



Prior Authorization Mental Health Outpatient

FYI *Incomplete, illegible or inaccurate forms will be returned to sender.* Please complete the entire form and allow 14 calendar days for decision.



For questions, call Mental Health and Substance Use Disorder Services at:
612-676-6533 or **1-833-276-1185**



To **fax** form and any relevant documentation:

For **initial** admission notifications:
612-884-2033 or **1-855-260-9710**



Submit Request: [UCare's Secure Email Site](#)
Intake: MHSUDservices@ucare.org

MEMBER INFORMATION

UCare ID _____ PMI _____

Member Name _____ DOB _____

Address _____

City, State, Zip _____ Phone _____

SERVICING PRACTITIONER INFORMATION

Practitioner Name _____ NPI Number _____

Service Location Address _____

City, State, Zip _____

Contact Phone _____ Fax _____

REQUESTER INFORMATION

Request Sent By _____ Email _____

Phone _____ Total Pages Faxed _____

STANDARD REVIEW

Standard review timeframe for an authorization decision is within 14 calendar days or 10 business days from the date the request was received, as expeditiously as the member's health condition requires.

EXPEDITED REQUEST

Only request an urgent/ emergent review if waiting the standard review timeframe would potentially jeopardize the member's health, life, or ability to regain function. Expedited decision within 72 hours. Billing and retrospective authorizations are not expedited.

Prior Authorization for MH Outpatient Services

SERVICE REQUEST/ DATES/ PROCEDURE CODES/ UNITS

Threshold for services were met on (date): _____

Please list all necessary code(s) and units associated with your visit.

Service Requested: _____

ICD-10: _____ Date of Service _____

Procedure Code _____ Units Requested _____

Procedure Code _____ Units Requested _____

Procedure Code _____ Units Requested _____

Procedure Code _____ Units Requested _____

Procedure Code _____ Units Requested _____

DOCUMENTS FOR REVIEW

Confirm service and attach the following applicable documents:

- Children's Therapeutic Services and Supports (CTSS)**
 - Diagnostic Assessment, CASII or ECSII, Individual Treatment Plan, Progress Notes (from past 60 days) and Discharge Summary
- Day Treatment**
 - Diagnostic Assessment, Functional Assessment, Level of Care Assessment (per DHS guidelines), Individual Treatment Plan, and Progress Notes (from past 60 days) Discharge Summary
- Intensive Treatment in Foster Care (ITFC)**
 - Diagnostic Assessment (within 180 days), CASII, Individual Treatment Plan, and Progress Notes (from past 60 days)
- IOP DBT**
 - Intake or Diagnostic Assessment, Functional Assessment, Level of Care Assessment (per DHS guidelines), Individual Treatment Plan, and Progress Notes (from past 60 days) and Discharge Summary
- Partial Hospitalization**
 - Intake or Diagnostic Assessment, Functional Assessment, Level of Care Assessment (per DHS guidelines), Individual Treatment Plan, and Progress Notes (from past 60 days) and Discharge Summary
- Psychological & Neuropsychological Testing**
 - Diagnostic Assessment (within 180 days), CASII, Individual Treatment Plan, and Progress Notes (from past 60 days)
- Psychotherapy (Individual, Group or Family)**
 - Intake or Diagnostic
- Transcranial Magnetic Stimulation**
 - **Documentation from treatment practitioner that includes:** diagnosis, past treatment history, medication history, medical history, compliance history, and Individual Treatment Plan which includes number and frequency of TMS treatment sessions