

Children's Residential Treatment Initial Authorization Request Form



Effective May 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) providers are required to use the Availity Essentials® Provider Portal to submit preservice prior authorization requests. **Faxes and phone calls for these requests will no longer be accepted by Blue Cross.** Please complete the clinical sections on this form and attach it to your request at Availity.com/essentials to ensure a timely review.

Providers outside of Minnesota or without electronic access can fax this form, along with clinical records to support the request. See page 5 for additional instructions.

Contact Information

Person Completing Form: _____ Phone: _____ Fax: _____

Patient Information

Member Name: _____ Gender: M F X

Member ID: _____ Date of Birth: _____

Member Address: _____

City/state/ZIP: _____ Phone: _____

Admission Information

Is this a step-down from another facility? Yes No

Is this a step-down from another level of care? Yes No

Admission Date: _____ Number of Days Requested: _____

Estimated Length of Stay: _____

Facility NPI / Tax ID: _____ Facility Provider ID: _____

Facility Name: _____

Facility Address: _____

Facility City/State/ZIP: _____

Phone: _____ Fax: _____

Primary Diagnosis Code: _____ Secondary Diagnosis Code: _____

Clinical Information Requested

1. What are the circumstances that led to this patient's admission (including rationale to support residential level of care)?

2. What are the current safety concerns?

3. What are the presenting symptoms that are to be targeted in treatment (frequency, severity, duration)?

4. What functional impairments are present (interpersonal relationships, academic, activities of daily living, community, legal)?

5. What was the patient's living situation prior to admission and what is the nature of family involvement?

6. What is the patient's treatment history (include dates), clinical interventions attempted (i.e., medication trials, treatment modalities), and what were the outcomes?

7. What is the patient's diagnostic history (psychiatric and medical)?

8. Provide a brief summary of the historical safety concerns, functional impairments, legal involvement, trauma, etc.

9. What are the planned interventions and expected outcomes?

10. What is the patient's drug history (first and last use)?

11. What is the impact of the patient's chemical use?

12. Describe the need for the patient's 24-hour supervision.

13. Describe any legal, financial, family, social, physical, or mental health impact to the patient.

14. Provide a summary of the medical necessity for this level of care (including any current patient risk of harm).

15. Describe the change that needs to occur before the patient can be discharged.

Case Management

Case Management services are available to assist the provider/member with discharge planning, family support, etc. Please contact our Behavioral Health Case Management Department at (877) 887-0873 to get connected to a case manager.

Yes, I am interested in a case manager reaching out to assist.

Contact Name: _____ Phone: _____

No, I am not interested at this time.

Documentation Requirements

In addition to filling out the previous pages of this form, please include documentation supporting the medical necessity of this request. Documentation should include:

- Diagnostic/intake assessment
- Psychiatry progress notes
- Individual therapy notes
- Family therapy notes
- Treatment plan updates from the previous month of services

Concurrent Review Guidelines

We review treatment stays regularly for medical necessity. Reviews will be done based on the patient's needs and progress.

Effective May 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) providers are required to use the Availity® Provider Portal to submit concurrent review requests. Faxes and phone calls for these requests will no longer be accepted by Blue Cross.

Providers outside of Minnesota or without electronic access can fax this form and complete clinical records to support the request, to (651) 662-0718.