

Information and Supporting Documentation Required to Make a Request for Prior Authorization

Carelon Behavioral Health clinicians review a member's clinical presentation as described by an appropriate behavioral health (BH) practitioner. Carelon Behavioral Health clinicians document the available clinical information provided in the appropriate Information System. This information is assessed to make a medical necessity determination for the requested level of care and may include any or all the following elements:

1. Presenting problem, or reason for referral
2. Current symptomatology, including risk factors (suicidality, homicidality, psychosis, hallucinations, delusions, fire setting, depressive symptoms, etc.)
3. Current and prior agency involvement
4. Current and prior treatment history (including treatment response)
5. Coordination amongst BH providers
6. Treatment plan
7. Medical history individual needs and characteristics of the member include age, linguistic, or ethnic factors, comorbidities, and complications, progress of treatment, psychosocial situation, and home environment
8. General level of functioning
9. Job / School functioning
10. Psychological stressors and supports
11. Family and social supports
12. Primary Care Physician (PCP) communication and coordination with BH Provider (making note of member consent or refusal to allow for such communication), if applicable
13. Primary diagnosis
14. Current medications
15. Substance use history
16. Discharge plan
17. Rationale for meeting the LOC.
18. Results of assessment of local delivery system
19. Information from treating practitioner
20. Geographic access to Health Plan network practitioners
21. Financial Resources for Healthcare (i.e. identification of type of insurance member has, flexible spending accounts, etc.).
22. End of life care plan including Advanced Medical Directives, Health Care Proxy, Guardian, or Power of Attorney

23. Screening for Carelon Behavioral Health CM services

24. Consultation with either a supervisor and / or PA

25. For members admitted to 24-hour LOC, confirmation of a member's address and phone number for aftercare purposes