

## Behavioral Health (BH)/Substance Use Disorder (SUD) Prior Authorization Request form

**Fax this form to 952-992-1428**

Prevea360 requires that providers obtain prior authorization before rendering any of the care listed below under "Services Requested." Written documentation from the medical record, supporting the services must be submitted for all requests. Failure to do so may result in a delay of the decision.

**Submission of this completed form certifies that the information is true and accurate. All fields are required for processing your request.**

Patient Information	Today's Date:
Patient Name:	DOB Month/Day/Year:
Patient Phone Number (Area code + Number):	Patient's ID Number Group: Policy:
Service/Procedure Requested	
<input type="checkbox"/> EXPEDITED REQUEST      Medical reason for expedited review:	
Services Requested:	
<input type="checkbox"/> BH/SU Residential <input type="checkbox"/> Out of Network Elective Services <input type="checkbox"/> Elective Inpatient BH/SU Hospitalization	
Prior Authorization Request Information	
Proposed date(s) of service (estimated length of stay):	CPT codes:
Number of visits or days:	Relevant ICD-10 code(s):
Ordering Provider Information	Performing Provider Information
Provider name & address:	Provider name & address:
Telephone Number:	Telephone Number:
Fax Number:	Fax number:
National Provider Identification (NPI):	National Provider Identification (NPI):
Federal Tax ID (TIN):	Federal TAX ID (TIN):
Provider contact name:	

**If you have any questions regarding the services or form, please contact our Customer Care at the number on you member ID card or review [Prevea360 Health Plan's Medical Management](#) site. Requests to non-plan providers must be approved prior to obtaining services.**

*Prevea360 Health Plan products are underwritten by Dean Health Plan.*