

## Pre-Authorization for Continued 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 <u>units</u> of service which have been used	Total <u>units</u> requested beyond limit	Any <u>units</u> for retroactive purposes?	If yes, how many <u>units</u> 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	

