



Outpatient Treatment Request (OTR) Guide for Behavioral Health Providers



Completing Outpatient Treatment Request Forms (OTRs)

- The MDwise OTR form is available at [MDwise.org/forms/behavioralhealth](https://www.mdwise.org/forms/behavioralhealth).
- The form has been standardized across MBHOs and has been approved by the State.
- In-network contracted providers are not required to obtain prior authorization for outpatient therapy office visits. The OTR will be needed to request higher levels of care such as partial hospitalization or if additional E&M visits are needed.
- Out-of-network providers are required to obtain prior authorization on all behavioral health services.
- It is important to document one to two goals on the OTR and the progress made on each. The goals need to be relevant to the diagnosis and use evidence-based practices.
- It is not necessary to reproduce the entire treatment plan on the form.
- Be sure your phone and fax numbers are on the form and are legible, as a case manager may need to contact you with questions.
- Include the date you want the authorization period to start and indicate the frequency of therapy sessions. (Ind. -1x/week, Group -2x/month. Sessions can be requested in advance and the authorization will begin on the start date indicated on the form.)
- According to Indiana Code, the supervising MD or HSPP must sign the OTR. Stamps are acceptable. Please indicate the mid-level provider next to or below the agency name.
- Check the quick contact guide at [MDwise.org/quickcontact](https://www.mdwise.org/quickcontact) so that you fax the OTR to the correct fax number.
- The Universal PA form is allowable for requests as well as the psychological and neuropsychological testing forms.
- It is important to include the evaluation when submitting the authorization request form. Excluding this could delay the authorization process.

Tracking Authorizations

Providers will need to develop a simple system for tracking sessions as demonstrated below. Placing a tracking sheet in the front of the member's chart provides a simple method of tracking when authorizations are needed.

Insurance Company	Date	Authorization #	Number of Sessions Authorized		
			Ind./Family	Group	Meds
MDwise Hoosier Healthwise	1/1/2019-5/1/2019	000111222333	8	4	
MDwise Hoosier Healthwise					

Visit Number	Date	CPT Code	Provider
#1	2/1/19	90791	Joe Smith
#2	2/5/19	90834	Joe Smith
#3	2/10/19	90847	Joe Smith
#1	2/5/19	90853	Susan Black