

Behavioral Health Authorization Fax Numbers and Forms

Update #: OPSBHFF080125

Effective Date: 8/1/2025

Applicable Plan(s): Medicare, and Medicaid

Applicable Policy: N/A

Business Owner: BH Utilization Management

Current State:

Future State: Correct Behavioral Health Authorization Fax Numbers & Forms

For Urgent Requests (ARTS, Inpatient, Crisis, MH PHP/IOP):

Fax Numbers: (844)-348-3719 or (757)-963-9619

BH forms/documents:

1. Addiction and Recovery Treatment Services (ARTS) Initial
2. Addiction and Recovery Treatment Services (ARTS) Extension
3. Addiction and Recovery Treatment Services (ARTS) Peer Support Services Registration
4. Community Stabilization Initial (S9482)
5. Community Stabilization Continued Stay Service Authorization Request (S9482)
6. Mental Health Intensive Outpatient (MH-IOP: S9480) and Mental Health Partial Hospitalization Program (MH-PHP: H0035) Initial Service Authorization Form
7. Mental Health Intensive Outpatient (MH-IOP: S9480) and Mental Health Partial Hospitalization Program (MH-PHP: H0035) Continued Stay Service Authorization Form
8. Residential Crisis Stabilization Unit (RCSU) Continued Stay Service Authorization Request (H2018)

For Non-Urgent BH Outpatient Requests (All other BH requests not listed above):

Fax Numbers: (844)-895-3231 or (757)-963-9620

BH forms/documents:

1. Applied Behavior Analysis (ABA) Initial (97155, Et al.)
2. Applied Behavior Analysis (ABA) Continued Stay (97155, Et al.)
3. Assertive Community Treatment (ACT) Initial (H0040)
4. Assertive Community Treatment (ACT) Continued Stay (H0040)
5. Behavioral Health Outpatient Services
6. Behavioral Health Electroconvulsive Therapy (ECT)
7. Functional Family Therapy (FFT) Initial (H0036)
8. Functional Family Therapy (FFT) Continued Stay (H0036)
9. Intensive In-Home (IIH) Initial (H2012)
10. Mental Health Skill Building (MHSS) Initial (H0046)
11. Multisystemic Therapy (MST) Initial (H2033)
12. Multisystemic Therapy (MST) Continued Stay (H2033)
13. Psychosocial Rehabilitation (PSR) Initial (H2017)
14. Service Authorization Form CMHRS Continued Stay Service Authorization Request Form
15. Therapeutic Day Treatment (TDT) Initial (H2016)