Request Prior Approval for Emergency Quarantine Service

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| Provider Name/Location |  | Send to: Resource Coordinators/Care MonitorDHHS OADS Central Office41 Anthony Avenue, SHS 11Augusta, Maine 04333-011207-287-9200 **ResourceCoordinator-OADS@maine.gov** |
| Provider NPI+3 |  |
| Contact Person |  |
| Phone & Email |  |

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| Member Name |  | Member Mainecare ID # |  |
| Member Address |  | Member Person ID (EIS) # |  |
| Gender | [ ]  M  | [ ]  F | Date of Birth | Click to enter a date. | Start of Services*(Date new emergency service started)* | Click to enter a date. |
| Date of Positive COVID-19 Test | *Click to enter a date.* | End of Services*(service cannot last more than 30 consecutive days)* | Click to enter a date. |
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| **Procedure Code** | **Description** | *(Check Box)* | **Units** |
| T2025 | Emergency Quarantine Services *– only to be requested for members with a diagnosis of COVID-19* |[ ]   |
| **(Note: UB billers can use 0589 revenue code ) Total Assessment Units *(not to exceed 30 units)*** |  |

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| Was this person previously served by a different agency prior emergency quarantine service? | [ ]  Yes | [ ]  No | [ ]  Unknown |
| If yes, Name of Prior Agency: |  |

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| Approved by: | Approval Date: |