

## Pre-Authorization for Services

Request Date \_\_\_\_\_

Client UCI # \_\_\_\_\_

### Section I: Client Information

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section II: Provider Information

Agency \_\_\_\_\_

Site Location \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

### Section III: Units Requested

Service	Annual Limits (July 1 – June 30)	Total units of service which have been used	Total units requested beyond limit	Any units for retroactive purposes?	If yes, how many units are for retroactive services
Psychiatric Diagnostic Evaluation (90791, 90792)	1 encounter per code per billing agency			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Psychological Testing (96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137,)	Up to 20 hours/encounters combined			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Therapeutic Mentoring (M3140)	Max 832 units			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent Coaching	Max 24 units for families <i>not</i> involved with JFS			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent Coaching (JFS)	Max 48 units for families involved with JFS.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
SED Residential Placement	*FCFC pooled fund & OhioRISE ineligible			<input type="checkbox"/> Yes <input type="checkbox"/> No	



### Section III: Justification for Services Outside of Annual Limits

Please provide a justification on the reason the client is in need of services outside of the annual limits. The justification should include information that explains why this is the most appropriate service for the client.

[illegible]

**FOR MHRB USE ONLY**

Service	Additional Units Approved	Retroactive Units Included?
Psychiatric Diagnostic Evaluation (90791, 90792)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychological Testing (96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Therapeutic Mentoring (M3140)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Coaching		<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Coaching (JFS)		<input type="checkbox"/> Yes <input type="checkbox"/> No

MHRB Review By: \_\_\_\_\_

Approval Status ☐ Approved ☐ Denied

Date Effective

Date Notification Sent  
to Provider

Date SmartCare Notified

Date Appeal Received

Date Referred to BCCO