

**Fax Request to:** 507-431-6329

## **MH-TCM Notification of Denial or Termination**

This form must be submitted within 1 business day of decision to Terminate or Deny services.

Type of Notification	
☐ Termination	The discontinuation of MH-TCM services that were already approved. Under MN Administrative Rule 9520.0924
☐ Denial	The initial determination that a member does not meet the criteria for MH-TCM services. Under MN Statute 245.462 Subd. 20 for adults & MN Statute 245.4871 Subd. 6 for children
Denial / Terminat	ion Information
Date of discussion with the member / legal representative:	
Member Information	tion
Name:	
Address:	
ID Number:	Date of Birth:
Provider Informat	tion
MH-TCM Case Ma	nager Name:
CM Phone Numbe	er: CM Fax Number:
Facility Name:	·
Facility Address:	
Facility City / State	e: Facility Zip:
Facility NPI:	Facility TIN:
Facility Phone Nur	mber: Facility Fax Number:
Termination: ORV	VA Reason Codes with Statues (Please describe the reason services are being terminated)
	neet the coverage criteria for MH-TCM [M.S. 256B.0625 and Adults: MS 245.461 to 245.486; Children: M.S. 245.487 to
245.4889] Explanation:	
	rvices are ending at the member's request [M.R. 9520.9024 (C)]
Explanation:	vices are enaming at the member 3 request [M.N. 9320.9024 (c)]
<b>1619</b> MH-TCM ser	rvices are ending because you have had no face-to-face contact with your case manager for 90 days or
more. ( <u>Children O</u>	nly) [M.R. 9520.0924 (D)] Last date of Contact:
Explanation:	
<b>1620</b> MH-TCM ser	vices are ending because you have had no face-to-face contact with your case manager for 180 days or
more. ( <u>Adults Onl</u>	<u>y</u> ) [M.R. 9520.0924 (E)] Last date of Contact:
Explanation:	
Denial: ORWA Reason Codes with Statues (Please describe the reason services are being denied)	
Date of DA revie	wed: Date of Decision to Deny:
0316 You do not meet the coverage criteria for MH-TCM [M.S. 256B.0625 and Adults: MS 245.461 to 245.486; Children: M.S. 245.487 to	
245.4889] <b>Explanation:</b>	
Other: If the denial or termination codes above do not apply, please supply the ORWA code and explanation below.	
ORWA Code:	Description of Code:
Explanation:	Description of code.
Lapianation.	

Behavioral Health: 888-633-4051

Provider Call Center: 888-633-4055