

Outpatient Request for Prior Authorization

Member Name:
Provider Number:
Date Completed:

APS Healthcare, Inc.
4545 N. Lincoln Blvd., Suite 103
Oklahoma City, OK 73105
800-762-1560 (Main)/800-762-1639 (Fax)

Fax Date:	<input type="text"/>		
Organization	<input type="text"/>		
Provider ID number	<input type="text"/>		
Requesting Staff	<input type="text"/>		
Phone Number	<input type="text"/>	Fax #	<input type="text"/>
Authorization Type	<div><input type="checkbox"/> Prior Authorization-Initial <input type="checkbox"/> Prior Authorization-Extension <input type="checkbox"/> Courtesy Review/Pending Eligibility</div>		
Start date for this request	<input type="text"/>		
Review Type	<div><input type="checkbox"/> Outpatient - Behavioral Health <input type="checkbox"/> Outpatient - Substance Abuse/Integrated <input type="checkbox"/> Case Management only <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Modification Request <input type="checkbox"/> Important Notice Response <input type="checkbox"/> Other <input type="text"/></div>		

Consumer Information

SoonerCare ID #	<input type="text"/>		
Social Security #	<input type="text"/>		
Date of Birth	<input type="text"/>		
Last Name	<input type="text"/>		
First Name	<input type="text"/>		
Middle Initial	<input type="text"/>	Designation (Sr., Jr., III, etc.)	<input type="text"/>
Current Residence	<div><input type="checkbox"/> Nursing Home <input type="checkbox"/> Therapeutic Foster Care (TFC) <input type="checkbox"/> Group Home - Level <input type="text"/> <input type="checkbox"/> ICF/MR</div>		

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DHS Custody

OJA Custody

Admit date to current facility

Diagnosis (ICD-9-CM)

Axis I	Code	<input type="text"/>	Title	<input type="text"/>
Axis I	Code	<input type="text"/>	Title	<input type="text"/>
Axis I	Code	<input type="text"/>	Title	<input type="text"/>

Axis II	Code	<input type="text"/>	Title	<input type="text"/>
Axis II	Code	<input type="text"/>	Title	<input type="text"/>

Axis III

Axis IV

Psychosocial Stressor	None/NA	Mild	Moderate	Severe
Problems related to Primary Support				
Problems in Friendship/Social Relations				
Legal Issues				
School/Work Problems				
Custody/Placement Issues				
Financial Difficulties				
Problems in Living Situation				
Physical Health				
Access to Health Care Services				
Other: _____				

Axis V Current Highest level in the last year

Since last authorization request, GAF score has

☐ Increased
☐ Decreased
☐ Not Changed
☐ Unknown/Not Applicable

Comments/Current

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Services Requested

CAR level of care

____1	____2	____3	____4
____0-36mo	____RBMS	____ICF-MR	

Service	Provider ID	Start Date	End date	Units	RVUs
H0032TF				I	0
T1007TFHF				I	0
	SEE ATTACHED RVU PAGE				
				Total RVU	

Client Assessment Record

DOMAIN		CURRENT	PAST
1. FEELING/MOOD/AFFECT	SCORE	<input type="text"/>	<input type="text"/>
2. THINKING/MENTAL PROCESS	SCORE	<input type="text"/>	<input type="text"/>
IQ _____ MSE _____			
3. SUBSTANCE ABUSE	SCORE	<input type="text"/>	<input type="text"/>
4. MEDICAL/PHYSICAL	SCORE	<input type="text"/>	<input type="text"/>
5. FAMILY	SCORE	<input type="text"/>	<input type="text"/>
6. INTERPERSONAL	SCORE	<input type="text"/>	<input type="text"/>
7. ROLE PERFORMANCE	SCORE	<input type="text"/>	<input type="text"/>
8. SOCIO-LEGAL	SCORE	<input type="text"/>	<input type="text"/>
9. SELF-CARE/BASIC NEEDS	SCORE	<input type="text"/>	<input type="text"/>

COMMUNICATION (required for ICF/MR level of Care)

____ESL
____Non-Verbal
____Signs
____Fluency

____Hearing Impaired
____Uses Interpreter
____Uses Mechanical Device
____Speech Impaired

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Substance Abuse/Integrated Requests use the CAR
OR the ASI/T-ASI.

Addiction Severity Index

Problem Area	Score (0-9)
Medical Status	<input type="text"/>
Employment/Support Status	<input type="text"/>
Alcohol	<input type="text"/>
Drugs	<input type="text"/>
Legal Status	<input type="text"/>
Family/Social Relationships	<input type="text"/>
Psychiatric Status	<input type="text"/>

Teen Addiction Severity Index

Problem Area	Score (0-4)
Chemical (Substance) Use	<input type="text"/>
School Status	<input type="text"/>
Employment/Support Status	<input type="text"/>
Family/Relations	<input type="text"/>
Peer/Social Relationships	<input type="text"/>
Legal Status	<input type="text"/>

CLINICAL INTERPRETIVE SUMMARY/PROGRESS ON OR BARRIERS TO CURRENT/PREVIOUS GOAL(S) & OBJECTIVES

<div></div>

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Service Plan

Complexity Type

☐ Low ☐ Moderate

Needs 1:

Degree of
Impairment:

☐ Mild

☐ Moderate

☐ Severe

Goal 1:

Measurable Objectives/Action Steps:	Target Date

Needs 2:

Degree of
Impairment:

☐ Mild

☐ Moderate

☐ Severe

Goal 2:

Measurable Objectives/Action Steps:	Target Date

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Discharge Plan

a. Criteria (member specific behaviors):

b. Estimated Date of Discharge (M/Y) from program and/or agency:

c. Aftercare Plan:

Collaboration with School System (school age children only):

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Addendum

Community Integration

Caregiver Resources (for members under the age of 21):

Member's Strengths/Abilities (in member's own words):

Member's Liabilities/Needs (in member's own words):

Theoretical Approach being utilized with Individual Psychotherapy:

Referrals to other community services:

OUTPATIENT REQUEST FOR PRIOR AUTHORIZATION

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Revised 03-26-08

Recipient ID #: _____ Provider #: _____ Location: _____ Case Mgmt: _____

CHILD RVU PAGE (under 21 years old)

CHILD Psychotherapy:

Child Individual Psychotherapy: _____ # of 20-30 min sessions per total review period = _____ RVU total
(1 unit = 1.54 RVU's)
_____ # of 45-50 min sessions per total review period = _____ RVU total
(1 unit = 2.25 RVU's)
_____ # of 75-80 min sessions per total review period = _____ RVU total
(1 unit = 3.34 RVU's)

Child Interactive Psychotherapy: _____ # of 20-30 min sessions per total review period = _____ RVU total
(1 unit = 1.64 RVU's)
_____ # of 45-50 min sessions per total review period = _____ RVU total
(1 unit = 2.43 RVU's)
_____ # of 75-80 min sessions per total review period = _____ RVU total
(1 unit = 3.51 RVU's)

Child Family Psychotherapy w/ Client: _____ # of 60 min sessions per total review period = _____ RVU total
(60 min = 2.69 RVU's)

Child Family Psychotherapy w/o Client: _____ # of 60 min sessions per total review period = _____ RVU total
(60 min = 2.20 RVU's)

Child Group Psychotherapy: _____ # of 60 min sessions per total review period = _____ RVU total
(60 min = 0.84 RVU's)

Total CHILD Psychotherapy RVU's per total review period = _____

CHILD Psychosocial Rehabilitation or Alcohol and/or Substance Abuse Treatment Services, Skills Development and Case Management

Child Group Rehab: _____ # of 15 min sessions per total review period = _____ RVU total
Or Skills Development (15 min = 0.21 RVU's)

Child Individual Rehab: _____ # of 15 min sessions per total review period = _____ RVU total
Or Skills Development (15 min = 0.68 RVU's)

Child Case Management: Direct _____ # of 15 min sessions per total review period = _____ RVU total
(15 min = 0.64 RVU's)

Child Case Management: Indirect _____ # of 15 min sessions per total review period = _____ RVU total
(15 min = 0.64 RVU's)

Total CHILD Rehabilitation/Skills Development/Case Management per total review period = _____

Combined Total CHILD RVU's = _____

***Treatment Plan Review-Low Complexity needed for the end of this review period? _____ Yes _____ No

☐

6 month

☐

Other – please circle 1 / 2 / 3 / 4 / 5 month

Additional / Optional CHILD Services:

CHILD Medication Training and Support: _____ # of sessions per review period

CHILD Psychological Testing: _____ # of hours

CHILD Behavioral Health Aide: _____ # of 15 minute sessions per review period

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Revised 03-26-08

ADULT RVU PAGE (21 years old and older)

ADULT Psychotherapy:

Adult Individual Psychotherapy: _____ # of 20-30 min sessions per total review period = _____ RVU total
(DMH/Public 1 unit = 1.01 RVU's)
(Private 1 unit = 1.54 RVU's)

_____ # of 45-50 min sessions per total review period = _____ RVU total
(DMH/Public 1 unit = 1.92 RVU's)
(Private 1 unit = 2.25 RVU's)

_____ # of 75-80 min sessions per total review period = _____ RVU total
(DMH/Public 1 unit = 3.13 RVU's)
(Private 1 unit = 3.34 RVU's)

Adult Interactive Psychotherapy: _____ # of 20-30 min sessions per total review period = _____ RVU total
(DMH/Public 1 unit = 1.06 RVU's)
(Private 1 unit = 1.64 RVU's)

_____ # of 45-50 min sessions per total review period = _____ RVU total
(DMH/Public 1 unit = 2.01 RVU's)
(Private 1 unit = 2.43 RVU's)

_____ # of 75-80 min sessions per total review period = _____ RVU total
(DMH/Public 1 unit = 3.28 RVU's)
(Private 1 unit = 3.51 RVU's)

Adult Family Psychotherapy w/ Client: _____ # of 60 min sessions per total review period = _____ RVU total
(DMH/Public 1 unit = 2.53 RVU's)
(Private 1 unit = 2.69 RVU's)

Adult Family Psychotherapy w/o Client: _____ # of 60 min sessions per total review period = _____ RVU total
(DMH/Public 1 unit = 2.53 RVU's)
(Private 1 unit = 2.20 RVU's)

Adult Group Psychotherapy: _____ # of 60 min sessions per total review period = _____ RVU total
(DMH/Public 1 unit = 1.21 RVU's)
(Private 1 unit = 0.76 RVU's)

Total ADULT Psychotherapy RVU's per total review period = _____

ADULT Psychosocial Rehabilitation or Alcohol and/or Substance Abuse Treatment Services, Skills Development and Case Management

Adult Group Rehab: _____ # of 15 min sessions per total review period = _____ RVU total
Or Skills Development (DMH/Public 15 min = 0.12 RVU's)
(Private 15 min = 0.19 RVU's)

Adult Individual Rehab: _____ # of 15 min sessions per total review period = _____ RVU total
Or Skills Development (DMH/Public 15 min = 0.45 RVU's)
(Private 15 min = 0.68 RVU's)

Adult Case Management: Direct _____ # of 15 min sessions per total review period = _____ RVU total
(DMH/Public 15 min = 0.49 RVU's)
(Private 15 min = 0.64 RVU's)

Total ADULT Rehabilitation/Skills Development/Case Management per total review period = _____

Combined Total ADULT RVU's = _____

***Treatment Plan Review-Low Complexity needed for the end of this review period? _____ Yes _____ No

☐ 6 month ☐ Other – please circle number 1 / 2 / 3 / 4 / 5 month

Additional / Optional ADULT Services:

ADULT Medication Training and Support: _____ # of sessions per review period

ADULT Psychological Testing: _____ # of hours

ADULT Community Recovery Support: _____ # of 15 minute sessions per review period