

# Behavioral Health - Prior Authorization Form for Out-of-Network Provider/Facility



Please complete all fields and submit supporting clinical documents with Prior Authorization form. Note: PA is not required for Urgent/Emergent Care.

## Submit Via Fax:

- Massachusetts Products Fax #: 857-264-2673
- New Hampshire Products Fax #: 857-264-2670

### Member information (please print information clearly)

Member's ID number (found on their WellSense ID card)

Member's name (last name, first name, middle initial)

Date of birth (mm/dd/yyyy)

### Provider information (please print information clearly)

Requesting provider name

Requesting provider's address (street)

City

State

Zip code

Requesting provider tax ID/NPI#

Fax

Phone

Servicing provider/facility name

Servicing provider address (street)

City

State

Zip code

Servicing provider tax ID/NPI #

**Behavioral Health - Prior  
Authorization Form for Out-of-  
Network Provider/Facility**



**Provider information (please print information clearly)**

Fax

Phone

Servicing provider address (street)

City

State

Zip code

Servicing provider/facility tax ID/ NPI#

Servicing provider/facility license number

Contact person & phone

**Service request information**

Date of request (mm/dd/yyyy):

Start date of service(s):

Service description (e.g., office visit, therapy/treatment):

Code(s) (CPT/HCPCS/REV) for service requested (please list all):

DSM-5 diagnoses/ICD-10 code:

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**Reason for out of network:** The clinical expertise to address the specific health care needs of the Member is not available from any in-network provider.

Choose all that apply:

Continuity of Care (COC): Member is new to the plan in the past 90 days and was active with out of network provider prior to becoming a WellSense member

Continuity of Care (COC): Provider left network in the past 90 days (not related to fraud issues) and member was active with provider at the time of departure

Provider wait time: There are no in-network providers available in the member's plan access requirement

Provider minutes/miles: There are no in-network providers available within the member's plan's geo-access requirement

Provider specialty: There are no in-network providers available to meet the member's required specialty needs

Other (please explain):

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