

**Behavioral Health Authorization Form**

Fax completed form to:

608-252-0843



Choose One	Mental Health	AODA (Substance)
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Choose One:	Detox	IP	Residential	PHP/Day TX	IOP	OP Out of Network	In-Home
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**Pre-Service Non-Urgent/Standard (Physician Signature NOT Required)****Pre-Service Administratively Urgent (Physician Signature NOT Required)**

(Services which do not meet the definition of Medically Urgent, however, are deemed to be time sensitive by one or more of the affected parties.)

**Pre-Service Medically Urgent/Expedited (Attending Physician Signature REQUIRED Below unless a Medicare Advantage Part D member)**

(Medically Urgent—In the opinion of the attending physician, there is a risk to the member's life, serious bodily injury or pain that cannot otherwise be managed. Physician signature NOT required for Medicare Advantage Part D requests.)

**Attending Physician**

PATIENT DEMOGRAPHICS			
Patient Name:		Date of Birth:	
Member ID:		Phone Number:	
Street Address:			
City:	State:	Zip Code:	

REFERRING PROVIDER INFORMATION			
Provider Name:		Phone #:	
Street Address:		Fax #:	
City:	State:	Zip Code:	
Provider #:	Specialty:		

REFERRED TO PHYSICIAN/FACILITY/PROVIDER INFORMATION			
Referred To:		Phone #	
Street Address:		Fax #	
City:	State:	Zip Code:	
Specialty:			

REQUEST INFORMATION	***PLEASE INCLUDE <u>H&amp;P</u> WITH ALL AVAILABLE DOCUMENTATION***		
Date(s) of Service:	# of Visits:		
CPT Code(s) and Description:			
ICD 10 Diagnosis Code(s) and Description:			

Additional Information:
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Form Submitted By:		
Name:	Phone:	Fax:

The completed form can be faxed to: (608) 252-0843

If you have any questions regarding the services or form, please contact Customer Service at 877-230-7555 or review [Prevea360 Health Plan's Medical Management](#)

Requests to non-plan providers must be approved prior to obtaining services.

Originated: 10/2018 Updated: 01/2020