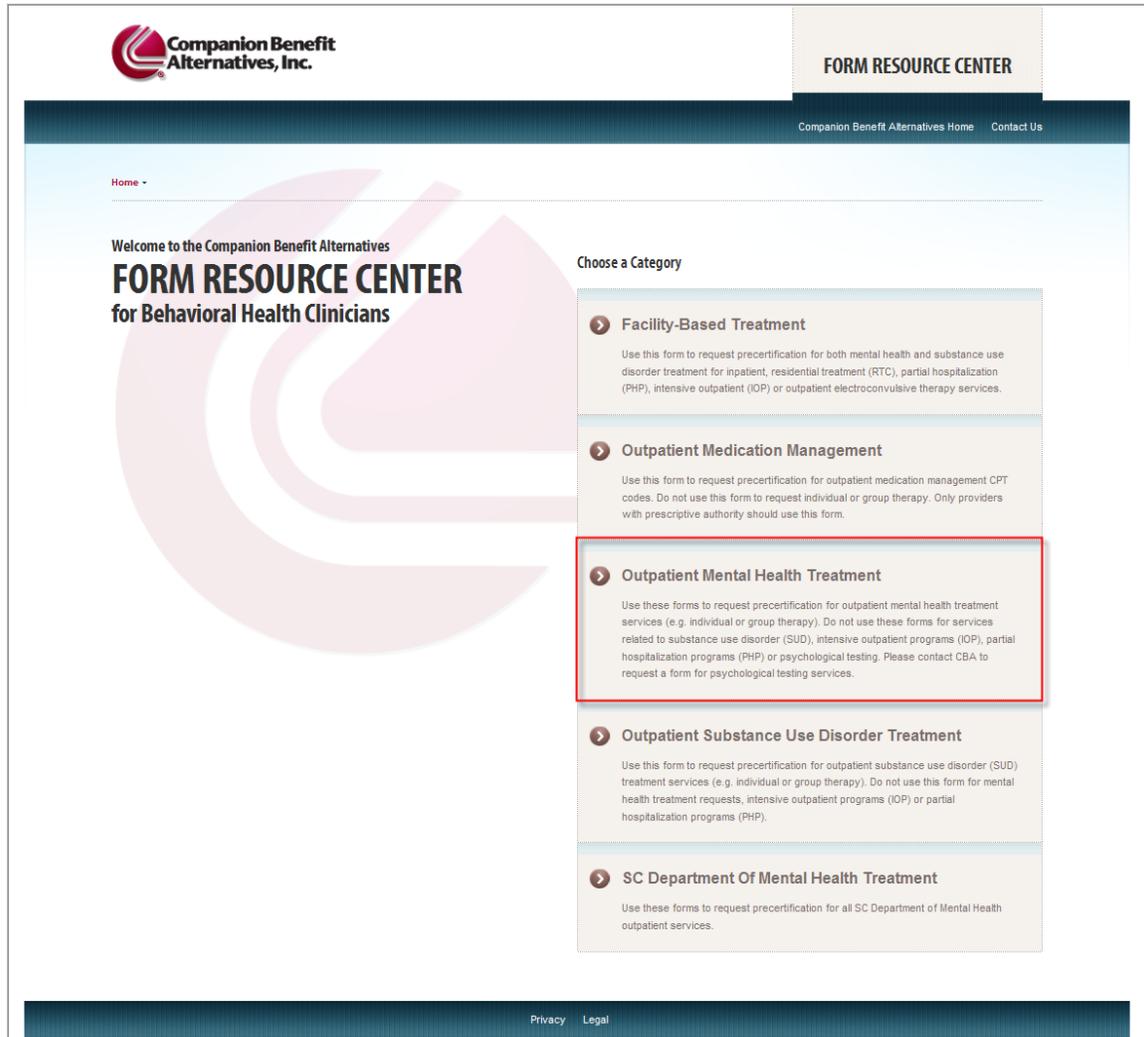


CBA's Form Resource Center is a secure, Web-based application that allows you to request preauthorization for many behavioral health services.

**Figure 1: FRC Home Page**

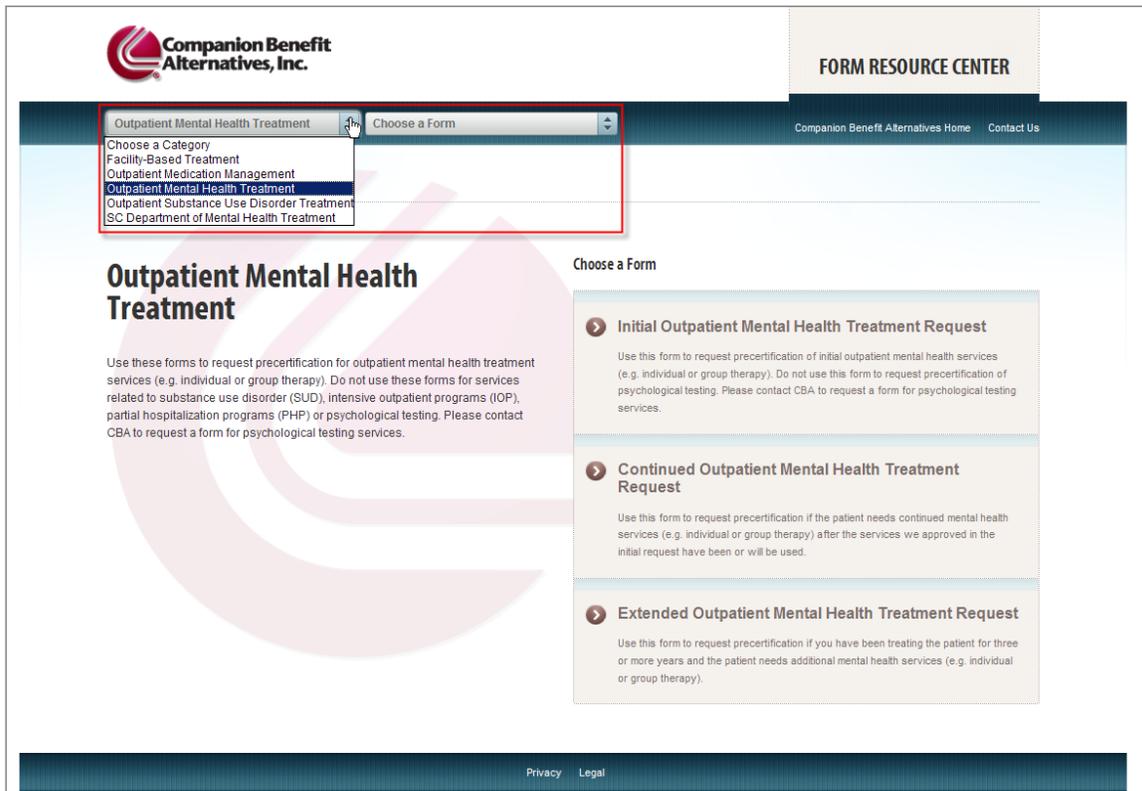


On the home page, you'll find two links to [CompanionBenefitAlternatives.com](https://CompanionBenefitAlternatives.com). One is the CBA logo in the upper left corner of the page and the other is located in the blue-green bar at the top of the page.

The *Contact Us* link lets you submit your questions to CBA directly through the application. The *Privacy* and *Legal* links are located in the blue-green bar at the bottom of the screen throughout the Form Resource Center.

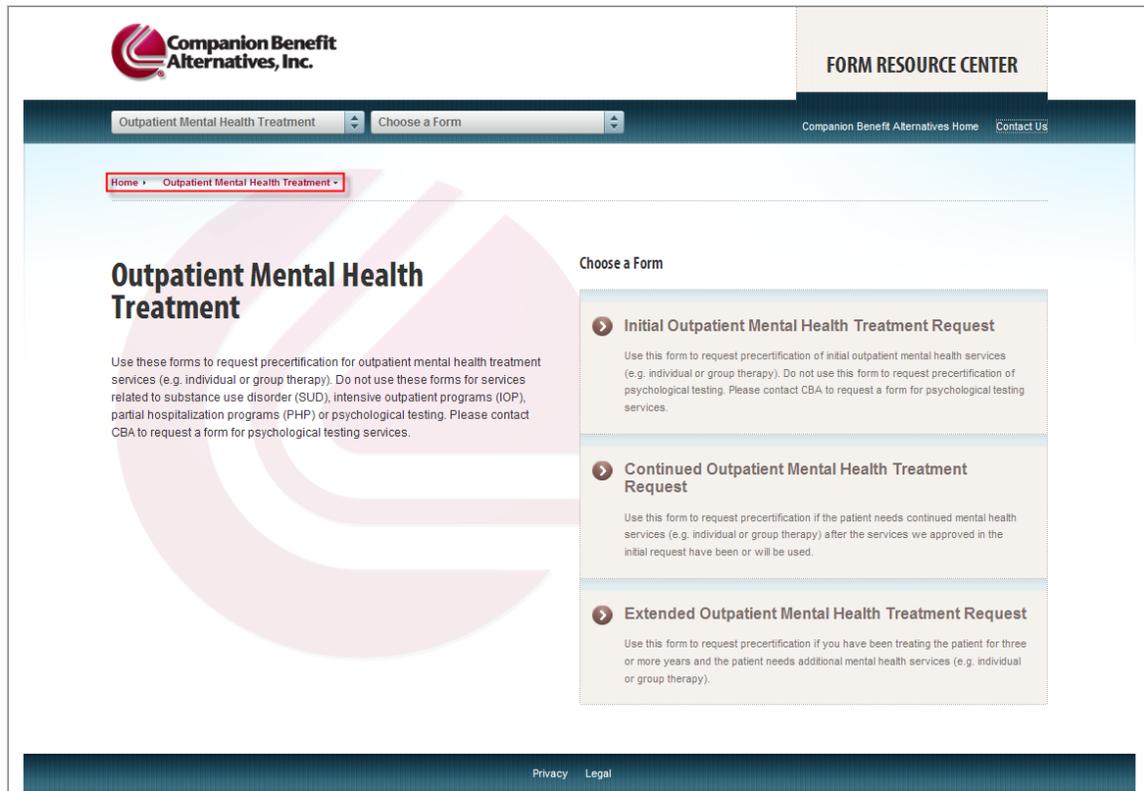
To request an authorization, first choose from the treatment categories on the right of the screen to navigate to the applicable forms. For the purposes of this reference guide, we will click on *Outpatient Mental Health Treatment*.

Figure 2: Form Resource Center Navigation



The navigation menus allow you to easily move between different treatment categories and their related forms.

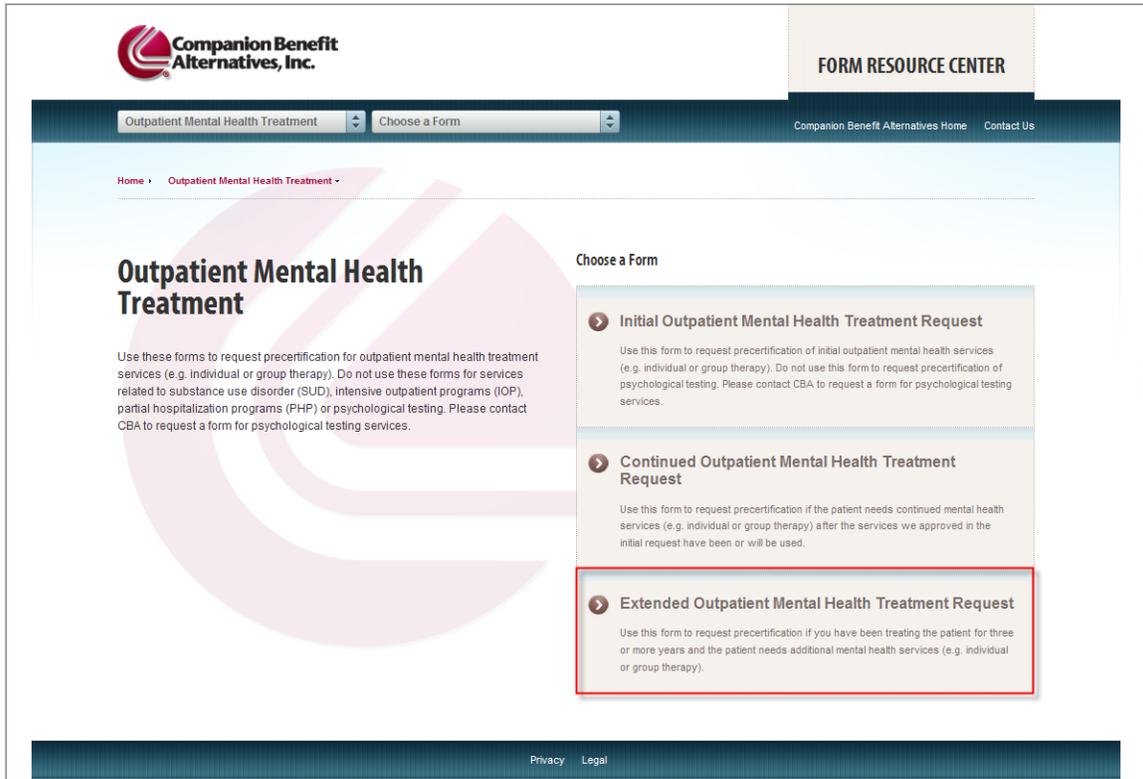
Figure 3: Form Resource Center Navigation



As you move throughout the Form Resource Center, a series of links will appear at the top of your screen. These links show you where you are in the application. To go to a previous screen, simply click the link for that screen.

**TIP:** The “Home” link to the far left will take you to the home page of the Form Resource Center.

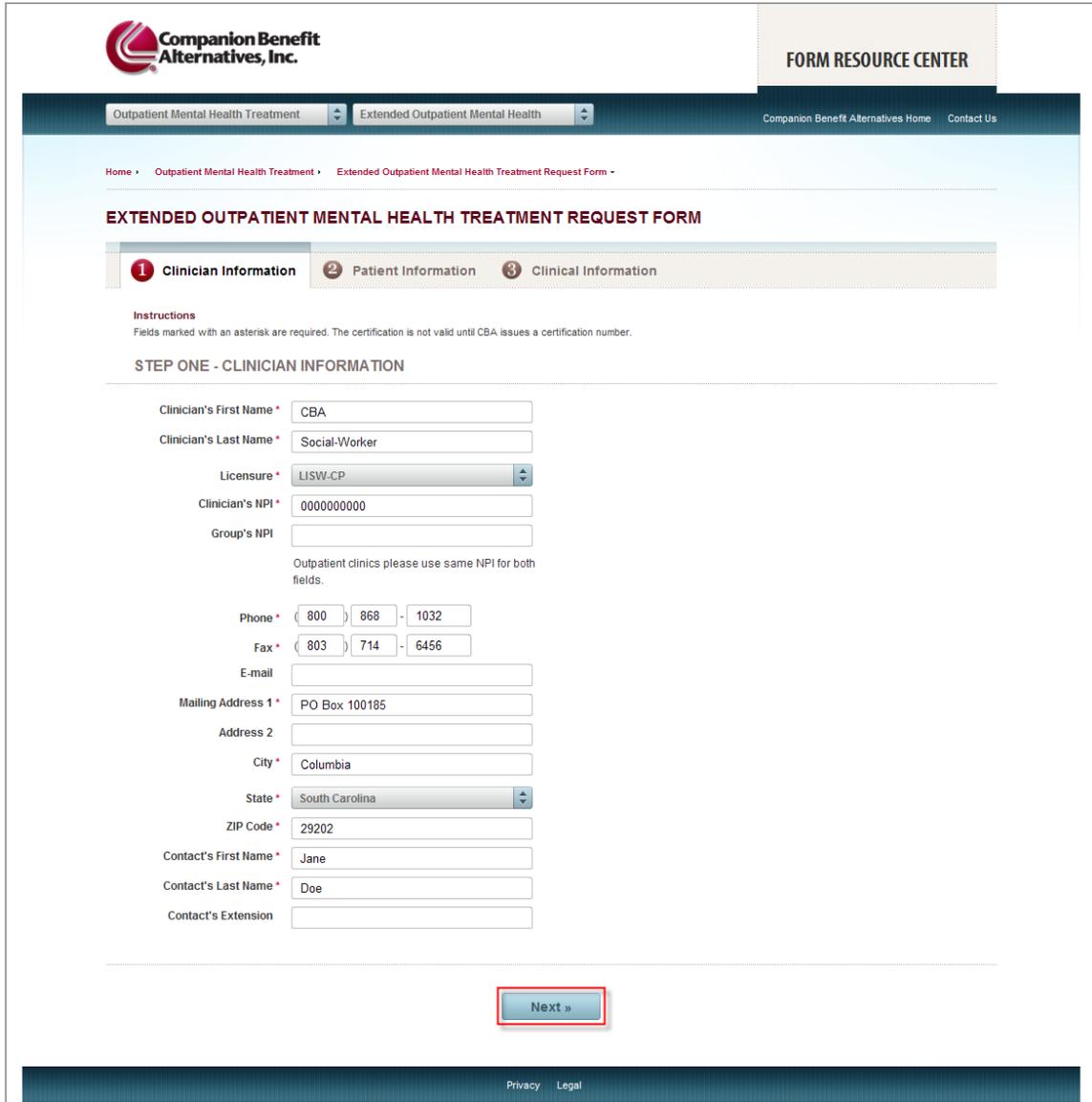
Figure 4: Form Resource Center Form Selection Page



The screenshot shows the 'FORM RESOURCE CENTER' page for 'Outpatient Mental Health Treatment'. The page features a navigation bar with a dropdown menu for 'Outpatient Mental Health Treatment' and a 'Choose a Form' dropdown. Below the navigation bar, there is a breadcrumb trail: 'Home > Outpatient Mental Health Treatment >'. The main content area is titled 'Outpatient Mental Health Treatment' and includes a descriptive paragraph: 'Use these forms to request precertification for outpatient mental health treatment services (e.g. individual or group therapy). Do not use these forms for services related to substance use disorder (SUD), intensive outpatient programs (IOP), partial hospitalization programs (PHP) or psychological testing. Please contact CBA to request a form for psychological testing services.' To the right, under the heading 'Choose a Form', there are three form options, each with a right-pointing arrow icon and a brief description: 1. 'Initial Outpatient Mental Health Treatment Request' (described as a form for precertification of initial services like individual or group therapy, not for psychological testing). 2. 'Continued Outpatient Mental Health Treatment Request' (described as a form for precertification of continued services after an initial request). 3. 'Extended Outpatient Mental Health Treatment Request' (described as a form for precertification if the patient has been treated for three or more years and needs additional services). The 'Extended Outpatient Mental Health Treatment Request' option is highlighted with a red rectangular border. At the bottom of the page, there are links for 'Privacy' and 'Legal'.

After you select a treatment category, you can choose a related form.

We've included a description of each form and its use. For the purposes of this reference guide, we'll click on the *Extended Outpatient Mental Health Treatment Request* form.

**Figure 5: Clinician Information Screen**

**Companion Benefit Alternatives, Inc.** FORM RESOURCE CENTER

Outpatient Mental Health Treatment Extended Outpatient Mental Health

Companion Benefit Alternatives Home Contact Us

Home > Outpatient Mental Health Treatment > Extended Outpatient Mental Health Treatment Request Form >

### EXTENDED OUTPATIENT MENTAL HEALTH TREATMENT REQUEST FORM

1 Clinician Information 2 Patient Information 3 Clinical Information

**Instructions**  
Fields marked with an asterisk are required. The certification is not valid until CBA issues a certification number.

#### STEP ONE - CLINICIAN INFORMATION

Clinician's First Name \* CBA

Clinician's Last Name \* Social-Worker

Licensure \* LISW-CP

Clinician's NPI \* 0000000000

Group's NPI

Outpatient clinics please use same NPI for both fields.

Phone \* (800) 868 - 1032

Fax \* (803) 714 - 6456

E-mail

Mailing Address 1 \* PO Box 100185

Address 2

City \* Columbia

State \* South Carolina

ZIP Code \* 29202

Contact's First Name \* Jane

Contact's Last Name \* Doe

Contact's Extension

**Next >**

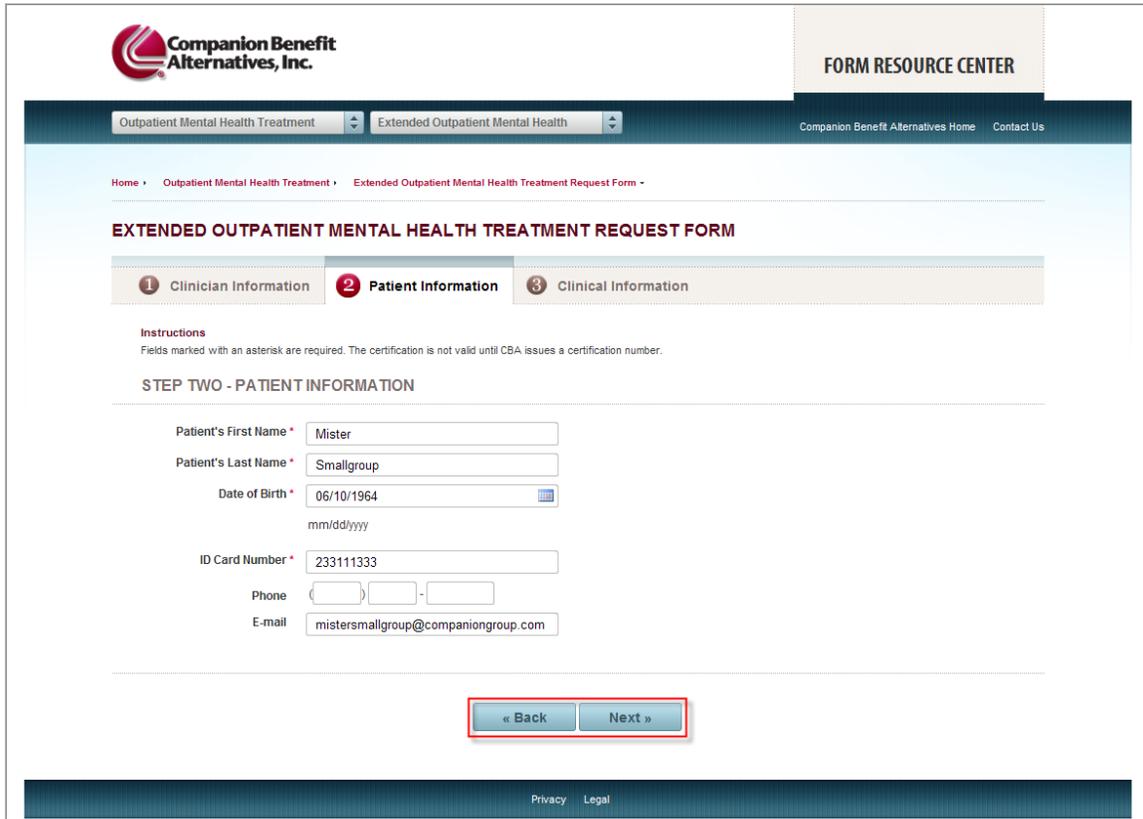
Privacy Legal

All fields marked with an asterisk (\*) are required. You cannot move to the next screen until you enter data into all required fields.

Please keep in mind that the more information you provide, the easier it will be for us to contact you with your certification information.

After you complete all required fields, click *Next*.

Figure 6: Patient Information Screen



**Companion Benefit Alternatives, Inc.** FORM RESOURCE CENTER

Outpatient Mental Health Treatment Extended Outpatient Mental Health

Companion Benefit Alternatives Home Contact Us

Home • Outpatient Mental Health Treatment • Extended Outpatient Mental Health Treatment Request Form •

### EXTENDED OUTPATIENT MENTAL HEALTH TREATMENT REQUEST FORM

1 Clinician Information 2 Patient Information 3 Clinical Information

**Instructions**  
Fields marked with an asterisk are required. The certification is not valid until CBA issues a certification number.

**STEP TWO - PATIENT INFORMATION**

Patient's First Name \* Mister

Patient's Last Name \* Smallgroup

Date of Birth \* 06/10/1964   
mm/dd/yyyy

ID Card Number \* 233111333

Phone ( ) - ( )

E-mail mistersmallgroup@companiongroup.com

« Back Next »

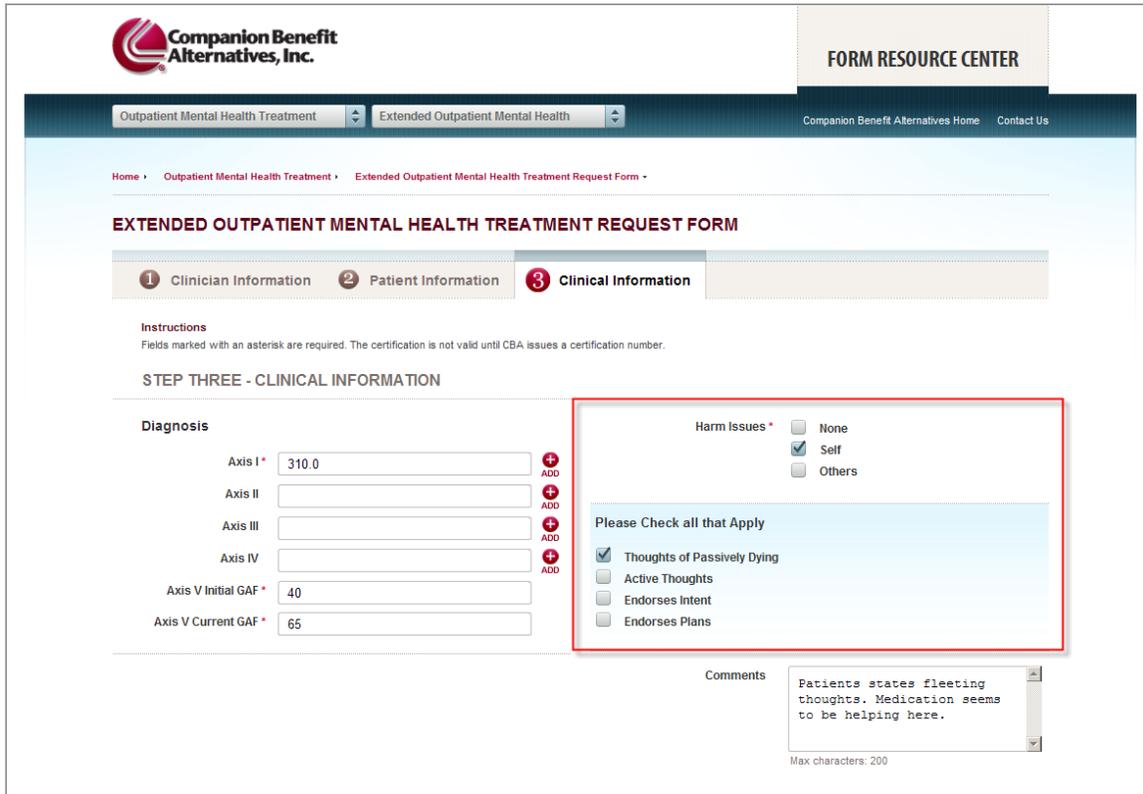
Privacy Legal

When completing the date field, you may find it helpful to click on the calendar icon. Then choose the date you want from the calendar. The application will automatically add the date to the form in the proper format.

If you are ready to move to the next screen, click *Next*. If you need to return to the previous screen for any reason, click *Back*.

**IMPORTANT NOTE:** Do not use your browser's back button to move to a previous screen. Always use the navigation buttons within the form to move from screen to screen.

Figure 7: Clinical Information Screen



**Companion Benefit Alternatives, Inc.** FORM RESOURCE CENTER

Outpatient Mental Health Treatment Extended Outpatient Mental Health

Home • Outpatient Mental Health Treatment • Extended Outpatient Mental Health Treatment Request Form

### EXTENDED OUTPATIENT MENTAL HEALTH TREATMENT REQUEST FORM

1 Clinician Information 2 Patient Information 3 Clinical Information

**Instructions**  
Fields marked with an asterisk are required. The certification is not valid until CBA issues a certification number.

#### STEP THREE - CLINICAL INFORMATION

**Diagnosis**

Axis I \* 310.0 **ADD**

Axis II **ADD**

Axis III **ADD**

Axis IV **ADD**

Axis V Initial GAF \* 40

Axis V Current GAF \* 65

**Harm Issues \***

None

Self

Others

**Please Check all that Apply**

Thoughts of Passively Dying

Active Thoughts

Endorses Intent

Endorses Plans

**Comments**

Patients states fleeting thoughts. Medication seems to be helping here.

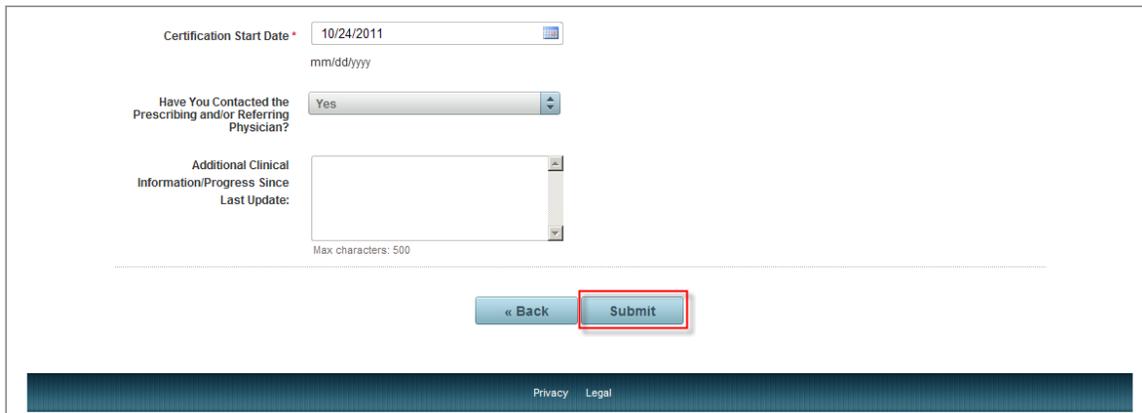
Max characters: 200

Some screens may offer you additional fields, based on your choices.

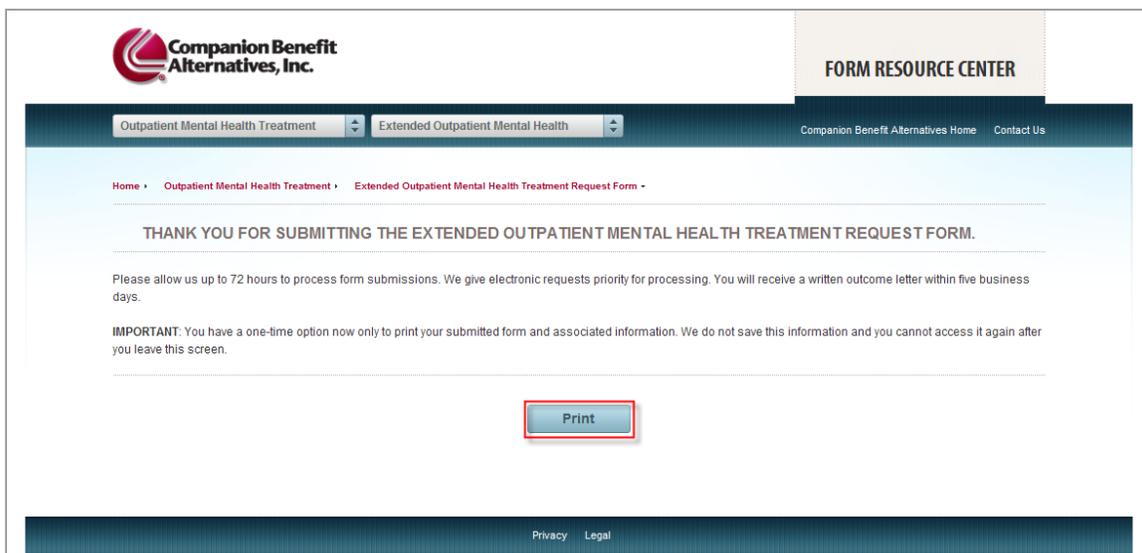
For example, we've selected "Self" under Harm Issues on this form. Now the form requires additional information, under "Please Check all that Apply."

If you want to include more than one Axis I, II, III or IV diagnosis, simply click *Add* at the end of that row and another field will appear below the current field.

**TIP:** Enter only one value in each field. Add additional fields to capture multiple values.

**Figure 8: Clinical Information Screen – Submit Form**

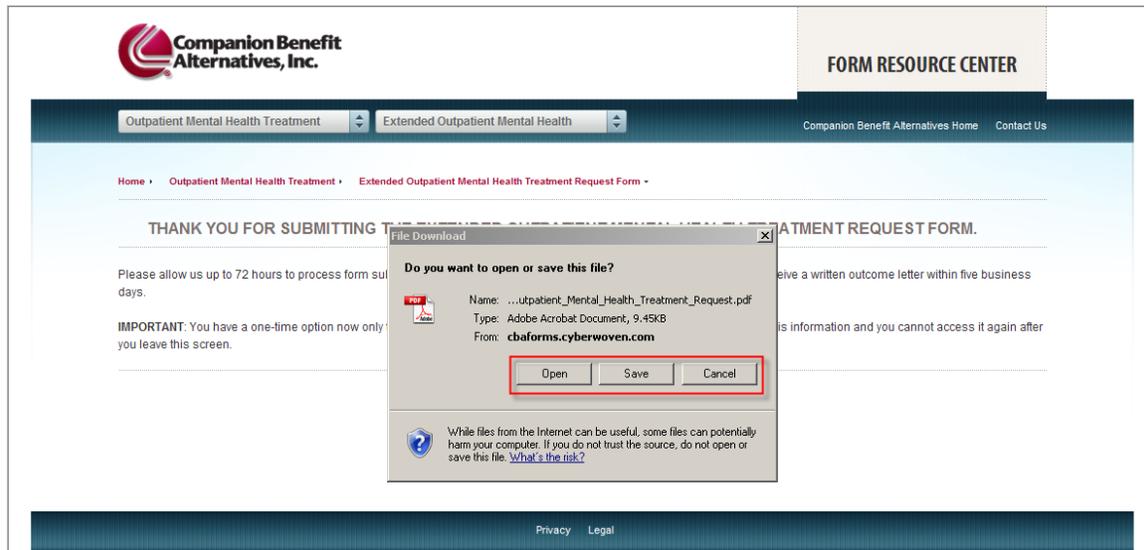
When you have completed all required fields and are satisfied with your request, please click *Submit* to securely transmit the authorization request to CBA.

**Figure 9: Submission Confirmation Screen**

You will see the *Submission Confirmation Screen* after you successfully submit your authorization request. All Form Resource Center submissions receive priority processing.

If you would like to keep a copy of the request for your records, click *Print*.

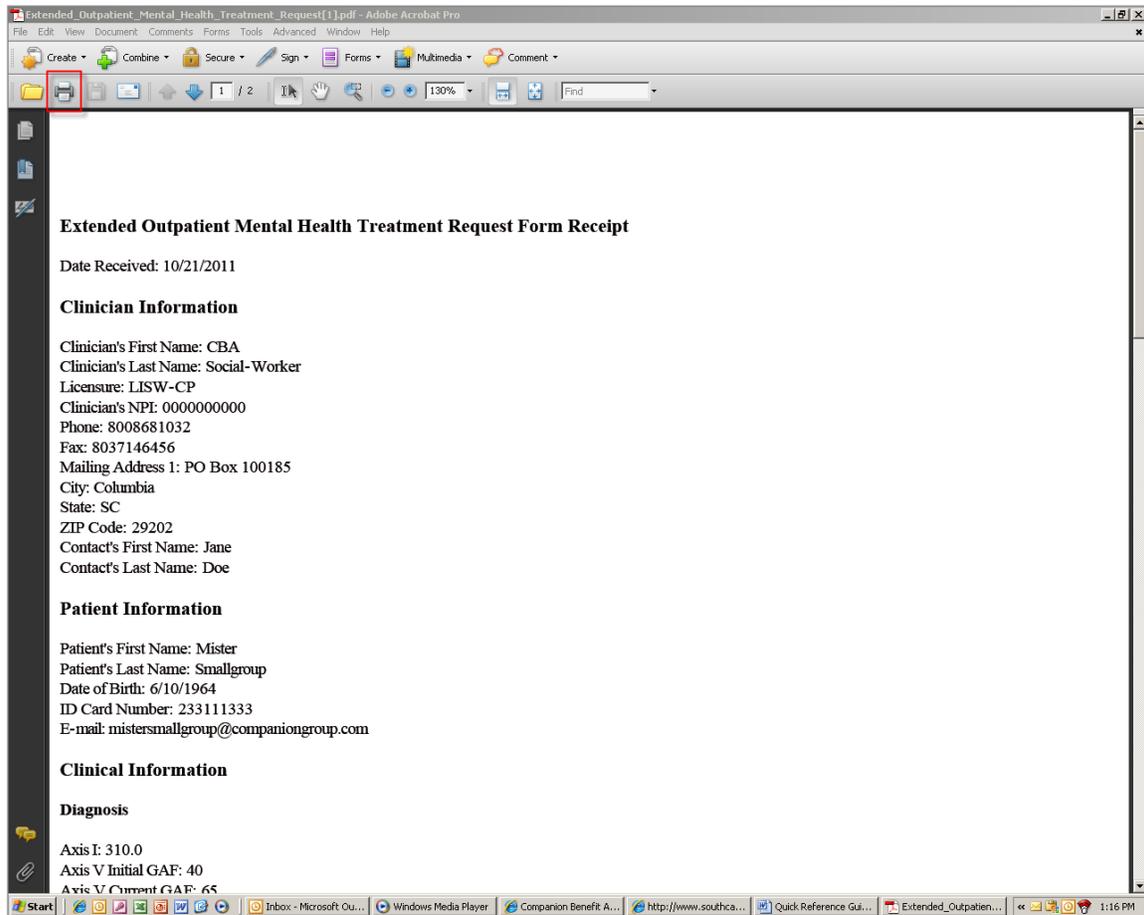
**IMPORTANT NOTE:** Once you leave this request form, you will not be able to retrieve it again! We do not store them for you to access later. We recommend you always save or print a copy of your request for your records.

**Figure 10: Printing Your Request**

You have the options to open and print the request, save it to your computer or cancel the printing/saving process (clicking *Cancel* will not cancel your authorization request submission).

For purposes of this reference guide, we will click *Open*.

**Figure 11: PDF Record of Authorization Request**



A PDF version of the authorization request will open in Adobe Acrobat.

To print a hard copy of the request, click the printer icon in the top left of the window. Or you can click on *File* and then *Print*.

At this point, you have successfully submitted an authorization request to CBA. You can exit the application or you can submit another request.