

Inpatient Behavioral Health

FAXED INITIAL AUTHORIZATION REQUEST

Used to notify of inpatient/residential admission and to request authorization.



Instructions

- Complete this form in its entirety and submit within 24 hours of admission.
- Separate fax forms are required for each member and each request.
- You will receive a Notice of Coverage when approved, or contacted via phone if a peer-to-peer review is needed, within 24 hours (excluding weekends and holidays).
- If for some reason you do not receive a determination within 24 hours, call 1-866-595-8133.
- Once the member is discharged and no additional days are needed, fax the discharge to 1-866-698-6341 within 24 hours.

Submit by fax to:

1-866-698-6341

Retain a copy of the fax confirmation for your records.

Facility Information

Facility Name: _____ UR Name: _____

Facility Tax ID: _____ UR Phone: _____

Facility NPI: _____

Facility Fax: _____

Member Information

Full Name: _____ Admit Date: _____

Medicaid ID: _____ Admitted: Voluntary Involuntary

Birth Date: _____ Other Insurance: _____

Phone: _____ CSoC? Yes No

Guardian (if applicable): _____

Clinical Information

Mental Status Exam and Date: _____

Precipitating Event or Detox Issues leading to admission: _____

Date and Results of Urine Drug Screen: _____

ICD-10 Diagnosis code(s): _____

Medications (Dose/Frequency): _____

Treatment Plan: _____

Compliance with medications: _____

Outpatient Treatment History (if applicable):

Coordination and Discharge Planning

Attending Physician:

Hospital D/C Planner:

Discharge Plan:

Any barriers to successful discharge:

ELOS:

CSoC Screening

Eligibility

Is member between ages 5-20? (If "No", skip the remaining CSoC Screening questions.) Yes No

DSM-V diagnosis? Yes No

Currently receiving FFT, MST, or Homebuilders? Yes No

Appropriateness

Has the child ever talked about or actually tried to hurt him/herself or acted in a way that might be dangerous to him/her? Yes No
 Unknown

Has the child ever been a danger to others (e.g. threatening to kill or seriously injure another person, fighting to the point of serious injury, been accused of being sexually aggressive, or engaging in fire setting)? Yes No
 Unknown

Has the child deliberately or purposefully behaved in a way that has gotten him/her in trouble with the authorities such as breaking the rules at school or laws in your community? Yes No
 Unknown

If Sent to Physician Advisor Review for Not Meeting Medical Necessity

By notes only

Peer to Peer (complete below)

Attending Physician: _____

Phone number: _____ Best time to call: _____