Authorization Tips For HPSM Contracted ECM Providers

Here are some critical steps for filling out the Prior Authorization request form for ECM reauthorizations. Filling the form out accurately will help the process go smoothly.

1. Complete the following authorization form: https://www.hpsm.org/docs/default-source/provider-forms/prior_authorization_request_form.pdf
2. Include the ECM provider information for “Requesting Provider Name,” “Street Address,” “City,” “State,” “Zip,” “NPI,” “Phone Number,” and “Fax.”
3. Use correct CPT Code for ECM Services- G9012
4. Diagnosis Codes: include primary diagnosis that indicates population of focus or service option qualification.
5. Attach any information, including recent appointment notes, care plan, summary of needs, or forms that demonstrate members qualifying criteria. If you do not include information that demonstrates qualifying criteria, the member may not be approved for services.
6. Please specify which Population of Focus the member qualifies for in the comments on the PA form.
7. “Requested Service Dates From” and “To” should not overlap any existing Authorization of the same type of services.
    a. Re-Authorizations must be 6 months.
8. For “Units of service” please enter numbers only and do not write any words in the box.
    a. ECM Authorizations only need to request one unit.