LOUISIANA BLUE
Blue adVantage (HMO) | Blue adVantage (PPO)

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
_____/_____/_____	_____/_____/_____	

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	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 ☐ Psychological Testing ☐ IOP ☐ Medication Management ☐ 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

☐ Initial Psych Evaluation ☐ Treatment Plan

☐ PEC/CEC ☐ 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? ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 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 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 accessed through iLinkBlue (www.lablue.com/ilinkblue).