

Mental Health-PHP/IOP Initial Request

Mental Health-PHP/IOP Initial Request Details

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Please check here if this is a courtesy review.

Provider/Facility Contact Information

Provider Contact/UR Name:*

Provider/UR Phone:*

Provider/UR Extension:

Provider/UR E-Mail:*

Provider/UR Secure Fax Number:

Is this a telephonic request? (INTERNAL OPTUM USE ONLY)**

Yes No

Participant Information

Participant Phone:*

Participant Address (upon discharge):*

Does the participant have a legal guardian?*

Yes No

Request Details

Level of Care Requested:*

Is there a valid court order?*

Yes No

Diagnosis & Clinical Information

Diagnosis:*

Any additional psychiatric diagnoses impacting current treatment?*

Yes No

Provide additional detail about the specific event leading to this treatment episode:*

What current symptoms, risks or impairments require treatment under the requested level of care? Please include current clinical presentation. *

Was substance use a contributing reason for this admission?*

Yes No

Are there any active medical conditions?*

Yes No

Is participant pregnant?*

Yes No

Was the participant admitted with either of the following diagnoses:

Cognition Diagnosis and/or age 65+?

Yes No

Eating Disorder Diagnosis?

Yes No

Medications

Current Medications (include dosage and frequency):*

Are there any barriers/issues related to the medication regimen?*

Yes No

Recovery/Discharge Plan

What specific actions or treatment are planned to address the acute symptoms or behaviors?*

Discharge Plan:*

Barriers to discharge and plans to address them to promote sustained recovery:

Any relevant information not otherwise discussed that is important to the review of this case.

Confirmation & Attestation

Please note this authorization request is not a guarantee of payment, coverage is still subject to applicable State of Maryland benefits.

I attest all of the information provided is accurate and reflected in the participant's medical record.*

Important:

- 1) When this form is saved a pop-up box will appear regarding an additional form being recommended.
- 2) Click Continue to move to the next form, DO NOT click Decline.
- 3) Do NOT click Cancel or the "X" on the top right of the screen before completing the Data Capture form.
- 4) After completing the Data Capture form, click Save and you will be returned to the authorization screen.

Data Capture Required:

Yes