

WAKE COUNTY HUMAN SERVICES

ORDER FOR MEDICAL NECESSITY

Consumer Name:	DOB:
Medical Record #:	Medicaid #:

DIRECTIONS: COMPLETE EFFECTIVE DATE AND SIGNATURE LINE FOR EACH SERVICE ORDERED. EFFECTIVE DATE SHOULD BE THE DATE THE SERVICE WAS DETERMINED NECESSARY. COMPLETE THE CASE MANAGEMENT ELIGIBILITY CRITERIA WHEN ORDERING CASE MANAGEMENT (for DD Targeted Case Management).
 The services indicated below have been determined to be medically necessary for the client named above. This order for service does not indicate supervision of service provided or that the MD or Psychologist, NP or PA has any role other than in determining medical necessity - unless other role is specified elsewhere (e.g. treating psychiatrist).

Service Ordered	Date of Order & of Signature	Print Name or Stamp	Signature of MD, Phd, NP or PA - <u>NO STAMPS</u>
Admission Assessment			
Diagnostic Assessment			
Behavioral Health Outpatient- shall be renewed annually			
Community Support-Adults (MH/SA)			
Community Support-Child/Adolescents (MH/SA)			
Community Support Team (MH/SA)			
DD Targeted Case Management			
Mobile Crisis Management (MH/DD/SA)			
Intensive In-Home			
Multisystemic Therapy			
Assertive Community Treatment Team (ACTT)			
Psychosocial Rehabilitation			
Child & Adolescent Day Treatment			
Partial Hospitalization			
Facility Based Crisis- Ordered by PCP, Psychiatrist or Lic. Psychologist			
SA Intensive Outpatient Program			
SA Comprehensive Outpatient Treatment Program			
ATC Inpatient			
SA Non-Medical Community Residential Treatment			
SA Medically Monitored Community Residential Treatment			
Ambulatory Detoxification			
Social Setting Detoxification			
Non-Hospital Medical Detoxification			
Medically Supervised or ADATC Detoxification/Crisis Stabilization			
Opioid Treatment			
Residential Treatment Level I			
Residential Treatment Level II			
Residential Treatment Level III			
Residential Treatment Level IV			
PRTF			

Note: Refer to the Provider Manual for service exclusions.
 HS 2667 Rev 05/23/06

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