

DMAS Registration Request

The information on this form can be submitted on the www.magellanprovider.com website. Out of network providers or providers given permission to fax may fax this form to: 888-656-2168. Each requested service must be submitted separately. Multiple services cannot be requested on the same form. Magellan only manages Fee for Service members for these services.

MEMBER INFORMATION		PROVIDER INFORMATION	
Member First Name		Provider First Name	
Member Last Name		Provider Last Name	
Medicaid Number		Provider MIS#	
Member Date of Birth		Provider Tax ID#	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Provider Phone	
		Provider Email	
Member Address City, State & Zip Code		Provider Address City, State & Zip Code	

CLINICAL INFORMATION			
Procedure Code			
Primary Diagnosis			
Secondary Diagnosis			
Service Type	<input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use		
Requested Units			
Requested Start Date		Requested End Date	

REQUESTED SERVICE FOR REGISTRATION	
<input type="checkbox"/> Mental Health Case Management (H0023)	
<input type="checkbox"/> Mobile Crisis (H2011)	
<input type="checkbox"/> 23 Hour Crisis Stabilization (S9485)	
<input type="checkbox"/> Community Stabilization (An authorization is required for services beyond 7 calendar days and 112 units) – S9482	
<input type="checkbox"/> Residential Crisis Stabilization Unit (An authorization is required for services beyond 5 calendar days and 5 units) – H2018	
<input type="checkbox"/> Substance Use Case Management (H0006)	
<input type="checkbox"/> Substance Use Peer Support (Registration will be under the Individual Peer Code of T1012)	
<input type="checkbox"/> Mental Health Peer Support (Registration will be under the Individual Peer Code of H0024)	
<input type="checkbox"/> Psychosocial Rehabilitation (H2017)	