

Behavioral Health inpatient authorization request



Send fax form and supplemental documents to 717.346.5800. 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"/> Emergent <input type="checkbox"/> IP elective-expedited <input type="checkbox"/> Retrospective			
Admission type	<input type="checkbox"/> Mental health <input type="checkbox"/> Substance use			
Service type	<input type="checkbox"/> Acute IP-free standing BH facility <input type="checkbox"/> Inpatient detox <input type="checkbox"/> Residential treatment-substance use		<input type="checkbox"/> Acute IP-BH unit within general hospital <input type="checkbox"/> Inpatient mental health <input type="checkbox"/> Residential treatment-mental health	
Admission date		End date		Requested days
Primary diagnosis			Diagnosis code	
Primary procedure			Procedure code	

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

For PA Act 106 authorization request:

- Please document total number of authorized days used this calendar year with this submission.
- Written certification is required within fourteen calendar days after admission but before discharge.

(Preauthorization is not a guarantee of payment.)

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