



PsycHealth Care Management, LLC

Request for Authorization or Continued Outpatient Authorization of Services v082014

Please complete all applicable sections of this form legibly and fax to PsycHealth, at (847) 864-9930. If you need assistance, please contact PsycHealth 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: _____ PsycHealth, Ltd. Provider ID number _____
Requesting Provider's Telephone # _____ Previous PsycHealth, 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 ICD-10 code: _____

Symptoms: _____

Objective and measurable goals: _____

Treatment plan and progress: _____

Medications (Including dosage): _____

Signature/Title: _____ Date: ___/___/___



PsychHealth Care Management, LLC

Procedure Codes Requested (Outpatient CPT)

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