					
Facility Address:					
Facility City / State:			Facility Zip:		
Facility NPI:			Facility TIN:		
Facility Phone:			Facility Fax:		
<b>Clinical Information</b>					
Date of most recent Diagnostic Assessment (DA):					
Diagnosis codes:					
<b>Service Information</b>					
Service Codes	Modifiers		Units	Start Date	End Date

Please follow government thresholds and authorization requirements for continued services.

Prior authorization or predetermination confirms medical necessity only and does not guarantee payment. Payment is determined at the time the claim is received and is subject to health plan exclusions and out-of-network benefits. Plan coverage must be in effect for the member at the time services are rendered.

**Contact the Provider Contact Center for questions related to claims.**