Request Prior Approval for Emergency Quarantine Service

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| Provider Name/Location |  | Send to: Resource Coordinators/Care Monitor  DHHS OADS Central Office  41 Anthony Avenue, SHS 11  Augusta, Maine 04333-011  207-287-9200 [**ResourceCoordinator-OADS@maine.gov**](mailto: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: |