Confidential – Medicare Advantage

Behavioral Health Prior Authorization Request Form

Date of Request:_____ **Fax:** 1-833-903-1067 | **Phone:** 1-844-929-0162

Required Information: To ensure our patients receive quality and timely care, please complete this form in its entirety and submit with appropriate supporting clinical documentation.

Review Priority Level

☐ Service requested can be **reviewed within standard timelines.** Standard review completed within 14 calendar days.

☐ The health or life of member **may seriously be jeopardized** if the service requested is not reviewed expeditiously. Expedited review completed within 72 hours.

Member Information

Member ID: (9-digit#, begins with 5):	Date of Birth: Phone:	
Last Name:	First Name:	MI:

Requesting Provider Information

NPI #:	Provider Name:		
Tax ID #:	Street Address:		
Facility/Clinic/Provider	City:	State:	Zip:
	Phone:	Fax:	

Level of Care Requested

☐ Inpatient Hospitalization ☐ Residential Treatment ☐ Partial Hospitalization (PHP)

☐ Intensive Outpatient Treatment (IOP) ☐ Outpatient Treatment (List all applicable billing codes in the space below.)

Anticipated Date(s) of Service: Estimated Duration of this Episode of Care:

CPT / HCPC Codes	Units / Visits	Frequency

Diagnosis (If additional rows for diagnoses are required, include those additions as attachments to this page for supporting documentation)

1.
2.
3.
4.

Medications

☐ Medications not applicable.

Name	Dosage	Frequency

Authorization is not a guarantee of claim payment. The payment for these services is subject to using the authorized provider, your plan eligibility at the time of service, and the benefit limitations in your Evidence of Coverage.

Additional Instructions

Prior Authorization Request for Behavioral Health Services

Please note that a traditional cover sheet may also be utilized as the first page of the fax as long as the completed and printed authorization form is included as the second page in the transmission:

1st Page	2nd Page	3rd Page
Your fax cover sheet	Printed Authorization Request Form	Supporting Clinical Documents

Remember to provide the required information to ensure our members receive quality and timely care.

This includes, but not limited to, completing this form in its entirety and submitting with appropriate supporting clinical documentation (i.e. H&P, imaging reports, surgical reports, and other pertinent admission records).

After the fax is received by Bright Health, you will be contacted at the requesting phone number if there are any outstanding questions or concerns.

Confirmations for approved authorizations will be faxed to the requesting provider fax number.

Definition for Priority Level:

- **Standard request:** Bright Health must notify the member of its determination as expeditiously as the member's health condition requires, but no later than 14 calendar days after the date Bright Health receives the request.
- **Expedited request**: Member or any physician (regardless of whether the physician is affiliated with Bright Health), may request that Bright Health expedite the request when the member or his/her physician believes that waiting for a decision under the standard time frame could place the member's life, health, or ability to regain maximum function in serious jeopardy.

NOTE: Prior authorizations can be submitted electronically when requesting and servicing provider and/or facility is a contracted network provider or facility with Bright Health. Visit Bright Health's Provider Portal, Availity.com.

Benefits of submitting PA forms electronically:

1. Providers **receive immediate confirmation** that a request was submitted successfully.
2. The authorization submission process is streamlined by the type of authorization request. This **reduces back and forth between provider and payer.**
3. Providers **receive a reference number** for each prior-authorization submitted. Providers can **view the current status** of a submitted prior-authorization at any time.

If you have any questions regarding this form and/or would like more information about Bright Health's Utilization Management program, please review our Provider Manual on the Provider Portal, Availity.com.

Fax – Confidential

To: Bright Health Plan	**From:**
Fax: 1-833-903-1067	**Date:**
Phone:	
Re: Behavioral Health Prior Authorization Request	
Additional Message:	