



BEHAVIORAL HEALTH AUTHORIZATION REQUEST FORM

Phone Number: (318) 998-3904 Option 2 | Once complete, please fax to (318) 812-7208

****CLINICAL INFORMATION TO SUPPORT THIS REQUEST MUST BE INCLUDED WITH THIS FORM.****

Today's Date: _____ Date of Admission/Service Start: _____ Time of Admission: _____

TYPE OF REVIEW:	ESTIMATED LENGTH OF CARE:
Precertification _____ Concurrent Review _____ Discharge _____ Discharge Date and Time: (Please complete DC planning on pg. 2) _____	

INPATIENT SERVICES:	READMISSION WITHIN 30 DAYS:
Inpatient Mental Health _____ Inpatient Detox _____ Substance Abuse Residential Treatment _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Diagnosis (ICD -10): _____	Secondary Diagnosis (ICD-10): _____

Did the member admit from the ER? If so, please provide location and date/time of ER visit.

Yes No _____

OUTPATIENT SERVICES:	HOW OFTEN DO THESE SERVICES OCCUR?
Individual Counseling _____ IOP _____ PHP _____ Psychological Testing _____ Medication Management _____ ABA _____ ECT _____	
Primary Diagnosis (ICD -10): _____	Secondary Diagnosis (ICD-10): _____

MEMBER INFORMATION:	
Member Name:	Member ID:
Address:	Date of Birth:
Emergency Contact/Phone:	Member Phone:

PROVIDER INFORMATION:	
Attending MD:	NPI Number:
Primary Clinician:	NPI Number:
Facility/Clinic:	NPI Number:
Person to Contact regarding this request:	Please provide a phone and fax number: Phone: _____ Fax: _____



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CLINICAL INFORMATION REQUIRED – PLEASE CHECK ALL APPLICABLE DOCUMENTATION INCLUDED WITH THIS REQUEST

- Initial Psych Evaluation (Must be completed within 24 hours of admission) PEC/CEC
- Treatment Plan All nursing, psychiatric, psychosocial, and medical evaluations available

DISCHARGE PLANNING AND FOLLOW UP FOR INPATIENT, PHP AND IOP:

Discharge Planner: _____ Phone: _____ DC Diagnosis (ICD-10): _____

Address upon Discharge: _____ Phone: _____

Has a seven day follow up aftercare appointment been scheduled? Yes No

If no, please explain: _____

Discharge summaries must be faxed to (318) 812-7208 within 48 hours of discharge.

Vantage Health Plan 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 7 and 30 day follow ups. Complete the following information regarding follow up appointments.

Follow up Provider: _____ Appointment Date and Time: _____

Does member require transportation assistance? ** _____

**Vantage Health Plan Medicare members may qualify for transportation assistance. Contact (318) 998-4373 for assistance.

Vantage Health Plan recognizes the importance of collaboration between behavioral healthcare and medical care. We encourage facilities to communicate with the member’s medical providers to ensure coordination of care. Our behavioral health staff is available to assist with this process by calling (318) 998-3904.

Has the patient’s primary care provider 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 primary care physician are not sufficient.
- » 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 physician of the recent hospitalization and provide a current listing of all prescribed medications. Follow-up should also be scheduled with primary care physician.
- » Conduct follow-up calls with the patient to encourage medication adherence and discuss any side effects.
- » Seek Vantage assistance with any scheduling challenges before the patient is discharged, if needed.
- » Share information with Vantage. As a reminder, a release of information form is NOT required for a provider to release a member’s relevant clinical information to Vantage Behavioral Health staff per HIPAA Privacy Rule at 45 CFR 164.501.