



Prior Authorization - Mental Health Outpatient Services Medicare Advantage Plans

FYI *Incomplete, illegible or inaccurate forms will be returned to sender.* Please complete the entire form and allow 14 calendar days for decision.



For questions, call Mental Health and Substance Use Disorder Services at: **715-631-7442** or **1-855-931-5264**



Fax form and any relevant documents to: 715-787-7314



Submit Request: mhsudservicesMA@aspirushealthplan.com

MEMBER INFORMATION

Aspirus ID _____
Member Name _____ DOB _____
Address _____
City, State, Zip _____ Phone _____

ORDERING PRACTITIONER INFORMATION

Practitioner Name _____ NPI Number _____
Address, City, State, Zip _____
Contact Phone _____ Fax _____

SERVICING CLINIC INFORMATION

Practitioner Name _____ NPI Number _____
Clinic Location Address _____
Facility Phone _____ Fax _____

REQUESTER INFORMATION

Request Sent By _____ Phone _____
Requester email: _____

STANDARD REQUEST

Standard review timeframe for an authorization decision is within 14 calendar days or 10 business days from the date the request was received, as expeditiously as the member's health condition requires.

EXPEDITED REQUEST

Only request an urgent/ emergent review if waiting the standard review timeframe would potentially jeopardize the member's health, life, or ability to regain function. Medicare decision within 72 hours. Billing and retrospective authorizations are not expedited.

Prior Authorization - MH Outpatient Services (Continued)

SERVICE REQUEST / DATES/ PROCEDURE CODES/ UNITS

Threshold for services were met on (date): _____

Please list all necessary code(s) and units associated with your visit.

Service Requested: _____

ICD-10: _____ Date of Service _____

Procedure Code _____ Units Requested _____

DOCUMENTS FOR REVIEW

Confirm service and attach the following applicable documents:

Diagnostic Assessment (Previous Diagnostic Assessment if threshold has been met)

Partial Hospitalization

- Discharge Summary Progress Notes
- Functional Assessment
- Individual Treatment Plan
- Intake or Diagnostic Assessment
- Level of Care Assessment (per DHS guidelines)
- Progress Notes (from past 60 days)

Psychological & Neuropsychological Testing

Tests Performed with Results

Transcranial Magnetic Stimulation

Documentation from treatment practitioner that includes: diagnosis, contraindications, past treatment, medication history, medical history, compliance history, and Individual Treatment Plan which includes number and frequency of TMS treatment sessions