WellCare
Beyond Healthcare. A Better You.

Behavioral Health Service Request Form

ACT Services Request Form

Please Submit to the Dedicated Contract Fax Line Below

Medicaid
New York 855-713-0591

Place of Service	☐ 11- Office ☐ 12- Home ☐ 22- Outpatient Hospital ☐ 53- Community Mental Health Center

MEMBER INFORMATION

Last Name		First Name, Middle Initial		Date of Birth	
Phone Number		WellCare ID Number		Gender	☐ Male ☐ Female
Third Party Insurance	☐ Yes ☐ No	If **Yes**, please attach a copy of the insurance card. If the card is not available, provide the name of the insurer, policy type, and number.		Languages Spoken	

TREATING PROVIDER/PRACTITIONER INFORMATION

Last Name		First Name		NPI Number	
WellCare ID Number		Participating	☐ Yes ☐ No	Discipline/ Specialty	
Street Address		City, State		Zip	
Phone Number		Fax Number		Office Contact	

FACILITY/AGENCY INFORMATION

Name		Facility ID		NPI Number	
Street Address		City, State		Zip	
Phone Number		Fax Number		Office Contact	

Service type Requested	List REV/CPT/HCPCS Code(s) and Number of Each Requested
ACT Services CPT Codes Requested	

Service Request Start Date:	Service Request End Date:	Transition of Care	Continuation of Care
		☐ Yes ☐ No	☐ Yes ☐ No

DIAGNOSIS

Primary Diagnoses	
Secondary Diagnoses	
Medical Problems	

If request is for Mental Health please complete the following :

Current GAF/CAFAS		Highest GAF/CAFAS in Past Year	Current Total LOCUS/CALOCUS Score (If applicable)

RATIONALE for REQUEST

Are services requested court ordered? ☐ Yes ☐ No *If yes please submit a copy of the court order and all supporting documentation*	
Is a psychiatrist involved in the member's care? ☐ Yes ☐ No	When was member last seen?
Presenting Problem: (describe)	

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Ongoing Problem: (describe)	
CURRENT IMPAIRMENTS	
Scale: 0 = none; 1 = mild; 2 = moderate; 3 = severe; N/A = not assessed	
Select the impairment level for each category and give a brief description.	
Risk of Harm	☐0 ☐1 ☐2 ☐3 ☐N/A
Functional Status	☐0 ☐1 ☐2 ☐3 ☐N/A
Co-Morbities	☐0 ☐1 ☐2 ☐3 ☐N/A
Environmental Stressors	☐0 ☐1 ☐2 ☐3 ☐N/A
Support in the environment	☐0 ☐1 ☐2 ☐3 ☐N/A
Response to treatment (if poor response; how is the treatment plan being adjusted to address)	☐0 ☐1 ☐2 ☐3 ☐N/A
Acceptance and engagement:	☐0 ☐1 ☐2 ☐3 ☐N/A