Intake:

Phone 763-525-9919

Fax 763-486-4436 priorauthorization@bhpnet.com

Care Management (CM):

Phone 763-486-4445

Fax 763-486-4427

cmmail@bhpnet.com

*Note: Emails containing PHI must be sent in SECURE format.*

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| Type of Service | Initial Notification/Certification | Continuing Care Certification |
| **Inpatient Mental** Health | * Call the *CM* line with member information, admission date, attending MD, and clinical reason for admission.

OR* Submit theInpatient Mental Health Authorization request form to the CM Department.
* Admission approval is 3 days.
 | * Call the *CM* line with medication changes, symptoms and interventions, primary diagnosis, and discharge planning.

OR* Submit theInpatient Mental Health Authorization request form to the CM Department.

\*\*\* BHP CM Department can set up follow-up appointments for members that are inpatient. Including therapy, psychiatry, psychological testing, day treatment assessments and chemical health assessments. |
| Partial Hospitalization (PHP) | * Call the *CM* line with the admission date and clinical reason.
* Admission approval is up to10 days.
 | * Call the *CM* line with medication changes, symptoms and interventions, primary diagnosis, and discharge planning.

 * Continuing approval is up to 5 days per request.
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| Children’s Residential Treatment Services (CRTC)PreferredOne pays for both treatment and room and board.  | * Call the *CM* line to set up a phone review with our licensed staff for the initial approval.
* Approval for up to 30 days per request.
 | * Call the *CM* line with medication changes, symptoms and interventions, primary diagnosis, discharge planning, and information about family involvement.
* Continuing approval is up to 30 days..
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| ***Day Treatment*** | * Call the *Intake* line with the start date, number of days per week, and number of hours per day the client will be attending, or Submit the Intake Prior Notification form
* Approval is for up to 6 months with a maximum of 312 hours.
 | * Call the *CM* line or Submit the BHP Treatment Plan form and the Day Treatment Supplemental form to the CM Department.
* Continuing approval is for up to 6 months per request.
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| ***DBT*** | * Call the *CM* line or Submit the DBT IOP Prior Authorization form to our CM Department.
* Approval is for up to 6 months per request.
 | * Call the *CM* line or Submit the DBT IOP Prior Authorization form along with the required documentation indicated on the form to our CM Department.
* Continuing approval is for up to 6 months per request.
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| ***Outpatient Mental Health***  | * Call the *Intake* line or Submit the Intake Prior Notification form to our Intake Department
* Initial approval is for up to 26 individual therapy sessions or 52 group sessions.
 | * Call the *CM* line or Submit the BHP Treatment Plan form to the CM Department.
* Continuing approval is for up to 26 individual therapy sessions or 52 group sessions.
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| ***Medication Management*** | * Call the *Intake* line or Submit the Intake Prior Notification form to our Intake Department.
* Initial approval is for up to 24 sessions over two years.
 | * Call the *CM* line or Submit the BHP Treatment Plan form to the CM Department.
* Continuing approval is for up to 24 sessions per request.
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| ***Psychological Testing*** | * Call the *Intake* line or Submit the Intake Prior Notification form to our Intake Department.
* Initial approval is up to 10 hours of testing over 3 months (including the intake and feedback session).
 | * Call the *CM* line or Submit the BHP Treatment Plan form to the CM Department.

\*\*\*Please note that in place of goals and interventions on the treatment plan form, include a list of the tests being performed or include a copy of the test report for retro requests. |
| ***Neuropsychological Testing*** | * Call the *Intake* line or Submit the Intake Prior Notification form to our Intake Department.

\*\*Note – Providers must be either a DHS approved neuropsychologists or submit documentation of neuropsych competency to BHP. | * Call the *CM* line or Submit the BHP Treatment Plan form to the CM Department.

\*\*Please note that in place of goals and interventions on the treatment plan form, include a list of the tests being performed or include a copy of the test report for retro requests.  |