

Out-of-State Inpatient, Partial Hospital, Residential, IOP Behavioral Health Preauthorization



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To request preauthorization for behavioral health admission:

- Please contact the Behavioral Health Nurses at 800-825-6614 to notify them of the admission and complete this form with supporting clinical information (i.e., Psychiatric evaluation/updates, addiction evaluations, nursing notes, etc.). Completion of this form does not replace the need for a referral for out-of-network services.
- **Fax to Health Network Innovation:** (701) 277-2253
- **Mail to Blue Cross Blue Shield of North Dakota:** Attn: Health Network Innovation; 4510 13th Ave S; Fargo, ND 58121

If you have previously contacted Blue Cross Blue Shield of North Dakota (BCBSND) about this service and have received a **reference number**, please include that number: # _____

Questions: Providers may call Provider Service at 800-368-2312. Members may call Members Services using the number on the back of their ID card.

Member/Patient Information			
Patient Name			
Date of Birth (mm/dd/yyyy)		Benefit Plan Number	
Address		City	State Zip Code
Clinical Information			
Level of Care Requested: (See list below)			
Admission Date (mm/dd/yyyy)		Discharge Date (mm/dd/yyyy)	
Facility/Hospital Information			
Facility/Hospital Name			
National Provider Identifier (NPI) Number		BCBSND Provider Number	
Address		City	State Zip Code
Provider/Physician Information			
Facility/Hospital Name			
National Provider Identifier (NPI) Number		BCBSND Provider Number	
Address		City	State Zip Code
Contact Information			
Contact Name		UM/CM Phone Number	
Contact Phone Number		Contact Fax Number	
Date (mm/dd/yyyy)			
Preauthorization Information (BCBSND use only)			
<ul style="list-style-type: none"> • Case Management may contact you for discharge planning, dependent on diagnosis and length of stay. • Please call 800-825-6614 with a discharge date and fax discharge summary to 701-277-2253. 			
DCN		Next Review	
Date (mm/dd/yyyy)		Reviewer	

INCOMPLETE FORMS WILL DELAY PROCESSING AS THEY WILL NOT BE CONSIDERED UNTIL ALL INFORMATION IS RECEIVED. INCOMPLETE FORMS WILL BE RETURNED.

Blue Cross Blue Shield of North Dakota (BCBSND) uses its internal Behavioral Health Medical Necessity criteria and follows American Society of Addiction Medicine (ASAM) criteria for behavioral health coverage. BCBSND's Behavioral Health Medical Necessity criteria is available at www.BCBSND.com. BCBSND uses the medical necessity criteria to determine appropriate medically necessary intensity of services for patients in need of evaluation and treatment for behavioral health conditions. BCBSND understands that providers use differing terminology or billing guidelines when determining clinically appropriate care. To facilitate the utilization review process for health care providers, below is a quick reference guide to help identify what services your facility may provide that fits within the coverage of the member's benefit plan.

Psychiatric Services	Description
Inpatient Psychiatry	Around-the-clock intensive, psychiatric, medical, and nursing care including continuous observation and monitoring, acute management to prevent harm or significant deterioration of functioning and to ensure the safety of the individual and/or others, daily monitoring of psychiatric medication effects and side effects, and a contained environment for specific treatments that could not be safely done in a non-monitored setting.
Residential Treatment Center	24-hour structured, medically supervised multidisciplinary treatment; skilled nursing involvement and psychiatrist, psychiatric physician assistant (PA), psychiatric clinical nurse specialist (CNS), or psychiatric nurse practitioner (NP) supervision, intended to stabilize multidimensional risk that cannot be managed through existing community programs. RTC is not primarily for the purpose of maintaining long-term gains made in an earlier program. It is not based on a preset number of days and is not a substitute for a lack of available supportive living environment(s) in the community. Treatment is focused on stabilization and improvement of functioning and reintegration with family or significant others, and is transitional in nature for the purpose of returning the individual to the community with subsequent continued ambulatory treatment services as needed.
Partial Hospital Program	Continuous, coordinated, time-limited structured, medically supervised multidisciplinary ambulatory treatment including skilled nursing involvement and psychiatrist/qualified physician assistant (PA), clinical nurse specialist (CNS), or nurse practitioner (NP) for individuals who can maintain personal safety with support systems in the community. PHP's may address one or both of two primary goals: acute crisis stabilization and/or acute symptom reduction.
Psychiatric Intensive Outpatient Program	Provides a coordinated, intense, ambulatory, multi-disciplinary and time-limited treatment for patients who can maintain personal safety w/support systems in the community and who can maintain some ability to fulfill family, student, or work activities. Intensive outpatient programs are appropriate for patients experiencing psychosocial stressors and/or complex family dysfunction, such that a multi-disciplinary treatment team is needed to stabilize the patient. The patient is not at imminent risk for serious bodily harm toward self or others. Clinical interventions may include individual, couples, family, and group psychotherapies along with medication management. This level of care can be utilized to generate new coping skills, or can follow a more intensive level of care to reinforce acquired skills that might be lost if the patient immediately returned to a less structured outpatient setting.

Substance Abuse Services with Diagnosis Codes	Description
Medically-Managed Inpatient Detoxification (4-WM)	Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management detox. regimen and manage medical instability.
Medically-Monitored Inpatient Detoxification (3.7-WM)	Severe withdrawal in need of 24-hour nursing care and physician visits; unlikely to complete without medical, nursing monitoring. Physician, physician assistant, or nurse practitioner completes a physical examination within 24 hours of admission and is available to provide on-site monitoring of care and further evaluation on a daily basis.
Outpatient Services (1)	Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies.
Intensive Outpatient Services (2.1)	9 or more hours of service/week (adults); 6 or more hours-week (adolescents) to treat multidimensional instability.
Partial Hospitalization Services (2.5)	20 or more hours of service-week for multidimensional instability not requiring 24-hour care.
Clinically-Managed Low-Intensity Residential (3.1)	24-hour structure with available trained personnel; at least 5 hours of clinical service/week.
(3.1 with 2.5)	Level 3.1 supportive living may be provided in conjunction with level 2 programs when an individual's multidimensional risk warrants the need for both levels.
(3.1 with 2.1)	Level 3.1 supportive living may be provided in conjunction with level 2 programs when an individual's multidimensional risk warrants the need for both levels.
Clinically Managed Population-Specific High-Intensity Residential Services (3.3) Adult Criteria Only	24 hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community.
Clinically Managed Population Specific High Intensity Residential Services (3.5) Adult	24 hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community.
Clinically-Managed Medium-Intensity Residential Services (3.5) Adolescent	24 hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community.
Medically-Monitored Intensive Inpatient (3.7)	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2 or 3. Sixteen hour/day counselor availability. Counseling is available in order to promote active motivational entrancement and engagement.
Medically-Managed Intensive Inpatient (4)	24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2 or 3. Counseling is available in order to facilitate motivational enhancement and engagement.