COURAGE **BEYOND**

A PROGRAM OF CENTERSTONE

CENTERSTONE MILITARY SERVICES AUTHORIZATION REQUEST FORM

TODAY'S DATE: _____

Utilization Management um@advantagebehavioral.org www.couragebeyond.org

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*Please allow 10 business days before inquiring about this request. If you have not received an authorization after 10 business days, please follow-up.

PROVIDER SIGNATURE:

Last Name of the individual Receiving Services:	**Provider Name:**
Client ID Number if Available:	Provider Clinic Location/Address:
Providers Email/Fax/Phone	City, State, Zip
___ Initial Request ___ Continuation Request Sessions 5-8 _____ Sessions 9-12_____ ___ Re-Authorization Request _____ # of Unused Sessions ___ Insurance Co-Pay _____ Amount Co-Pay per session Please List Previous Authorization Numbers:	**Use this Assessment Scale to Answer the Risk and Impairment questions below:** 0 = none 1 = mild, ideation only 2 = moderate, ideation with plan OR hx of attempts 3 = severe, ideation and plan with either intent AND/OR means *(Please note that members identified as a 3 are not appropriate for CMS services and need more intensive treatment.)*
Requested Start Date:	**Risk to Self** - using above scale (0-3):
(Your authorization will begin on the date you enter above, if no date, today's date will be used)	**Risk to Others** - using above scale (0-3) :
Type of Services and Number of visits requested: ___ CPT Code 90791 Psychiatric Evaluation ____# of visits ___ CPT Code 90834 Ind. Therapy (38-52min) ____# of visits ___ CPT Code 90837 Ind. Therapy (53 +min) ____# of visits ___ CPT Code 90846 Family Therapy (W/O patient) ____# of visits ___ CPT Code 90847 Family Therapy WITH Patient ____# of visits	**Impairments:** *(rate all that apply using above scale 0-3)* ___ Mood Disturbances (Depression or Mania) ___ Anxiety ___ Psychosis/Hallucinations/Delusions ___ Weight Loss/Gain ___ Thinking/Cognition/Memory/Concentration Problems ___ Substance Abuse/Dependence ___ Impulsive/Reckless/Aggressive Behavior ___ Medical/Physical Condition ___ Social/Relationships/Marital/Family Problems **PRIMARY PRESENTING PROBLEM/CONCERN** (*check only one)* ____PTSD/PTSD SYMPTOMS ____ANXIETY ____DEPRESSION ____RELATIONSHIP ISSUES ____ADJUSTMENT ____GRIEF ____OTHER _____