

# 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 [NebraskaTotalCare.com](https://NebraskaTotalCare.com). We update our forms to assess the medical necessity of your request, and it is 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 returned to the provider. 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 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 returned to you for updating.

#### **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 receiving a feedback form and 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 or step down to a lower level of care.

#### **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. do not match, the OTR may be sent to peer-to-peer review for a secondary review.

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

You would not believe the number of people that 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
<b>Applied Behavioral Analysis</b>	<ul style="list-style-type: none"> <li>■ Supervising BCBA Provider: Name, credentials, NPI/Tax ID</li> <li>■ Treatment plan including the symptoms/behaviors requiring treatment (as indicated by the assessment tool)</li> <li>■ Identify SMART goals in specific, behavioral and measurable terms and progress made toward treatment goals, or if no progress reason why and plan to address lack of progress.</li> <li>■ Comprehensive Diagnostic Report (initial request only)</li> <li>■ List any other services the member is receiving (i.e. PT/OT/ST/school)</li> <li>■ A sample schedule of treatment- codes, frequency, and requested units</li> <li>■ Documentation of parental involvement, parent goals</li> </ul>
<b>Electroconvulsive Therapy</b>	<ul style="list-style-type: none"> <li>■ Frequency</li> <li>■ Date of 1st 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> </ul>
<b>Intensive Outpatient Treatment</b>	<ul style="list-style-type: none"> <li>■ Current Symptoms with Severity/ Risk</li> <li>■ Treatment History</li> <li>■ Current Psychotropic Medications</li> <li>■ Substance Use History</li> <li>■ Functional Impairment</li> <li>■ Measurable Treatment Goals</li> <li>■ Discharge criteria</li> <li>■ Total days requested</li> </ul>
<b>Outpatient Treatment</b>	<ul style="list-style-type: none"> <li>■ Treatment plan</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</li> </ul>
<b>Psychological or Neuropsychological Testing</b>	<ul style="list-style-type: none"> <li>■ Current 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>