

Request for Extension of Mental Health Services

Dear Provider,

In order to request an extension of authorized mental health services, please complete the fields below and submit this form along with the required documentation online at www.tricare-west.com. Health Net Federal Services, LLC (HNFS) will review your request once received. Medical necessity review is based on the information submitted. If incomplete, the HNFS medical director will make the final determination.

Please note, services must be medically and psychologically necessary for the level of care requested and that care may not be custodial in nature. There must be evidence of a coherent and specific plan for assessment, intervention and reassessment that **reasonably can be accomplished within the time frame** of the additional days of coverage requested.

The authorization for services approved ended on _____ and an extension of services is requested.

Case Reference Number: _____

Beneficiary Information

Beneficiary's Full Name: _____ Sponsor's SSN/DBN: _____-_____-_____

Date of Birth: _____

Facility Information

Facility Name: _____

Telephone: _____ Fax: _____

Clinical Justification

Please attach following (all are required):

- summary of course of treatment and progress towards treatment goals
- current length of stay (LOS), estimated total LOS and days requested
- goals anticipated to be reached within the requested extension period
- current treatment plan
- treating provider progress notes for last five days

Provider Attestation

I attest the information provided is true and accurate to the best of my knowledge. I understand Health Net Federal Services, LLC or designee may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

Attending Provider's Name and Title: _____

Attending Provider's Phone: _____

TIN: _____

Signature: _____ Date: _____

This document may contain information covered under the Privacy Act (5 USC §552a) and/or the Health Insurance Portability and Accountability Act (P.L. 104-191) and its various implementing regulations and must be protected in accordance with those provisions. If you have received this correspondence in error, please notify 1-844-866-WEST (9378) at once and destroy the documents and any copies you have made.

Authorizations and Referrals • PO Box 9108 • Virginia Beach, VA 23450-9108

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