

**Behavioral Health Authorization  
Request Form**

The purpose of this form is to request a behavioral health prior authorization from Blue Cross and Blue Shield of Louisiana (Louisiana Blue). Please fax this completed form to 1-800-363-9170, Attn: Medical Management. Providers must submit authorization requests, including new and extension authorizations prior to the service being performed. For behavioral health, this may be done via this form, or through our online Louisiana Blue Authorizations application on iLinkBlue ([www.lablue.com/ilinkblue](http://www.lablue.com/ilinkblue)), under the "Authorizations," tab, click "Louisiana Blue Authorizations." It is important to always verify member eligibility and benefits before rendering services. Providers can find the list of services that require authorization available online at [www.lablue.com/providers](http://www.lablue.com/providers) >Resources.

Complete this form to submit authorizations for Louisiana Blue and HMO Louisiana, Inc. members for inpatient, outpatient and offices services that require an authorization directly from our authorization department. If you have questions about this form, contact the Louisiana Blue Behavioral Health Authorizations Department at 1-800-991-5638.

Request Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Admission/Service Start

\_\_\_\_/\_\_\_\_/\_\_\_\_

Time of Admission

**TYPE OF REVIEW**☐ Precertification☐ Concurrent Review☐ Discharge (Please complete DC planning on Page 2)

Estimated Length of Care

**INPATIENT SERVICES**☐ Inpatient Mental Health☐ Inpatient Detox☐ Inpatient Chemical  
Dependency☐ Residential Chemical  
Dependency☐ Residential Mental Health☐ Residential Inpatient Detox  
(ASAM Levels II-D, III.2D or  
III.7D)

Readmission within 30 days

☐ Yes ☐ No

Primary Diagnosis Code (ICD-10)

Secondary Diagnosis Code (ICD-10)

Was the member admitted through the ER?

☐ Yes ☐ No

If yes, please provide location, date and time of ER visit.

**OUTPATIENT SERVICES**☐ Individual Counseling☐ IOP☐ PHP☐ Medication Management☐ ECT☐ TMS☐ Applied Behavioral Analysis

How often do these services occur?

CPT®/HCPCS Code(s)

Primary Diagnosis Code (ICD-10)

Secondary Diagnosis Code (ICD-10)

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PATIENT INFORMATION		
Patient Name	Member ID Number	
Address	Date of Birth	
Emergency Contact	Phone	
Parent/Guardian/Legal Representative	Alternate Phone	
PROVIDER INFORMATION		
Attending Provider	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 <input type="checkbox"/> No If not, please explain:		
Discharge summaries must be faxed to 1-800-363-9170 within 48 hours of discharge.		
Louisiana Blue 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	

Louisiana Blue 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 1-800-991-5638.

Has the patient's primary care provider (PCP) been notified of this admission?

☐ Yes

☐ No

If not, 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 a 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 Louisiana Blue assistance with any scheduling challenges before the patient is discharged, if needed.

The authorization process is based on medical necessity only and is not a guarantee of payment.

Services/procedures are subject to review by Louisiana Blue for contractual limitations or exclusions. Providers are required to check an individual's benefits, limitations and eligibility immediately prior to providing a benefit or service. You may log into iLinkBlue ([www.lablue.com/ilinkblue](http://www.lablue.com/ilinkblue)) or call the customer service number printed on the member's ID card for specific member information.