PARTIAL HOSPITALIZATION PROGRAM (PHP) SERVICE AUTHORIZATION REQUEST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 73 (10-2020)

Clear Fields

Please fax completed form to: 701-328-0371

Recipient Last Name			First Name	Middle Initial
Medicaid ID Number			Date of Birth	
Facility Name	NPI	Medicaid Provider Number	Psychiatrist	
Contact			Facility Fax Number	
Revenue Code (required)	CPT/HCPCS (required)	ICD Code	Telephone Number	

DIAGNOSIS

Axis I.	Axis III.
Axis II.	Axis IV.
GAF Locus/Calocus (Please complete Level of Care Chart on the following page and attach with your request)	
Reason for partial/or need for additional days and treatment plan:	

RECIPIENT CURRENT STATUS

Date of Discharge From Inpatient Care	Number of Days Hospitalized	Number of Days Already Attended	Additional Days/Level Requested
Partial Start Date	Number of Days Per Week Attending	Estimated Length of Stay	

MEDICAL SERIVCES USE ONLY:

Approved ☐	Number of Days	Begin	End
Pending ☐	See below for comment		
Denied ☐	See below for comment		
Level: A ☐ B ☐		Adult ☐	Child/Adolescent ☐
Comments:			
Signature		Date	

An approval concerns only the medical necessity of these services and does not guarantee payment. Reimbursement for any service is contingent upon the eligibility of the patient at the time services are provided; any applicable third parties must be billed prior to billing Medicaid. The recipient may be responsible for any recipient liability before payment is made by this department. The approved days are inclusive of all other payers. Providers are responsible for maintaining current Medicaid enrollment. Failure to do so will result in non-payment of services. Effective November 1, 2008, discharge documentation is required by North Dakota Medicaid. Eligibility for dates of service may be verified by calling 1-877-328-7098 or 701-328-7098.

Recipient Last Name	First Name	Middle Initial
Facility Name		

LOCUS/CALOCUS

LEVEL OF CARE	SCORE	COMMENTS
1. Risk of Harm		
2. Functional Status		
3. Comorbidity		
4a. Recovery Environment Stress		
4b. Recovery Environment Support		
5. Treatment Recovery History		
6. Attitude and Engagement		
7. Composite Rating		Level

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Comments: