Geisinger

Behavioral Health Services Review Form

Approval of this form does not guarantee payment of benefits. Final determination is based on eligibility, authorization rules and plan limits.

Fax the completed form and clinical documentation to 570-214-4539. If you have questions, call 888-839-7972.

Date of request: **Request for:**

☐ Initial admission ☐ Subsequent review

Member information:

Name:

Health plan ID:

Date of birth: **Phone:**

Requestor information:

Name:

Phone: **Fax:**

Facility NPI:

Attending physician:

MD NPI:

Admitting facility information:

Name:

NPI:

Address:

City: **State:** **Zip:**

Phone: **Fax:**

Attending physician: **NPI:**

Provide information on who will conduct review, if available:

Name:

Phone: **Fax:**

Requested level of care: Choose an item.

- ☐ Inpatient Mental Health
- ☐ Residential Mental Health
- ☐ Inpatient Detox, Substance Use Disorder
- ☐ Residential Substance Use Disorder
- ☐ Mental Health Partial Hospitalization*
- ☐ Substance Use Disorder, Partial Hospitalization*
- ☐ Substance Use Disorder, Intensive Outpatient*
- ☐ Mental Health, Intensive Outpatient*

Admission date:

DSM 5 diagnosis (es)/ICD 10 code (s):

*** For PHP or IOP level of care, include the following:**

Number of sessions being requested:

Days per week of programming:

Expected completion date of programming:

Provide the following clinical documentation to determine medical necessity for benefit reimbursement. Sending the following information will aid in determination.

- Current psychiatrist's psychiatric evaluation
- Daily provider notes/Individual session notes
- Social work/Social Services notes
- Discharge planning documentation
- Family session notes
- Biopsychosocial assessment
- Substance use disorder assessments
- Psychological testing
- If currently hospitalized, include the family therapy, individual therapy and doctor's progress notes for the current stay and indication of the outpatient provider support of RTC.
- Clinical information from previous inpatient psychiatric/substance use admissions (RTC)
- If receiving outpatient care, include a letter from each outpatient provider summarizing the intensity of treatment over the past six months and why treatment is failing, or a copy of the treatment records for the past eight visits (RTC).