

Behavioral Health Authorization Request Form

The purpose of this form is to request a behavioral health prior authorization. Please fax this completed form to (318) 812-6249, Attn. Medical Management. Requests **without** supporting clinical documentation will be returned to the provider, delaying the review process.

If you have questions about this form, contact Blue Advantage Authorizations Department at 1-866-508-7145, choose option 3, then option 3. Please complete all applicable areas below.

Request Date ____/____/____	Date of Admission/Service Start ____/____/____	Time of Admission
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TYPE OF REVIEW

Precertification
 Concurrent Review
 Discharge (Please complete DC planning on Page 2)

Estimated Length of Care

INPATIENT SERVICES

<input type="checkbox"/> Inpatient Mental Health <input type="checkbox"/> Inpatient Detox	Readmission within 30 days <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Diagnosis Code (ICD-10)	Secondary Diagnosis Code (ICD-10)
Was the member admitted through the ER? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide location, date and time of ER visit.

OUTPATIENT SERVICES

<input type="checkbox"/> Individual Counseling <input type="checkbox"/> Psychological Testing <input type="checkbox"/> IOP <input type="checkbox"/> Medication Management <input type="checkbox"/> PHP	How often do these services occur? _____ (Psych Testing only) CPT®/HCPCS Code(s) _____
Primary Diagnosis Code (ICD-10)	Secondary Diagnosis Code (ICD-10)

PATIENT INFORMATION

Patient Name	Member ID Number
Address	Date of Birth
Emergency Contact	Phone
Parent/Guardian/Legal Representative	Alternate Phone

The information on this form is protected health information and subject to all privacy and security regulations under HIPAA.

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PROVIDER INFORMATION		
Attending MD	NPI	Tax ID
Primary Clinician	NPI	Tax ID
Facility/Clinic	NPI	Tax ID
Person to contact regarding this request		
Phone Number	Fax Number	
CLINICAL INFORMATION REQUIRED – Please check all applicable documentation included with this request		
<input type="checkbox"/> Initial Psych Evaluation	<input type="checkbox"/> Treatment Plan	
<input type="checkbox"/> PEC/CEC	<input type="checkbox"/> All nursing, psychiatric, psychosocial and medical evaluation available	
DISCHARGE PLANNING AND FOLLOW-UP FOR INPATIENT, PHP AND IOP		
Discharge Planner	Phone Number	
Discharge Date	Discharge Time	
DC Diagnosis (ICD-10)		
Address upon discharge		
Phone number upon discharge		
Has a seven-day follow-up aftercare appointment been scheduled? <input type="checkbox"/> Yes No		
If no, please explain:		
Discharge summaries must be faxed to (318) 812-6249 within 48 hours of discharge.		
Blue Advantage collects data for the Healthcare Data and Information Set (HEDIS®) regarding follow-up care for patients who have inpatient psychiatric treatment. The CMS Inpatient Psychiatric Facility Quality Reporting Program (IPFQR) encourages facilities and clinicians to improve quality of inpatient care by tracking seven and 30 day follow ups. Complete the following information regarding follow-up appointments.		
Follow-up Provider	Appointment Date and Time	
Does the patient require transportation assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Blue Advantage members may qualify for transportation assistance. Contact 1-866-508-7145 for assistance.		
Blue Advantage recognizes the importance of collaboration between behavioral healthcare and medical care. We encourage facilities to communicate with the patient's medical providers to ensure coordination of care. Our behavioral health staff is available to assist with this process by calling 1-866-508-7145		
Has the patient's primary care provider (PCP) been notified of this admission? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please explain:		

Requirements for Inpatient Providers:

- Schedule the first follow-up appointment for the patient. All inpatient discharges from behavioral health facilities require a seven-day and thirty-day follow-up with a behavioral health professional. Follow-up visits with primary care provider do not sufficiently meet the follow-up requirements.
- Begin discharge planning on the day of admission. Include utilization review, discharge planner, the patient and his/her family, and others desired by the patient.
- Coordinate care by notifying the patient's primary care provider of the recent hospitalization and provide a current listing of all prescribed medications. Follow-up should also be scheduled with primary care provider.
- Conduct follow-up calls with the patient to encourage medication adherence and discuss any side effects.
- Seek Blue Advantage assistance with any scheduling challenges before the patient is discharged, if needed.
- Share information with Blue Advantage. As a reminder, a release of information form is NOT required for a provider to release a member's relevant clinical information to Blue Advantage Behavioral Health staff per HIPAA Privacy Rule at 45 CFR 164.501.

A list of services that require prior authorization can be found in the *Provider Quick Reference Guide* on the Blue Advantage Provider Portal accessed through iLinkBlue (www.lablue.com/ilinkblue).