



Prior Authorization Request Form

Acute Inpatient Psychiatric, Residential, ICF, HDC Respite

Provider Information			
Date Submitted:		Initial Request: <input type="checkbox"/> or Concurrent: <input type="checkbox"/>	
Facility Provider:		Ordering Provider:	
NPI:		Medicaid ID:	
Tax ID (TIN):		Facility Address:	
Contact Name:		Phone Number:	
Fax Number:		Email address:	
Person Responsible for Authorization:			

Member Information			
Member Name:		Member DOB:	
CareSource PASSE ID#:		Member Medicaid ID:	
ICD-10 Diagnosis Code:		Diagnosis Description:	
Guardian Details:			

Inpatient Type		
<input type="checkbox"/> Residential Requests (PRTF/RSPD)	<input type="checkbox"/> Acute Psychiatric Inpatient	<input type="checkbox"/> Intermediate Care Facility/Respite

Residential Treatment for Youth under 21			
Revenue Codes:	Authorization Guidelines:		
0124, 0128, 0129, 0183	Initial: 90 day Concurrent 30 days up to 180 days; 14 reviews 180+		
	Start Date:		End Date:
	Frequency:	Daily	# of Units:
Clinical Documentation	<ul style="list-style-type: none"> Comprehensive Assessment including: Current presenting problems/ behaviors, cultural considerations, social history, school (IEP), family, community, behavior, developmental Certificate of Need Prior History of outpatient services: - if none, explain why Past Hospitalizations All diagnoses that are 6-12 months current Treatment Plan goals and progress (if concurrent) Current medications Restraints – how many Discharge plan (begins on day 1 of admission) 		

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	<ul style="list-style-type: none"> Family Participation in therapy All other relevant clinical to support medical necessity
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Acute Psychiatric Inpatient			
Revenue Codes: 0114, 0128, 0183	Authorization Time Period: varies 3-7 days considering MCG criteria		
	Start Date:		End Date:
	Frequency:	Daily	# of units:
	Psychiatric evaluation performed by a physician with DSM5 diagnosis and evidence of the following: <ul style="list-style-type: none"> The person possesses a significant risk of harm to self or others, or to the destruction of property The person has a medical condition or illness which cannot be managed in a less intensive level of care because the psychiatric and medical conditions so compound one another that there is a significant risk of medical crisis or instability The person's judgment or functional capacity and capability has decreased to such a degree that self-maintenance, occupational There is an increase in the severity of symptoms such that continuation at a less intense level of care cannot offer an expectation of improvement or the prevention of deterioration, resulting in danger to self, others, or property All other relevant clinical to support medical necessity 		

Intermediate Care Facility / HDC Respite			
Revenue Codes: HDC/Respite 0660 ICF 0183, 0185 0189, 0194	Authorization Time Period: up to 6 months		
	Start Date:		End Date:
	Frequency:	Daily	# of units:
Clinical Documentation	<ul style="list-style-type: none"> Certification of need for care FSIQ of member including assessment validating 3 functional deficits expected to last long term Date of diagnosis (prior to age 22) Documentation of a related condition if not an Intellectual disability validating 3 functional deficits expected to last long term. Date of diagnosis prior to age 22 Plan of care The patient has intense and complex care needs that make an ICF safer and more practical than attempting to care at a lower level Include all medical or behavioral documentation, known cultural considerations family and natural supports All relevant clinical information – additional diagnosis, health and safety concerns, medications Other services / treatment in the last 12 months <p>** HDC / RESPITE: Detailed narrative describing why the primary caregiver is needing respite, anticipated length of respite, any other clinical information to support how respite can prevent risk for decompensation</p>		

Fax PA form with documentation to <844-542-2605>. You may also use this as a reference for portal submission.

Questions? Please email Servicedeterminations@CareSourcePASSE.com.