



<b>Prior Authorization Request Form</b>		<b>Inpatient Residential Treatment</b> <b>**Precertification prior to admission is required**</b>		
Fax Number: 1 (888) 619-0492		Phone Number: 1 (800) 995-2800		
<i>NOTE: Failure to complete this form in its entirety may result in delayed processing or an adverse determination due to insufficient information.</i>				
<b>Patient Information:</b>				
First Name:		Last Name:		
Date of Birth:		ID Number:		
		Phone Number:		
<b>Referring/Prescribing Provider:</b>				
Name:		Tax ID:		NPI:
Street Address + Suite #:				
City:	State:	Zip:	Phone:	Fax:
Type of Provider: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist Type:				
<b>If Servicing Provider is billing as part of a Group Contract enter the Group Name and Address:</b>				
Group Name:		Tax ID:		NPI:
Street Address + Suite #:				
City:	State:	Zip:	Phone:	Fax:
<b>Billing Facility Accreditation:</b>				
Facility Name:		Tax ID:		NPI:
Street Address + Suite #:				
City:	State:	Zip:	Phone:	Fax:
Contact Name:				
<b>Anticipated Date of Service:</b>				

**Place of Service: (Check One Box Only or If typing replace box with an "X"):**

<input type="checkbox"/> Office	<input type="checkbox"/> Group Home	<input type="checkbox"/> Nursing Facility
<input type="checkbox"/> Acute Rehab (NOT RTC)	<input type="checkbox"/> Home	<input type="checkbox"/> Off Campus OP Hosp
<input type="checkbox"/> Ambulance- Air or Water	<input type="checkbox"/> Hospice	<input type="checkbox"/> PHP
<input type="checkbox"/> Ambulance-Land	<input type="checkbox"/> Independent Clinic	<input type="checkbox"/> RTC – Psychiatric
<input type="checkbox"/> Ambulatory Surgical Center	<input type="checkbox"/> Independent Laboratory	<input type="checkbox"/> RTC – SUD
<input type="checkbox"/> Assisted Living Facility	<input type="checkbox"/> Inpatient Hospital	<input type="checkbox"/> Skilled Nursing Facility
<input type="checkbox"/> Birthing Center	<input type="checkbox"/> Intermediate Care Facility	<input type="checkbox"/> Telehealth
<input type="checkbox"/> Custodial Care Facility	<input type="checkbox"/> IOP	<input type="checkbox"/> Urgent Care Facility
<input type="checkbox"/> End Stage Renal Disease Tx	<input type="checkbox"/> IP Psychiatric Facility	<input type="checkbox"/> Other - Please Specify:

**Please enter all codes requested; unlisted codes must have a description.  
Please include the quantity for each code requested and if applicable, left, right or bilateral designations.**

ICD-10 Code(s):

CPT/HCPC Code(s):

This facsimile transmission may contain protected and privileged, highly confidential medical, Personal and Health Information (PHI) and/or legal information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this material, you may not use, publish, discuss, disseminate, or otherwise distribute it. If you are not the intended recipient, or if you have received this transmission in error, please notify the sender immediately and **confidentially** destroy the information that faxed in error. Thank you for your help in maintaining appropriate confidentiality.

**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
- 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.

Other pertinent multidisciplinary notes/reports: (e.g., psychological or psychiatric evaluation, physical therapy, multidisciplinary pain management) when applicable.

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