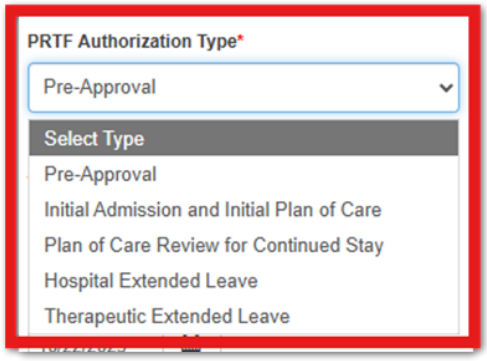
Psychiatric Residential Treatment Facility (PRTF) Tip Sheet

- 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.

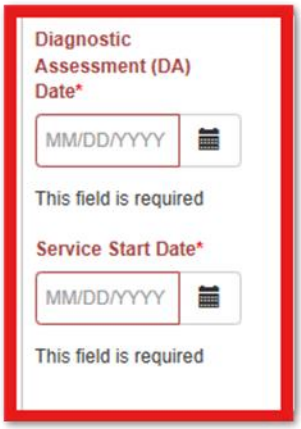
- Fill out the Submitter Information section in full

- 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

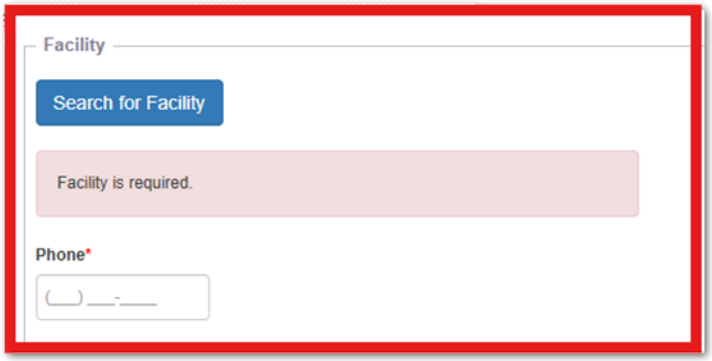


For Pre-Approval Authorization

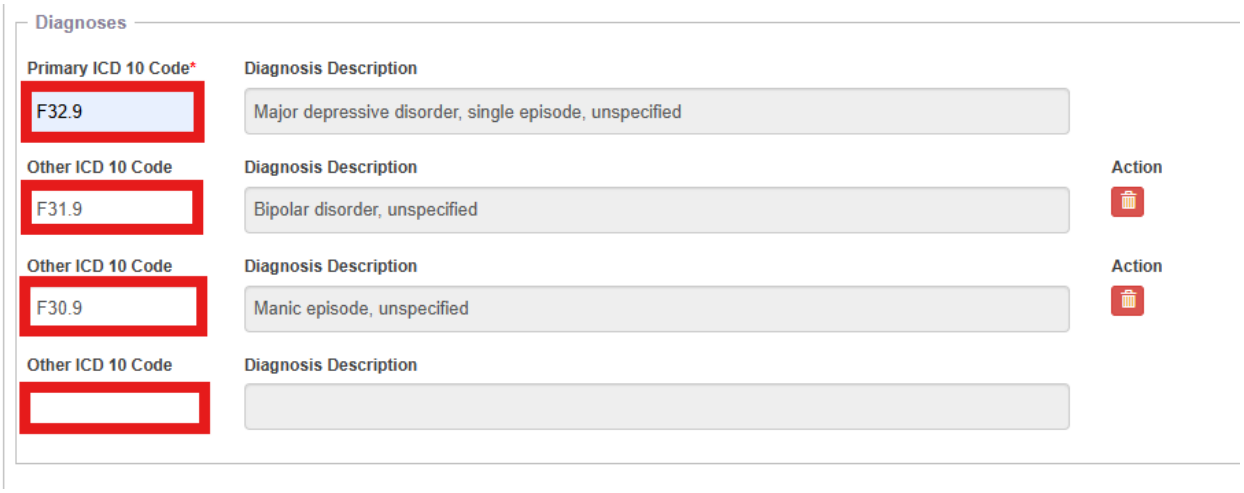
- Enter the date of the most recent Diagnostic Assessment (DA)
  - Note: The DA must have been completed within the last 180 days
- Enter the service start date
  - Note: If approved, services will be valid for 180 days from the date of the DA



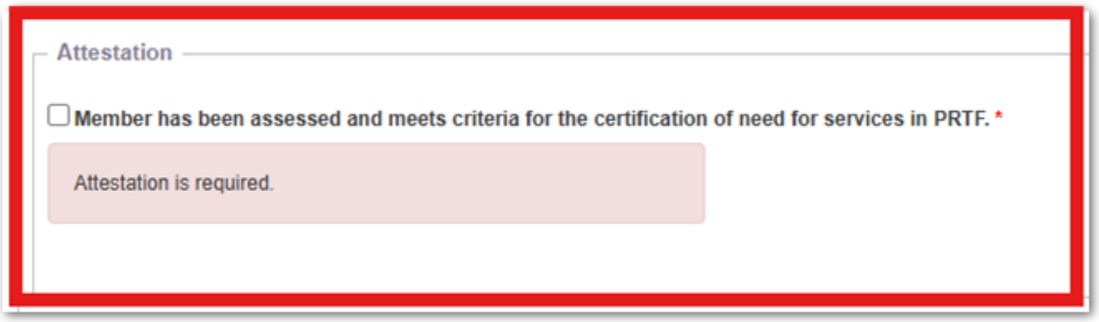
- Select the facility in which the member may attend psychiatric residential treatment
  - Note: If the member is referred to multiple PRTFs, enter one facility in the pre-approval request and list all of the providers on the ***Psychiatric Residential Treatment Facility Eligibility for Admission***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



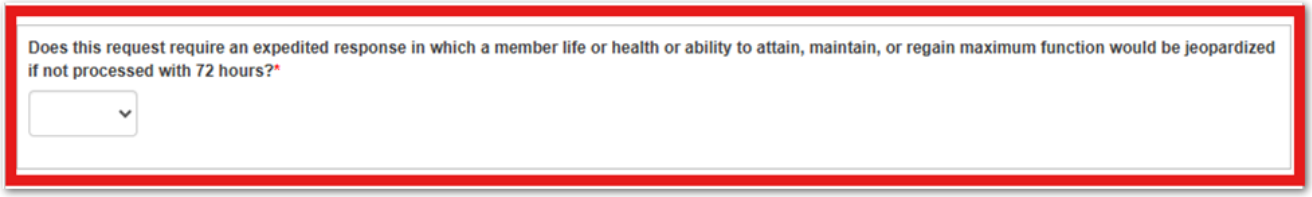
- In the Diagnoses section, enter the appropriate ICD-10 code and a description of the diagnosis will populate
  - Note: Multiple diagnoses can be entered. After each diagnosis is entered, a new input box will appear.



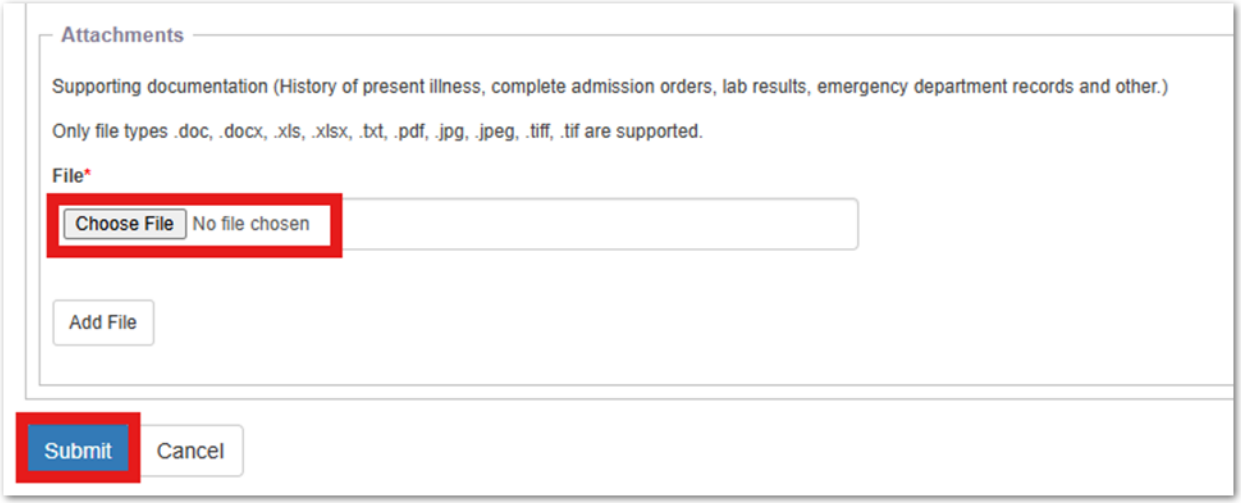
- In the Attestation section, check the box affirming that the member has been assessed and meets the criteria for PRTF services



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

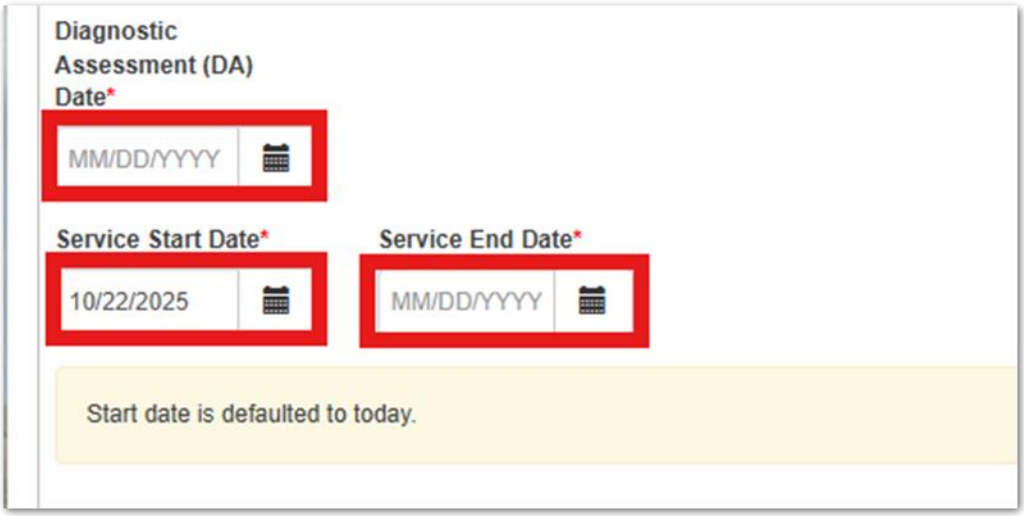


- Attach the ***Diagnostic Assessment and the Psychiatric Residential Treatment Facility (PRTF) Eligibility for Admission*** form and then submit the authorization to PrimeWest Health

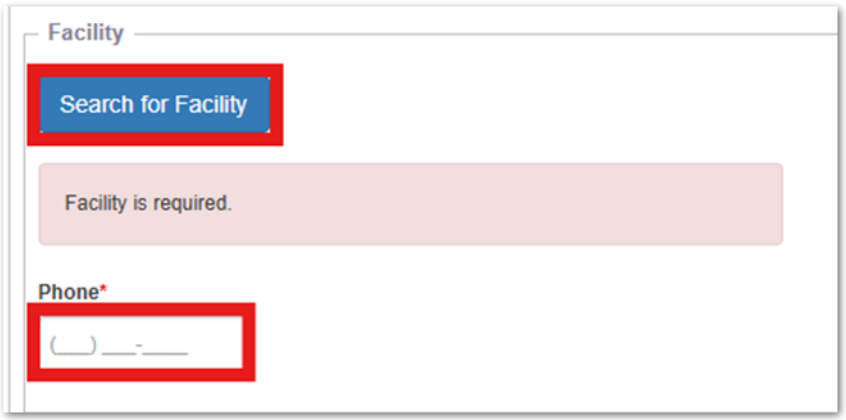


For Initial Admission and Initial Plan of Care and Plan of Care Review for Continued Stay Authorizations

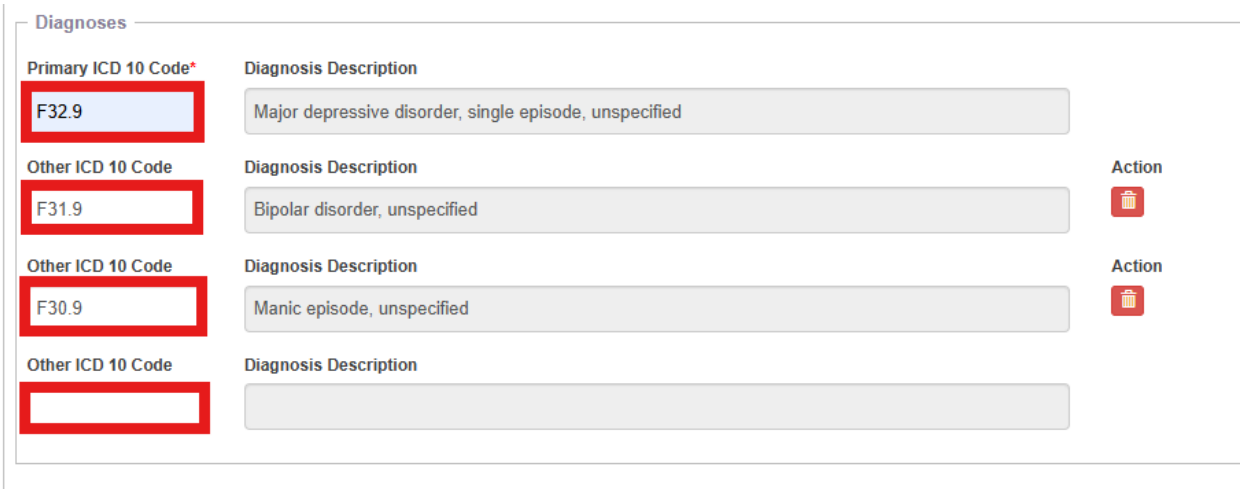
- Enter the most recent DA date, service start date, and service end date
  - Note: The service end date cannot exceed 90 days from the start date. Authorizations are valid for 90 days, and PrimeWest Health must review the plan of care every 90 days to determine continued medical necessity.



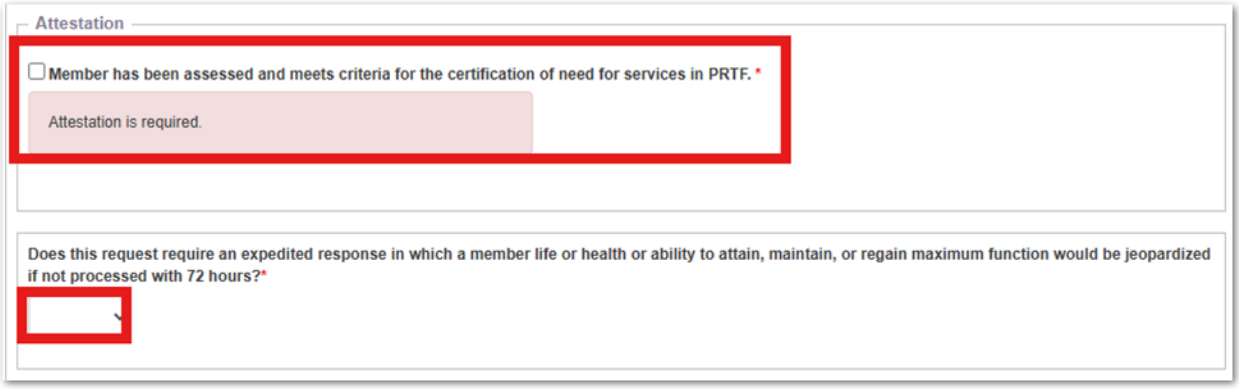
- Search for and select the facility in which the services are provided and enter the facility's phone number



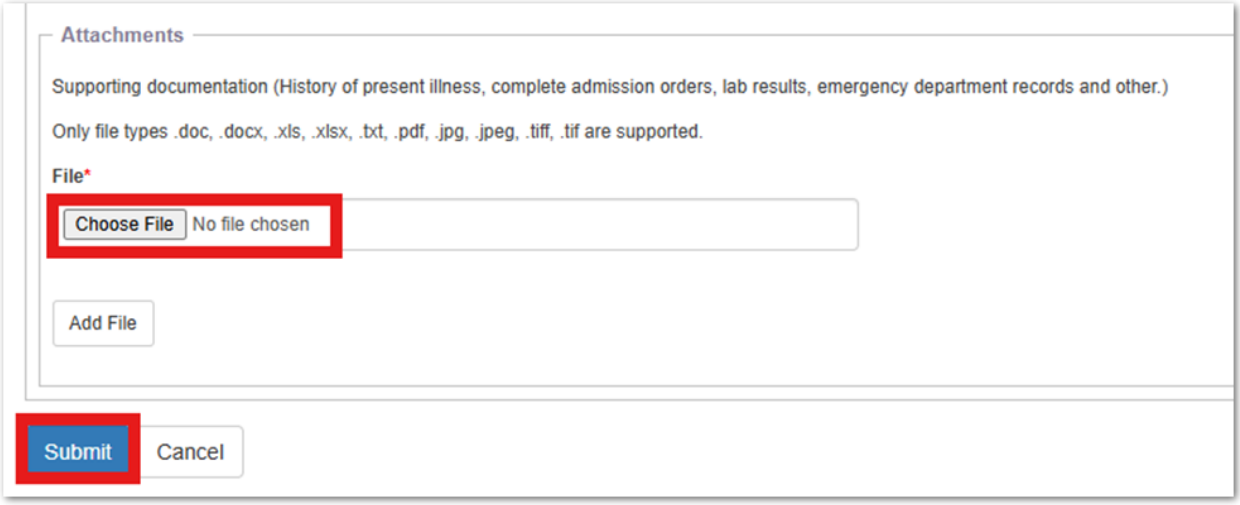
- In the Diagnoses section, enter the appropriate ICD-10 code and a description of the diagnosis
  - Note: Multiple diagnoses can be entered. After each diagnosis is entered, a new input box will appear.



- 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

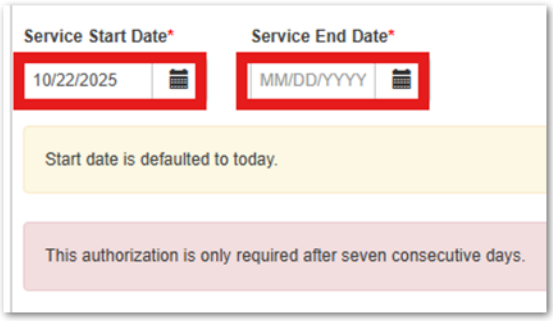


- Attach the ***PRTF Individual Plan of Care and Authorization*** form and submit the authorization to PrimeWest Health

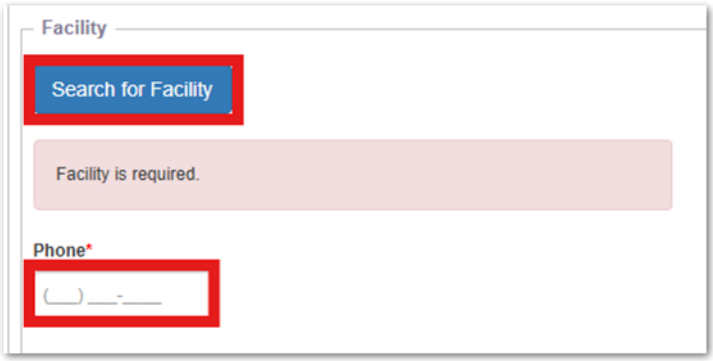


For Hospital Extended Leave Authorizations

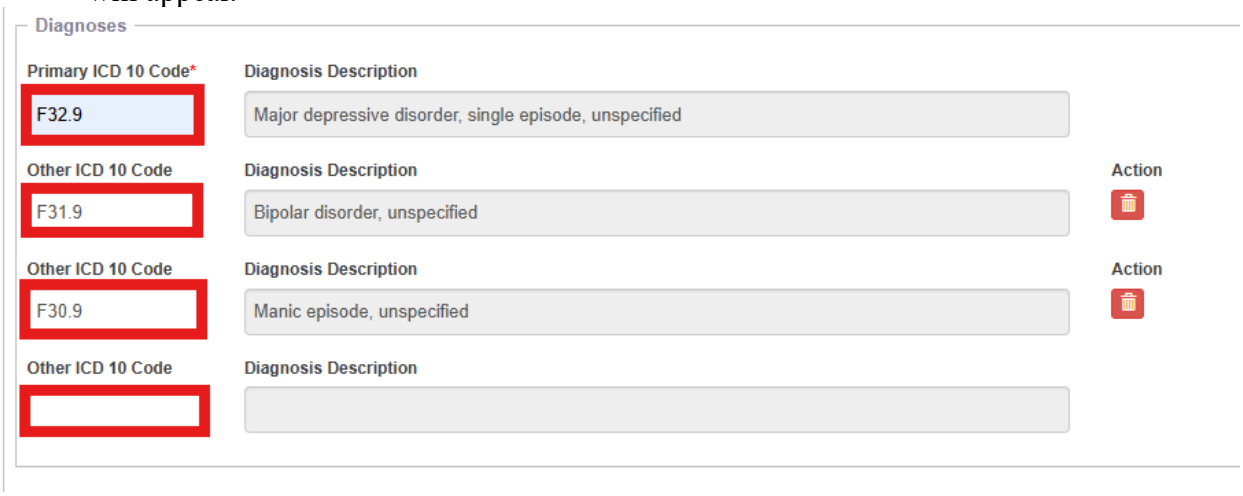
- Enter the service start and end dates
  - Note: Authorization is only required after seven consecutive days



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



- 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.

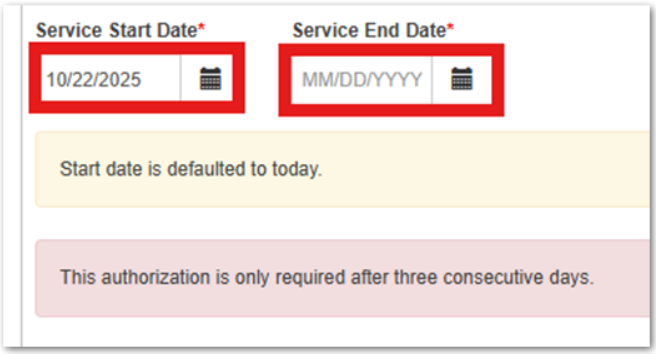


- Enter the reason for additional leave days

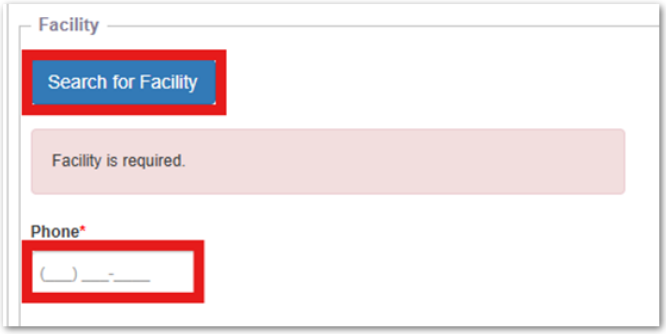
- Attach the ***Psychiatric Residential Treatment Facility (PRTF) Extended Leave Request*** form and submit the authorization to PrimeWest Health
  - Note: The ***Psychiatric Residential Treatment Facility (PRTF) Extended Leave Request*** form can be downloaded from this section, if needed

For Therapeutic Leave Day authorizations:

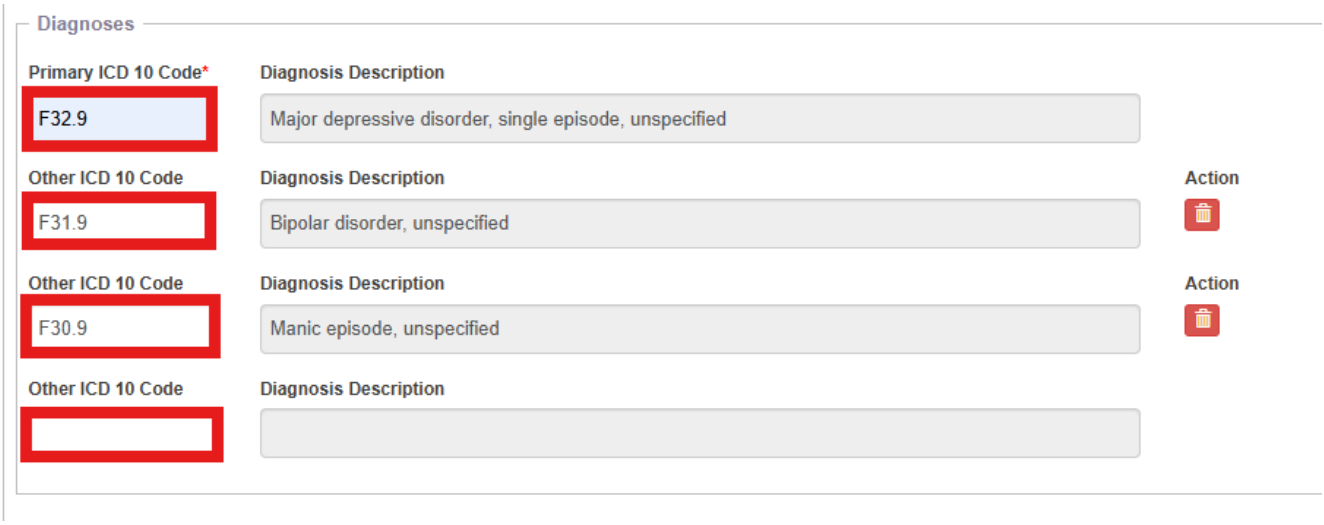
- Enter the service start and end dates
  - Note: Authorization is only required after three consecutive days



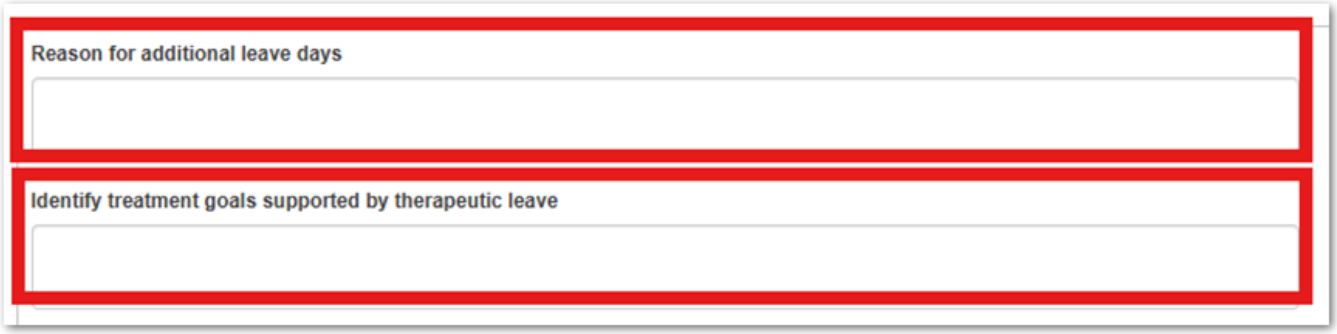
- Search for and select the facility in which the services are provided and enter the facility's phone number



- 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.



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



- 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