

Instructions for Completion of BHSF Form 158-A

The Physician Outpatient Visit Extension Form, BHSF Form 158-A, is used by a physician to request approval for outpatient visits in excess of the 12 medically necessary visits allowed annually.

All items must be clearly written or typed.

Date: Enter the date that this request is completed.

Identifying Information: The following items **must** be completed.

- Patient's name (recipient name as listed on the Health Network of Louisiana medical eligibility card)
- Patient's date of birth
- Patient's sex
- Patient's Medicaid Identification Number (complete 13-digit Medicaid identification number)
- Patient's Social Security Number (9 digits)

Specific Visits for Which Extension is Requested: Eleven (11) visits may be listed on each form. If approval for more than 11 visits is needed, additional form(s) must be completed.

The dates of the visits for which approval is requested **must** be entered. **Only physician outpatient visits in excess of the 12 allowed annually are to be listed.** Visits for **EMERGENCY** or **LIFE-SUSTAINING** purposes are the only visits that will be considered for approval.

For each visit, the diagnosis code must be given AND the procedure code must be entered in the "treatment" field. Documentation which supports the diagnosis must be attached. The documentation may include pathology or laboratory report(s), clinical notes, or a patient history.

Physician Identifying Information: The physician's name, address, and Medicaid ID (Vendor) number **must** be entered in the block provided. Within this space, the physician's name and address **must be printed clearly or typed** to ensure proper identification and processing.

The form **must** be signed. Required signature must be the original signature of the physician or a stamped signature initialed by the physician or his authorized representative. Signature stamps alone or initials only are not acceptable.

Disposition: This form **must be submitted with documentation supporting the diagnosis** to Molina at the address shown in the upper right-hand corner of this form.. It will be returned to the treating physician when a decision is rendered.

A copy of the APPROVED 158-A form must be attached to the hard copy claim(s) for these services in order for the claim(s) to be considered for payment.