

## Behavioral Health Prior Authorization Request Form

Type or print legibly to ensure accuracy and timely processing. Please note that failure to complete all relevant fields on request can delay processing.

In addition to form, include all relevant additional documents such as H&P, treatment plans, progress notes, etc. Upon completion, please submit form via our NantHealth/Navinet provider portal system or fax form to AmeriHealth Caritas BH UM at 855.410.6638

DATE			
TYPE OF REQUEST	<input type="checkbox"/> URGENT <input type="checkbox"/> STANDARD <input type="checkbox"/> RETROSPECTIVE		
TREATMENT SETTING	<input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT		
REQUEST TYPE	<input type="checkbox"/> EXTENSION <input type="checkbox"/> INITIAL <input type="checkbox"/> VOID <input type="checkbox"/> CHANGES DOS/SETTING		
<input type="checkbox"/> ADDITIONAL CLINICAL <input type="checkbox"/> DISCHARGE PLANNING <input type="checkbox"/> CONTINUED SERVICE			
<input type="checkbox"/> OTHER			
PREVIOUS AUTHORIZATION NUMBER			
CONTACT NAME			
CONTACT PHONE		CONTACT FAX	

### MEMBER INFORMATION

LAST NAME		
FIRST NAME		
MEMBER ID (MEDICAID ID OR HEALTH PLAN ID)		
MEMBER PHONE NUMBER	DATE OF BIRTH	
MEMBER STREET ADDRESS		
CITY	STATE	ZIP

**PROVIDER INFORMATION**

PROVIDER NAME			
PROVIDER TIN		PROVIDER NPI	
PROVIDER PHONE NUMBER		PROVIDER FAX NUMBER	
PROVIDER STREET ADDRESS			
CITY		STATE	ZIP
PROVIDER STATUS <input type="checkbox"/> PAR <input type="checkbox"/> NON PAR <input type="checkbox"/> IN CREDENTIALING			
FACILITY NAME			
FACILITY TIN		FACILITY NPI	
FACILITY PHONE NUMBER		FACILITY FAX NUMBER	
ATTENDING PHYSICIAN			
FACILITY STREET ADDRESS			
CITY		STATE	ZIP
PROVIDER STATUS <input type="checkbox"/> PAR <input type="checkbox"/> NON PAR <input type="checkbox"/> IN CREDENTIALING			

REFERRING PHYSICIAN NAME (IF DIFFERENT FROM ABOVE)			
REFERRING PHYSICIAN TIN			
REFERRING PHYSICIAN NPI			
REFERRING PHYSICIAN PHONE NUMBER			
REFERRING PHYSICIAN FAX NUMBER			
REFERRING PHYSICIAN STREET ADDRESS			
CITY		STATE	ZIP
PROVIDER STATUS <input type="checkbox"/> PAR <input type="checkbox"/> NON PAR <input type="checkbox"/> IN CREDENTIALING			



<b>BEHAVIORAL HEALTH SECTION</b>		
<b>DIAGNOSIS CODE</b>		

PROCEDURE CODE (CPT/HCPCS)	START DATE	END DATE	NUMBER OF UNITS	CODE DESCRIPTION



**BEHAVIORAL HEALTH SECTION**

NOTES

**Please submit via NantHealth/Navinet provider portal or fax to 855.410.6638**

In order to process your request in a timely manner, please submit any pertinent clinical information to support the request for services. If an out of network provider is being utilized, please submit documentation to substantiate the use of an out-of-network provider. Please contact AmeriHealth Caritas Behavioral Health Utilization Management Department via the NantHealth/Navinet system or at 855.410.6638 for questions.

**URGENT MEDICAL CONDITION:** Any illness, injury or severe condition which, under reasonable standards of medical practice, would be diagnosed and treated within a 24-hour period and, if left untreated, could rapidly become a crisis or emergency medical condition.

