

B3 Request Template

Member Information

Name	Date of Birth
Medicaid Number	MCO ID Number
Member Address	Diagnosis

Provider Information

Provider Name	Provider Type
NPI	TIN
Provider Contact Name	Contact Phone Number
Provider Address	Contact Email

B3 Authorization Request

Service Request ☐ H2022 Integrated Services & Supports ☐ Modifier X1 - 1:1 supervision for 1- 8 hours a day ☐ Modifier X2 – 1:1 supervision for 8.25 to 16 hours a day ☐ Modifier X3 – 1:1 supervision 16.25 to 24 hours a day ☐ Modifier X4 - Mentoring ☐ Modifier X5 – Other services/supports, explain: Click or tap here to enter text. ☐ H0045 Respite ☐ No modifier ☐ Modifier U4 – Therapeutic Foster Care under age 11 ☐ Modifier U5 – Therapeutic Foster Care age 12 - 20	
Service Type, if applicable	
Authorization Start Date	Authorization End Date
Number of Units Requested per Date Span	Rate per Unit Requested

B3 Service Rational

Why is B3 service(s) being requested?
History, presenting concerns, symptoms, and functional impairments. Include members imminent or current risk of harm to self, others, and/or property.
How will B3 service(s) enhance the longer-term outcomes for the member?
What are the B3 treatment goals, objectives, interventions?
How will you know when the member has reached maximum benefit?
How is the B3 service requested determined to be the least restrictive to the member?
Other services that are currently being accessed and/or tried.
Additional Information

Provider Signature	Date
--------------------	------

Provider Checklist

- ☐ Member has full Medicaid (not eligible to receive if Iowa Health Link and Wellness or Hawk-i).
- ☐ Member is assigned to a Managed Care Organization (MCO).
- ☐ Provider completed B3 template in its entirety.
- ☐ Provider submits to members respective MCO via their identified process
 - Iowa Total Care
 - Submit through Availity or fax.
 - Molina Health Care
 - Submit form through Availity with supporting clinical information.
 - Wellpoint
 - Submit through Availity.