

Behavioral Health Outpatient Prior Authorization Request

****Chart Notes Required****

Please fax to 503.850.9398 | Questions call 971.345.5930 or 833.257.2189

Expedited Request, Out of Network Benefits, or Out of Network Providers must complete the required sections		
Member Information		
Last Name:	First Name:	
Insurance ID #:	DOB:	
Address:		
REQUIRED Contact Information		
Name:	Phone:	Fax:
Primary Care Physician (PCP):		
Requesting Provider:		TIN#:
Address:		NPI#:
Servicing Provider:		TIN#:
Address:		NPI#:
Do you have an active DMAP #: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Note: All DMAP administrative rules, guidelines, and applications to enroll can be found at www.oregon.gov/OHA/healthplan .		
Servicing Facility:		TIN#:
Address:		NPI#:
Do you have an active DMAP #: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Note: All DMAP administrative rules, guidelines, and applications to enroll can be found at www.oregon.gov/OHA/healthplan .		
OUTPATIENT – Current treatment plan and progress notes are required from out of network providers. Providers can submit notes electronically via CIM. <input type="checkbox"/> Assessment ONLY <input type="checkbox"/> Level of Care A (see attached) <input type="checkbox"/> Level of Care B (see attached) <input type="checkbox"/> Level of Care C (see attached) <input type="checkbox"/> Level of Care D (see attached)	<input type="checkbox"/> SUD Assessment & UA ONLY <input type="checkbox"/> SUD – Level 0.5 <input type="checkbox"/> SUD – Level 1 <input type="checkbox"/> MAT <input type="checkbox"/> Intensive Community Treatment Service (ICTS)	SPECIALTY OUTPATIENT – Current treatment plan and progress notes are required from all providers. <input type="checkbox"/> Psychological Testing <input type="checkbox"/> Neuropsych Testing <input type="checkbox"/> Electroconvulsive Therapy (ECT) <input type="checkbox"/> Intensive In-Home Behavioral Health Treatment (IIBHT)
ICD-10 Code(s):		CPT Code(s) and Units per CPT Code being requested:
Initial Date of Service:		Frequency of service requested (i.e. one session per week):
Date Span Requested:		
Out of Network Benefits/Provider: Non contracted Providers will need to request an Out of Network Exception. In event a provider is unwilling to accept DMAP rates additional documentation supporting the enhanced rate will need to be provided. Please indicate your willingness to accept DMAP rates <input type="checkbox"/> Yes <input type="checkbox"/> No Request must include supporting documentation to substantiate why services cannot be provided by an in-network provider/facility.		

New Patient or Established Patient | Date Last Seen:

Explanation Required:

Expedite- defined as member's life, health, or ability to regain maximum function is in serious jeopardy if determination is not made in the standard time frame. **Request must include supporting documentation to substantiate an expedited review.**

Explanation Required:

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Yamhill Community Care (YCCO) Overview of Outpatient Services Levels of Care

The following is a general overview of the different “levels” of care for the YCCO behavioral health outpatient system. The use of “level” language is a method of communication that allows practitioners and other involved parties to understand the overall acuity of the YCCO members needs and the intensity of the services. While the level of care language is helpful, it is important to remember that each member’s needs are unique, and some members may move between levels as their clinical needs change. *Note:* This document is meant to be a quick reference guide and is not meant to replace the more detailed Level of Care document.

General Presentation

	Level A	Level B	Level C	Level D
Hospitalization	No Recent History	No Recent History	History in Past 2 Years	Recent
Danger to self or others	No Imminent	No Imminent	May Have Episodes	Episodic +/-or Elevating
Crisis Management Needs	Likely None	Minimal to None	Minimal to Moderate	Moderate to Frequent
Structures and supports	Good	Fair to Good	Fair to Limited	Limited to None
Functional Impairment	Slight	Moderate	Serious	Severe
Intensity of Treatment Needed	Low	Low	Moderate	High
Care Coordination Needs	None to Minimal	Minimal	Moderate	Substantial

Typical Service Array (I: Infrequent, V: Varies, C: Common, or N/A)

	Level A	Level B	Level C	Level D
Assessment/Diagnosis	C	C	C	C
Crisis Intervention, as needed	I	I	V	C
Individual Therapy	C	C	C	C
Family Therapy	V	V	V	V
Case Management / Coordination of Care	I	V	C	C
Medication Management	I	I	V	C
Skills Training	I	I	V	C
Intensive Specialty Services (e.g. ACT, EASA, Wraparound, IIBHT)	N/A	N/A	N/A	C
Peer Services	N/A	I	V	C
Dual Diagnosis Services (MH & SUD)	I	V	V	V

Participating providers submit your outpatient behavioral health request via the CIM portal more info on submitting information via CIM can be found on our website <https://yamhillcco.org/providers/> you can also call YCCO Customer Service for additional information 855-722-8205.