

Behavioral Health outpatient authorization request



Send fax form and supplemental documents to 717.346.5800. For ABA authorization request, please complete an ABA request form. Any questions, contact the Capital Blue Cross Preauthorization department at 800.471.2242.

Member information			
Member name			
Member ID		Date of birth	
Plan type			

Requesting provider information				
Provider name			Provider NPI	
Address				
City		State		ZIP Code
Contact name		Contact phone		Fax

Authorization			
Authorization type	<input type="checkbox"/> Initial <input type="checkbox"/> Concurrent		
Level of urgency	<input type="checkbox"/> Standard <input type="checkbox"/> Expedited		
Admission type	<input type="checkbox"/> Mental health <input type="checkbox"/> Substance use		
Service type	<input type="checkbox"/> ECT professional services <input type="checkbox"/> Transcranial magnetic stimulation <input type="checkbox"/> Intensive outpatient-mental health <input type="checkbox"/> Electroconvulsive therapy <input type="checkbox"/> Partial hospitalization-mental health <input type="checkbox"/> Intensive outpatient-substance use <input type="checkbox"/> Partial hospitalization-substance use		
Start date		End date	
Requested units		Unit type (hours, visits)	
Place of service			
Primary diagnosis		Diagnosis code	
Additional diagnoses with codes			
Primary procedure		Procedure code	

Servicing (treating) provider information (If different from requesting provider listed above)				
Provider name			Provider NPI	
Facility			Facility NPI	
Address				
City		State		ZIP Code
Contact name		Contact phone		Fax

(Preauthorization is not a guarantee of payment.)

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