



# AUTHORIZATION MANAGER TIPS

## • Inpatient Mental Health Services

### INTRODUCTION

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

Audiovisual training courses and video demonstrations are available and listed under [Related Resources](#).

Note that:

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

### REQUIRED INFORMATION FOR OUTPATIENT MENTAL HEALTH PROVIDER TYPES

The following fields are required for **all** mental health provider types:

<b>Request type</b>	Behavioral Health Inpatient
<b>From</b>	Requested admit date for service
<b>Requested Admit Date</b>	Requested admit date for service
<b>Actual Admit Date</b>	Requested admit date for service
<b>Admit From</b>	Where member admitted from or Unknown
<b>Servicing Provider/Facility</b>	Add admitting Facility info twice. The type would be servicing provider, then select facility when adding the second time <i>*If you clicked yes for 'Is the requesting the same as servicing', you will only need to enter the facility info once, with the type being facility</i>
<b>Diagnosis</b>	Admit Diagnosis

**\*Is the requesting the same as the servicing?** If you are signed in as the admitting facility with the inpatient provider ID, select yes, otherwise select no

**Place of service** and **Procedure** values are specific by provider type:

Bed Type	Place of service	Bed Type
<b>Inpatient (including ECT)</b>	51-Inpatient psychiatric facility	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>
<b>Acute Residential Treatment (ART)/ Community Based Acute Treatment (CBAT)/Subacute</b>	Select from dropdown: <ul style="list-style-type: none"> <li>○ 55-Residential substance abuse treatment facility</li> <li>○ 56-Psychiatric residential treatment center</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>

Bed Type	Place of service	Bed Type
<b>Zulresso treatment for postpartum depression</b>	21-Inpatient hospital	Select from dropdown: <ul style="list-style-type: none"> <li>○ Zulresso, Adult or Geriatric</li> <li>○ Zulresso, Child or Adolescent</li> </ul>
<b>Crisis stabilization unit</b>	53-Community mental health center	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>

**RELATED RESOURCES**

[Authorization Manager page](#) on Provider Central

Audiovisual training courses:

- [Attaching clinical documentation to an existing case](#)
- [Accessing authorizations & printing correspondence](#)

Authorization Manager video demonstrations:

- [Inpatient psychiatric/eating disorder](#)
- [Inpatient substance/detox](#)
- [Inpatient ECT](#)
- [ART and CBAT: psychiatric/eating disorder](#)
- [ART and CBAT: subacute detox](#)
- [Zulresso](#)
- [Crisis stabilization](#)