



AUTHORIZATION MANAGER TIPS

Intensive Community Based Treatment (ICBT)

INTRODUCTION

Use this tip when you submit an ICBT request using the Authorization Manager tool. To correctly complete an authorization request, providers are required to include certain information.

REQUIRED INFORMATION FOR INTENSIVE COMMUNITY BASED TREATMENT (ICBT) REQUESTS

THE FOLLOWING INFORMATION IS REQUIRED

- **Request type:** Behavioral Health Service Request
- **Place of service:** 12-Home
- **Review type:** Initial
- **Add Servicing/Facility Provider:**
 - Add the facility/group provider once with the type, *Servicing Provider (Do not enter clinician info)*
 - Add the facility/group provider again with the type, *Facility*
- **Diagnosis:** Enter diagnosis code or description
- **Procedure:** Enter code(s) based on service requested, see below
 - **In-Home Therapy-** H2020
 - **Family Support and Training-** H0025
 - **Behavior Management Monitoring/Behavior Management Therapy-** H0040
 - **Therapeutic Mentoring-** H0046
 - **Intensive Care Coordination-** H0023

Please note: The CPT code does not need to match the claim if the provider is billing for the same service

After submitting, a new window opens. Populate details as follows:

- **Quantity:** Providers can request up to 180 units max per code for a 6-month span (except H0023 which is 6 units)
- **Units:** Units (equal to visits)
- **Frequency:** As prescribed
- **Start date:** Requested start date for service

Notes

- Concurrent reviews must be faxed in.
- **CMHC** (Community Mental Health Center) must be chosen for the provider.

*If you are signed in as the facility who will bill for the service, select **yes** for the question below and you will only be required to add the facility once, with the type being facility.

Requesting Provider Same as Servicing Provider

YES NO

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