

Behavioral Health Prior Authorization Requirement Checklist (Incomplete or Insufficient Documentation)

Mental Health

When submitting a prior authorization request for a Blue Cross and Blue Shield of Texas Medicaid member to receive Mental Health Inpatient, Partial Hospitalization, or Intensive Outpatient Program services, clinical documentation must be included.

The clinical documentation must be discussed telephonically during a live clinical review, sent via fax: **1-888-530-9809** or electronically submitted through our [provider portal](#).

Before submitting the prior authorization request, please ensure all the following items are included:

The following elements **must be included** for a completed request submission:

- All relevant and updated information and medical records related to the level of care necessary to complete the review [28 TAC §19.1707(b)], including:
 - Member diagnosis
 - Reason for admission
 - Mental Status Exam
 - Treatment History (including Medical History)
 - Medication Assessment (current medication, history of medication compliance)
 - Member family/social dynamics, living/recovery environment, legal status, transportation, and support system.
 - Information regarding recent social, occupational, and academic functioning.
 - Treatment Goals
 - Discharge Plan/Identification of Barriers to Discharge

Substance Use

When submitting a prior authorization request for a BCBSTX member to receive the following care for substance use, clinical documentation must be included:

- Substance Use Services Inpatient
- Withdrawal Management/Detox, Residential Treatment Center
- Partial Hospital Program

Intensive Outpatient Program services clinical documentation must be discussed telephonically during a live clinical review, sent via fax: **1-888-530-9809** or electronically submitted through our [provider portal](#).



Before submitting the prior authorization request, please ensure all the following items are included:

The following elements must be included for a completed request submission:

- All relevant and updated information and medical records related to the level of care necessary to complete the review [28 TAC §19.1707(b)], including:
 - Member diagnosis
 - Member family/social dynamics, living/recovery environment, legal status, transportation, and support system.
 - Any medical or psychiatric issues which could interfere with treatment.
 - Any lab results, assessment results, vital signs, acute and/or post-acute withdrawal symptoms. (*Residential only*)
 - Information regarding recent social, occupational, and academic functioning.
 - Discharge Plan/Identification of Barriers to Discharge

If submitting by fax: **1-888-530-9809**, please submit the Medicaid (STAR, STAR Kids) Prior Authorization Request Form (PDF) and the Substance Use Prior Authorization Request Form.