



# AUTHORIZATION MANAGER TIPS

- Mental health providers

## INTRODUCTION

Use these tips when you submit a request for authorization using the Authorization Manager tool. Mental health providers are required to include certain information in their request for it to be correctly completed.

Note:

- Adult or geriatric = 18 and older
- Child or adolescent = under 18

## REQUIRED INFORMATION FOR INPATIENT MENTAL HEALTH PROVIDER TYPES

	Inpatient	ECT inpatient	Acute residential treatment (ART) and Community based acute treatment (CBAT)	Zulresso treatment for postpartum depression	Crisis stabilization unit
Request type	Behavioral Health Inpatient				
Place of service	51-Inpatient psychiatric facility	51-Inpatient psychiatric facility	<ul style="list-style-type: none"> <li>○ 55-Residential substance abuse treatment facility</li> <li>○ 56-Psychiatric residential treatment center</li> </ul>	21-Inpatient hospital	53-Community mental health center
From	Admit date	Admit date	Requested admit date	Requested admit date	Requested start date



# AUTHORIZATION MANAGER TIPS

- Mental health providers

	Inpatient	ECT inpatient	Acute residential treatment (ART) and Community based acute treatment (CBAT)	Zulresso treatment for postpartum depression	Crisis stabilization unit
Bed type	Select from dropdown: <ul style="list-style-type: none"> <li>○ Detox - acute inpatient, adult or geriatric</li> <li>○ Detox - acute inpatient child or adolescent</li> <li>○ Inpatient eating disorder, adult or geriatric</li> <li>○ Inpatient eating disorder, child, or adolescent (under 18)</li> <li>○ Inpatient psychiatric, adult or geriatric</li> <li>○ Inpatient psychiatric, child or adolescent</li> </ul>	Select from dropdown: <ul style="list-style-type: none"> <li>○ ECT - inpatient, adult or geriatric</li> <li>○ ECT - inpatient, child or adolescent</li> </ul>	Select from dropdown <ul style="list-style-type: none"> <li>○ Residential eating disorder, adult or geriatric</li> <li>○ Residential eating disorder, child or adolescent</li> <li>○ Residential psychiatric, adult or geriatric</li> <li>○ Residential psychiatric, child or adolescent</li> <li>○ Residential substance use, adult or Geriatric</li> <li>○ Residential substance use, child or adolescent</li> <li>○ Detox subacute residential, adult or geriatric</li> <li>○ Detox subacute residential, child or adolescent</li> </ul>	Select from dropdown <ul style="list-style-type: none"> <li>○ Zulresso, Adult or Geriatric</li> <li>○ Zulresso Psychiatric, Child or Adolescent</li> </ul>	Select from dropdown <ul style="list-style-type: none"> <li>○ Crisis Stabilization Unit, Adult or Geriatric</li> <li>○ Crisis Stabilization Unit, Child or Adolescent</li> </ul>
Requested admit date	Admit date	Admit date	Requested admit date	Requested admit date	Requested start date



# AUTHORIZATION MANAGER TIPS

- Mental health providers

	Inpatient	ECT inpatient	Acute residential treatment (ART) and Community based acute treatment (CBAT)	Zulresso treatment for postpartum depression	Crisis stabilization unit
<b>Actual admit date</b>	Admit date	Admit date	Requested admit date	Requested admit date	Requested s
<b>Admit type</b>	Emergency/urgent	Emergency/urgent	Emergency/urgent	Elective	Elective
<b>Admit from</b>	Choose location or select unknown if not known	Choose location or select unknown if not known	Choose location or select unknown if not known	Select unknown if not known	Select unknown if not known
<b>Review type</b>	Admitted	Admitted	Admitted	N/A	N/A
<b>Servicing provider information</b>	N/A	N/A	N/A	Required	N/A
<b>Facility information</b>	Required*	Required	Required	Required	Required
<b>Diagnosis</b>	Required	Required	Required	Required	Required

\* admitting facility is responsible for authorization

**RELATED RESOURCES**

[Authorization Manager Guide](#)

Blue Cross Blue Shield of Massachusetts refers to Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc., and/or Massachusetts Benefit Administrators LLC, based on Product participation.® Registered Marks of the Blue Cross and Blue Shield Association. ©2021 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.