

## Authorization Tips For HPSM Contracted Community Supports Providers

**These instructions only apply to Health Plan of San Mateo (HPSM) contracted Community Support rendering providers:** Here are critical steps for filling out the Prior Authorization Request Form for Community Supports services. If you are not a contracted Community Support rendering provider, please go to the [HPSM Cal-AIM Community Support webpage](#) for instructions on how to submit a referral. Filling the form out accurately will help the process go smoothly.

1. Follow instructions on the “[Prior Authorization Request Form](#).”
2. Include your information for “Requesting Provider Name,” “Street Address,” “City,” “State,” “Zip,” “NPI,” “Phone Number,” and “Fax.” Use the table on the “[Enhanced Care Management and Community Supports Provider Capacity List](#)” to complete this request accurately.
3. Use correct CPT Codes listed in the table on the “Enhanced Care Management and Community Supports Provider Capacity List” or the table below. HPSM has a unique CPT code for each Community Support service option.
4. Diagnosis Codes: include primary diagnosis that indicates population of focus or service option qualification (example: Z codes for housing).
5. Provide any additional information for medical necessity in the “Optional Comments for Medical Justification” section on the form. “Requested Service Dates From” and “To” should not overlap any existing authorization of the same type of services. Authorizations cannot exceed one year.
6. For “Units of service” please enter numbers only and do not write any words in the box.
7. See the table below for guidance on units per each Community Supports service type. Make sure dates of service and authorization start and end date are within 12 month span:

CPT Code	Community Support Service Option	Max Units of Service Paid per Authorization	Days/Quantity
H0043	Housing Navigation/Transition Services	1 unit per month, up to 6 units	1 unit = 1 month
H0044	Housing Deposits	Up to 1 unit	1 unit = 3 months
S5130, U6	Personal Care and Homemaker Services	N/A	1 unit = 15 minutes
S5151, U6	Respite Care	Up to 336 units	1 unit = 1 hour
S5165	Environmental Accessibility Adaptations	Up to 1 unit	1 unit = 3 months
S5165, U5	Asthma Remediation	Up to 1 unit	1 unit = \$7,500 lifetime max
S5170	Medically Tailored Meals	Up to 168 units	1 unit = 1 meal
T2038, U4	Assisted Living Facilities (ALF) Transitions	Up to 12 units	1 unit = 1 month
T2038, U5	Community or Home Transition Services	Up to 12 units	1 unit = 1 month

T2050, U6	Housing Tenancy – Financial Management (per diem)	1 unit per month, up to 12 units	1 unit = 1 month
S9470, U6	Nutritional Counseling	Up to 3 units	1 unit = 1 session

For a list of all HPSM providers, please visit our [HSPM Provider Directory](#).

NOTE: Do not use a cover sheet. This form should be the FIRST page of your fax.

Most requests should be marked ROUTINE.

URGENT should only be used when turnaround time can cause serious harm to member's life and health.

This is the HPSM CalAIM provider found on our CalAIM Provider List who will be providing the ECM or Community Supports service to the member.

The "Servicing Provider" is the provider submitting the request.

Not to exceed one year. Initial ECM authorization periods must be for 12 months. Reauthorization periods thereafter must be for six months.

CLEAR FORM



## Prior Authorization Request Form

Fax completed form to 650-829-2079.

Please type into PDF form and fill out all fields.

### REQUEST

☐ URGENT  
☒ ROUTINE

Mark ✓ or X

### LINE OF BUSINESS

☐ CAREADVANTAGE  
☒ MEDI-CAL  
☐ ACE  
☐ HEALTHWORX

Today's Date: 04-18-2023 MM-DD-YYYY

Is member currently in the hospital? ☐ YES ☒ NO IF YES, FAX Facesheet to 650-829-2060

➤ Member Last Name: Grayson First Name, M.I.: Richard  
Street Address: 7435 Santa Ana Blvd City, State, ZIP: San Francisco, CA 94127  
Phone: (415) 658-1111 Member ID#: 75319 DOB: 02-04-1993 Age: 30

➤ Requesting Provider: Bridges to Wellness NPI: 1336809359  
Street Address: 225 37th Avenue City, State, ZIP: San Mateo, CA 94403  
Phone: (650) 743-7272 Fax: (650) 573-1023 Office Contact:

➤ Servicing Provider (if needed): ACE Center NPI: 75315997135  
Phone: (415) 658-2222 Fax: (415) 658-2323 Office Contact:

Primary Diagnosis Code: F33.2 Description: Major Depressive Disorder

Line No.	Procedure Code (CPT/HCPCS Code/Modifier if applicable)	Specific Services Requested	Units of Service (Days/Quantity)
1	G9012	ECM (ECM authorizations should only request 1 unit.)	1
2			
3			
4			
5			
6	T2038	Nursing Facility Transitions/Diversion to Assisted Living Facilities	2
7		(Please see the "Community Support Providers" chart for CPT codes, service options, and units of service for Community Supports services.)	
8			
9			
10			

Requested Service Dates FROM: 04-18-2023 MM-DD-YYYY TO: 10-17-2023 MM-DD-YYYY

Optional comments for medical justification. Requesting Provider please attach required medical records/supporting documents.

Member is a high utilizer that could use extra support establishing regular care with a PCP, especially as they transition to an assisted living facility.

(Please see "Authorization Form Tips" for more information.)

INPATIENT ONLY – LTC Required Information (Mark ✓ or X):

☐ Transfer ☐ Initial ☐ Reauthorization ☐ Bed Hold ☐ Skilled Nursing ☐ ICF-DD ☐ Sub-Acute

To the best of my knowledge, the above information is true, accurate and complete, and the requested services are medically indicated and necessary to the health of the patient.

Timothy Drake  
Signature of Physician or Provider

Case Manager  
Title

04-18-2023  
Date MM-DD-YYYY

801 Gateway Blvd., Suite 100, South San Francisco, CA 94080 • TEL: 650-616-0050 • TTY: 1-800-735-2929

For authorization questions contact HPSM Health Services Ph 650-616-2070 • Fax 650-829-2079 • For Facesheets fax to 650-829-2060

NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE ID CARD IS CURRENT BEFORE RENDERING SERVICE.

Version 5.0 January 2023

PRINT FORM