SUBSEQUENT TREATMENT PLAN/AUTHORIZATION REQUEST

HARMONY HEALTHCARE

PHONE (702) 251-8000 Opt. 5 FAX (702) 366-0269

Client Name_____ Date of Birth_____ Age:_____ Gender_____

Complete Address_____Phone_____

SSN_____/_____/_____ Insured Name_____Employer_____

Primary Ins: _____ ID#:_____Secondary Ins: _____ ID#:_____

Primary Diagnosis (ICD-10/F-Code ONLY):_____ **Secondary Diagnosis (ICD-10/F-Code ONLY):_____**

DSM V Criteria that support the Diagnosis(es) listed above:

_____

_____

_____

Medications, Dosage and Frequency: _____

Progress since the last Prior Authorization: (Document the amount of ***measurable*** progress toward previous tx goals, such as decreased frequency or intensity of symptoms. Progress cannot be measured in terms of attendance or learning/using interventions): _____

_____

_____

_____

Anticipated Discharge Date: _____

A: Goals- Include current baseline and goal (i.e. reduce stress from 5x's a week to 1x a week)

1. _____

2. _____

B: Objective Outcome Criteria (by which goal achievement is measured i.e. self-report, BDI, observation)

1. _____

2. _____

C: Planned Interventions (CBT, solution-focused, cognitive rehearsal, role-paly etc.)

1. _____

2. _____

Onset of TX: _____ **Subsequent Auth Start Date:**_____ **# of Sessions to Date in TX Episode**:_____

Provider Name & Title (Print) _____ Fax #_____

Provider Signature: _____ Date: _____

TOTAL NUMBER OF SESSIONS REQUESTED: ____ (90834/90847/90853) **Total *cannot* *exceed 20***

***Frequency of sessions should **NOT** exceed 1x/week. If more than 1x/week is needed please contact Provider Services with additional information so that we can notate the account.

PLEASE NOTE: Prior Authorization is the determination of the medical necessity and appropriateness of treatment as a required part of the Utilization Management process. Prior authorization approval by Harmony Healthcare does not automatically ensure payment. Even if a service has been prior approved, the provider must still verify a recipient's eligibility by contacting the insurance carrier or obtaining online verification of active coverage on the day the service is provided. If you do not verify the eligibility and extent of coverage of each recipient each time services are provided, then you will risk the possibility of nonpayment for your services.