Behavioral Health Utilization Management Authorization Request Form

Submission Instructions: Only One Patient Per Fax. Please print all information.
IMPORTANT! LIMIT FAXED INFORMATION TO JUST RELEVANT CLINICAL INFORMATIOM THAT SUPPORTS MEDICAL NECESSITY FOR THE REQUEST. DO **NOT** FAX THE ENTIRE CLINICAL RECORD.
FOR NY PROVIDERS, PLEASE INCLUDE LOCADTR AND TWO-DAY NOTIFICATION FORMS IF APPLICABLE.

Please fax completed form to Clinical Services:

BEHAVIORAL HEALTH (PA AND DE): 877-650-6112
BEHAVIORAL HEALTH NEW YORK: 833-581-1866

Name of Requestor/Contact Person with Phone Number:

Is this a request for an out of network gap exception?	☐Yes ☐No		
Patient Name:			
Patient Date of Birth (mm/dd/yyyy):			
Patient ID/UMI Number (with Prefix):			
Name of Requestor/Contact Person:			
Requesting Provider Name:			
Requesting Provider NPI:		**Requesting Provider BSID:**	
Requesting Provider Address	**Street:**		
	City:		
	State:		**Zip Code:**
Requesting Provider Phone Number:			
Requesting Provider Fax Back Number:			
Primary Diagnosis Code(s):			
Inpatient Admission Date or Start of Care Date (mm/dd/yyyy):			
Type of review	☐**Precertification** ☐**Concurrent Review** ☐**Step Down**		
Level of Care:	☐Inpatient Psychiatric ☐Psychiatric Residential ☐Withdrawal Management ☐Residential-Rehab (Substance Use) ☐Outpatient:		
Admitting Facility Name:			
Admitting Facility NPI:		**Facility BSID:**	
Admitting Facility Address:	**Street:**		
	City:		
	State:		**ZIP Code:**
Admitting Facility Phone Number:			
Admitting Facility Fax Number:			
Servicing Physician/Provider Name:			

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association: Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life or Highmark Senior Health Company. Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company, or Highmark Senior Health Company. Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield. West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company, or Highmark Senior Solutions Company. Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield. Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Updated 06.21.2024