



**Out of Panel Services Authorization Request Form
for
Mental Health or Chemical Dependency Treatment Services for WVCH Members**

BCN Fax #: 503-585-4989

Provider Information	
Requester:	Email:
Referred by (if diff. from Requester):	Email:
Agency:	Request Date:
Phone:	Fax:

Member Information		
Member Name:	Member DOB:	Member ID:

Authorization Period Requested	
Start Date:	End Date:

	Mental Health Services*		Chemical Dependency Services*
<input type="checkbox"/>	MH Assessment	<input type="checkbox"/>	Detoxification
<input type="checkbox"/>	Psychological Testing	<input type="checkbox"/>	Methadone/Suboxone Treatment
<input type="checkbox"/>	Individual Therapy	<input type="checkbox"/>	OPTX-ASAM Level 1
<input type="checkbox"/>	Family Therapy	<input type="checkbox"/>	OPTX-ASAM Level 2
<input type="checkbox"/>	Case Management	<input type="checkbox"/>	Day TX-ASAM Level 2.5
<input type="checkbox"/>	Group Therapy	<input type="checkbox"/>	Residential – ASAM Level 3
<input type="checkbox"/>	Medication Management	<input type="checkbox"/>	ASAM Assessment & UA ONLY
<input type="checkbox"/>	PCP Consultation	<input type="checkbox"/>	Co-Occurring – Select Applicable MH Services
<input type="checkbox"/>	Other		

***See Notes on next page for additional documentation needed**

Except as otherwise noted, Authorizations must be requested in advance of services

Questions? Contact BCN at 503-566-2915



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NOTES: Additional Documentation Needed (Attach to Fax)

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Mental Health Services Requested:

OOP Ongoing Treatment: Clinical progress notes, assessment and/or treatment plan justifying ongoing care

Psychological Testing: Contact the BCN Behavioral Care Coordinator at 503-361-2776 to determine if member has a primary mental health provider.

- If the Member has a mental health provider, review request with them and provide:
 - Length of service/treatment to date
 - Clinical progress notes, assessment and/or treatment plan
 - Clinical questions you want answered (please be specific)

- If the Member does not have a mental health provider fax the clinical notes relating to request for treatment, clinical questions you want answered (please be specific), and parent contact information for children under 18 to a BCN Behavioral Health Care Coordinator. (Fax: 503-585-4989).
Parent/guardian must agree to the testing for children under the age of 18.

Out-of-panel outpatient authorizations for ongoing care are typically three to six months in duration, however exceptions are made with evidenced need. Note: In-panel resources need to be explored first.

Chemical Dependency Services Requested:

Out of Panel ASAM Assessment & UA: Fax OOP Request. If approved, fax completed ASAM Assessment to BCN.

Out of Panel Detox: None to begin services (up to 7 days). Beyond 7 days, fax Extension Request to BCN. Fax clinical documents to BCN upon detox completion.

Out of Panel Outpatient Treatment (including MAT): Fax completed ASAM Assessment to BCN.

Out of Panel Inpatient (residential): Fax OOP Request Form along with a completed ASAM Assessment to BCN. Initial authorization is for 60 days. Fax Extension Request if member needs more time. Extension approvals are for 30 days at a time.