

# MEMORANDUM

**To:** Provider for Patient Referred by Integrated Behavioral Health  
**From:** IBH Care Management Services  
**Re:** Procedures for Review, Authorization and Claims  
**Note:** ALL CARE MUST BE PRECERTIFIED

Maximum frequency of visits is once weekly unless specifically authorized in review by telephone with IBH Care Management.

**Referral and  
Materials Packet:**

You are receiving a packet of materials for a patient referred to you by Integrated Behavioral Health.

**Treatment Certification  
Form:**

The initial precertified services are indicated on the **TREATMENT CERTIFICATION FORM**. Please note the type of service and the beginning and ending dates of the precertification period.

**Authorization for  
Release of Information  
Form:**

Please have the patient or responsible person complete the **AUTHORIZATION FOR RELEASE OF INFORMATION FORM**. Send this form with your **INITIAL TREATMENT PLAN FORM**.

**Assessment, Diagnosis  
and Initial Treatment  
Plan:**

After making your assessment, diagnosis and proposed initial treatment plan, please complete the **INITIAL TREATMENT PLAN FORM**. The form is one page, double sided.

**Obtaining  
Precertification:**

To have your initial treatment plan reviewed and care precertified, please mail or fax the **INITIAL TREATMENT PLAN** to:

**Integrated Behavioral Health  
Case Management Services  
P. O. Box 30018  
Laguna Niguel, CA 92607-0018  
Confidential FAX: (714) 556-5430**

**Request for Additional  
Treatment:**

If additional care is planned and necessary, you will need to make a request by completing the **REQUEST FOR CONTINUED TREATMENT FORM**.

After review, a specific number of medically necessary and appropriate treatment services will be certified. You will receive a printed **TREATMENT CERTIFICATION FORM** indicating the services approved for reimbursement.

**Filing a Claim:** When you file your claim for reimbursement please bill your regular charges (not discounted or negotiated rates).

Attach your **TREATMENT CERTIFICATION FORM(s)** to your **CLAIM** and submit to:

**Integrated Behavioral Health  
Claims Services  
P. O. Box 30018  
Laguna Niguel, CA 92607-0018**

Please try to bill for the same number of services that are listed on your attached **TREATMENT CERTIFICATION FORM**. When the claim and certification forms match, the payment is expedited.

**Discharge Summary:** Please submit the **DISCHARGE SUMMARY FORM** with your final claim.

**If the care is primarily for**

**Chemical Dependency:** Your packet will include the same type of materials.

**Additional Notes:** For your administrative convenience all communication with IBH regarding patient care must include the person's name, date of birth, and both the eligible employee's insurance identification number and employer. ***IBH can not process your phone call, fax, or letter without this information.***

The Treatment Plans must be entirely completed in order to be reviewed for precertification for reimbursement of continued care. Any precertified continuing care period begins the day the treatment plan is received by IBH.

***Precertification for hospital or day treatment is obtained in a telephone clinical review with IBH Care Management by admitting or attending Doctor within 24 hours of patient admission.*** Any reimbursed psychological assessment is precertified by phone review with an IBH case manager.

To contact IBH please call (800) 395-1616.

If services are for Air Products and Chemicals employees or dependents, please call (800) 638-9313.

If services are for Apple, Inc. employees or dependents, please call (800) 336-1017.

Thank you for your partnership in patient care.