INSTRUCTIONS

MEDICAID FORM 1018

REQUEST FOR EXTENSION OF PSYCHIATRIC OUTPATIENT VISIT

I. **Purpose**: The Medicaid Form 1018 is used to obtain medical authorization of psychiatric services, which are necessary for Medicaid recipients.

II. **General Instructions**: Type or print legibly. An incomplete form will be returned to the provider.

A. Recipient Information:

Medicaid ID Number: Provide patient's Medicaid ID number (if the patient has applied for Medicaid coverage but has not yet been approved, print "DHS pending" in this field),

Patient Name: Print patient's last name, first name, and middle initial.

Date of Birth: Indicate patient's Birthdate (mm/dd/yy)

Gender: Check of patient's gender (male or female)

Mailing Address: Print patient's current mailing address, include street name, city, and zipcode.

AXIS I – V: Indicate axis, include current and past year on AXIS V.

Current Psychiatric/Psychological Findings (subjective and objective): Indicate psych finding and for substance abuse, attach a copy of ASAM placement criteria.

Prognosis/Reason for Extension/Treatment Plan: Indicate prognosis, reason for extension, treatment plan and goal.

Services provided by: Using the check-off boxes, indicate if services will be furnished by requesting psychiatrist, requesting psychologist, requesting LSW, requesting APRN, or DOH Clinic Staff

B. Provider Information:

Print Provider's Name: Print name of provider rendering services.

Signature of Provider: Signature of referring provider and date.

Provider Number of Treating Provider: Indicate the Medicaid provider number of the provider rendering services.

Contact Name / Telephone Number / Fax Number : Provide a contact name, phone number, and fax number of the provider rendering service for Medicaid consultant to process request.

Last Extension (if any) Approved: To prevent overlapping approvals, complete the "from" and "to" dates of the last extension approved.

Number of Vists/Hours Used on Last Extension: Indicate approved number of visits and hours on the last extension, if applicable.

C. Psychiatrist/Psychologist/LSW/APRN Section:

# of Therapy Visits Requested: Under "Individual," "Family" or "Group," indicate number of visits being requested.

Period Requested: Enter corresponding "from" and "to" dates of the period you are requesting services.

Procedure Codes: Enter corresponding CPT codes.