

Fax treatment plan to: Behavioral Health Dept. 210-358-6387

BEHAVIORAL HEALTH REQUEST FOR AUTHORIZED SERVICES

PROVIDERS: Payment for services requiring notification is contingent upon confirmation of current eligibility and applicable contract specifications at the time of service. To obtain confirmation of eligibility and benefit information call 210-358-6060 (STAR), 210-358-6300 (CHIP) or 210-358-6070 (Commercial), or Toll Free 1-800-434-2347. Pre-authorizations are subject to medical necessity review in advance of the services being rendered. Failure to obtain preauthorization in advance of the service being rendered will result in an administrative denial of the claim.

PATIENT INFORMATION O STAR MEDICAID (MA) O CHIP (CH) O COMMERCIAL O UHS HMO/UFCP						
Patient's Name	// DOB	Member #				
PROVIDER INFORMATION TPI#_		NPI #				
Provider:Name	Credentials	Tax ID#				
Address: Mailing	City	State	Zip			
Phone #: ()						
Contact Person: Group Affiliation (If yes, name) Behavioral Health Report to Primary Care Physician has been sent: O Yes O No (Required after 1 st appointment, every 3 months, and at termination of services) O Yes O No						
ICD 10 CODE Axis I (Code and name)						
Axis I (Code and name)						
Axis III						
CURRENT MEDICATIONS: List current meds REQUIRED DOCUMENTATION If requesting additional services: Fax a one page summary of the client's progress in therapy to date with this treatment plan.						
Summary should include two measureable outcomes and an estimated number of sessions needed to meet those outcomes.						

Member Name

Member ID #

SERVICES REQUESTED: Indicate num	ber of requested sessions for lim	it of 1	2 sessions per request.			
Services provided by Psychiatrist, APN, PA, DO :907919079290832908339083490836908379083890853 ~_ <i>E/M codes do not require preauthorization~</i>						
90846908479084990785* (*Commercial only)						
Services provided by Psychologist:907919083290834908379084690847908499085390785* (*Commercial only)						
Services provided by LPC, LMFT, LMSW:907919083290834908379084690847908499085390785* (Commercial only)						
Other CPT code with description:						
*90785 May be used for Commercial Lines of business only.						
	CURRENT SYMPTOMS					
rate		e rate	rate re			
Mild Moderate Severe	Mild	Moderate Severe	Mild Moderate Severe			
Mood Disorder	Z Z Thought Disorder		Anxiety Disorder			
Impaired concentration or distractibility OO Suicidal thinking OO Elevated or irritable mood OO Inflated self-esteem OO Pressure of speech OO Racing thoughts OO Excessive spending OO	Delusional ideas Disorganized/bizarre thoughts Auditory hallucinations Visual hallucinations Cognitive Impairment Disruptive Behavior Disorder Impulsiveness Hyperactivity Oppositional Behavior Aggressive Behavior	0×0000 00000 ≥0	Excessive fear or worry O O Elevated heart rate O O Sweating O O Shaking O O Shaking O O Shortness of breath O O Choking O O Choking O O Choking O O Chest pain O O Nausea O O Lightheaded O O Feelings of unreality O O Numbness or tingling O O Chills or hot flashes O O Recurring unwanted thoughts O O Repetitive behaviors O O Reliving life-threatening events O O			
Service Type	JTHORIZATION NOTIFICAT	ION	Visits/Session			
Authorization Number		-	Case Manager			
Please be advised that this authorization is based upon the subject to any subsequent review(s) of medical information the plan. If services, Providers, or dates of service change	n or records, the Members eligibility on the date	e the ser	rvice is rendered and all other contractual provisions of			