



# Required Documents for Authorization of Day Activity and Health Services (DAHS)

## Reminder

Following increased interest in Day Activity and Health Services (DAHS) and a recent review of Blue Cross and Blue Shield of Texas (BCBSTX) Medicaid internal process and Texas TMHP guidelines for services, the following 2 forms are required for authorization of DAHS.

## Required Two Forms for DAHS

1. [BCBSTX LTSS Prior Authorization request](#) form. Please include the following:
  - a. Start and End Dates
  - b. Agency NPI
  - c. Primary ICD 10 code
  - d. Hours/week requested
  - e. Note list of holidays agency will be closed during the request period.

2. [Form 3055 – Physician Orders Form](#)

Submit both forms, following the guidelines established by TMHP for signatures to BCBSTX Medicaid fax number **1-877-301-4394**.

BCBSTX looks forward to working together with our community providers to serve our members.

## Questions

Providers, for questions or additional information, please:

- Contact your BCBSTX Medicaid Provider Network Representative at **1-855-212-1615**
- Submit via email to [TexasMedicaidNetworkDepartment@bcbstx.com](mailto:TexasMedicaidNetworkDepartment@bcbstx.com)

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