



**Request for Authorization or Continued Outpatient Authorization of Services v082014 DASA Providers Only**

Please complete all applicable sections of this form legibly and fax to PsychHealth, Ltd. at (847) 864-9930. If you need assistance, please contact PsychHealth Ltd. Clinical Care Department at (847) 864-4961.

Member's First and Last Name: \_\_\_\_\_ Member Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Member's Medical Group/IPA/Health Plan: \_\_\_\_\_ Member Insurance ID #: \_\_\_\_\_

Requesting Provider's Name and Credentials: \_\_\_\_\_ PsychHealth, Ltd. Provider ID number \_\_\_\_\_  
Requesting Provider's Telephone # \_\_\_\_\_ Previous PsychHealth, Ltd. Referral number \_\_\_\_\_

**Behavioral healthcare providers must document coordination of care with the member's Primary Care Physician.**

Member's Primary Care Physician (PCP): \_\_\_\_\_  
Requesting Provider contact with member's PCP to coordinate integrated care? Yes \_\_\_ No \_\_\_  
Date of contact: \_\_\_\_\_

Date member first contacted: \_\_\_/\_\_\_/\_\_\_ Scheduled initial session on: \_\_\_/\_\_\_/\_\_\_  
Actual initial session (if different from scheduled date): \_\_\_/\_\_\_/\_\_\_ Most Recent Session: \_\_\_/\_\_\_/\_\_\_  
Number of Sessions to Date: \_\_\_\_\_

Diagnosis and DSM-IV code: \_\_\_\_\_

Symptoms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective and measurable goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment plan and progress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications (Including dosage): \_\_\_\_\_  
\_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



*PLEASE NOTE THAT AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT*



**For DASA Providers Only**

**DASA Services Managed by PsychHealth, Ltd.  
PsychHealth, Ltd. Financial Responsibility**

Service Description	HIPAA Code	DASA Code	Revenue Code	MOD
Psychiatric/Diagnostic	90791	PEV	0944 or 0945	N/A
Admission & Discharge Assessment	H0002	AAS	0944 or 0945	N/A
Medication Monitoring	M0064 99213	OPI, IOI	0961	N/A
Level I (Individual)-Outpatient	H0004 90832 90834	OPI	0914	N/A
Level II (Individual)-Intensive Outpatient	H0015	IOI	0906	N/A
Level I (Group)-Outpatient	H0005 90847 90853	OPG	0915 or 0916 0916 0915	HQ HR HQ
Level II (Group)-Intensive Outpatient	H0015 90847 90853	IOG	0906 0916 0915	HQ HR HQ
Case Management	H0006	CMH	N/A	N/A
Early Intervention (Individual)	H0022	EII	N/A	N/A
Early Intervention (Group)	H0022	EIG	N/A	N/A
Community Intervention	H2015	CIH	N/A	N/A

**DASA Services Managed by PsychHealth  
County Care Financial Responsibility**



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Level III.1 (Extended Residential Care) -Residential	H0019	HH	0944 or 0945	N/A
Level III.7D (Medicaly Monitored Detoxification) -Residential	H0010	DX	0944 or 0945	N/A
Level III.2D (Clinically Managed Detoxification) - Residential	H0012	DX	0944 or 0945	N/A
Level III.5 (Day Treatment) - Residential	H0018 H0019	RR	1001 or 1002	N/A
Mental Health assess by non-physician	H0031			
Opioid Maintenance Therapy (less than 105 DASA funded per site)	H0020	OP	0944 or 0945	HG
Opioid Maintenance Therapy (more than 104 DASA funded per site)	H0020	OP	0944 or 0945	HG
Toxicology	H0003 H0048	TOX	N/A N/A	N/A
HIV Counseling and testing	86701 86703	HIV	N/A	92
Donated Funds Initiative (DFI) (Transportation)	T2001- T2005 S0215	DFF DFH DFC DFS	N/A	N/A

Frequency Requested:

- Bi-weekly
- Bi-monthly
- Weekly
- Monthly
- Quarterly
- Semi-annual



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