

# Behavioral Health - Utilization Management Grid

Level of Care/ Code	Fax Number	Documentation to Submit	Time of Submission
<b>Level 1 Psychiatric Hospital Admission (excluding BHIF/RTC)</b>	<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 Member's identification number</li> <li>2. Member's date of birth</li> <li>3. Admission date</li> <li>4. National Provider Identification (NPI) of Facility</li> <li>5. Attending physician name               <ol style="list-style-type: none"> <li>a. Admitting hospital name</li> </ol> </li> <li>6. Admitting diagnosis, ICD 10 Code</li> <li>7. Level of care admitted to</li> <li>8. Contact name and phone number/email of in-patient Utilization Reviewer</li> <li>9. Other Insurance</li> <li>10. Certification of Need (CON)</li> </ol> <p>Clinical documentation submitted <b>prior</b> to the submittal of Notification of admission will not be saved and considered for the medical necessity review.</p>	Within 72 hours of admission
<b>Emergent BHIF Admission</b>	<b>520-694-0599 (Banner BH PA)</b>	<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 Application</li> <li>4. Out of Home Admission Notification Form</li> </ol>	Within 2 business days of admission
<b>Non-Emergent Admission for BHIF</b>	<b>520-694-0599 (Banner BH PA)</b>	<p><b>Prior to Admission:</b> 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. Out of Home Application</li> <li>5. The most recent assessment, or an assessment updated within the past year</li> <li>6. Child and Family Team note indicating team recommendation</li> </ol>	

		<p>7. Other reports from outpatient providers</p> <p>8. Any psychological reports or other relevant reports from specialty provider</p> <p>9. <b>Submit a CON within 72 hours of admission</b></p> <p>If approved, the authorization is valid up to 45 days only. Submit additional clinical documentation if the member does not admit within 45 days of approval.</p>	
<p><b>Non-Emergent Admission for Behavioral Health Residential Facility (H0018)</b></p>	<p><b>520-694-0599 (Banner BH PA)</b></p>	<p>1. Behavioral Health Prior Authorization Form</p> <p>2. Out of Home Application with supporting clinical documentation</p> <p>3. If Substance abuse- ASAM and/or clinical documentation</p> <p>If approved, authorization is valid up to 45 days only. Submit additional clinical documentation if the member does not admit within 45 days of approval.</p>	<p>Submit up to 45 days prior to admission</p>
<p><b>Emergent Admission For Behavioral Health Residential Facility (H0018)</b></p>	<p><b>520-694-0599 (Banner BH PA)</b></p>	<p>1. Behavioral Health Prior Authorization Form</p> <p>2. Out of Home Admission Notification Form</p> <p>3. Out of Home Application Form</p> <p><b>After 5 Days Admission:</b> For emergent admissions, authorization will be given for up to 5 days. If member requires a continued stay, the out of home provider <b>must submit a Concurrent Review Form by the 5th day.</b></p>	<p>Submit within 2 days of admission Notification of Admission Form and Behavior Health Prior Authorization Form</p>
<p><b>Non-emergent Admission to HCTC (S5109-HB, ages 18-64) (S5109-HC, over 65) (S5109-HA, ages 0-17)</b></p>	<p><b>520-694-0599 (Banner BH PA)</b></p>	<p>1. Behavioral Health Prior Authorization Form</p> <p>2. Out of Home Application Form with supporting clinical documentation</p>	<p>Up to 45 days prior to admission</p> <p>(If approved, the authorization is valid up to 45 days only)</p>

<p><b>Emergent Admission to HCTC (S5109-HB, ages 18-64) (S5109-HC, over 65) (S5109-HA, ages 0-17)</b></p>	<p><b>520-694-0599 (Banner BH PA)</b></p>	<p>Submit <b>all</b> of the following within 2 days:</p> <ol style="list-style-type: none"> <li>1. Behavioral Health Prior Authorization Form,</li> <li>2. Out of Home Admission Notification Form, and</li> <li>3. Out of Home Application Form</li> </ol> <p><b>After 5 Days Admission:</b> For emergent admissions, authorization will be given for up to 5 days. If member requires a continued stay, the out of home provider must <b>submit a Concurrent Review Form by the 5th day.</b></p>	<p>Within 2 business days of admission, Notification of Admission Form and Behavioral Health Prior Authorization Form are submitted.</p>
<p><b>Concurrent Review Requirements for Inpatient, BHIF, BHRF, HCTC</b></p>	<p><b>Fax Number</b></p>	<p><b>Documentation to Submit</b></p>	<p><b>Time of Submission</b></p>
<p><b>Inpatient Concurrent Review</b></p>	<p><b>520-874-3411 or Banner Behavioral Health UM Reviewer will contact facility and provide email address. Facility must send documentation securely to UM reviewer email 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. Attending/Psychiatrist admitting evaluation</li> <li>2. History and Physical (H&amp;P)</li> <li>3. Admission/Intake Assessment</li> <li>4. Medication Administration Record (MAR)</li> <li>5. All physician orders</li> <li>6. Lab results</li> <li>7. RN notes</li> <li>8. Discharge plan/barriers</li> </ol>	<p>Submit clinical documentation prior to noon on the last covered day (LCD) of the current authorization; delayed submittals may result in a denial.</p>
<p><b>Behavioral Health Inpatient Facility Concurrent Review</b></p>	<p><b>520-874-3411 or Banner Behavioral Health UM Reviewer will contact facility and provide email address. Facility must send documentation securely to UM reviewer email 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. Psychiatric notes</li> <li>2. Concurrent Review Form</li> <li>3. CFT notes</li> <li>4. Medication Administration Record (MAR)</li> <li>5. Discharge plan</li> <li>6. After 30 days submit a Recertification of Need (RON)</li> </ol>	<p>Submit clinical documentation prior to noon on the last covered day (LCD) of the current authorization;</p> <p>RON Submitted every 30 days.</p>

<b>Behavioral Health Residential Facility Concurrent Review</b>	<b>520-874-3411 or Banner Behavioral Health UM Reviewer will contact facility and provide email address. Facility must send documentation securely to UM reviewer email address when requested.</b>	<ol style="list-style-type: none"> <li>1. Out of Home Concurrent Review Form</li> <li>2. CFT/ART notes</li> <li>3. Medication and psychiatric progress notes, if applicable</li> <li>4. Revised Service Plan/Complete Care Plan (as applicable)- The revised Service Plan/Complete Care Plan should include revisions to address identified barriers</li> </ol>	14 days prior to the expiration of the current authorization
<b>HCTC Concurrent Review</b>	<b>520-874-3411 or Banner Behavioral Health UM Reviewer will contact facility and provide email address. Facility must send documentation securely to UM reviewer email address when requested.</b>	<ol style="list-style-type: none"> <li>1. Out of Home Concurrent Review Form</li> <li>2. CFT/ART notes</li> <li>3. Medication and psychiatric progress notes.</li> </ol>	14 days prior to the expiration of the current authorization
<b>Out of State Placements For Children Concurrent Review (varied)</b>	<b>520-874-3411 or Banner Behavioral Health UM Reviewer will contact facility and provide email address. Facility must send documentation securely to UM reviewer email address when requested.</b>	<ol style="list-style-type: none"> <li>1. Psychiatric notes</li> <li>2. Concurrent Review Form</li> <li>3. CFT notes</li> <li>4. Medication Administration Record (MAR)</li> <li>5. Discharge plan, and</li> <li>6. After 30 days submit a Recertification of Need (RON)</li> </ol>	<p>Submit clinical documentation prior to noon on the last covered day (LCD) of the current authorization;</p> <p>RON Submitted every 30 days.</p>
<b>Other Out Patient Services/ Codes</b>	<b>Fax Number</b>	<b>Documentation to Submit</b>	<b>Time of Submission</b>
<b>Electroconvulsive Therapy (90870)</b>	<b>520-694-0599 (Banner BH PA)</b>	<ol style="list-style-type: none"> <li>1. Behavioral Health Prior Authorization Form</li> <li>2. Supporting clinical documentation</li> </ol>	Prior to initiation of services
<b>Out of Network Provider (varied)</b>	<b>520-594-0599 (Banner BH PA)</b>	Behavioral Health Prior Authorization Form	Prior to initiation of services.
<b>Transportation-Ground 100+ mileage (A0425)</b>	<b>520-594-0599 (Banner BH PA)</b>	Behavioral Health Prior Authorization Form	Prior to initiation of services.
<b>23 Hour Crisis Observation</b>	<a href="mailto:BUHPCareMgmtBHMailbox@bannerhealth.com">BUHPCareMgmtBHMailbox@bannerhealth.com</a>	<ol style="list-style-type: none"> <li>1. Member name</li> <li>2. AHCCCS ID</li> <li>3. Date of Birth</li> <li>4. Date of Admission</li> <li>5. Disposition, if applicable</li> </ol>	Upon admission to 23 hour crisis observation facility.
<b>Psychotropic Medication (varied)</b>	<b>866-349-0338</b>	Submit the following: Pharmacy Prior Authorization Form	Prior to dispensing