



Request for Authorization or Continued Outpatient Authorization of Services v082014

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



Procedure Codes Requested (Outpatient CPT)

Outpatient CPT Codes

Description

Outpatient CPT Codes	Description
<input type="checkbox"/>	90791 Psychiatric diagnostic eval (no medical svcs)
<input type="checkbox"/>	90792 Psychiatric diagnostic eval (w/medical svcs)
<input type="checkbox"/>	99203-5 Office Visit Initial
<input type="checkbox"/>	99203 Office visit, new patient 30 minutes
<input type="checkbox"/>	99204 Office visit, new patient 45 minutes
<input type="checkbox"/>	99205 Office visit, new patient 60 minutes
<input type="checkbox"/>	90832 Psychotherapy 30 min
<input type="checkbox"/>	90834 Psychotherapy 45 min
<input type="checkbox"/>	90847 Family Therapy
<input type="checkbox"/>	90853 Group Therapy
<input type="checkbox"/>	99211-15 Office Visit, established patient
<input type="checkbox"/>	99211 Office visit Establ 5 min
<input type="checkbox"/>	99212 Office visit Establ 10 min
<input type="checkbox"/>	99213 Office visit Establ 15 min
<input type="checkbox"/>	99214 Office visit Establ 25 min
<input type="checkbox"/>	99215 Office visit Establ 40 min
<input type="checkbox"/>	+90833 30 min psychotherapy add-on code
<input type="checkbox"/>	+90836 45 min psychotherapy add-on code
<input type="checkbox"/>	90870 ECT - Electroconvulsive therapy

Frequency Requested:

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



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