group health Cooperative of eau claire

Intensive Outpatient Treatment
Prior Authorization Request

Member Information

Member Name (please print)	Date of Birth	Member ID

Intensive in home therapy requires that a health check screening has been completed within the past 12 months. Intensive outpatient and Intensive in home levels of care require authorization prior to initiating services.

Diagnosis	ICD-10	Patient Regularly Participates ☐ Yes ☐ No	Request Date

Number of Visits this Calendar Year	Anticipated Discharge Date	Start Date

Type of Service: ☐ Mental Health ☐ AODA

☐ Intensive Hours/week _____ *(9-12 hours/week)*

☐ Intensive In-home Hours/week _____ *(4-8 hours/week)*

Brief Summary of Current Clinical Status

Criteria for Termination

Provider Information

Provider	Facility Name	NPI

Address	Tax ID

Contact Name	Phone	Fax

Please submit clinical documentation to support medical necessity for requested item.

Please fax completed form to: Group Health Cooperative of Eau Claire **Fax:** 715.552.7202 or 715.852.5755