BlueCross BlueShield
Federal Employee Program

Prior Authorization Request Form (California)	**Inpatient Residential Treatment** **Precertification prior to admission is required**
Fax Number: 1 (888) 619-0492	**Phone Number:** 1 (800) 995-2800

Use Blue Shield's online authorization system - to complete, submit, attach documentation, track status, and receive determinations for medical requests and requests for medications covered under the medical benefit. Visit Provider Connection (www.blueshieldca.com/provider) and click the Authorizations tab to get started.

Notice: The Federal Employee Program has a 15 Calendar Day turn-around time on all Standard Prior Authorization Requests according to the Blue Cross Blue Shield Service Benefit Plan. Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.

Patient Information:

First Name:	Last Name:
Date of Birth:	ID Number: Phone Number:

Referring/Prescribing Provider (Required):

Name:			Tax ID:	NPI:
Street Address + Suite #:				
City:	State:	Zip:	Contact Name and Phone:	Fax:
Type of Provider: ☐ PCP ☐ Specialist Type:				

If Servicing Provider is billing as part of a Group Contract enter the Group Name and Address:

Group Name:			Tax ID:	NPI:
Street Address + Suite #:				
City:	State:	Zip:	Contact Name and Phone:	Fax:

Billing Facility Accreditation: ☐ Joint Commission ☐ CARF ☐ Other:				
Facility Name:			Tax ID:	NPI:
Street Address + Suite #:				
City:	State:	Zip:	Phone:	Fax:
Admissions Contact Name:			Admissions Contact Phone Number:	
House Supervisor/Executive Director Name:			House Supervisor/Executive Director Phone Number:	
Direct UM/Discharge Planner Name:			Direct UM/Discharge Planner Phone Number:	
Primary Therapist/Clinical Director Name:			Primary Therapist/Clinical Director Phone Number:	
Anticipated Date of Service:				
Place of Service: (Check One Box Only or If typing replace box with an "X"):				
☐ RTC – Psychiatric	☐ RTC – SUD	☐ RTC -Dual Diagnosis		
ICD-10 Code(s):				
CPT/HCPC Code(s):				

Please Provide the Following Documentation:

- Please fax clinical documentation to support medical necessity for IP RTC treatment of a medical, mental health, or substance abuse condition, to include:
    - Prior Treatment: PHP, IOP, Outpatient or Private Pay Programs in which the member participated.
    - ER/Urgent Care visits in the last year.
    - Names of Outpatient Providers: (PCP-Psychiatrist-Therapist)
    - For Chemical Dependency Admissions please include:
        - Substance-Use History: Drug(s), Substances Used and Date of Last Use
        - Current Symptoms- Any Detoxification Needs
- We review based on Milliman Care criteria which considers residential treatment to be for very-short term crisis intervention. Milliman Care criteria requires a treatment plan and care coordination upon admission for discharge planning. (Please Attach Treatment Plan or you may utilize the options below.)

Preliminary Treatment Plan - Please check all that apply:

☐ Receive education on the disease concept of addiction and cross addiction.
☐ Receive education on anti-craving medication
☐ Development of a relapse prevention plan
☐ Identify relapse triggers
☐ Develop coping skills
☐ Weekly family sessions
☐ Psychiatric evaluation
☐ Medication management
☐ Daily 12 step meetings/12 step work
☐ Individual therapy sessions
☐ Group therapy sessions
☐ Other:

Note: Please attach a copy of the signed "Authorization for Release of Personal and Health Information" form if the member would like us to speak to someone else in regard to discharge planning.

Preliminary DC Plan: (Please provide programs with levels of care available to members in their home location) Discharge planning is expected to be started upon admission.

Residential Treatment Center (RTC) Definition

‣ Facilities accredited by a nationally recognized organization and licensed as required by the state, district, or territory to provide residential treatment for medical conditions, mental health conditions, and/or substance abuse. Accredited health care facilities (excluding hospitals, skilled nursing facilities, group homes, halfway houses, and similar types of facilities) providing 24-hour residential evaluation, treatment and comprehensive specialized services relating to the individual's medical, physical, mental health, and/or substance abuse therapy needs.

View our Medical Policy online at https://www.fepblue.org/legal/policies-guidelines