HealthChoice
3545 NW 58th St., Ste. 600, Oklahoma City, OK 73112
Phone 405-717-8879 or 800-543-6044, ext. 8879
Fax 405-949-5459 or 405-949-5501

Esketamine Request

This form must be completed and accompany all requests. Incomplete forms will not be reviewed.

Billing provider _____ Date _____

Billing address _____

TIN _____ Contact person _____

Phone _____ Fax _____

Patient _____ DOB _____

Member _____ Member ID _____

ICD-10 diagnosis codes _____

_____

_____

Current symptoms _____

_____

_____

Substance use history: Include substance and dates of use _____

_____

_____

Psychotherapy: Is this patient currently in cognitive behavioral therapy? No ☐ Yes ☐

Name of outpatient therapist and list credentials _____

_____

_____

History of psychotherapy _____

_____

_____

What standardized depression rating scale was administered? _____

Date and result of test _____

History of inpatient/residential/PHP/IOP admissions _____

_____

_____

_____

_____

Medication Trials

Antidepressants: Trials of at least 2 different antidepressants from a minimum of 2 different classifications at the maximally tolerated labeled dose. Each medication used at least 8 weeks.

Medication/dosage _____ Date of trial _____ Duration of trial _____

Outcome/Side Effects _____

_____

_____

Medication/dosage _____ Date of trial _____ Duration of trial _____

Outcome/Side Effects _____

_____

_____

Medication/dosage _____ Date of trial _____ Duration of trial _____

Outcome/Side Effects _____

_____

_____

Medication/dosage _____ Date of trial _____ Duration of trial _____

Outcome/Side Effects _____

_____

_____

List of all medications

_____ _____

_____

_____

_____

Treatment

CPT code/frequency of treatments _____ Start date _____ Stop date _____

CPT code/frequency of treatments _____ Start date _____ Stop date _____

CPT code/frequency of treatments _____ Start date _____ Stop date _____

Signature _____ Date _____

**** All information is required for review. Information provided is private and confidential. ****

NOTE: These benefits are applicable only if the patient is an eligible enrolled member of a HealthChoice plan. All benefits are subject to the deductible, coinsurance and policy provisions. Please verify benefits and eligibility by calling the medical claims administrator toll-free at 800-323-4314.

MEDICARE PATIENTS: If HealthChoice is the supplemental insurance carrier, authorization from HealthChoice is not required. Please contact Medicare.