



**HMSA Behavioral Health Program
Utilization Management (UM) Department
Prior Authorization Request**



Phone Number: (808) 695-7700
toll-free 1(855) 856-0578
Please fax completed form to: (808) 695-7799
toll-free 1(855) 539-5880

PROVIDER CONTACT INFORMATION

Any questions or concerns regarding this request may be directed to:

Contact Name (First, Last) Phone Number Fax Number

A. MEMBER INFORMATION

Membership Number Patient's Name (Last, First, MI) Date of Birth

Subscriber's Name (Last, First, MI) Secondary Insurance Number Phone/Cell Number

B. SERVICE INFORMATION

Start Date Requested Level of Care Requested Number of Days Proposed Last Covered Day

URGENT: ☐ Yes ☐ No

Following the standard timeframe could seriously jeopardize this member's life or health or ability to attain, maintain, or regain maximum function. Therefore, HMSA should make an expedited determination and provide notice as expeditiously as this member's health condition requires.

C. DSM V/ICD-10 DIAGNOSTIC CODES AND DESCRIPTION

D. PROVIDER INFORMATION

Service Facility Name NPI Number Tax ID Number

Address

City State Zip Code

Phone No.	
Fax No.	

Blue Cross/Blue Shield Participating provider? ☐ Yes ☐ No
Is facility accredited? ☐ Yes ☐ No If accredited: ☐ CARF ☐ JCAHO

E. TO AVOID DELAYS, PLEASE SUBMIT APPLICABLE DOCUMENTS AS LISTED BELOW

FOR ALL PROVIDER:	ADDITIONAL REQUIREMENT FOR OUT OF STATE AND NON-PARTICIPATING PROVIDERS:
_____ Psychiatric Admission / Evaluation	_____ Name of PAR facility considered and rejected based on medical necessity
_____ Current medication / dosage	_____ Submit daily rate
_____ History and Physical	_____ Program description, including
_____ Treatment Plan	_____ Names / credentials of treatment clinicians
	_____ Submit daily treatment schedule for typical week

FOR SUBSTANCE ABUSE TREATMENT:

Indicate ASAM Level of Care

Include rationale for Dimensions 1-6

Level of Care Authorized Final # of Days Authorized Authorization # Authorizing UM Clinician Date

Beacon Health Strategies, LLC is a Beacon Health Options company.