TEXAS STANDARD PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES

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SECTION I — SUBMISSION

Issuer Name:	Phone:	Fax:	Date:
HealthPlus Insurance	555-111-2222	555-333-4444	05/23/2024

SECTION II — GENERAL INFORMATION

Review Type: ☒ Non-Urgent ☐ Urgent		Clinical Reason for Urgency:	
Request Type: ☒ Initial Request ☐ Extension/Renewal/Amendment		Prev. Auth. #:	

SECTION III — PATIENT INFORMATION

Name:	Phone:	DOB:	☒ Male ☐ Female ☐ Other ☐ Unknown
Steve Martin	555-2345	5/22/1985	
Subscriber Name (if different):	Member or Medicaid ID #:	Group #:	
	8789900800	27009	

SECTION IV — PROVIDER INFORMATION

Requesting Provider or Facility		Service Provider or Facility	
Name: Rajani Tadimala		Name: Central Heart Clinic	
NPI #: 89899101	Specialty: Cardiologist	NPI #: 87634534	Specialty: Cardiology
Phone: 555-6543	Fax: 555-4321	Phone: 555-0976	Fax: 555-7865
Contact Name:	Phone:	Primary Care Provider Name (see instructions): Dr Kim Seth	
Requesting Provider's Signature and Date (if required):		Phone:	Fax:

SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD CODE)

Planned Service or Procedure	Code	Start Date	End Date	Diagnosis Description (ICD version 10)	Code
Outpatient Cardiac Rehab; contiuous ECG I	93798			Ischemic cardiomyopathy	I 25.5
Pulmonary rehablitation, including exercis	G0424			Asthma,unspecified	J45.9

☐ Inpatient ☒ Outpatient ☐ Provider Office ☐ Observation ☐ Home ☐ Day Surgery ☐ Other: _____

☒ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☒ Cardiac Rehab ☐ Mental Health/Substance Abuse

Number of Sessions: 36 Duration: 2 hrs per session Frequency: 3 times a we Other: _____

☐ Home Health (MD Signed Order Attached? ☐ Yes ☒ No) (Nursing Assessment Attached? ☐ Yes ☐ No)

Number of Visits: _____ Duration: _____ Frequency: _____ Other: _____

☐ DME (MD Signed Order Attached? ☐ Yes ☒ No) (Medicaid Only: Title 19 Certification Attached? ☐ Yes ☐ No)

Equipment/Supplies (include any HCPCS Codes): _____ Duration: _____

SECTION VI — CLINICAL DOCUMENTATION (SEE INSTRUCTIONS PAGE, SECTION VI)

An issuer needing more information may call the requesting provider directly at: _____

El Paso First Health Plans-Request for Behavioral Health Services

Member's Name: Steve Martin **Member I.D.** 8789900800

Section VII. Identifying Information:			
Current Living Situation:	☐ **With Parent(s)**	☐ **Group/Foster Home**	☑ **Other (list):** Lives with sibling

Section VIII. Court Ordered Service?	☐ **Yes**	☑ **No**

Section IX. DFPS Directed Service:	☐ **Yes**	☑ **No**

Section X. Psychiatric Medications:

Medication	Dose	Frequency	Prescribing Physician
Sertraline	25 mg	once daily	Dr Marta Litt
Alprazolam	0.5 mg	three times a day	Dr Marta Litt

Section XI. Continuation of Therapy Requests: Please indicate the following. (Complete all sections):		
Current Symptoms:	Anxiety, depression, sleeping disturbances	
Response to Past Treatment: (Provide Detailed Information)	Steve has shown improvement in mood and reduction in anxiety.	
Specific Therapeutic Interventions:	CBT sessions twice a week, mindfulness meditation practices	
For MHR/TCM Requests Only:	☐ **Deviation of LOC**	☐ **Reduction of LOC**
Please list reason for Deviation and/or Reduction of LOC (MHR/TCM Only):		

Section XII. Short Term Measurable Treatment Goals: (Note specific progress for each goal)

Goal	Current Progress	Target Date
Reduce anxiety attack to once a week	Currently experiencing 3 times a week	07/01/2024
Improve sleep quality to 7 hrs per day	Currently sleeping for 5 hours	07/01/2024

El Paso First Health Plans-Request for Behavioral Health Services

Member's Name: Steve Martin **Member I.D.** 8789900800

Section XIII.

Anxiety/Phobia

- [x] Anxiety
- [ ] Panic Attack
- [ ] Phobic Responses
- [ ] Excessive Worry
- [ ] PTSD

Risk Factors

- [x] Social Isolation
- [ ] Impaired Judgment
- [ ] Aggression
- [ ] Oppositional/Defiant
- [ ] Self injurious

Sleep Patterns

- [ ] Hypersomnia
- [x] Insomnia
- [ ] Nightmares
- [ ] Traumatic Dreams
- [ ] Hyposomnia

Eating Patterns

- [ ] Increase Appetite
- [x] Decrease Appetite
- [ ] Bulimia
- [ ] Anorexia

Substance Abuse

- [ ] Alcohol
- [ ] Drugs
- [ ] Active
- [ ] Remission
- [ ] Withdrawal Symptoms

Mood

- [ ] Anger
- [ ] Apathy
- [ ] Blunted/Flat Affect
- [ ] Depressed Mood
- [ ] Elevated/Expansive
- [ ] Grandiosity
- [x] Hopelessness
- [ ] Irritable
- [ ] Low Self Esteem
- [ ] Tearfulness
- [ ] Mood Swings

Cognition

- [ ] Decrease Concentration
- [ ] Distractibility
- [ ] Impaired Abstract Thinking
- [ ] Memory Impairment
- [ ] Difficulty Making Decisions
- [ ] Hallucinations

Thought Content

- [ ] Flight of Ideas
- [ ] Loose Association
- [ ] Hyper-talkative
- [ ] Pressured Speech
- [ ] Racing Thoughts
- [ ] Delusions
- [ ] Grandiosity
- [ ] Paranoid Ideation

Functionality

- [ ] Obsessions/Compulsions
- [ ] Hypersexual
- [ ] Impaired ability to function at:
  - [ ] Home
  - [ ] School
  - [ ] Work
- [ ] High Risk Behavior
- [ ] Anti-Social Behavior

Activity

- [ ] Decrease in Energy
- [ ] Psychomotor Retardation
- [ ] Restlessness
- [ ] Hyperactivity
- [ ] Impulsiveness

Section XIV.

Suicidal:	[ ] Yes	[x] No	Explain:
Homicidal:	[ ] Yes	[x] No	Explain:
Emotional Trauma:	[ ] Yes	[x] No	Explain:
Sexual Trauma:	[ ] Yes	[x] No	Explain:
Physical Trauma:	[ ] Yes	[x] No	Explain: