

MSS or ICM Limitation Extension Requests Tips for Successful Completion

Required Paperwork:

- Fax to 1-866-668-1214
 - [General Information for Authorization](#)
 - MSS or ICM Limitation Extension Request (Be sure to select the correct form)
 - Complete MSS or ICM Chart

Care Authority
General Information for Authorization

Org	1. 521	Service Type	2. PPP			
Client Information						
Name	3. Minnie Mouse	Client ID	4. 123456789WA			
Living Arrangements	5.	Reference Auth #	6.			
Provider Information						
Requesting NPI #	7. 0123456789	Requesting Fax #	8. 360-555-5555			
Billing NPI #	9. 0123456789	Name	10.			
Referring NPI #	11.	Referring Fax #	12.			
Service Start Date:	13.		14.			
Service Request Information						
Description of service being requested: 15. 12 additional MSS units.		16.	17.			
18. Serial/NEA or MEA #		19.				
20. Code Qualifier	21. National Code	22. Mod	23. # Units/Days Requested	24. \$ Amount Requested	25. Part # (DME Only)	26. Tooth or Quad #
P	S9482		6			
P	S9470		6			
Medical Information						
Diagnosis Code	27.	Diagnosis name	28.			
Place of Service Code	29.					
30. Comments:						

Please fax this form and any supporting documents to 1-866-668-1214.

The material in this facsimile transmission is intended only for the use of the individual to who it is addressed and may contain information that is confidential, privileged, and exempt from disclosure under applicable law. [HIPAA Compliance](#): Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment, to seek insurance payment, or to perform other specific health care operations.

Checking status of Limitation Extension Request

- ✓ Check status using:
 - Interactive Voice Response (IVR) – 1-800-532-3022
 - ProviderOne Portal
- ✓ Have available the billing NPI along with the client’s ID and DOB
- ✓ ProviderOne Billing and Resource Guide [Appendix G](#) provides directions on how to check status

1. General Information for Authorization

- ✓ **Only** complete the same boxes as in the example
- ✓ Requesting NPI & Billing NPI must be identical and be the agency NPI
- ✓ Only list the requested services in box 21

CODE QUALIFIER	NATIONAL CODE	SERVICE
P	S9482	BHS
P	S9446	Group
P	S9470	RD
P	T1002	RN
P	T1027	CHW
P	T1017	ICM

- ✓ Must be typed
- ✓ Must be the first page of the request
- ✓ Service Type:
 - PPP – Client received MSS during prenatal period
 - PO – Client ONLY received MSS during postpartum period
 - ICM – Infant is the client

2. MSS Limitation Extension Request form

- ✓ Complete all boxes (.doc version – the boxes expand)
- ✓ Provide a comprehensive picture including risks, progress, interventions, etc. (Tell the story)
- ✓ List any risks not identified on the screening tool
- ✓ Question 11: When asking for units for multiple team members, list what interventions team member plans to do

ICM Limitation Extension Request form

- ✓ Complete all boxes (.doc version – the boxes expand)
- ✓ Provide a comprehensive picture including risks, progress, interventions, etc. (Tell the story)
- ✓ List any risks not identified on the screening tool
- ✓ Question 10: List additional referrals, linkages, advocacy, case management, and care coordination that will take place

3. Complete First Steps MSS or ICM Chart

(Need the starting point, progression, and current state of client)

- ✓ Risk Factor Screening Tool(s)
- ✓ Care Plan addressing identified risk factors
- ✓ Case Conference Summary for MSS high risk clients only
- ✓ Depression screening score, if applicable
- ✓ Visit records showing progress (see Provider Billing Guide for details on what a visit record should contain)