

Entering behavioral health provider names and NPIs

Below, find examples of how to enter information for different provider types into the *BCN Behavioral Health Continuing Outpatient Treatment Request Form*. These examples show how to enter the information required for the treating clinician and the supervising clinician (when applicable), for an individual practice, an OPC and a group.

Examples for INDIVIDUAL PRACTITIONERS

Scenario 1 – Provider is an MD/DO completing the form for psychotherapy (not for the initial evaluation or for medication management).

Treating clinician	Name: Stanley Sirocco	Type: <input checked="" type="checkbox"/> MD/DO <input type="checkbox"/> Fully licensed psychologist <input type="checkbox"/> LLP* <input type="checkbox"/> LPC* <input type="checkbox"/> Licensed SW <input type="checkbox"/> CNP <input type="checkbox"/> Other
	*Supervising provider name	
The authorization is to be entered for (select one): <input checked="" type="checkbox"/> An individual -- See (a), below. <input type="checkbox"/> An OPC -- See (b), below. <input type="checkbox"/> A group -- See (a) and (b), below.		
(a) Treating clinician's or supervisor's* name	Stanley Sirocco, DO	and individual (Type 1) NPI: 0000000000
(b) Organization's name:		and organizational (Type 2) NPI:

Scenario 2 – Provider is a certified nurse practitioner.

Treating clinician	Name: Cynthia Storm	Type: <input type="checkbox"/> MD/DO <input type="checkbox"/> Fully licensed psychologist <input type="checkbox"/> LLP* <input type="checkbox"/> LPC* <input type="checkbox"/> Licensed SW <input checked="" type="checkbox"/> CNP <input type="checkbox"/> Other
	*Supervising provider name	
The authorization is to be entered for (select one): <input checked="" type="checkbox"/> An individual -- See (a), below. <input type="checkbox"/> An OPC -- See (b), below. <input type="checkbox"/> A group -- See (a) and (b), below.		
(a) Treating clinician's or supervisor's* name	Cynthia Storm, RN, MSN	and individual (Type 1) NPI: 1111111111
(b) Organization's name:		and organizational (Type 2) NPI:

Scenario 3 – Provider is a PhD fully licensed psychologist.

Treating clinician	Name: Theda Thunder	Type: <input type="checkbox"/> MD/DO <input checked="" type="checkbox"/> Fully licensed psychologist <input type="checkbox"/> LLP* <input type="checkbox"/> LPC* <input type="checkbox"/> Licensed SW <input type="checkbox"/> CNP <input type="checkbox"/> Other
	*Supervising provider name	
The authorization is to be entered for (select one): <input checked="" type="checkbox"/> An individual -- See (a), below. <input type="checkbox"/> An OPC -- See (b), below. <input type="checkbox"/> A group -- See (a) and (b), below.		
(a) Treating clinician's or supervisor's* name	Theda Thunder, PhD	and individual (Type 1) NPI: 3333333333
(b) Organization's name:		and organizational (Type 2) NPI:

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Examples for INDIVIDUAL PRACTITIONERS (continued)

Scenario 4 – Provider is a Master’s-level licensed social worker.

Treating clinician	Name: <u>Sam Sleet</u>	Type: <input type="checkbox"/> MD/DO <input type="checkbox"/> Fully licensed psychologist <input type="checkbox"/> LLP* <input type="checkbox"/> LPC* <input checked="" type="checkbox"/> Licensed SW <input type="checkbox"/> CNP <input type="checkbox"/> Other _____
	*Supervising provider name _____	
The authorization is to be entered for (select one): <input checked="" type="checkbox"/> An individual -- See (a), below. <input type="checkbox"/> An OPC -- See (b), below. <input type="checkbox"/> A group -- See (a) and (b), below.		
(a) Treating clinician’s or supervisor’s* name	<u>Sam Sleet, MSW</u>	and individual (Type 1) NPI: <u>4444444444</u>
(b) Organization’s name:	_____	and organizational (Type 2) NPI: _____

Example for an OPC

Note: When treatment is rendered in an OPC setting, be sure to include the name of the treating clinician and the OPC. It is not necessary to include the name of the supervising provider.

Scenario 5 – Provider is an LPC or LLP rendering services under the auspices of an outpatient psychiatric clinic (OPC).

Treating clinician	Name: <u>Hortense Hail</u>	Type: <input type="checkbox"/> MD/DO <input type="checkbox"/> Fully licensed psychologist <input type="checkbox"/> LLP* <input checked="" type="checkbox"/> LPC* <input type="checkbox"/> Licensed SW <input type="checkbox"/> CNP <input type="checkbox"/> Other _____
	*Supervising provider name _____	
The authorization is to be entered for (select one): <input type="checkbox"/> An individual -- See (a), below. <input checked="" type="checkbox"/> An OPC -- See (b), below. <input type="checkbox"/> A group -- See (a) and (b), below.		
(a) Treating clinician’s or supervisor’s* name	_____	and individual (Type 1) NPI: _____
(b) Organization’s name:	<u>Wildfire Community Clinics</u>	and organizational (Type 2) NPI: <u>8888888888</u>

Examples for a GROUP

Note: When treatment is rendered in a group setting, be sure to include the name of the treating clinician, the supervising provider (if applicable) and the group.

Scenario 6 – Provider is an MD/DO who is part of a group, completing form for psychotherapy (not for initial evaluation or medication management).

Treating clinician	Name: <u>Susan Sunny, MD</u>	Type: <input checked="" type="checkbox"/> MD/DO <input type="checkbox"/> Fully licensed psychologist <input type="checkbox"/> LLP* <input type="checkbox"/> LPC* <input type="checkbox"/> Licensed SW <input type="checkbox"/> CNP <input type="checkbox"/> Other _____
	*Supervising provider name _____	
The authorization is to be entered for (select one): <input type="checkbox"/> An individual -- See (a), below. <input type="checkbox"/> An OPC -- See (b), below. <input checked="" type="checkbox"/> A group -- See (a) and (b), below.		
(a) Treating clinician’s or supervisor’s* name	<u>Susan Sunny, MD</u>	and individual (Type 1) NPI: <u>5555555555</u>
(b) Organization’s name:	<u>Sunnyside Therapists, LLC</u>	and organizational (Type 2) NPI: <u>9999999999</u>

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Examples for a GROUP (continued)

Note: When treatment is rendered in a group setting, be sure to include the name of the treating clinician, the supervising provider (if applicable) and the group.

Scenario 7 – Provider is a Master’s-level licensed social worker who is part of a group.

Treating clinician	Name: <u>Harry Hurricane</u>	Type: <input type="checkbox"/> MD/DO <input type="checkbox"/> Fully licensed psychologist <input type="checkbox"/> LLP* <input type="checkbox"/> LPC* <input checked="" type="checkbox"/> Licensed SW <input type="checkbox"/> CNP <input type="checkbox"/> Other
	*Supervising provider name _____	
The authorization is to be entered for (select one): <input type="checkbox"/> An individual -- See (a), below. <input type="checkbox"/> An OPC -- See (b), below. <input checked="" type="checkbox"/> A group -- See (a) and (b), below.		
(a) Treating clinician's or supervisor's* name <u>Harry Hurricane, MSW</u> and individual (Type 1) NPI: <u>8888888888</u>		
(b) Organization's name: <u>Sunnyside Therapists, LLC</u> and organizational (Type 2) NPI: <u>9999999999</u>		

Scenario 8 – Provider is an LLP or LPC who is part of a group.

Treating clinician	Name: <u>Issac Icestorm</u>	Type: <input type="checkbox"/> MD/DO <input type="checkbox"/> Fully licensed psychologist <input checked="" type="checkbox"/> LLP* <input type="checkbox"/> LPC* <input type="checkbox"/> Licensed SW <input type="checkbox"/> CNP <input type="checkbox"/> Other
	*Supervising provider name <u>Roger Rain, PhD</u>	
The authorization is to be entered for (select one): <input type="checkbox"/> An individual -- See (a), below. <input type="checkbox"/> An OPC -- See (b), below. <input checked="" type="checkbox"/> A group -- See (a) and (b), below.		
(a) Treating clinician's or supervisor's* name <u>Roger Rain, PhD</u> and individual (Type 1) NPI: <u>7777777777</u>		
(b) Organization's name: <u>Sunnyside Therapists, LLC</u> and organizational (Type 2) NPI: <u>9999999999</u>		

Scenario 9 – Provider is a CNP or PA who is part of a group.

Treating clinician	Name: <u>Teresa Tomado</u>	Type: <input type="checkbox"/> MD/DO <input type="checkbox"/> Fully licensed psychologist <input type="checkbox"/> LLP* <input type="checkbox"/> LPC* <input type="checkbox"/> Licensed SW <input checked="" type="checkbox"/> CNP <input type="checkbox"/> Other
	*Supervising provider name _____	
The authorization is to be entered for (select one): <input type="checkbox"/> An individual -- See (a), below. <input type="checkbox"/> An OPC -- See (b), below. <input checked="" type="checkbox"/> A group -- See (a) and (b), below.		
(a) Treating clinician's or supervisor's* name <u>Teresa Tomado, RN, MSN</u> and individual (Type 1) NPI: <u>5555555555</u>		
(b) Organization's name: <u>Sunnyside Therapists, LLC</u> and organizational (Type 2) NPI: <u>8888888888</u>		