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-5 Diagnosis** 1. Do not use out-of-date DSM-4 codes. 2. Do not use out-of-date DSM-4 codes. 3. Do not use out-of-date DSM-4 codes.	11.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)

Please enter specific progress here along with any measurable metrics.

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13. HISTORY OF PRESENTING PROBLEM CONT.: (Use this area if needed)

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15. 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.

15a. Suicidal Ideation? ☐Yes ☐No
15b. Suicidal Atempt? ☐Yes ☐No
15c. Homicidal Ideation? ☐Yes ☐No
15d. Homicidal Attempt? ☐Yes ☐No
15e. Substance Abuse or Dependence? ☐Yes ☐No
15f. Family History of Psychiatric Disorder or Suicide? ☐Yes ☐No
15g. Is Veteran aware of Crisis Resources and the option for Safety Planning? ☐Yes ☐No

If checked "Yes" please detail below.

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

Problems:

1. Enter the main problem your update is addressing here. For example, It may be OCD is now presenting along with chronic depression. Be sure this aligns with the diagnosis codes. Goal for this Problem is below.
2. If needed, please enter a secondary problem your update is addressing here. Add the Goal for this Problem in the Goals section below.
3. If needed, please enter a tertiary problem your update is addressing here. Add the Goal for this Problem in the Goals section below.

Goals:

1. Please enter your outcome goals for Problem 1. Ensure each step has a measureable objective.
2. Please enter your outcome goals for Problem 2. Ensure each step has a measureable objective.
3. Please enter your outcome goals for Problem 3. Ensure each step has a measureable objective.

Methods:

Please enter your Methods here. For example, you may choose to use CBT for the first problem you listed and adaptive skills training for the second problem you listed. For more information on methods and planning care, please view our training video.

Treatment:

Please enter general Treatment scope here. For example, you may want to see the Veteran once a week then twice a month. You may also want note any additional care, such as a medication management referral. BELOW, indicate the specific services and frequencies.

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. Do not submit an RFS to TriWest.

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.