

WPS Outpatient Behavioral Health Treatment Request Form Instructions

What is the Outpatient Behavioral Health Treatment Request Form and how is it used?

- The Outpatient Behavioral Health Treatment Request Form is used to request pre-authorization for additional treatment sessions for a WPS member.
- It is recommended that you submit your treatment request form up to **2 weeks before** the expiration of the current authorization to avoid possible disruption in claims payment.

Instructions for completing the Outpatient Behavioral Health Treatment Request Form

- Use a **black pen** to complete the form. Or you can download this form in MS Word format.
- Please write legibly. If it is illegible, the treatment request form will be sent back to you to re-complete.
- Please complete **all sections** of the treatment request form. This includes:
 - *Provider Demographics:* Provider name, clinic name, address, phone number, city, state, and Zip Code. Please also include your fax number and your billing tax ID number (this is vital as provider networks are more complex than ever!).
 - *Requesting Services:*
 - Please include how many sessions you have had with this member (whether insured by WPS or another insurer) prior to this request. This helps us understand how intensely you have treated this member.
 - Please note the date of intake.
 - **Please note the start date you are requesting.** It is critical to understand your request. If you do not inform us when you would like this authorization to start, it will start on the date WPS received your treatment request form.
 - **Please note how many visits you are requesting.** Please use the current CPT code(s) for the service(s) you are providing and include how many visits you are requesting. The American Medical Association is constantly reviewing and updating CPT codes. Please use the most current one for the service(s) you are providing.
 - *DSM V/Medical Conditions:* Please provide us the full diagnostic formulation. Single phrases like “Depression” or “Anxiety” are not helpful.
 1. **Risk of Harm:** Please detail the risk features you have assessed, including suicidal ideation, homicidal ideation, plans to harm, level of intention to harm, level of distress noted with risk features, chronicity of risk, levels of impulsivity, rapid loss of weight, problems with electrolytes, low BMI, binge or excessive use of substances resulting in harmful behaviors, and hallucinations/delusions that increase risk of harm.
 2. **Functional Status:** Please detail the domains that are currently impaired. This includes primary relationships, social relationships, job/school functioning, financial status, physical health, activities of daily living, sleep, sexual functioning, legal problems, hobbies/activities, and ability to control their temper. Even though physical disabilities may have an adverse impact on functionality, they should not be included here unless they are related to or impacts the member’s mental illness/substance use disorder.
 3. **Co-Morbidity:** Please detail co-occurring conditions and their impact upon the primary diagnosis or reasons for treatment. Please do not add historical disorders/conditions unless there is a belief that the current condition may reactivate the historical condition.
 4. **Recovery Environment:** Please note the current level of support in the member’s environment. Please note available resources (or a lack of resources) as it relates to the members mental health/substance abuse disorder. This includes the availability of employers, family members, community members, and religious/spiritual support that provide caring

attention and comfort for the member. Also, for substance disorders, note whether the current living arrangement is supportive of abstinence.

5. Treatment History/Response and History of Recovery: Please detail past exposure to treatment and the member's responsiveness to these interventions. This can include levels of treatment, medications, or specific therapeutic techniques (DBT, EMDR, etc.). One measure of responsiveness is the level of recovery that the member has achieved previously. Periods of sobriety, times free of symptoms, periods of extended euthymic mood, episodes of healthy eating, and reduction in self-harm are all measures of recovery. It helps us understand how the current treatment plan and interventions are influenced by past success in treatment (or periods of improved functioning).
6. Willingness to engage in treatment and level of recovery process: The level of engagement is often an influence on the member's acceptance of their illness, levels of motivation, levels of personal responsibility for one's situation, ability to trust others, level of insight, willingness to seek outside resources, and past treatment experience. Please document your assessment of the member's level of engagement in treatment and commitment to recovery. If the member has a cognitive impairment, please help us understand how this impairment influences their ability to understand the treatment plan.
7. Please outline your plan for treatment, timeframes involved, anticipated outcomes/projected goals, interventions, and the current discharge plan. This is also a place where the clinical rationale for continued treatment can be addressed. A treatment plan needs to be observable, timely, and measurable so as we can understand how the member is progressing in treatment. Phrases like "Reduce Depression", "Improve sleep", "more insight" aren't helpful as they do not provide a background on what would be considered better sleep or a reduction of depression. This is also a place to note how the treatment plan has changed over a period of time. Changes in medications due to side effects, changes in milieu (groups vs. individual therapy), and altering interventions are all active ways to show how treatment has been adjusted according to the members response to previous interventions.

- Also, please use the **additional comments** section to add any information pertinent to this request that supports a continued need for outpatient services. For complex, long term services, it is helpful to understand how the current treatment proposal addresses current functional impairments and demonstrates how it can be reasonably expected to improve the member's condition. **Please include any** additional information (on additional pages) that provides this supporting information.
- Please mail or fax this form to WPS. There is a **different address/fax number** for members who are employed by WPS or are a dependent of a WPS employee. Please select the WPS Employee Group on our website if this request pertains to that type of member. Please remember that if this form is not completed fully, we will be unable to process your request. If you have questions about this form, or the preauthorization process, please call our Medical Affairs Department at (800) 333-5003 and request a Behavioral Health Professional. For benefit quotes, claim issues, or network status, please call our Customer Service at the phone number on the back of our member's card.

You can avoid delays in processing your request if...

- You write legibly.
- You complete all portions of this treatment request form, including the addresses and phone numbers.
- You remember to include your billing tax ID number.
- You include a cover sheet when faxing.
- When claims have been denied due to a lack of a preauthorization, **you include your provider Explanation of Benefits (EOB)** with your treatment request form.
- You include **both** pages of this treatment request form with your submission.