

Preauthorization Request – Psychotherapy, 60 minutes with Patient (CPT 90837)

THIS IS NOT AN APPROVAL. After validating the information on this form is correct, you must submit the preauthorization request with supporting medical records. No payment will be issued for services without preauthorization.

- Fax to 800-262-2567 or 970-255-5681
- Secure Email to UMBH@rmhp.org
- **ECG QuickConnect:** If you do not have the ability to send emails or faxes securely, you may use the ECG Quick Connect web-based file transfer application to securely transmit the required documentation. An invitation email from RMHP staff is required. Please contact RMHP at UMBH@rmhp.org to request a Quick Connect invitation.

To ensure your preauthorization request is completed in a timely manner, please allow:

Medicaid: 10 days Medicare: 14 days CHP+: 10 days Commercial: 15 days

New Request Revised Request of Approval # _____

Patient Name: _____ Member ID#: _____

Date of Birth: _____

Requesting Provider (Please use full name): _____

Provider Phone #: _____ Provider Fax #: _____

Billing Provider (Please use full name): _____ TIN #: _____

Billing Provider Phone #: _____ Provider Fax #: _____

Facility/office where service to be performed: _____ TIN #: _____

Address and Phone #: _____

Contact for Determination Notification: _____ Contact Phone #: _____

Services:

Office Date/s of Service: _____

Diagnosis Code: _____ Diagnosis Description: _____

CPT Code(s)/HCPCS Code(s): **90837** Name and Quantity: **Psychotherapy, 60 minutes with Patient**

Please attach the following clinical notes with this request to avoid processing delays.

Current Mental Health Status

- Precipitating Event
- Symptoms, current and any additional that support the diagnosis
- Current and historical risk issues
- Functional impairments - description, history, progress.
- Medications and medication compliance (taking as prescribed?)
- Specify purpose of sessions in the clinical record or letter of medical necessity, examples include
 - DBT for BPD, EMDR, or TIR
 - prolonged exposure therapy with a diagnosis of PTSD, Panic Disorder, OCD or specific Phobia
 - periodic involvement of a child, adolescent, or geriatric member's family (not synonymous with marital or family therapy)
 - complications from pharmacotherapy or worsening symptoms
- Treatment plan, goals, and timeframe, examples include
 - Goal / anticipated outcome
 - Intervention plan
 - Estimated time / sessions to accomplish goals

The preauthorization for services noted in this form is only for the time period during which the patient remains eligible on the patient's current health benefit plan or for a shorter period as specified in this form. Rocky Mountain Health Plans is not financially responsible for the services that are preauthorized if the patient is not eligible on the date services are provided. Further as permitted by applicable law, this preauthorization is subject to concurrent review as to medical necessity, appropriateness or efficacy, and coverage for services being provided and is subject to the terms and conditions in the Member's Evidence of Coverage, including but not limited to, coordination of benefit provisions, preexisting conditions and limitations, and any agreements between Rocky Mountain Health Plans and the health care provider. Billing for the services preauthorized on this form is subject to nationally standardized rules for coding and paying health services as used by Rocky Mountain Health Plans

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