BlueCross BlueShield of Texas

Behavioral Health Coordinated Specialty Care Request Form

For more information on STAR, call 1-877-560-8055.
For more information on STAR Kids, call 1-877-784-6802.
After completing the form, please fax it to 1-888-530-9809.

Date:			
Check (only) one: ☐ New case request ☐ Extension request			
Member Information			
Subscriber name		Date of birth	
Subscriber ID			
Address	City	State	Zip
Provider (rendering services)			
Provider name	Provider address		NPI
Is the provider Medicaid attested? ☐ Yes ☐ No			
Provider contact (for decision notification)			
Provider phone	Provider fax		
Service information			
Start date of request	Anticipated service end date		
Service type: Coordinated specialty care			
H2040 High Need Therapeutic (minimum of 20 hours a week)	Number of units/ months requested _____	**H2041** Standard Therapeutic (Six to 19.75 hours a week)	Number of units/ months requested _____
If members receive less than Standard Therapeutic **(less than 6 hours)**, bill individual service codes covered under Medicaid.			
Current behavioral health diagnoses			
Primary code number	Diagnosis		
Secondary code number	Diagnosis		
Tertiary code number	Diagnosis		
Provider attestation of clinical criteria			
Member age 15-30	☐ Yes ☐ No		
Psychotic diagnosis within the past two years	☐ Yes Please include date _____ ☐ No		
TX RUGG Level	(Insert)		
Anticipated treatment hours	☐ Greater than 20 ☐ Six to 19.75 hours		

Additional notes

My signature confirms that I, or the facility I represent, will provide the requested services.	
Signature	Title
Date	