BlueCare Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

TN Division of Health Care Finance & Administration | CoverKids

Child/Adolescent Psychiatric Service Authorization Request Form

Authorization is not a confirmation of coverage or benefits. Benefits remain subject to all contract terms, benefit limitations, conditions, exclusions, and the patient's eligibility at the time services are rendered.

Fax Number: 1-800-851-2491

☐ **Inpatient Request**
- ☐ Psych Acute I/P
- ☐ Psych Residential
- ☐ Crisis Stabilization

☐ **Outpatient Request**
- ☐ Psych Partial Hospitalization
- ☐ Psych IOP
- ☐ Respite
- ☐ Psych Testing

Instructions

Complete this form for both initial and concurrent requests for services.

For initial review, complete all items. For concurrent review, complete only items with asterisk (*).

Member Information

Member Name: _____ Member ID Number: _____

Date of Birth: _____

Diagnosis: (List all DSM-5 codes) _____

Physician and Facility Information

☐ Initial Request ☐ Concurrent Review

Facility Name: _____

Facility NPI Number: _____ Facility Tax ID #: _____

Ordering Physician/Practitioner Name: _____

Ordering Physician/Practitioner NPI Number: _____

Tax ID Number: _____

Phone Number: _____ Fax Number: _____

Date of Order: _____

Certificate of Medical Necessity

Certification of Need (CON)

1st CON: Date _____ Time_____

2nd CON: Date _____ Time_____

Facility Name: _____ Provider Number:_____

Address: _____

Phone Number: _____ Fax Number:_____

Utilization Review (UR) Contact: _____ UR Phone Number:_____

Requested Start Date:_____ Date of Evaluation/Assessment:_____

Clinical Information

*Date of Admission: _____*Date of last assessment:_____

Presenting Problem (behavioral description of issues, current symptoms)_____

_____

*Suicidal/Homicidal? ☐ YES ☐ NO If yes, describe ideation, plan, intent, means, history of Suicidal Ideations/Homicidal Ideations (SI/HI) attempts, treatment.

Precipitant (What stressors led to this? Why now?)

When do these behaviors tend to happen?

*When was the last time these behaviors occurred? _____

Do these behaviors occur in the school? _____

*Is the school involved in current treatment plan? Describe coordination with school.

Is the member involved with Special Ed? _____

Do these behaviors occur in the home?_____

*Have family sessions occurred as often as necessary? _____

Do the behaviors occur in the community? _____

*Legal/social service involvement? _____

*Baseline (for concurrent review, describe movement toward baseline):

_____

*DSM 5 Diagnoses (Mental Health and Medical)-DSM: Primary DX: _____

Comorbidities: _____

*Urine Drug Screen (UDS) & Blood Alcohol Level (BAL) results:_____

Treatment History

*Treatment plan (include behavior plan, parenting work, family interventions):

*Specific to behavior plan, what assistance will family/guardians need in order to maintain behavior plan?

*Medications

*Medication Adherence? Barriers to adherence?

*If concurrent review, what progress has been made in reducing inappropriate behaviors?

*If concurrent review & no progress in reducing inappropriate behaviors, how will the treatment plan be changed?

*Discharge Readiness Behavior (what specific behavior(s) will indicate readiness to discharge)?

*Discharge Plan

*PCP involvement and efforts to coordinate care:

*Other Information:

*Estimated length of stay or duration of service: _____

*Estimated discharge date: _____

Call **1-888-416-3025** for **CareSmart disease management**, 8 a.m. – 6 p.m. ET, Monday through Friday

Call **1-888-416-3025** for **case management** 8 a.m. – 6 p.m. ET, Monday through Friday

Call **1-866-904-7477** for **24/7 Nurseline** to get around-the-clock health information from registered nurses

Call **1-800-999-1658** for the **Health Information Library** to hear recorded health messages 24 hours a day

We look forward to working with you and helping your child be as healthy as possible!

BlueCare Tennessee

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