

**Peer Support Authorization Request / Discharge Form**

(Must be submitted within 30 days of the first billable date of service)

Member: Member date of birth:  
Member address:  
Member MAID# (10 digits): Member phone:  
Provider name: Person completing form:  
Provider address:  
Provider phone:

Check one:  Initial  Continued Service  Discharge If discharge, discharge date requested:

Recovery focused individual service plan - must be attached for all continued service requests

CPT code: H0038 1 year Max 3600 units Forensic PSS (HX Modifier)

(Use GT modifier for Telephonic Services. Face-to-face or phone can be used for initial billable contact.)

Date referral is complete and Member approved for services (Start date of authorization):

(Represents the date that the provider has complete referral information and Member is in agreement with receiving the service.)

First date of service offered to Member:

**Admission Guidelines:**

Recommending physician / psychologist / CRNP / PA:

Date of recommendation (must be within 60 days of start of services):

Reason for referral:  Educational  Vocational  Social  Self-Maintenance (Initial only)

CHECK ALL OF THE FOLLOWING THAT APPLY:

- Age ≥ 18 yrs  Presence of or a history of serious mental illness (SMI)
- Age 14-17 yrs  Presence of or a history of SMI or Serious Emotional Disturbance
- Member chooses to receive peer support services (choice form on file with provider) (Required)
- Functional Impairment—Difficulties that substantially interfere with or limit. (check all that apply when impaired) (Required for continued service only)
  - A person from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills;
  - Role functioning in one or more major life activities including basic daily living skills (e.g., eating, bathing, dressing);
  - Instrumental living skills (e.g., maintaining a household, managing money, getting around the community, taking prescribed medication); and
  - Functioning in social, family, and vocational/educational contexts.

Describe functional impairment:

Other comments: