

COMMUNITY-BASED ADULT SERVCES (CBAS) PREAUTHORIZATION REQUEST FORM

□ Evaluation □ Initial Request for CBAS Services □ Reauthorization FAX T0: 1-855-883-1552 PHONE: 1-888-301-1228 www.goldcoasthealthplan.org

IN ORDER TO PROCESS YOUR REQUEST, THIS FORM MUST BE COMPLETED AND LEGIBLE

PROVIDER: Authorization Does Not Guarantee Payment. Eligibility Must Be Verified At Time Services Are Rendered.								
Patient Name:	Date:							
Last		First	0:1			7 .		
CIN Number:	Male							
Name of PCP: Location:								
ORDERING PROVIDER: PROVIDER RENDERING SERVICE (Physician, Facility, Vendor):								
☐ In-Network	Out-of-Network Out-of-Area		☐ Ir	☐ In-Network ☐ Out-of-Network ☐ Out-of-Area				
Provider Name:	r Name: Provider Name:							
Specialty:			Spec	ialty:				
TIN:	N: NPI:			TIN: NPI:				
Address:			Addre	ess:				
City:	State: Zip:		City:		State:	Zip:		
Phone:	Fax:		Phon	e:	Fax:			
Office Contact:			Office	e Contact:				
		BAS AUTHO						
Referring Provider's Order Must Be Submitted								
Diagnosis: ICD-10:								
CBAS EVALUATION								
Dates of Service	-	CPT Code	H2000	Description	CBAS Evaluation	Quantity		
Dates of Service	-	CPT Code		Description		Quantity		
Dates of Service	-	CPT Code		Description		Quantity		
Documents to submit with request*: ADL'S Recent Hospital Discharge Summary Recent Therapy (PT/OT/ST) Notes Most Recent History and Physical (H&P)								
*Face-to-face assessment will be scheduled by Gold Coast Health Plan (GCHP) if medical record review is insufficient to determine CBAS Eligibility.								

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CBAS INITIAL SERVICES								
Dates of Service	-	CPT Code	S5102	Description	CBAS Services; per diem	Quantity		
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Dates of Service	-	CPT Code	S5102	Description	CBAS Services; per diem	Quantity		
Documents to submit with request: Individual Plan of Care (IPC)*								
*IPC to be completed only after CBAS Evaluation Request has been approved by GCHP.								

CBAS REAUTHORIZATION								
Dates of Service	-		CPT Code	H2000	Description	Transfer Evaluation*	Quantity	
Dates of Service	-		CPT Code	S5102	Description	CBAS Services; per diem	Quantity	
Dates of Service	-		CPT Code	S5102	Description	CBAS Services; per diem	Quantity	
Dates of Service	-		CPT Code	S5102	Description	CBAS Services; per diem	Quantity	
Dates of Service	-		CPT Code	S5102	Description	CBAS Services; per diem	Quantity	
Dates of Service	-		CPT Code	S5102	Description	CBAS Services; per diem	Quantity	
Dates of Service	-		CPT Code	S5102	Description	CBAS Services; per diem	Quantity	
☐ Increase in services ☐ Decrease in services ☐ No change								
Documents to submit with request:		☐ CBAS Attendand ☐ MD approval ☐ Most recent IPC						
*For transfers, the new facility can request authorization for one evaluation (H2000).								