

## Preauthorization and Request for Services Form: Instructions for Completion

### Instructions for Completion of the Preauthorization and Request for Services Form



To simplify procedures for providers, Colorado Access uses only one form for authorization of behavioral health services for members: the **Preauthorization and Request for Services** form. The requirements for its use are described below. These requirements are in addition to the requirements for CCAR completion and submission for Medicaid consumers, which is required by the Colorado Division of Mental Health. CCARs are not required for CHP+ consumers.

The **Preauthorization and Request for Services** form is available at the Colorado Access web site: [www.coaccess.com](http://www.coaccess.com) Click on "For Our Providers" at the top of the screen, then in the new screen, click on "Access Behavioral Care" on the left. Scroll down to "**Access Behavioral Care Provider Forms**" and click on link "Preauthorization and Request for Services Form" Completed forms may be forwarded to Access Behavioral Care at the conclusion of your evaluation by fax or mail:

**Access Behavioral Care**  
Attn: Service Coordinator  
PO Box 17960  
Denver, CO 80217-0960  
  
Fax: 720-744-5130  
Phone: 303-751-9030 or 1-800-984-9133

The function of the prior authorization process is not to restrict access but to monitor timely and appropriate behavioral health services from providers in all service settings. Access Behavioral Care appreciates your collaboration and cooperation to assure that the care our members receive is the most effective and appropriate intervention to meet their mental health needs.

### ROUTINE OUTPATIENT TREATMENT

#### Services:

- ▶ Routine outpatient treatments **do not require pre-authorization** as long as the member is eligible at the time of service and the provider is contracted with Colorado Access.
- ▶ Routine outpatient services include individual, family, and/or group therapy sessions, and medication evaluation and/or management.
- ▶ The **Preauthorization and Request for Services** form is required for outpatient care only if the provider is not contracted with Colorado Access. *Please note that Colorado Access reserves the right to refer the member to an in-network provider if one is available.* The form must be *completed in full*, for all fields related to Routine Outpatient Care,
- ▶ The **Preauthorization and Request for Services** form is also to be used for re-authorization requests but *is necessary only if the provider is not contracted with Colorado Access.* It must be completed with all clinical information and questions answered and submitted to Access Behavioral Care *prior to expiration* of the previous authorization. Providers are responsible for tracking their authorization start dates, end dates, number of units used, and member eligibility.

## HIGHER LEVELS OF CARE

### Preauthorization:

- ▶ All new treatment episodes for higher levels of care, including residential treatment, day treatment, in-home services, and inpatient psychiatric care, require prior authorization by Access Behavioral Care.
- ▶ The **Preauthorization and Request for Services** form must be completed by all providers and must be *completed in full*, with the following access-related information:
  - Service type (please note the required access to care timeframes for routine, urgent, and emergent services, as identified on the form);
  - For Urgent episode of care, enter the “Requested appointment” date and time, and the “Scheduled appointment” date and time. Enter the reason for the delay if you cannot offer an appointment or admission within the required timeframes for access to services. In these cases, a referral to ABC for earlier availability must be offered, which may be accepted or declined.
  - For Emergent episode of care, check ‘yes’ if the patient was evaluated within one hour of arrival, otherwise, check ‘no’ and enter the time frame of the MH evaluation. If the patient was not seen within one hour, please explain the reason for the delay.
  - Enter Provider information.

### Reauthorization for Continued Care:

- ▶ All requests for ongoing services beyond the initial authorization require re-authorization.
- ▶ The **Preauthorization and Request for Services** form is the only form required. It must be completed with all clinical information and questions answered and submitted to Access Behavioral Care *prior to expiration* of the previous authorization. Providers are responsible for tracking their authorization start dates, end dates, number of units used, and member eligibility.

## CRISIS OR ER EVALUATION AND DISPOSITION

### Preauthorization:

- ▶ All higher-level clinical dispositions (i.e., inpatient or hospital alternative facilities) resulting from a crisis or ER evaluation must be authorized by Access Behavioral Care following the evaluation of the consumer.
- ▶ The **Preauthorization and Request for Services** form is required and must be completed in full. The form *must include* the following access-related information:
  - Service type (please note the required access to care timeframe for all service types; routine, urgent, and emergent services, as identified on the form);
  - Anticipated date of Discharge (in any date format);
  - Disposition issues or plans (including provisions for transitional, aftercare, and/or follow-up services);
  - Requestor name, signature and date.

**PSYCHOLOGICAL TESTING** for Medicaid consumers requires prior authorization. Requests for psychological testing utilize a specific form and follow a specialized authorization process. Please contact a Service Coordinator at 303-751-9030 or 1-800-984-9133 for more information.