

Psychiatric Residential Treatment Facility (PRTF) Tip Sheet

- Create a new authorization or enter the member's information (see [Getting Started](#))
 - Note: All fields with a red asterisk are required
- Select “Behavioral Health (Group)” from the first Authorization/Notification Type dropdown menu and select “Psychiatric Residential Treatment Facility” from the second dropdown menu. Then, click the “Load Form” button.



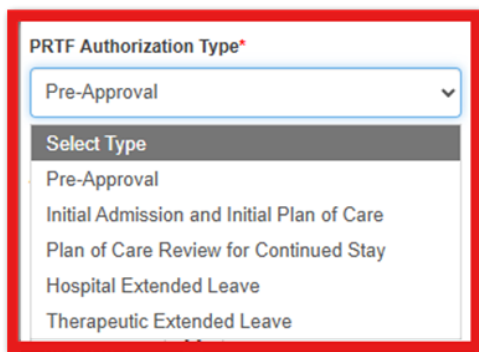
A screenshot of a web form section titled "Authorization/Notification Type*". It contains two dropdown menus. The first dropdown menu is set to "Behavioral Health (Group)". The second dropdown menu is set to "Psychiatric Residential Treatment Facility". Below the dropdowns is a button labeled "Load Form". The entire section is enclosed in a red rectangular border.

- Fill out the Submitter Information section in full



A screenshot of a web form section titled "Submitter Information". It contains four input fields: "First Name*" (with the value "Provider1"), "Last Name*" (with the value "Basic"), "Phone:*" (with a placeholder "() - - -"), and "Ext:". Below these is an "Email*" field with the value "provider1@test.com". The entire section is enclosed in a red rectangular border.

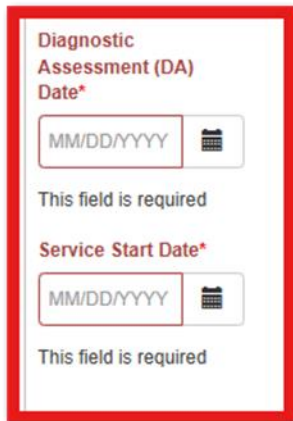
- Select the appropriate authorization type (i.e., Preapproval, Initial Admission and Initial Plan of Care, Plan of Care Review for Continued Stay, Hospital Extended Leave, or Therapeutic Extended Leave) from the “PRTF Authorization Type” dropdown menu



A screenshot of a web form section titled "PRTF Authorization Type*". It shows a dropdown menu with "Pre-Approval" selected. Below the dropdown menu is a list of options: "Pre-Approval", "Initial Admission and Initial Plan of Care", "Plan of Care Review for Continued Stay", "Hospital Extended Leave", and "Therapeutic Extended Leave". The entire section is enclosed in a red rectangular border.

For Pre-Approval Authorization

- Enter the date of the most recent Diagnostic Assessment (DA)
 - Note: The DA must have been completed within the last 180 days
- Enter the service start date
 - Note: If approved, services will be valid for 180 days from the date of the DA



Diagnostic Assessment (DA) Date*

MM/DD/YYYY

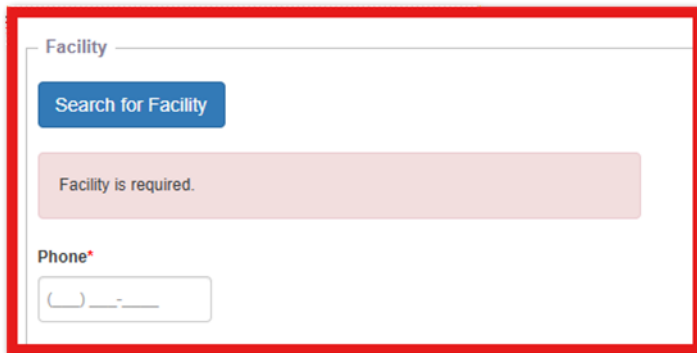
This field is required

Service Start Date*

MM/DD/YYYY

This field is required

- Select the facility in which the member may attend psychiatric residential treatment
 - Note: If the member is referred to multiple PRTFs, enter one facility in the pre-approval request and list all of the providers on the ***Psychiatric Residential Treatment Facility Eligibility for Admission*** form and attach it to this authorization request



Facility

Search for Facility

Facility is required.

Phone*

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- In the Diagnoses section, enter the appropriate ICD-10 code and a description of the diagnosis will populate
 - Note: Multiple diagnoses can be entered. After each diagnosis is entered, a new input box will appear.

Diagnoses

Primary ICD 10 Code*	Diagnosis Description	
F32.9	Major depressive disorder, single episode, unspecified	
Other ICD 10 Code	Diagnosis Description	Action
F31.9	Bipolar disorder, unspecified	
Other ICD 10 Code	Diagnosis Description	Action
F30.9	Manic episode, unspecified	
Other ICD 10 Code	Diagnosis Description	

- In the Attestation section, check the box affirming that the member has been assessed and meets the criteria for PRTF services

Attestation

☐ Member has been assessed and meets criteria for the certification of need for services in PRTF. *

Attestation is required.

- Select “Yes” or “No” from the dropdown menu to indicate whether this request requires an expedited response

Does this request require an expedited response in which a member life or health or ability to attain, maintain, or regain maximum function would be jeopardized if not processed with 72 hours?*

- Attach the ***Diagnostic Assessment and the Psychiatric Residential Treatment Facility (PRTF) Eligibility for Admission*** form and then submit the authorization to PrimeWest Health

The screenshot shows a web form section titled "Attachments". Below the title is a description: "Supporting documentation (History of present illness, complete admission orders, lab results, emergency department records and other.)". Below this is a note: "Only file types .doc, .docx, .xls, .xlsx, .txt, .pdf, .jpg, .jpeg, .tiff, .tif are supported." There is a label "File*" followed by a button labeled "Choose File" and a text box that says "No file chosen". Below this is a button labeled "Add File". At the bottom of the section are two buttons: "Submit" (highlighted with a red box) and "Cancel".

For Initial Admission and Initial Plan of Care and Plan of Care Review for Continued Stay Authorizations

- Enter the most recent DA date, service start date, and service end date
 - Note: The service end date cannot exceed 90 days from the start date. Authorizations are valid for 90 days, and PrimeWest Health must review the plan of care every 90 days to determine continued medical necessity.

The screenshot shows a form titled "Diagnostic Assessment (DA)". It has three date fields, each with a calendar icon: "Date*" (highlighted with a red box), "Service Start Date*" (highlighted with a red box and containing the text "10/22/2025"), and "Service End Date*" (highlighted with a red box). Below these fields is a yellow box with the text "Start date is defaulted to today."

- Search for and select the facility in which the services are provided and enter the facility's phone number

Facility

Search for Facility

Facility is required.

Phone*

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- In the Diagnoses section, enter the appropriate ICD-10 code and a description of the diagnosis
 - Note: Multiple diagnoses can be entered. After each diagnosis is entered, a new input box will appear.

Diagnoses

Primary ICD 10 Code*	Diagnosis Description	
F32.9	Major depressive disorder, single episode, unspecified	
Other ICD 10 Code	Diagnosis Description	Action
F31.9	Bipolar disorder, unspecified	
Other ICD 10 Code	Diagnosis Description	Action
F30.9	Manic episode, unspecified	
Other ICD 10 Code	Diagnosis Description	

Psychiatric Residential Treatment Facility (PRTF) Tip Sheet

- In the Attestation section, check the box affirming that the member has been assessed and meets the criteria for PRTF services
- Select “Yes” or “No” from the dropdown box to indicate whether this request requires an expedited response

Attestation

☐ Member has been assessed and meets criteria for the certification of need for services in PRTF. *

Attestation is required.

Does this request require an expedited response in which a member life or health or ability to attain, maintain, or regain maximum function would be jeopardized if not processed with 72 hours?*

- Attach the ***PRTF Individual Plan of Care and Authorization*** form and submit the authorization to PrimeWest Health

Attachments

Supporting documentation (History of present illness, complete admission orders, lab results, emergency department records and other.)

Only file types .doc, .docx, .xls, .xlsx, .txt, .pdf, .jpg, .jpeg, .tiff, .tif are supported.

File*

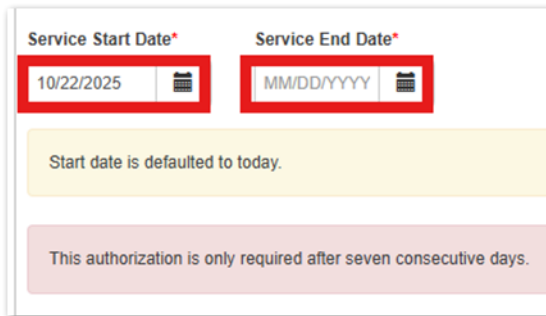
Choose File No file chosen

Add File

Submit Cancel

For Hospital Extended Leave Authorizations

- Enter the service start and end dates
 - Note: Authorization is only required after seven consecutive days



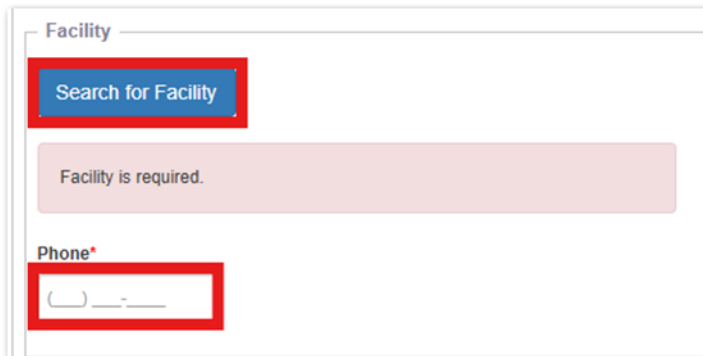
Service Start Date* 10/22/2025

Service End Date* MM/DD/YYYY

Start date is defaulted to today.

This authorization is only required after seven consecutive days.

- Search for and select the facility in which the services are provided and enter the facility's phone number



Facility

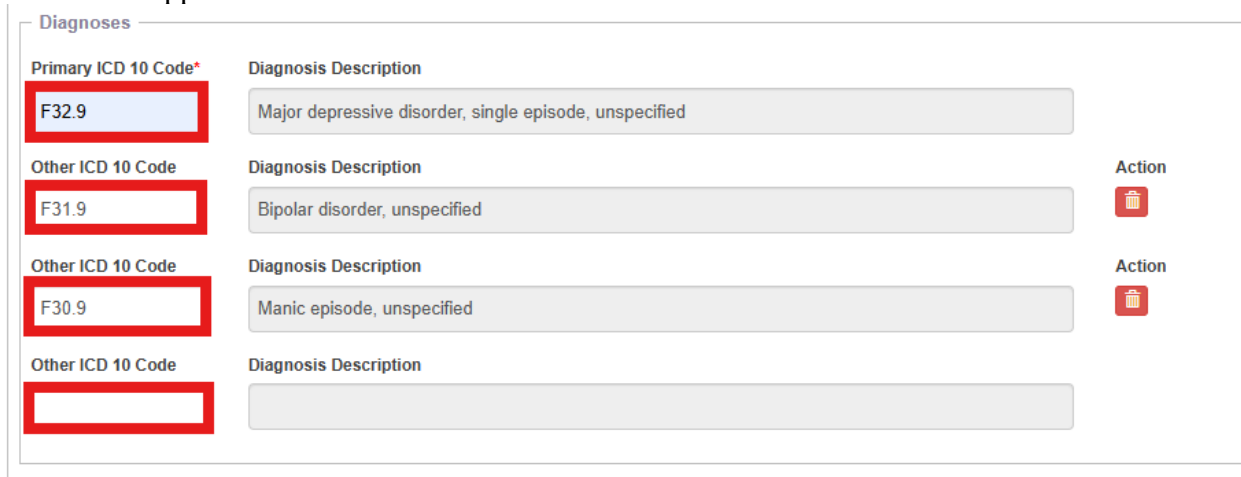
Search for Facility

Facility is required.

Phone*

() - -

- In the Diagnoses section, enter the appropriate ICD-10 code
 - Note: Multiple diagnoses can be entered. After each diagnosis is entered, a new input box will appear.



Diagnoses

Primary ICD 10 Code*	Diagnosis Description	
F32.9	Major depressive disorder, single episode, unspecified	
Other ICD 10 Code	Diagnosis Description	Action
F31.9	Bipolar disorder, unspecified	
Other ICD 10 Code	Diagnosis Description	Action
F30.9	Manic episode, unspecified	
Other ICD 10 Code	Diagnosis Description	

Psychiatric Residential Treatment Facility (PRTF) Tip Sheet

- Enter the reason for additional leave days

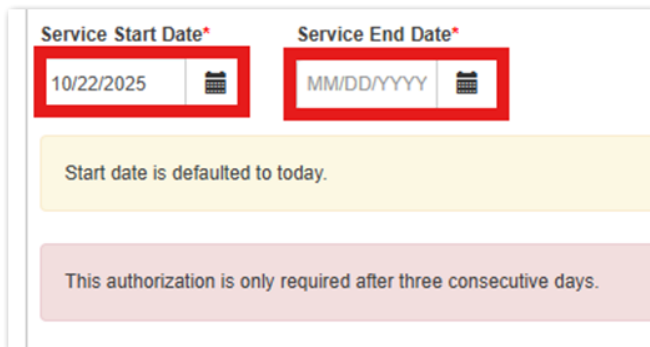
A screenshot of a web form with a red border. Inside, there is a text input field labeled "Reason for additional leave days".

- Attach the ***Psychiatric Residential Treatment Facility (PRTF) Extended Leave Request*** form and submit the authorization to PrimeWest Health
 - Note: The ***Psychiatric Residential Treatment Facility (PRTF) Extended Leave Request*** form can be downloaded from this section, if needed

A screenshot of a web form's "Attachments" section. It features a link "Psychiatric Residential Treatment Facility (PRTF) Extended Leave Request" with a download icon, highlighted by a red box. Below the link is a text description: "Supporting documentation (History of present illness, complete admission orders, lab results, emergency department records and other.)" and a note: "Only file types .doc, .docx, .xls, .xlsx, .txt, .pdf, .jpg, .jpeg, .tiff, .tif are supported." There is a "File*" label above a "Choose File" button and a "No file chosen" text, both highlighted by a red box. Below this is an "Add File" button. At the bottom of the section are "Submit" and "Cancel" buttons, with "Submit" highlighted by a red box.

For Therapeutic Leave Day authorizations:

- Enter the service start and end dates
 - Note: Authorization is only required after three consecutive days

A screenshot of a web form showing two date input fields: "Service Start Date*" and "Service End Date*", both highlighted by red boxes. The "Service Start Date*" field contains the date "10/22/2025" and a calendar icon. The "Service End Date*" field contains the placeholder "MM/DD/YYYY" and a calendar icon. Below these fields is a yellow message box that says "Start date is defaulted to today." and a pink message box that says "This authorization is only required after three consecutive days."

Psychiatric Residential Treatment Facility (PRTF) Tip Sheet

- Search for and select the facility in which the services are provided and enter the facility's phone number

Facility

Search for Facility

Facility is required.

Phone*

() - -

- In the Diagnoses section, enter the appropriate ICD-10 code and a description of the diagnosis will populate
 - Note: Multiple diagnoses can be entered. After each diagnosis is entered, a new input box will appear.

Diagnoses

Primary ICD 10 Code*	Diagnosis Description	
F32.9	Major depressive disorder, single episode, unspecified	
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Other ICD 10 Code	Diagnosis Description	Action
F30.9	Manic episode, unspecified	
Other ICD 10 Code	Diagnosis Description	

- Enter the reason for additional leave days and identify treatment goals supported by therapeutic leave

Reason for additional leave days

Identify treatment goals supported by therapeutic leave

Psychiatric Residential Treatment Facility (PRTF) Tip Sheet

- Attach the ***Psychiatric Residential Treatment Facility (PRTF) Extended Leave Request*** form and the Individual Plan of Care and submit the authorization to PrimeWest Health
 - Note: The ***Psychiatric Residential Treatment Facility (PRTF) Extended Leave Request*** form can be downloaded from this section, if needed

Attachments

A therapeutic leave day to home will be to prepare for discharge and reintegration and will be included in the individual plan of care. Please include the individual plan of care that includes this information.

[Psychiatric Residential Treatment Facility \(PRTF\) Extended Leave Request](#)

Supporting documentation (History of present illness, complete admission orders, lab results, emergency department records and other.)

Only file types .doc, .docx, .xls, .xlsx, .txt, .pdf, .jpg, .jpeg, .tiff, .tif are supported.

File*

Choose File

No file chosen

Add File

Submit

Cancel