

**TO:** All Garden State Health Plan Physician Case Managers

**SUBJECT:** Completion of Garden State Health Plan Authorization Forms (**GSHP-7**)

**EFFECTIVE:** Immediately

**PURPOSE:** To clarify procedures for correct completion of the Garden State Health Plan (GSHP) Prior Authorization form.

**BACKGROUND:** All Medicaid services provided to a Garden State Case Manager (PCM). The PCM authorizes services on a **GSHP-7** (Rev. 11/93) Prior Authorization (PA) referral form. The PCM indicates on the form the services which are being requested.

**ACTION:** Comprehensive instructions for completing the the proper completion of the form. This table includes procedure codes, category name, description of service, special notes and the appropriate Garden State (GS) code to be used on the referral form.

**INSTRUCTIONS FOR COMPLETING GSHP-7**

1) **SECTION #1-6**

Enter all recipient information, including name, address, telephone number, Medicaid Eligibility Identification (MEI) number, date of birth and sex.

2) **SECTION #7**

Enter PCM information including name, address, telephone number and Medicaid Provider Identification number. The PCM must sign the form.

3) **SECTION #8**

Enter all information pertaining to the servicing provider to whom the member is being referred. This should include provider name, address and telephone number.

4) **SECTION #9**

Enter the reason for the referral or the patient's condition.

5) **SECTION #10**

Check off appropriate GS codes to indicate the services being requested.

6) **SECTION #12**

Enter the date or time period for which the services are authorized.

7) **SECTION #13**

Enter the GS codes checked off in section #10. Enter the number of units authorized. (Units are determined by the type of visits, prescriptions, or X-rays, etc).

Upon completion, the top copy of the **GSHP-7** should be sent to the Medicaid fiscal agent at the following mailing address: **Unisys, Post Office Box 4803, Trenton, New Jersey 08650-4803**. The second and third copies of the referral should be sent to the servicing provider. The fourth part should be retained by the PCM as part of the patient file.

**MISCELLANEOUS PRIOR AUTHORIZATION INFORMATION**

1) **Authorized Date**

The Prior Authorization form has been modified to accept up to one year as an authorized period, at the PCMs discretion.

New forms with the change are forthcoming, (see the attached sample); however, PCMs may use the original form to extend the time period by using a **FROM/THROUGH** format. The PCM may limit the time period as needed. If no time period is specified, it will default to 30 days from the authorized date.

2) **Referrals to Hospitals**

When referring a GSHP member to a hospital for any reason, either **Inpatient (GS-17)** or **Outpatient (GS-18)** **MUST** be authorized on the PA form. These codes will cover all services rendered in a hospital setting, except practitioner

services which are billed separately. However, both codes should not be checked off on the same **GSHP-7** form.

Hospital outpatient services may include X-rays, clinic visits, laboratory testing, etc. Since outpatient referrals have unlimited use during the authorized time period, it is important that the PCM specify the time period being authorized.

Inpatient referrals are good for only one admission within the authorized time period.

3) **Authorization for Mental Health Services**

The PCM must authorize the first mental health visit in each six month period of treatment. After the initial visit, all subsequent visits are paid on a fee-for-service basis without the need for authorization from the PCM. The PCM's referral fund is only charged for that first visit per six months of treatment.

For mental health services rendered in a hospital outpatient department setting, **GS-18** must be authorized. For mental health services rendered in an independent clinic setting, **GS-08** is required. If the recipient requires services in addition to the mental health visit, the services must be authorized by the PCM.

4) **Changes to the PA form**

Only the PCM or a member of the PCM group may authorize services on the **GSHP-7**. If the servicing provider feels that the recipient requires additional services, he must contact the PCM by telephone or by completing section #11 on the PA form and returning it to the PCM, requesting another PA. The specialist provider is not permitted to make changes to a PA form after it has been completed by the PCM.

For further information concerning this Newsletter, please contact the Division of Medical Assistance and Health Services Garden State Health Plan at 1-800-525-0047.

**RETAIN THIS NEWSLETTER BEHIND THE NEWSLETTER TAB  
(BLUE TAB MARKED "5")**

