ABH Access Behavioral Health

ABH In Lieu of Services Single-Case Request Form: SRT, PHP, and IOP

Submit the completed form and supporting clinical documentation demonstrating the requested level of care by fax to (850) 353-6041 or by secure email to abhreferral@lifeviewgroup.org.

Complete all applicable fields. Incomplete requests or requests submitted without sufficient clinical documentation may require follow-up and may delay review.

Requesting Agency/Facility: _____

Billing Provider Medicaid ID: _____

Billing Provider Group NPI: _____

Billing Provider (TIN/EIN): _____

Requestor Name: _____

Telephone Number: _____

Email Address: _____

Licensed Rendering Provider:	Florida License #	NPI:	Medicaid Provider Number:

Member Information:

Member Full Legal Name:		Current Medicaid Plan & Medicaid ID:
DOB:	**Pregnancy Status:**	**Other Insurance Coverage, if applicable:**
	☒ NA ☐ No ☐ Yes	
City of Residence:	**County of Residence:**	**Service Delivery Method:**
		☐ Onsite ☐ Virtual

Requested Start Date:		Requested End Date:	
Primary Diagnosis and ICD-10-CM Code:			

Presenting Problem(s) and how this case meets criterion for a single case agreement (Must demonstrate the service is necessary to meet the needs of the individual and cannot be reasonably provided by an in-network provider)**:**	
Requested Service:	☐ **H0018 - SRT – Short Term Residential In lieu of Inpatient detoxification hospital care/45 days annual; 15 days allowed per month for ages 21 and up and non-pregnant females if facility capacity is more than 16 beds (Humana, Sunshine)** *ELIGIBLE ENROLLEES: Multiple failures in inpatient detoxification treatment* ☐ **0912 - MH PHP in lieu of Inpatient psychiatric hospital care/30 days annual (Humana, Sunshine)** *ELIGIBLE ENROLLEES: An indication of failure in outpatient services; multiple hospitalizations, Symptoms that can be managed in an outpatient setting* ☐ **H0045 - MH IOP in lieu of Inpatient psychiatric hospital care/ 3, 3-hour sessions per week for up to 8 weeks (Humana - ages 21 and up, Sunshine - all ages)** *ELIGIBLE ENROLLEES: An indication of failure in outpatient services, multiple hospitalizations, symptoms that can be managed in an outpatient setting, the recipient can return home safely after treatment during the day.* ☐ **H0015 - SA IOP in lieu of Inpatient detoxification hospital care/ 3, 3-hour sessions per week for up to 8 weeks (Humana - ages 16 and up, Sunshine - all ages)** *ELIGIBLE ENROLLEES: Must meet the ASAM Level 2.1 criteria and have a physical and emotional status that allows them to function in their usual environment.*