Health Options
Highmark Blue Cross Blue Shield Delaware

Behavioral Health Authorization Request Form

Fax to: 1-855-412-7997

Writing that is not legible or incomplete information will potentially delay review.

Member Name	
Member's Gateway ID Number	
Member's Date of Birth	
Facility Name	
Person Completing Form	
Telephone Number	
Contact Person at Facility	
Contact Person's Telephone Number	
Date of Admission or Start of Care	
Treating Physician	
Requested Level of Care	

Type of Request: □ **Admission** □ **Continued Stay**

Is This a Readmission? □ **Yes** □ **No**

Is member under the influence of drugs or alcohol at time of admission?

□ **Yes** □ **No**

Can Member be Safely Maintained at a Lower Level of Care?

□ **Yes** □ **No**

Rationale

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REV: 7/7/2015

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Member Name: ____

Does Member Have Any Known Legal Issues (outstanding warrants, probation/parole, mental health/ drug court, court mandating?

□ **Yes** ____ □ **No**

(Initial Request) Presenting Symptoms/Problems
(CSR) Mental Status Changes/Symptoms and Current Behaviors or Changes Since Last Review

(Initial Request) List All Diagnoses/Conditions
(CSR) Changes in Diagnosis

Current Medications:

Medication	Dosage	Frequency	Medication Changes Since Last Review	Date of Change

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Member Name: ______________________________

List Any PRN's Given Since Last Review

Medication	Dosage	Frequency and Date Given

Was member under the care of an outpatient provider prior to time of admission?
[ ] Yes [ ] No [ ] Unknown

Provider's Name	
Provider's Telephone Number	
Provider's Name	
Provider's Telephone Number	

Does Member Have Case Manager/ACT Team □ **Yes** □ **No**

Notification Made □ **Yes** □ **No**

Provider's Name	
Provider's Telephone Number	

Does Member Have Family/Informal Supports □ **Yes** □ **No**

List:

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Page 4 – BH Authorization

Member Name: ______________________________

What is known about the member's baseline mental status/compliance with treatment?

Substance Use Issues: ☐ Yes ☐ No

Substance Use History (Amount/Duration/Frequency/Date of Last Use)

Treatment Plan and Orders with this Admission

Discharge/Aftercare Plan (Include Post D/C Living Arrangements)