



Mobile Psychiatric Rehabilitation Referral

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 Phone: 412-561-3390 X213
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Applicant Signature: _____ Medical Assistance ID: _____
 Applicant Name: _____ Date of Birth: ____/____/____
 Phone: _____ SSN: _____ - _____ - _____
 Address: _____ City, State, Zip _____
 Referral Source Name: _____ Referral Source Phone: _____
 Referral Source Title / Agency: _____ Referral Email: _____

MEDICAL NECESSITY: MUST MEET ONE OF THE CATEGORIES A or B. Check box and attach supporting documentation.

<p>A. Diagnosis</p> <p><input type="checkbox"/> Schizophrenia, Schizoaffective Disorder, or other Delusional or Psychotic Disorder (F20.XXX – F29.XXX) Diagnosis Code: _____</p> <p><input type="checkbox"/> Major Mood [Affective] Disorder (F31.XXX – F33.XXX) Diagnosis Code: _____</p> <p><input type="checkbox"/> Borderline Personality Disorder (F60.3) Diagnosis Code: _____</p>	<p>B. Diagnosis Exceptions: All boxes must be checked and supporting documentation attached.</p> <p><input type="checkbox"/> This individual does not meet the serious mental illness diagnosis criteria in column A.</p> <p><input type="checkbox"/> Written and signed recommendation by a LPHA which includes a diagnosis of mental illness listed in the DSM-V or ICD-9 or subsequent revisions. Diagnosis Code: _____</p> <p><input type="checkbox"/> A written and signed description of the functional impairment resulting from the mental illness from LPHA.</p>
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Role Performance: *Describe the moderate to severe functional impairment that interferes with or limits functioning. (Note: 1 or more domain must rate at a 3 or higher to qualify.) Scale: 1 = No assistance needed. 3 = Needs moderate assistance. 5 = Needs extensive assistance.*

<u>Domain</u>	<u>Scale (1-5)</u>	<u>Description of Impairment</u>
Living		
Learning		
Working		
Social		

Reason for Recommendation: (How will this individual benefit from Mobile Psychiatric Rehabilitation Services?):

 Signature of LPHA Title Date

 Printed Name of LPHA NPI Number

Note: In accordance with Pennsylvania guidelines and regulations for Psychiatric Rehabilitation Services, this recommendation must be signed by a “physician for licensed practitioner of the health arts (LPHA) acting within the scope of professional practice.” **Persons who are considered to be an LPHA currently only include Medical Doctor (MD, OD) Certified Registered Nurse Practitioners (CRNP), Physician’s Assistants (PA), Licensed Psychologist, Licensed Professional Counselor (LPC) or Licensed Clinical Social Worker (LCSW).**