

**Group Health Cooperative of South Central Wisconsin**

Accredited by the National Committee for Quality Assurance-NCQA

**Initial Notification of Outpatient Behavioral Health Services Form (BH101)**

For GHC-SCW Member in the Regional Network or PPO Network

Fax to GHC-SCW Care Management at (608) 831-6099

Date of Request: \_\_\_\_\_ GHC-SCW Member #: \_\_\_\_\_

Member Name \_\_\_\_\_ DOB: \_\_\_\_\_

Treating Provider: \_\_\_\_\_ Provider Credentials: \_\_\_\_\_

Provider NPI# \_\_\_\_\_

Agency: \_\_\_\_\_ Agency Tax ID #: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email: \_\_\_\_\_

Initial Assessment Date: \_\_\_\_\_

ICD10 Code/DSM-5 Diagnosis: \_\_\_\_\_

Brief Description of current problem, symptoms, functional impairments: \_\_\_\_\_

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- 1. This *Initial Notification of Outpatient Behavioral Health Services Form* is required for the payment of any claims for outpatient Behavioral Health services for outpatient initial assessment and up to twelve (12) outpatient treatment visits without prior authorization, when provided by a contracted GHC-SCW provider.** Providers must complete this initial form and fax it to GHC-SCW Care Management at 608-831-6099 as soon as possible after the first session of outpatient assessment or treatment to ensure prompt processing of claims. Claims for outpatient BH services will not be paid unless the *Initial Notification of Outpatient Behavioral Health Services Form* is received by GHC-SCW within 30 days of the initial session and prior to the completion of the 12th visit.
2. If a member requires service beyond twelve (12) psychotherapy visits, the Provider must submit a request for prior *authorization of continued services via the GHC-SCW Request for Ongoing Behavioral Health Services Form (BH102)* and fax the form to GHC-SCW Care Management at 608-831-6099.
3. GHC-SCW reserves the right to discuss treatment progress and medical necessity with Providers. Please obtain a release of information from the member at the start of treatment.
4. **No retroactive authorization will be granted if the form is not received within the stated time frame above.**
5. **Psychological testing including CPT codes 96101 through 96120 require prior authorization at all times and are not covered by the initial assessment and eight sessions described above.**