Intake:

Phone 763-525-9919

Fax 763-486-4436 [priorauthorization@bhpnet.com](mailto:priorauthorization@bhpnet.com)

Care Management (CM):

Phone 763-486-4445

Fax 763-486-4427

[cmmail@bhpnet.com](mailto: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. |
| 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.. |
| ***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. |
| ***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. |
| ***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. |
| ***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. |
| ***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. |