



Federal Employee Program.

<b>Prior Authorization Request Form</b>		<b>Inpatient Residential Treatment</b>	
		<b>**Precertification prior to admission is required**</b>	
<b>Use AuthAccel - Blue Shield's online authorization system</b> - to complete, submit, attach documentation, track status, and receive determinations for both medical and pharmacy authorizations. Visit Provider Connection ( <a href="http://www.blueshieldca.com/provider">www.blueshieldca.com/provider</a> ) and click the Authorizations tab to get started.			
<b>Notice: The Federal Employee Program has a 15 Day turn-around time on all 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.</b>			
<u>Servicing/Billing: Provider</u> <b>Name:</b>  <b>Address + Suite#:</b>  <b>City, State, Zip</b>  <b>Tax ID Number:</b> <b>NPI:</b>  <b>Contact Name:</b>  <b>Phone: (        )</b> <b>Fax: (        )</b>		<b>Patient's First Name:</b>  <b>Patient's Last Name:</b>  <b>Patient's Date of Birth:</b>  <b>ID Number Beginning with "R":</b>	
<u>Billing Facility (If Applicable):</u> <b>Facility Name:</b>  <b>Street Address</b>  <b>City, State, Zip</b>  <b>Tax ID Number:</b> <b>NPI:</b>  <b>Contact Name:</b>  <b>Phone: (        )</b> <b>Fax: (        )</b>		<b>If Servicing Provider is <i>billing as part of a Group Contract</i> enter the Group Name and Address:</b> <b>Group Name:</b>  <b>Group address + Suite#</b>  <b>City, State, Zip</b>  <b>Tax ID Number:</b> <b>NPI:</b>	
<u>Anticipated Date of Admission:</u>		<u>Place of Service: (Check One Box Only)</u> <input type="checkbox"/> RTC – Psychiatric; <input type="checkbox"/> RTC – SUD; <input type="checkbox"/> Other - Please Specify	
<b>ICD-10 CODE(S) DSM V Diagnosis:</b>			

View our Medical Policy on line at <https://www.fepblue.org/legal/policies-guidelines>

**Please provide the following documentation:**

- Member must consent and actively participate in the local FEP Case Management Program. Case Management RTC Consent must be signed and returned prior to any IP RTC days being authorized.
- 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

<b>Fax Number: 1-888-619-0492</b>	<b>Phone Number: 1-800-995-2800</b>
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▪ Current Symptoms- Any Detoxification Needs

➤ Treatment plan and discharge plan must be declared prior to admission. (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:

**Preliminary DC Plan:** Please check all that apply:

- Step down to PHP or IOP level of care, if available
- Obtain PCP or Psychiatrist for medication management, if needed
- Individual therapist, if needed
- Obtain sponsor
- Daily 12 step meetings
- Explore options for sober living environment, if needed
- OP Provider Name and Contact Information:
- Other:

Non-covered Inpatient RTC Care

▶ **Group home, half-way house, or similar setting**

▶ **Sub Acute Detoxification**

▶ **Respite care**

▶ **Care that is primarily domiciliary, provided because care in the home is unavailable or unsuitable**

▶ **Benefits are not available for non-covered services, including:**

- Services provided outside of the provider's scope of practice
- Recreational therapy
- Educational therapy and/or classes
- Bio-feedback
- Outward bound programs
- Equine therapy
- Personal comfort items, guest meals, television, etc.

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.

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