



MH-TCM Notification

Notification is required within 60 days of opening to services.
 If necessary, South County may request clinical information that pertains to MH-TCM services.

Type of Request		<input type="checkbox"/> Initial		<input type="checkbox"/> Renewal	
Member Information					
Name:					
Address:					
ID Number:			Date of Birth:		
Provider Information					
MH-TCM Case Manager Name:					
CM Phone Number:			CM Fax Number:		
Facility Name:					
Facility Address:					
Facility City / State:			Facility Zip:		
Facility NPI:			Facility TIN:		
Court Ordered Services - *Must Submit Full Court Order – Including Initial & Continuation of Commitment					
<input type="checkbox"/> No <input type="checkbox"/> Yes		MH-TCM services are court ordered			
Date of Initial Commitment:			Date of Continuation of Commitment:		
Clinical Information					
Type of Diagnostic Assessment Performed: <input type="checkbox"/> Brief <input type="checkbox"/> Standard / Extended DA <input type="checkbox"/> Other:					
Date of most recent DA:			Primary Diagnosis Codes:		
<input type="checkbox"/> No <input type="checkbox"/> Yes		There is a Current Diagnostic Assessment in the member's file which contains all required elements or			
<input type="checkbox"/> No <input type="checkbox"/> Yes		There is a Current Psychological Evaluation in the member's file meeting all DA requirements.			
<input type="checkbox"/> No <input type="checkbox"/> Yes		Has the member's mental health status required an updated DA?		Date of DA Addendum:	
<input type="checkbox"/> No <input type="checkbox"/> Yes		Refused DA for an initial MH-TCM service, requesting 4-month presumptive authorization.			
<input type="checkbox"/> No <input type="checkbox"/> Yes		Has there been continued services in lapse of a DA? *Please include information to justify continued services.			
Transferring Providers					
<input type="checkbox"/> No <input type="checkbox"/> Yes		Member has transferred MH-TCM Services from another servicing provider?			
If yes; Please list the previous provider:			Last service date from the previous provider:		
Date member transitioned to South Country Health Alliance from another health plan:					
MH-TCM Service Information					
Start Date:		Date member <u>most recently</u> opened to MH-TCM Services (Without a break in services greater than 180 days):			
<input type="checkbox"/> No <input type="checkbox"/> Yes		Has there been a break in MH-TCM service?		Date re-opened:	
		Date closed:			

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.