TriWest Healthcare Alliance
Veterans Choice Program

Choice Program - Secondary Authorization Request

Veteran's Name:	**DoD ID/Benefits # or Sponsor SSN:**
Date Completed:	**VA Auth Number:**

1. Veteran's Address:	2. Patient DOB: Age:
2. City:	State: Zip:
3. Telephone:	Telephone:
4. Veteran's Service Branch: ☐ Army ☐ Navy ☐ USAF ☐ USMC ☐ USCG ☐ Other	
5. Other Insurance: ☐ yes ☐ no	If yes, please specify:

6. Provider Name:	License Type:
7. Provider Telephone:	Fax:
8. Provider Address:	
City:	State: Zip:
9. Provider TIN:	Provider NPI:

10. **DSM-V Diagnosis** 1. _____ 2. _____ 3.	11. **Co-Occurring Medical Conditions (Relevant to Treatment)** 1. _____ 2. _____ 3.

12. Has the patient had a psychiatric hospitalization in the last 90 days: ☐ yes ☐ no

13. TREATMENT PROGRESS: (Progress toward treatment goals since last report)

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14. SUICIDE/HOMICIDE RISK ASSESSMENT: (Use this section to assess the client's risk for suicidal and/or homicidal behavior, citing relevant history, access to means, current stressors, and both risk and protective factors. Problems and goals related to danger to self/danger to other, e.g., safety planning, should be addressed in the treatment plan.

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15. TREATMENT PLAN UPDATE (Please provide a brief and succinct narrative to update your treatment plan)

Problems: 1.

2.

3.

Goals: **1.**

2.

3.

Methods:

Treatment:

15. Authorization Request:

CPT Code	Treatment	Begin Date for this Auth	Frequency (1xweek, 1xmonth)	# of Sessions	End Date
90832	Individual Psychotherapy (30 min)				180 days
90834	Individual Psychotherapy (45 min)				
90837	Individual Psychotherapy (60 min)				
90847	Family Psychotherapy				
90853	Group Medical Psychotherapy				
E/M Code	Pharmacologic Management				
+90833	Psychotherapy with E/M (30 min)				
+90836	Psychotherapy with E/M (45 min)				
+90838	Psychotherapy with E/M (60 min)				
Other					

Next Appointment Date: Time:

Provider Signature: _____ Credentials: _____ Date: _____

Please fax the completed form to: 1-866-284-3736 or Upload via the Provider Portal

Note: HIPAA authorization requirements do not apply to protected information used for treatment, payment, or health care operations including medical records requested for the provision of health care services. Privacy Act Statement - This information is protected under the Privacy Act of 1974 and shall be handled as "for official use only." Violations of this may be punishable by fines, imprisonment, or both.