



Outpatient Authorization Request-Psychiatry Tip Sheet

“DSM IV-TR/ICD10 Diagnosis and Other Clinical Considerations” – “Primary Diagnosis”:

- This is the diagnosis that results in the symptoms you are treating the client for.
- It must be one of these “included” Title IX diagnoses for outpatient treatment:
 - A. Pervasive Developmental Disorders
 - Autism Spectrum Disorder is covered for Outpatient Specialty Mental Health Services per Behavioral Health Information Notice 20-043: 2020 International Classification of Diseases, Tenth Revision (ICD-10), issued on 7/8/20
 - B. Disruptive Behavior and Attention Deficit Disorders
 - C. Feeding and Eating Disorders of Infancy and Early Childhood
 - D. Elimination Disorders
 - E. Other Disorders of Infancy, Childhood, or Adolescence
 - F. Schizophrenia and other Psychotic Disorders, except Psychotic Disorders due to a General Medical Condition
 - G. Mood Disorders, except Mood Disorders due to a General Medical Condition
 - H. Anxiety Disorders, except Anxiety Disorders due to a General Medical Condition
 - I. Somatoform Disorders
 - J. Factitious Disorders
 - K. Dissociative Disorders
 - L. Paraphilias
 - M. Gender Identity Disorder
 - N. Eating Disorders
 - O. Impulse Control Disorders Not Elsewhere Classified
 - P. Adjustment Disorders
 - Q. Personality Disorders, excluding Antisocial Personality Disorder
 - R. Medication-Induced Movement Disorders related to other included diagnoses
- Any additional diagnoses can be listed under “**Other diagnoses**” on the form.

“Presenting Mental Health Problem, Symptoms, Functional Impairment”:

- These are the client’s current symptoms, resulting from the primary diagnosis, which impair the client’s functioning. Documentation of functional impairment is a necessary component for authorization determination.
- For clients who are currently stable on medications: these are symptoms that would recur or increase without treatment, and would likely result in a significant deterioration in functioning. (For example: “Continued medication treatment & monitoring needed to prevent recurrence/relapse of symptoms of:_____”)
- In children, these are symptoms that, if untreated, would result in the probability of the child not progressing as developmentally appropriate.

“Medications (Psychiatric, Medical, & OTC medications)”:

- Psychiatric medications target the symptoms causing the functional impairment.
- If no medications are prescribed yet, and you are still assessing for possible benefit of medications, you can write that in.



Examples of functional impairment that should be tied to the primary diagnosis you are treating:

No relationships due to delusional fear of others
Unable to work due to AH impairing concentration
No interest or energy to shower or change clothes
Can't interact or communicate effectively with others
Unable to enjoy time with, or engage with, family or friends
Falling asleep while driving, or at work
Not showering or addressing other ADL's regularly
Unable to focus at work or school, misses deadlines, fails tests
Disruptive/interrupts others at school or work
Can't complete a thought; not finishing tasks
In debt, at risk of arrest or injury

Conflict with family over excessive worry; stopped previous activities because of fears
Not completing tasks at work or school
Has been short/impatient with family or co-workers
Unable to sleep
Falls asleep at work or can't focus
Unable to drive or leave house due to fear of panic attack
Rituals impair ability to get daily tasks done
Unable to grasp lessons
Not completing assignments, decline in grades
Can't focus on schoolwork
Disruptive in class, unable to sit still or focus
Disruptive in class, getting in trouble at school

General Tips for completing the request form:

- If handwritten, please write clearly and legibly.
- Complete all required fields to avoid form being sent back as incomplete.
- Please include dosages and frequency of medications.
- While information on medical conditions is helpful, the focus of narrative should be on psychiatric symptoms and impairment.
- Please keep in mind that the frequency of your authorization request is set by you and the total number of sessions authorized per form is 26. For more complex cases, such as with children, you may want to ask for a higher frequency such as 1x per week.
- Per the FFS Provider Operations Handbook, Optum Public Sector does not authorize retroactive outpatient authorizations except in extraordinary circumstances; authorizations that are approved will not go more than 30 days back from date request is received.