

**Participant's Name:**

**Service Request ID:**

## Administrative Denial Checklist

**This case was administratively denied for the following reasons:**

1. Participant does not have an eligible diagnosis for admission
- a. There is no Category A or Category B priority population diagnosis (**adult**), and the diagnostic waiver criteria are not met (not competent to stand trial, in psych facility for longer than 6 months who requires RRP on discharge) (**adult**)
  - b. There is no Public Behavioral Health System Specialty diagnosis (**child/adolescent/TAY**)
  - c. The Priority Population diagnosis(**adult**) or Public Behavioral Health System Specialty diagnosis (**child**) does not provide a complete ICD 10 diagnosis code or fully written out diagnosis
2. Category A diagnosis and indication of SSI/SSDI, but no acceptable documentation of SSI/SSDI eligibility attached to service request (**First concurrent only**). Acceptable documentation of SSI/SSDI eligibility is detailed in [Q.11 of the PRP FAQ](#).
3. Participant is listed as having **Uninsured Funding** and does not meet the additional criteria (i.e., none of the following met):
- Stepped down from a state hospital and are on conditional release
  - Discharged from an acute psychiatric hospitalization within the last six months
  - Released from jail within the last six months
  - Discharged from a RRP within the last six months
4. Referral and/or collaboration of care document was incomplete for the following reason:
- a. Referral/Collaboration of Care was not attached to service request or uploaded in the **Documents** section in Incedo.
  - b. Referral was not signed (original or electronic) by MH professional making the referral
  - c. Referral/Collaboration of Care not dated within 60 days prior to or on requested start date
  - d. The referral does not include the participant's first and last name
  - e. The referral was dated for a date that had not yet occurred at the time of submission (future-dated)
  - f. Inadequate documentation of clinical collaboration (concurrent) ([See alert dated 8/4/21](#))
  - g. A LM/LG referred without a supervisor's name and credentials provided in the Incedo form
  - h. The referral source is not enrolled in Medicaid or is not working at Medicaid enrolled licensed mental health program
5. The request does not include information about the following less intensive services having been attempted or considered (**initial**) (adults not being discharged from IP, crisis res, mobile/ACT, incarceration, or RTC):
- a. Provider answered N/A to the question on the service request form, "Are any of these medications prescribed for MDD or Bipolar and has a dx of MDD or bipolar

6. The individualized rehabilitation plan (IRP) was incomplete for the following reasons (**concurrent**):
- a. It was not attached to service request or uploaded in the Document section in Incedo
  - b. All goals are inactive/closed and/or the individualized rehabilitation plan will be expired prior to requested start date
  - c. There is no signature (original or electronic) by the person who created the plan
  - d. There is no signature from participant or participant's guardian (under 16) OR no indication participant or guardian were involved with development and agreed with the plan
  - e. The IRP does not detail the services and interventions to be provided
  - f. The IRP does not include the participant's first and last name

7. There was a problem with the DLA-20 (**concurrent**):
- a. It was not completed in the portal (attachments are not acceptable)
  - b. It was not completed **within 30 days prior to the requested start date or on requested start date.**
  - c. There are less than 15 responses checked on the form
  - d. All three DLA-20 forms were not completed (Trainer Verification, DLA-20, and Supplemental Questions)
  - e. The DLA-20 was completed on a date that had not yet occurred at the time of submission (future-dated)

8. Participant has an open authorization with another PRP provider. Participant or previous provider will need to request that that authorization is closed before a new auth can be entered.

9. Remuneration is being received in the form of: \_\_\_\_\_

10. Functional Impairment section must be complete:
- At least **3** functional impairment sections must be completed showing specific evidence of functional impairment. This has not occurred (**Adult**).
  - At least **1** functional impairment section must be completed showing specific evidence of functional impairment. This has not occurred (**Child**).

11. Though at least **3** functional impairments have been completed, the description of functional impairments is incomplete as follows (**Adult**):
- The participant's symptoms are not consistent with the priority population diagnosis
  - The symptoms of the Priority Population diagnosis that affect the participant's functioning were not described for: \_\_\_\_\_
  - How the symptoms impair the participant's functioning were not described for: \_\_\_\_\_
  - Specific examples of this participant's impaired function were not provided for: \_\_\_\_\_

[https://optum.video.uhc.com/media/BH\\_MD\\_Provider\\_PRPAAdultFnclmprmnt VID\\_v0.1\\_DRAFT\\_dlr/1\\_04e2jmy0](https://optum.video.uhc.com/media/BH_MD_Provider_PRPAAdultFnclmprmnt VID_v0.1_DRAFT_dlr/1_04e2jmy0)

- 11.a. Though at least **1** functional impairment has been checked off, the description of functional impairment is incomplete as follows (**Child**):
- Functional impairment description does not include symptoms of the PBHS Specialty Mental Health Diagnosis
  - Functional impairment is not consistent with the PBHS Specialty Mental Health Diagnosis

Functional impairment description does not include objective examples of impairment caused by the symptoms of the PBHS Specialty Mental Health Diagnosis

[https://optum.video.uhc.com/media/t/1\\_rhv1ijm7](https://optum.video.uhc.com/media/t/1_rhv1ijm7)

12. The authorization does not have updated and/or individualized information for the following reason:

A previously used service request form or a service request form was completed more than 30 days before the submission date

The information in the service request form appears to be the same information submitted for the same participant in a previous authorization

The information in the service request form appears to be the same information submitted for a different participant

13. This child/adolescent participant is receiving an exclusionary level of care

14. The service request form or attached documents indicate that exclusionary criteria has occurred in the following way: \_\_\_\_\_

15. There appears to be a conflicting level of care on file for this participant and the clinical rationale as to why both services are needed has not been provided along with a transition plan. The authorization can be resubmitted with this information, or the participant/other provider would need to request that the conflicting authorization be discharged.

