

Authorization Request for Inpatient Behavioral Health

INSTRUCTIONS

For Participating Providers: Please log into the CareFirst Provider Portal at <https://provider.carefirst.com> 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 carefirst.com/learning > 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
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REQUESTOR INFORMATION

Requestor Name	Date of Request	Phone Number	Fax Number
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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, beginning with primary	HCPCS/CPT/Revenue Code
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MENTAL HEALTH SERVICE REQUESTED (check one below)

Acute Inpatient Psychiatric Admission	Crisis Bed	Mental Health Residential Treatment
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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 (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.