

## Behavioral Health - Utilization Management Grid

Level of Care	Fax Number	Documentation to Submit	Time of Submission
Level 1 Psychiatric Hospital Admission (excluding BHIF/RTC)	<b>520-874-3420 (Banner UM)</b>	<p><b>All</b> of the following information is required for all inpatient notifications/requests:</p> <p>Admission Face Sheet, which includes the following:</p> <ol style="list-style-type: none"> <li>1) Member's name and Member's identification number and</li> <li>2) Member's date of birth, and</li> <li>3) Admission date, and</li> <li>4) National Provider Identification (NPI) of Facility, and</li> <li>5) Attending physician name and phone number, and</li> <li>6) Admitting hospital name, and Admitting diagnosis, ICD 10 Code, and</li> <li>7) Level of care admitted to, and</li> <li>8) Contact name and phone number/e mail of in-patient Utilization Reviewer and</li> <li>9) Certification of Need (CON)</li> </ol>	Within 72 hours of admission
Emergent BHIF Admission	<b>520-694-0599 (Banner BH PA)</b>	<p>Submit <b>all</b> of the following:</p> <ol style="list-style-type: none"> <li>1) Behavioral Health Prior Authorization Form</li> <li>2) Certificate of Need (CON)</li> <li>3) Request for Out of Home Admission Form</li> <li>4) Out of Home Notification Form</li> </ol>	Within 2 business days of admission
Non-Emergent Request for BHIF Admission	<b>520-694-0599 (Banner BH PA)</b>	<p>Submit <b>all</b> of the following:</p> <ol style="list-style-type: none"> <li>1) Behavioral Health Prior Authorization Form,</li> <li>2) Updated Service Plan/Complete Care Plan</li> <li>3) Recent psychiatric progress notes,</li> <li>4) A completed Request for Out of Home Admission Form</li> <li>5) The most recent assessment and a Child and Family Team note and other reports from outpatient providers and any psychological reports or other relevant reports from specialty provider and,</li> <li>6) <b>The referring provider must submit a CON within 72 hours of admission.</b></li> </ol>	Prior to Admission
Non-Emergent Request for Behavioral Health Residential Facility	<b>520-694-0599 (Banner BH PA)</b>	<p>Submit <b>all</b> of the following:</p> <ol style="list-style-type: none"> <li>1) Behavioral Health Prior Authorization Form,</li> <li>2) Request for Out of Home Admission Form</li> <li>3) If request for substance abuse, include</li> </ol>	Prior to admission

		supporting clinical documentation that demonstrates the member needs this level of care for substance abuse treatment.	
Emergent Admission For Behavioral Health Residential Facility	<b>520-694-0599 (Banner BH PA)</b>	<p>Submit <b>all</b> of the following:</p> <ol style="list-style-type: none"> <li>1) Behavioral Health Prior Authorization Form,</li> <li>2) Out of Home Notification Form,</li> </ol> <p>For emergent admissions, recertification of admission will take place for up to 5 days. If member requires a continued stay after the 5th day of an emergent admission, the behavioral health provider must submit an updated Adult Recovery Team/ Child Family Team note requesting the number of days for continued stay on the 3rd day following admit. If a child/youth member requires a continued stay after the 5<sup>th</sup> day of an emergent admission, the behavioral health provider must submit the Children's Out of Home Concurrent Review Form and the requesting the number of days for continued stay on the 3<sup>rd</sup> day following admit.</p>	Within 2 days of admission Notification of Admission Form, Behavior Health Prior Authorization Form are submitted within 2 business days of admission. By day 3 submit CFT/ART note with request for number of continued days if needed.
Emergent/Non-emergent Admissions for Priority Populations for Substance Abuse Treatment	<b>520-694-0599 Banner BH PA</b>	<p>Priority Populations may be admitted to a Behavioral Health Residential Facility (BHRF) for substance use disorder treatment for <b>5 days</b> on an emergent basis without a prior authorization.</p> <p><b>To remain in this level of care beyond 5 days, the member must meet medical necessity criteria.</b></p> <p>Within 24 hours of the admission, the out of home (OOH) provider must submit the Notification of Admission Form and Behavioral Health Prior Authorization Form to the health plan via fax at 520-694-0599.</p> <p>Within 2 business days of the admission, the Outpatient Provider must submit the Request for Out of Home Admission Form and include supporting clinical documentation that demonstrates the member needs this level of care for substance abuse treatment. If medical necessity criteria are met, authorization for up to 60 days will be provided and subsequent concurrent reviews will be conducted.</p>	<p>Prior Authorization for first 5 days not required.</p> <p>After within 24 hours of admission notification must be submitted. Within 2 business days other documentation is required.</p>

Non-emergent Request Admission to HCTC	<b>520-694-0599 (Banner BH PA)</b>	<p>Submit <b>all</b> of the following:</p> <ol style="list-style-type: none"> <li>1) Behavioral Health Prior Authorization Form</li> <li>2) Request for Out of Home Admission Form,</li> <li>3) An updated Individual Service Plan (or Complete Care Plan, when applicable) indicating goals of the HCTC,</li> <li>4) Recent psychiatric evaluation or psychiatric progress note that reflects current behaviors, functioning and diagnoses,</li> <li>5) The most recent assessment or an assessment that has been updated in the past year and the ART or CFT Team note indicating the team's recommendations.</li> </ol>	Prior to admission
Emergent Admission to HCTC	<b>520-694-0599 (Banner BH PA)</b>	<p>Submit <b>all</b> of the following:</p> <ol style="list-style-type: none"> <li>1) Behavioral Health Prior Authorization Form,</li> <li>2) Out of Home Notification Form,</li> </ol> <p>For emergent admissions, precertification of admission will take place for up to 5 days. If member requires a continued stay after the 5th day of an emergent admission, the behavioral health provider must submit an updated Adult Recovery Team/ Child Family Team note requesting the number of days for continued stay on the 3rd day following admit. If a child/youth member requires a continued stay after the 5<sup>th</sup> day of an emergent admission, the behavioral health provider must submit the Children's Out of Home Concurrent Review Form and the requesting the number of days for continued stay on the 3<sup>rd</sup> day following admit.</p>	Within 2 business days of admission.
Inpatient Concurrent Review	<b>520-874-3411 or Banner Behavioral Health UM Reviewer will contact facility and provide e mail address. Facility must send documentation securely to UM reviewer e mail address when requested.</b>	<p>Clinical documentation should support <b>all</b> of the following:</p> <ol style="list-style-type: none"> <li>1) The intensity of service being delivered should be appropriate to the risk level that justified the admission.</li> <li>2) Complications arising from initiation of, or change in, medications or other treatment modalities.</li> <li>3) Need for continued observation Persistence of symptoms such that continued observation or treatment is required</li> <li>4) Increased risk of complications as a result of intervention or as a product of newly discovered conditions</li> </ol>	Submit clinical documentation prior to noon on the last day of the current authorization;

		<p>5) Effective planning for transition to a less restrictive level of care has begun and additional time in treatment days will reduce the probability of a readmission to a more restrictive level of care.</p> <p>Documents to support above medical necessity include:</p> <ol style="list-style-type: none"> <li>1) Attending/Psychiatrist admitting evaluation,</li> <li>2) Social Work/Crisis team admission evaluation,</li> <li>3) Medication Administration Record (MARS),</li> <li>4) All physician orders,</li> <li>5) Lab results,</li> <li>6) RN notes,</li> <li>7) Group/individual and all counseling notes,</li> <li>8) Social Work notes</li> </ol>	
Behavioral Health Inpatient Facility Concurrent Review	<p><b>520-874-3411 or Banner Behavioral Health UM Reviewer will contact facility and provide e mail address. Facility must send documentation securely to UM reviewer e mail address when requested.</b></p>	<p>Submit <b>all</b> of the following clinical documentation to support medical necessity:</p> <ol style="list-style-type: none"> <li>1) The intensity of service being delivered should be appropriate to the risk level that justified the admission and,</li> <li>2) Persistence of symptoms such that continued observation or treatment is required and evidence of increased risk of complications as a result of intervention or as a product of newly discovered conditions</li> <li>3) Effective planning for transition to a less restrictive level of care has begun and additional time in treatment days will reduce the probability of a readmission to a more restrictive level of care</li> <li>4) Concurrent review documentation should include a description of the active treatment and interventions that are being provided (and documented in the clinical record) that is assisting the member in achieving their Service Plan/Care Planning goals for a successful discharge.</li> </ol>	Submit clinical documentation prior to noon on the last day of the current authorization;
Behavioral Health Inpatient Facility Concurrent Review	<p><b>520-874-3411 or Banner Behavioral Health UM Reviewer will contact facility and provide e mail address. Facility must send documentation securely to UM reviewer e mail address when</b></p>	Submit: Recertification of Need (RON)	Submitted every 30 days.

	<b>requested.</b>		
Behavioral Health Residential Facility Concurrent Review	520-874-3411 or Banner Behavioral Health UM Reviewer will contact facility and provide e mail address. Facility must send documentation securely to UM reviewer e mail address when requested.	Submit <b>all</b> of the following: For Children: 1) Out of Home Concurrent Review Form 2) CFT notes, 3) Medication and psychiatric progress notes. For Adults- 1) Adult Recovery Team notes reflecting need for further continued stay 2) Revised Service Plan/Complete Care Plan and Medication and psychiatric progress notes.	14 days prior to the expiration of the current authorization
HCTC Concurrent Review	520-874-3411 or Banner Behavioral Health UM Reviewer will contact facility and provide e mail address. Facility must send documentation securely to UM reviewer e mail address when requested.	Submit <b>all</b> of the following: For Children: 1) Out of Home Concurrent Review Form 2) CFT notes, 3) Medication and psychiatric progress notes. For Adults- 1) Adult Recovery Team notes reflecting need for further continued stay 2) Revised Service Plan/Complete Care Plan 3) Medication and psychiatric progress notes.	14 days prior to the expiration of the current authorization
Psychotropic Medication	866-349-0338	Submit the following: Pharmacy Prior Authorization Form	Prior to dispensing
Out of State Placements For Children Concurrent Review	520-874-3411 or Banner Behavioral Health UM Reviewer will contact facility and provide e mail address. Facility must send documentation securely to UM reviewer e mail address when requested.	Submit the following: 1) Out of State 90-day Update Form	14 days prior to the expiration of the current authorization.
Out Patient Neuropsychological Evaluations	520-694-0599 BH PA	Submit <b>all</b> of the following: 1) Behavioral Health Prior Authorization Form  <i>See Provider Checklist in this chapter on other clinical documentation required to support medical necessity</i>	Prior to initiation of services

Request for Electroconvulsive Therapy	<b>520-694-0599 BH PA</b>	Submit <b>all</b> of the following: 1) Behavioral Health Prior Authorization Form, 2) Supporting clinical documentation	Prior to initiation of services
Out of Network Requests	<b>520-594-0599 BH PA</b>	Submit: Behavioral Health Prior Authorization Form	Prior to initiation of services.