Pennsylvania's Children's Health Insurance Program
We Cover All Kids.

Keystone First

Coverage by Vista Health Plan,
an independent licensee of the Blue Cross and Blue Shield Association.

Mental Health IOP Program Prior Authorization Request

If this is an Out of Network request, please submit via Fax: 1- 844-329-9100. In network providers submit via NaviNet

INITIAL SERVICE REQUEST

Enrollee Information

Enrollee Name: _____ CHIP ID: _____ DOB: _____

Enrollee Address: _____ Phone #: _____

REL/SOGI (Complete each section and indicate if Enrollee preferred not to answer).

Enrollee's Race:_____ Enrollee's Ethnicity:_____

Enrollee's Sexual Orientation: _____ Enrollee's Gender Identity:_____

Enrollee's Assigned Sex at Birth:_____ Enrollee's Pronouns: _____

Enrollee's Alternative Name (if applicable): _____

Enrollee's Primary Language:

Written: _____ Spoken: _____

Provider Information

Provider Name for Authorization: _____

Provider Address: _____

Provider Phone #: _____ Provider Fax #: _____

Provider Contact: _____

Date Referral Complete/Enrollee Accepted: _____

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Authorization

Diagnosis codes: _____

Code	Description	Start Date	Units	Anticipated Discharge Date
S9480	MH Intensive Outpatient Program		43 (8 weeks)	

Treatment History

Enrollee treatment history over the past 6 months:

Service	Service Dates

Please describe the clinical reason why MH Individual OP therapy is not sufficient to meet the enrollee's treatment needs at this time:

Presenting Symptoms and Behaviors:

Describe in detail the symptoms and behaviors that demonstrate functional impairment, moderate in severity, and have changed from baseline in the past month:

Check all of the following that currently apply as being moderate in severity and having changed from baseline in the past month:

Actual or perceived target of social rejection, persecution or humiliation

- ☐ Affiliation or participation in cult activities
- ☐ Death of a parent, primary caregiver or significant other
- ☐ Eating disorder and difficulty implementing healthy eating principles
- ☐ Hostile in most interactions
- ☐ Intimidating in most interactions
- ☐ Involvement in gang activity
- ☐ Neglected or emotionally abused

- ☐ Nonstudent status and unable to seek or maintain a job
- ☐ Physically abused or abusive
- ☐ Problematic sexual behavior
- ☐ Psychiatric symptom interfering with school functioning despite in-school interventions
- ☐ Sexually abused or abusive

Has this enrollee had a transfer from Inpatient, Residential Treatment or Partial Hospitalization Program within the last week? ☐ Yes ☐ No

If yes, does the enrollee display:

- ☐ Impairment in daily functioning
- ☐ Moderate symptoms requiring clinical assessment at least 2 days per week

Will all of the following be considered planned interventions? Check all that apply

- ☐ Can tolerate programming at least 6 contact hours per week
- ☐ Individualized goal-directed treatment plan
- ☐ Medication reconciliation
- ☐ Psychosocial assessment

Symptoms within the last week that are interfering with daily functioning. Check all that apply and describe in detail where indicated:

- ☐ Anxiety disorder and associated symptoms
- ☐ Assaultive or threatening within last 24 hours and able to prevent reoccurrence
- ☐ Body dysmorphic disorder
- ☐ Compulsions
- ☐ Co-occurring substance use disorder
  - o Does the enrollee exhibit any of the following:
    - ☐ High risk sexual behaviors
    - ☐ Increasing substance use and unable to apply skills to reduce or prevent
      - ☐ Are they substance free and at high risk of relapse? If yes, describe reason for being at high risk _____
    - ☐ Depressive disorder and symptoms
    - ☐ Disruptive, impulse-control or conduct disorder and symptoms
- ☐ Distorted thinking
  - o Please describe: _____
- ☐ Eating disorder
  - o Type of eating disorder and associated symptoms: _____
- ☐ Emotional Dysregulation
  - o Please describe: _____
- ☐ Fire-setting or risk of reoccurrence
  - o Increased preoccupation
  - o Possession of fire setting material
- ☐ Gender Dysphoria and associated symptoms

- ☐ Hair pulling resulting in tissue damage or systemic infection not attributable to a medical cause
- ☐ Homicidal thoughts without intent or plan
- ☐ Hypomanic symptoms
  - ☐ Increasing difficulty resisting urges to harm self
  - ☐ Non-suicidal self-injury increasing inf frequency or intensity
  - ☐ Obsessions
  - ☐ PTSD and associated symptoms
  - ☐ Psychotic symptoms
  - ☐ Selective mutism
  - ☐ Skin picking resulting in tissue damage or systemic infection not attributable to a medical cause
  - ☐ Suicidal thoughts increasing without intent or plan