



## OUTPATIENT AUTHORIZATION QUICK GUIDE

University of Miami Behavioral Health (UMBH) case management staff is available from 8:30AM to 5:00 PM during regular business days to answer concerns or questions regarding the authorization process, required forms, and any utilization management activities. Calls received after regular business hours and holidays are forwarded to the on-call staff. UMBH's toll free number is 1-800-294-8642. The on-call staff manages requests and questions regarding utilization management and emergency services. All calls received after hours are logged, documented and a follow up phone call is provided before the end of the next business day.

The purpose of this quick guide is to provide you with information regarding the authorization process and the required initial and continued care forms.

1. UMBH will authorize one (1) 90801 and three (3) follow-up's of either 90862 or 90806 depending upon provider level. This authorization may be requested by the member/parent/legal guardian upon their initial call to UMBH. After initial sessions please fax the following completed form:

- Initial Outpatient Clinical Review Form
  - All fields must be completed in a legible, clinically accurate manner.
  - Goals should be written in objective, measurable and behavioral terms.
  - Please include an estimated termination date.

Once the Outpatient Clinical Review Form has been received, you will typically be issued a maximum of six (12) additional visits for medication management or six (6) visits for psychotherapy. You will be faxed or mailed a confirmation of this authorization within ten (10) business days. Visits require pre-authorization. Clinical emergencies require that UMBH be contacted within 24 hours of services being rendered.

2. If additional services are clinically appropriate and met criteria for continued care, please complete the following form:
  - Outpatient Continued Care Assessment Form
    - All fields must be completed in a legible, clinically accurate manner.
    - Goals should be written in objective, measurable and behavioral terms.
    - Please include an estimated termination date.

\*3. UMBH **may** request additional information to help determine medical necessity including copies of relevant portions of the patient's medical record and/or the submission of one of the following supplemental forms:

- *Family Therapy Treatment Plan* (procedure 90847) \*one co-pay per family
- *Transition/Termination/Discharge Plan* – for patients with acute situational disorders
- *Maintenance Treatment Plan* – for patients with chronic/recurrent disorders
- *Split Treatment Coordination Plan* – for patients seeing both an MD for medication management and a therapist/psychologist for counseling

All UMBH forms can be found on our website <http://umbh.med.miami.edu> in a printable format. If you have any questions regarding the authorization process please call 1-800-294-8642 and request to speak to a Care Manager.  
Our fax number is 305-243-7299.