

Pre-Authorization for Continued Services Client UCI # Request Date **Section I: Client Information** Gender ____ Date of Birth Address ____ **Section II: Provider Information** Agency _____ Site Location ____ Contact Person _____ Fax _____ Phone ____ Email _____ **Section III: Units Requested** Total units of Total units Any units for If yes, how many **Annual Limits** service which requested retroactive units are for beyond limit (July 1 - June 30) have been used purposes? retroactive services Service Psychiatric Diagnostic 1 encounter per Evaluation (90791, code per billing ☐ Yes ☐ No 90792) agency Psychological Testing (96112, 96113, 96116, Up to 20 ☐ Yes ☐ No 96121, 96130, 96131, hours/encounters 96132, 96133, 96136, combined 96137,) Therapeutic Max 832 units ☐ Yes ☐ No Mentoring (M3140) Max 24 units for Parent Coaching families not involved ☐ Yes ☐ No with JFS Max 48 units for Parent Coaching (JFS) ☐ Yes ☐ No families involved with



Section III: Justification for Services Outside of Annual Limits

Please provide a justification on the reason the client is in need of service should include information that explains why this is the most		
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FOR MHRB USE ONLY		
	Additional Units	Retroactive Units
Service Psychiatric Diagnostic Evaluation (90791, 90792)	Approved	Included?
Psychological Testing (96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133,		Yes No
96136, 96137)		
Therapeutic Mentoring (M3140)		Yes No
Parent Coaching		Yes No
Parent Coaching (JFS)		Yes No
MHRB Review By:		
Approval Status Approved Denied Da	ite Effective	
Date Notification Sent		
to Provider Date SmartCa	Date SmartCare Notified	
Date Appeal Received Date Referre	Date Referred to BCCO	