



Member Name

Member ID #

**SERVICES REQUESTED: Indicate number of requested sessions for limit of 12 sessions per request.**

Services provided by Psychiatrist, APN, PA, DO: \_\_90791 \_\_90792 \_\_90832 \_\_90833 \_\_90834 \_\_90836 \_\_90837 \_\_90838 \_\_90853

~E/M codes do not require preauthorization~

\_\_90846 \_\_90847 \_\_90849 \_\_90785\* (\*Commercial only)

Services provided by Psychologist: \_\_90791 \_\_90832 \_\_90834 \_\_90837 \_\_90846 \_\_90847 \_\_90849 \_\_90853 \_\_90785\* (\*Commercial only)

Services provided by LPC, LMFT, LMSW: \_\_90791 \_\_90832 \_\_90834 \_\_90837 \_\_90846 \_\_90847 \_\_90849 \_\_90853 \_\_90785\* (Commercial only)

Other CPT code with description: \_\_\_\_\_

\*90785 May be used for Commercial Lines of business only.

	Mild	Moderate	Severe	CURRENT SYMPTOMS			Mild	Moderate	Severe	Mild	Moderate	Severe	
<b>Mood Disorder</b>				<b>Thought Disorder</b>						<b>Anxiety Disorder</b>			
Lowered Mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delusional ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excessive fear or worry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Loss of interest or pleasure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Disorganized/bizarre thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Elevated heart rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Change in appetite or weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Auditory hallucinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sweating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Sleep disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Visual hallucinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Shaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Decrease/Increase in physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cognitive Impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Fatigue or loss of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					Choking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Feeling worthless or excessively guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Disruptive Behavior Disorder</b>				Chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Impaired concentration or distractibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Impulsiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Suicidal thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lightheaded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Elevated or irritable mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oppositional Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feelings of unreality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Inflated self-esteem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Aggressive Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Numbness or tingling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Pressure of speech	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					Chills or hot flashes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Racing thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Homicidal Ideations</b>	Yes	No		Recurring unwanted thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Excessive spending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		Repetitive behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
								Reliving life-threatening events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

**AUTHORIZATION NOTIFICATION**

\_\_\_\_\_ thru \_\_\_\_\_  
Service Type Effective Dates Visits/Session

\_\_\_\_\_ Case Manager  
Authorization Number

Please be advised that this authorization is based upon the medical information provided. This authorization is not a guarantee of benefits. Payment of benefits is subject to any subsequent review(s) of medical information or records, the Members eligibility on the date the service is rendered and all other contractual provisions of the plan. If services, Providers, or dates of service change from those indicated CFHP must be notified prior to services/ benefits are rendered.