



ADULT 18 TO 64 PSYCHIATRIC AND DETOX PA FORMS INSTRUCTIONS

- Fax completed requests to (405) 530-7260. For additional assistance call (405) 522-7597.
- Only typed requests accepted. Text will auto-adjust to allow input of additional information. If the text is too small to read, the request will be returned.
- Use the psychiatric form for members receiving psychiatric services as the primary focus of treatment. If the primary service is medical detox, use the medical detox form.
- Dual Eligible members who have a Medicare Advantage plan also known as a replacement Medicare plan or Part C plan as their primary insurance require a prior authorization for Medicaid to pay. When Medicare benefits have been exhausted, a prior authorization is also required.
- The Prior Authorization Request Template is due the following business day by 5 p.m. after admission day. If prior authorization received by 10 a.m., a response will be sent back the same day. Incomplete submissions, e.g., blank fields/unanswered questions/fields that are not updated, will not be accepted as timely submissions. Late submissions may result in a denial of payment and are not appealable.
- Providers have available a Two Step Appeal Process:
 - 1st Level - Reconsideration - Must submit reconsideration by the following business day by 5pm. Reconsiderations with no new clinical documentation will result in a technical denial and will end the appeal process.
 - 2nd Level - Peer to Peer - If the reconsideration is denied for medical necessity, provider must contact OHCA by 5 pm the following business day to arrange peer to peer review with OHCA physician consultant.
- In order to avoid potential delays in payment, notify OHCA when the member discharges by faxing the Discharge Notification Form and the member's discharge instructions.



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

okhca.org
mysoonerca.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767



Supplemental Instructions For Psychiatric Hospitals Only

- To request an extension of care, choose "ACUTE EXTENSION – PSYCH HOSP USE ONLY" as the request type.
- When providing updated clinical for the extension request, type a line below the clinical from the previous request and add the word "NEW" and date the new clinical behaviors that occurred the past 48 hours. **DO NOT DELETE OR MODIFY** any previous submitted clinical. If you have exceeded the space allowed to document additional clinical, a new form must be submitted.
- Sections "A" to "C" must be updated each extension or the request may be returned for lack of medical information or result in a possible technical denial.



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