

South Carolina School District - Name of School Treatment Review & Authorization Request

Initial Request- PA Form/ Clinical Assessment/IPOC

Re-Authorization Request/PA Form/90 day Progress Summary

Admission Date: _____

Start Date of Services: _____

Date of Request: _____

Managed Care Organization						
<input type="checkbox"/> Select Health Phone: (866) 341-8765 Fax: (888) 796-5521	<input type="checkbox"/> Blue Choice Phone:(866) 902-1689- opt 2 Fax: (877) 664-1499	<input type="checkbox"/> Molina Fax: (866) 423-3889	<input type="checkbox"/> Absolute Total Care Fax: 1866-694-3649	<input type="checkbox"/> Wellcare Crisis Fax: (888) 588-9842 Fax: (888) 343-5364		
School District Contact Information Provider(s) Information						
School District Name:	Address:	Medicaid Provider #:		NPI #:		
Billing Person Contact Name:				Phone #:		
				Fax #:		
LPHA Referral Contact Information						
LPHA (Contact):				Phone#:		
Child's Information						
Child's Name:	Name on MCO/Insurance Card:	Date of Birth:	Medicaid#			
Address:	Parent/Guardian Name:			Phone #:		
Other Insurance – Name:			Member Number:			
Current Diagnoses						
ICD-10 or DSM-5 or Z code:						
Description:						
Co-Occurring Disorder: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Define:						
Current Medications (medication name, dosage, frequency and prescriber): <input type="checkbox"/> None <input type="checkbox"/> Yes						
List or attach medication orders, if applicable.						
Treatment Request: please check services being requested for the RBHS program:						
		Services	Frequency	Encounters/ Number of Units	Start Date of Services	Target End Date
	96101	Psychological Testing and Evaluation				
	90832	Individual Psychotherapy - 30 min				
	90834	Individual Psychotherapy - 45 or more				
	90837	Individual Psychotherapy - 60 mins or more				
	90846	Family Psychotherapy without Patient				
	90847	Family Psychotherapy with Patient				
	90853	Group Psychotherapy				
Community Support Services						
	H2014	Behavioral Modification				
	H2017	Psychosocial Rehabilitation Services – Individual <input type="checkbox"/> Group <input type="checkbox"/>				

