

**Single Case Agreement (SCA) Authorization Request**

Attention: Colorado Member Services/CSA’s

**Instructions:** All fields are **required**. Submit **one form for each member**. Do not put more than one member per form. **FAX only ONE member at a time**. Do not send multiple members in one fax submission. **Thank you**.

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| --- | --- |
| Member Name/ DOB |  |
| Colorado Medicaid ID# |  |
| Requesting Provider |  |
| Provider Credentials  (LCSW, LPC, PH.D, MD, etc.) |  |
| Licensure Date  (when first granted) |  |
| Provider Phone # and Fax # |  |
| Email address |  |
| Provider Billing Tax ID# |  |
| National Provider Identifier (NPI) # |  |
| Provider Servicing Address |  |
| Provider Payable Address |  |
| Requested Dates of Service |  |
| CPT Codes Requested:  (type of session or treatment provided) and number of units you are requesting for each Code.  For individual and family therapy, we generally auth in increments of 12 units, but you can request a mix of ind/fam or all one type. Monitor your unit usage, and request additional units by submitting this form again to VO when you have 1-2 sessions left before you reach the 12th unit. |  |
| Member ICD-10 Diagnosis |  |
| Reason for Requesting SCA |  |
| Treatment Plan  (Attach or write legibly in this space) |  |

**Return form to: ValueOptions – Colorado, Attn: CSA’s/Member Service**

**Fax: 719-538-1439 Phone: 800-804-5008**