



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:

Request type	Behavioral Health Inpatient
From	Requested admit date for service
Requested Admit Date	Requested admit date for service
Actual Admit Date	Requested admit date for service
Admit From	Where member admitted from or Unknown
Servicing Provider/Facility	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>
Diagnosis	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
Inpatient	51-Inpatient psychiatric facility	Select from dropdown: <ul style="list-style-type: none"> ○ Detox – acute inpatient, adult or geriatric ○ Detox – acute inpatient child or adolescent ○ Inpatient eating disorder, adult or geriatric ○ Inpatient eating disorder, child, or adolescent (under 18) ○ Inpatient psychiatric, adult or geriatric ○ Inpatient psychiatric, child or adolescent
ECT Inpatient	51-Inpatient psychiatric facility	Select from dropdown: <ul style="list-style-type: none"> ○ ECT - inpatient, adult or geriatric ○ ECT - inpatient, child or adolescent
Acute Residential Treatment (ART)/Community Based Acute Treatment (CBAT)/Subacute	Select from dropdown: <ul style="list-style-type: none"> ○ 55-Residential substance abuse treatment facility ○ 56-Psychiatric residential treatment center 	Select from dropdown: <ul style="list-style-type: none"> ○ Residential eating disorder, adult or geriatric ○ Residential eating disorder, child or adolescent ○ Residential psychiatric, adult or geriatric ○ Residential psychiatric, child or adolescent ○ Residential substance use, adult or Geriatric ○ Residential substance use, child or adolescent ○ Detox subacute residential, adult or geriatric ○ Detox subacute residential, child or adolescent

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

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](#)