

# Completing an OTR

## TIPS, PITFALLS AND COMMON MISTAKES

The following information should help you complete your **Outpatient Treatment Requests (OTR)**, to decrease the number of problem letters, denials, and feedback forms you are receiving.

### *Ask yourself the following questions:*

#### **1. Am I using the most current OTR?**

Please take a moment to download the most up-to-date OTR from our website at [louisianahealthconnect.com](https://louisianahealthconnect.com). We updated our forms to assess the medical necessity of your request, and it is very important that you are using the correct version of the OTR.

#### **2. Did I complete the entire OTR?**

Leaving sections blank is going to result in the OTR being returned to you. Make sure you have looked at each section and filled in the required information. Common areas left blank include primary diagnosis, the requested authorization section such as frequency of sessions or estimated number of sessions to complete treatment, and dates that goals were initiated.

#### **3. Have I updated the clinical information on the OTR?**

We require updated clinical information on each request to justify continued need for treatment. An OTR with only dates changed will be sent back to you to be updated.

#### **4. Are the goals measurable?**

Short-term, measurable treatment goals work best to assess progress over time. To create a measurable goal, try using the SMART format.

#### **5. Did I indicate objective and attainable discharge criteria?**

Discharge criteria that say “When all goals are met” or “Per parent’s report” are likely to result in you receiving a feedback form and possibly a reduced authorization. It is important to know how you, the clinician, are going to know when the member is ready to discharge and terminate services with you.

#### **6. Does the Treatment Plan section of the OTR match the diagnosis?**

Are you treating the member’s current diagnosis? If the diagnosis and presenting problems, goals, etc. don’t match, the OTR may be sent to peer-to-peer review for potential denial.

#### **7. Did I remember to sign and date the OTR?**

You would not believe how many people miss this last step! We cannot accept an unsigned OTR, so please be sure that you have signed and dated the OTR prior to submission.

*Continued* ▶

SERVICE TYPE	CLINICAL INFORMATION TO INCLUDE WITH OTR
<p><b>Applied Behavioral Analysis</b></p>	<ul style="list-style-type: none"> <li>• Supervising BCBA Provider: Name, credentials, NPI/Tax ID</li> </ul> <p><b>FOR INITIAL ASSESSMENT, PLEASE SUBMIT:</b></p> <ul style="list-style-type: none"> <li>• Comprehensive diagnostic information (standardized measures, referral from diagnosing provider for ABA services, estimated duration of care)</li> </ul> <p><b>FOR INITIAL TREATMENT PLAN, PLEASE SUBMIT:</b></p> <ul style="list-style-type: none"> <li>• CDE</li> <li>• Behavioral treatment plan including the symptoms/behaviors requiring treatment (as indicated by the assessment tool)</li> <li>• Objective testing showing a significant behavioral deficit</li> <li>• Description of coordination of services with other providers (school, PT, OT, ST)</li> <li>• Treatment schedule including the provider type who will render services</li> <li>• Functional and measurable treatment goals with expected timeframes that target identified behavior deficits</li> <li>• Plan for parent involvement and training and parent’s goals for outcomes</li> <li>• Any medical conditions that will impact the outcomes of treatment</li> <li>• Copy of IEP or IFSP if applicable</li> <li>• Copy of waiver Plan Profile Table and the Schedule page from the certified plan of care</li> </ul> <p><b>FOR SUBSEQUENT TREATMENT REQUESTS, PLEASE SUBMIT:</b></p> <ul style="list-style-type: none"> <li>• Objective measures of current status</li> <li>• Objective measures of clinically significant progress (measurable and functional improvement) toward each stated treatment goal</li> <li>• Updated plan for treatment including updated goals and timeline for achievement</li> <li>• Any necessary changes to the treatment plan</li> <li>• Developmental testing which should have occurred within the first two months of treatment</li> </ul>
<p><b>Electroconvulsive Therapy</b></p>	<ul style="list-style-type: none"> <li>• Frequency</li> <li>• Date of 1<sup>st</sup> ECT and last ECT</li> <li>• Number of sessions to complete treatment</li> <li>• PCP communication or member refusal</li> <li>• Coordination of care with other Behavioral Health providers</li> <li>• Informed consent</li> <li>• Date of most recent psychiatric evaluation</li> <li>• Date of most recent physical exam and an anesthesiology consult</li> <li>• Psychiatric medications including failed attempts (at least 2)</li> <li>• Present or past medical issues</li> <li>• Any acute symptoms</li> <li>• Reasons for ECT including failed attempts at lower LOCs</li> <li>• Education to responsible party for safe transportation to appointments</li> <li>• ECT progress</li> <li>• Plans for discontinuation of ECT including medications and other therapy</li> <li>• Developmental testing which should have occurred within the first two months of treatment</li> </ul>

SERVICE TYPE	CLINICAL INFORMATION TO INCLUDE WITH OTR
<b>Intensive Outpatient Treatment— CD IOP/MH IOP</b>	<ul style="list-style-type: none"> <li>• Current Symptoms with Severity/Risk</li> <li>• Current assessment (including ASAM dimensions for CD IOP)</li> <li>• Treatment History</li> <li>• Current Psychotropic Medications</li> <li>• Substance Use History</li> <li>• Functional Impairment</li> <li>• Treatment details—therapeutic approach, family involvement</li> <li>• Measurable Treatment Goals</li> <li>• Discharge criteria</li> <li>• Total days requested</li> </ul>
<b>MHR Services including PSR, CPST and Permanent Supportive Housing (H2017 &amp; H0036). Complete request form from our web page</b>	<p style="text-align: center;"><b>LHCC - Outpatient Treatment Request (<a href="https://louisianahealthconnect.com">louisianahealthconnect.com</a>)</b></p>
<b>Outpatient Treatment includes MST, Homebuilders, FFT, FFT-CW, ACT, Crisis Intervention, &amp; Psychotherapy</b>	<ul style="list-style-type: none"> <li>• Treatment goals, progress, and barriers (updated every 180 days)</li> <li>• Current symptoms with level of severity</li> <li>• Risk assessment</li> <li>• Functional impairment related to symptoms</li> <li>• Codes, number, and frequency of units/visits, start date</li> <li>• LOCUS/CALOCUS assessment every 180 days (CALOCUS ages 6-18, LOCUS ages 19+)—MHR and ACT only</li> <li>• Healthy Louisiana Behavior Health Assessment (annually for adults, every 180 days for children/adolescents)—MHR and ACT only</li> <li>• Discharge plan—MHR and ACT only</li> <li>• Psychiatric evaluation updated every 180 days—ACT only</li> <li>• Member freedom of choice form</li> <li>• Homebuilders approval, if applicable</li> <li>• Supporting documentation as applicable: Member progress or lack of progress in treatment; Interventions that have or have not worked to improve</li> </ul>
<b>Peer Support Service</b>	<ul style="list-style-type: none"> <li>• Current Behavioral Health Services and Medications</li> <li>• Current symptoms with level of severity</li> <li>• Functional impairment related to symptoms</li> <li>• Recovery tasks to be completed by peer support</li> <li>• Progress and barriers toward specific recovery goals</li> <li>• Start date, units requested, visits per week</li> </ul>
<b>PRTF and TGH- Complete Request Form on our web page.</b>	<p style="text-align: center;"><b>Faxed Inpatient Requests Form V5 (<a href="https://louisianahealthconnect.com">louisianahealthconnect.com</a>)</b></p>
<b>Psychological or Neuropsychological Testing</b>	<ul style="list-style-type: none"> <li>• Current cognitive/psychiatric symptoms prompting the request for testing</li> <li>• Questions to be answered by the testing that can't be determined by a diagnostic interview</li> <li>• Medical/psychiatric history—including testing results</li> <li>• Psychotropic Medications</li> <li>• Codes, specific tests planned, and time/units per code requested</li> </ul>