Authorization Request for Inpatient Behavioral Health



INSTRUCTIONS

For Participating Providers: For Participating Providers: Please log into the CareFirst Provider Portal at <u>https://provider.</u> <u>carefirst.com</u> and navigate to the Prior Auth/Notifications tab to submit your request electronically or to check the status of the authorization. If you need help, go to <u>carefirst.com/learning</u> > On-Demand Training > CareFirst Essentials to access user guides and courses on the Prior Authorization Portal.

For Non-Participating Providers: Please complete all fields and attach clinical documentation to support the medical necessity of the service(s) requested. Incomplete information may delay processing of your request. Request review timelines vary and some may take up to 15 days. Review timelines are based on applicable NCQA, state and federal requirements.

MEMBER INFORMATION							
Member Name			Member ID	Date of Birth		Member Phone Number	
REQUESTOR INFORMATION							
Requestor Name			Date of Request	Phone Number		Fax Number	
If requesting out-of-network services for a BlueChoice member, please submit a letter of medical necessity explaining why services cannot be provided in-network.							
SERVICE REQUEST DETAILS							
Admission Date # Days Requested ICD-10 Diagnoses, beg			inning with primary	HCPCS/CPT/Revenue Code			
MENTAL HEALTH SERVICE REQUESTED (check one below)							
Acute Inpatient Psychiatric Admission Crisis Bed Mental Health Residential Treatment							
SUBSTANCE USE DISORDER SERVICE (please check BOTH place of service and ASAM level)							
ASAM Level: 4.0 (medically managed intensive inpatient) 3.7 (detox) 3.3/3.5 (residential)							
Place of Service: Inpatient Hospital Residential Treatment Center							
ADMITTING FACILITY							
Utilization Review Contact Name			Phone Number		Fax Number		
Facility Name			Facility NPI		Facility Tax ID		
Facility Address			City		State		ZIP
ATTENDING PHYSICIAN / RENDERING PROVIDER							
Provider Name			Credentials		Phone Number		
Provider NPI		Provider Tax ID (i	Provider Tax ID (if not using facility #)				

Initial Authorizations: Send form with supporting clinical to 410-505-2433. Requests for Inpatient Psychiatry, ASAM 4.0, and ASAM 3.7 can also be initiated by calling 1-866-PRE-AUTH.

Concurrent Review & Discharge: Send updated clinical summary with existing authorization number and additional days being requested to 410-505-2789. DO NOT send new authorization/level of care change requests to this number.

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