

## Frequently Asked Questions – Behavioral Health Prior Authorization Process

1. Where do I send documents for concurrent review? You can fax them to 520-874-3411 or send them to the assigned BUFC Reviewer via secure email.
2. Where can I find the updated required forms? <https://www.banneruhp.com/materials-and-services/provider-manuals-and-directories#Provider-Manuals>
3. How do I confirm the authorization or the date range of the authorization? Contact the Utilization Management Reviewer.
4. Can a hospital refer a member to a BHRF? Yes, anyone can. And, hospital personnel can send in the PA Form and the Out of Home Application.
5. What billing codes should be used on the Prior Authorization Form for BHRF and HCTC? BHRF=H0018, HCTC=S5109
6. What diagnosis codes should be used on the Prior Authorization Form? You would use the diagnosis code(s) that will be treated in the out of home level of care. If there is more than one, please provide them.
7. How will I get an authorization if I “emergently admit” someone to my BHRF? We will provide an authorization once we receive the timely Out of Home Admission Notification, the PA and Out of Home Application, and evidence the member meets medical necessity criteria for BHRF. If documentation is submitted accurately, timely and it demonstrates medical necessity, a five day authorization will be provided.
8. Where do I send the Discharge Summary? The Discharge Summary can be faxed to 520-874-3411 or emailed to the assigned BUFC Reviewer via secure email.
9. When should I send the Discharge Summary? When a member is discharged or leaves the BHRF (against medical advice)? Discharge Summaries are due within 72 hours of any discharge.
10. Who should complete the Out of Home Application? The outpatient provider’s case manager typically completes this. But in an effort to remove barriers to care, any provider type can complete this.
11. When will Banner provide my BHRF with a new authorization once the previous authorization runs out? Assuming all concurrent review document are received on time, Banner will provide a new authorization prior to the last covered day of the previous authorization.
12. Which documents are required for concurrent review for BHRF/HCTC? The BHRF/HCTC provider is responsible for requesting additional days via the Out of Home Concurrent Review Form. CFT/ART Notes and evidence of ongoing psychiatric/medication management are also required, if applicable. Typically, these are sent in by the outpatient provider. These are due 14 days prior to the current last covered day.
13. When can I send packets out of state? All in state options for treatment must be exhausted and denial letters received, (remove comma) before an out of state option would be approved by the health plan.
14. What if my Prior Authorization Form is returned and I am unsure of the reason? PA Forms are returned when they are submitted with incomplete or inaccurate information to process the request. The clock starts ticking once we receive the accurately completed forms. You can reach out to your Banner Behavioral Health Care Manager or the Senior Manager for assistance.
15. How do I check the status of a PA request? First, check to see if it was returned for being incomplete. Next, you can contact the Behavioral Health Department by calling Customer Care at 800-582-8686.