



Behavioral Health Admission Notification Mental Health and Chemical Dependency Admissions

Fax: (651) 662-7006 Phone: 1-800-365-2735

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Type of notification (X one): MH 23-hour observation MH admission MH Partial IP CD CD Residential

	Admission court ordered? (circle one) Yes No	Admission due to emergency hold? (circle one) Yes No
Your Information	*You are a (circle one): Clinic or Facility *Contact person: _____ *Phone #: (____) ____ - _____ Fax #: (____) ____ - _____ NPI: _____ Are you the Primary Care Clinic? ____yes ____no If you are, what is your contracting Provider ID _____ alpha	
Patient Information	*Name: _____ *Patient's ID #: (____) _____ *Date of birth: ____/____/____ alpha	
Medical Information	*Admitting Clinic ID # : _____ Name: _____ alpha *Admitting Individual ID# _____ Name: _____ alpha *Facility #: _____ Name: _____ alpha *Admit ICD-9 DX code: _____ Admit DX description: _____ Secondary ICD-9 DX code: _____ 2 nd DX description: _____ Procedure ICD-9 code: _____ Procedure date: ____/____/____ Procedure Description: _____ Secondary ICD-9 code: _____ 2 nd procedure date: ____/____/____ Procedure Description: _____ *ADMISSION DATE: ____/____/____ DISCHARGE DATE: ____/____/____ Your medical record # (optional): _____ Medical information (necessary for admissions requiring plan-of-care review): _____	

Benefits verified? <input type="checkbox"/> Yes <input type="checkbox"/> No

Case reference number for admission: #00 _____

*Required information

- ◆ If the primary clinic is submitting this form and they are not the admitting clinic, the assumption is the admission is eferred.
- ◆ If the PCC is not submitting the form, and the form indicates they are the admitting clinic, the admission is referred.

Tell Me More about.....

Preadmission notification (PAN) for behavioral health (MH & CD) admission	When a PAN is required call us as soon as the admission is scheduled, but no later than two working days after the admission occurs. Have the following information available. <ul style="list-style-type: none"> • Subscriber ID & account # • Subscriber name & address • Patient name, birth date, & gender • Admitting DX code • Date of admission • Admitting physician's name & individual provider #
Plan-of-care review	When a plan-of-care review is required (see list below) contact us as soon as the admission is scheduled, but no later than two working days after the admission occurs. In addition to what is listed above, have the clinical information supporting the admission. We will complete the plan-of-care review in one working day whenever possible.
Contacting us	Call provider services at 1-800-365-2735 You may fax this form to (651) 662-7006

Inpatient Stays

Preadmission notification	All admissions require preadmission notification (except those plans listed below requiring plan of-care review)*	
Plan-of-care review	Plan-of-care review is required for: <ul style="list-style-type: none"> • All admissions to nonparticipating facilities 	

*Inpatient stay notification/review requirements may change prior to being reflected on this form.