

## Prior Authorization for Adjunct Request Form

**Adjunct MH OP requires Prior Authorization to ensure that duplication of services does not occur with a currently approved Level of Care. Refer to PerformCare Memorandum AD 12 000 Transition to Authorization Free Process for Most Ambulatory/Outpatient Services for Level Of Care considered a potential duplication of serves with MH OP.**

**Out of Network (OON) Providers: A detailed rationale for utilizing an OON Provider including why an INN Provider is unable to meet the member's treatment needs must be included with your request.**

### Member Information

Member Name: \_\_\_\_\_ MAID: \_\_\_\_\_ DOB: \_\_\_\_\_

Member Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### REL/SOGI (Complete each section and indicate if Member preferred not to answer).

Member's Race: \_\_\_\_\_ Member's Ethnicity: \_\_\_\_\_

Member's Sexual Orientation: \_\_\_\_\_ Member's Gender Identity: \_\_\_\_\_

Member's Assigned Sex at Birth: \_\_\_\_\_ Member's Pronouns: \_\_\_\_\_

Member's Alternative Name (if applicable): \_\_\_\_\_

Member's Primary Language:

Written: \_\_\_\_\_ Spoken: \_\_\_\_\_

**Provider Information**

Therapist Name (including credentials): \_\_\_\_\_

Provider Name for Authorization: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone #: \_\_\_\_\_ Provider Fax #: \_\_\_\_\_

Provider Contact: \_\_\_\_\_

**Please complete the following:**

Signed release for PerformCare?  Yes  No

Offered provider choice?  Yes  No

Communication with PCP or other relevant health practitioners about treatment?  Yes  No

If no, did Member refuse?  Yes  No

Other insurance (name/Policy #): \_\_\_\_\_

Reason other insurance not used: \_\_\_\_\_

**Authorization**

Diagnosis codes: \_\_\_\_\_

Code	Description	Start Date	Units (Minutes)	Units Issued
90791	Diagnostic Interview <input type="checkbox"/> HO Masters <input type="checkbox"/> HP Doctoral			
90834	Individual Psychotherapy			60
90847	Family Psychotherapy with Member			240
90846	Family Psychotherapy without Member			240
90853	Group Psychotherapy			480
	Other: _____			

Capital Members: 1-888-722-8646 Franklin/Fulton Members: 1-866-773-7917

Providers: 1-888-700-7370 Fax: 1-888-987-5828

Mailing Address: 8040 Carlson Road, Harrisburg, PA 17112

Currently PerformCare-approved services: \_\_\_\_\_

**Describe current behavioral and clinical need for Adjunct MH OP in addition to the currently approved services/LOC above:**

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