MASSACHUSETTS

AUTHORIZATION MANAGER TIPS

Ambulatory Detox

INTRODUCTION

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

REQUIRED INFORMATION FOR AMBULATORY DETOX REQUESTS

THE FOLLOWING INFORMATION IS REQUIRED

- **Request type:** Behavioral Health Service Request
- **Place of service:** 57 – Non-Residential Substance Abuse Treatment Facility
- **Review type:** Initial
- **Add Servicing/Facility Provider:**
  - Add the facility/group provider once with the type, *Servicing Provider*
  - Add the facility/group provider again with the type, *Facility*
- **Diagnosis:** Enter diagnosis code or description
- **Procedure:** H0014

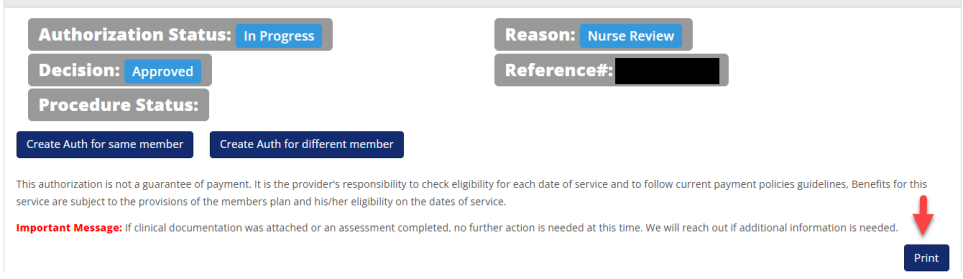
Please note: The CPT code does not need to match the claim if the provider is billing for the same service

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

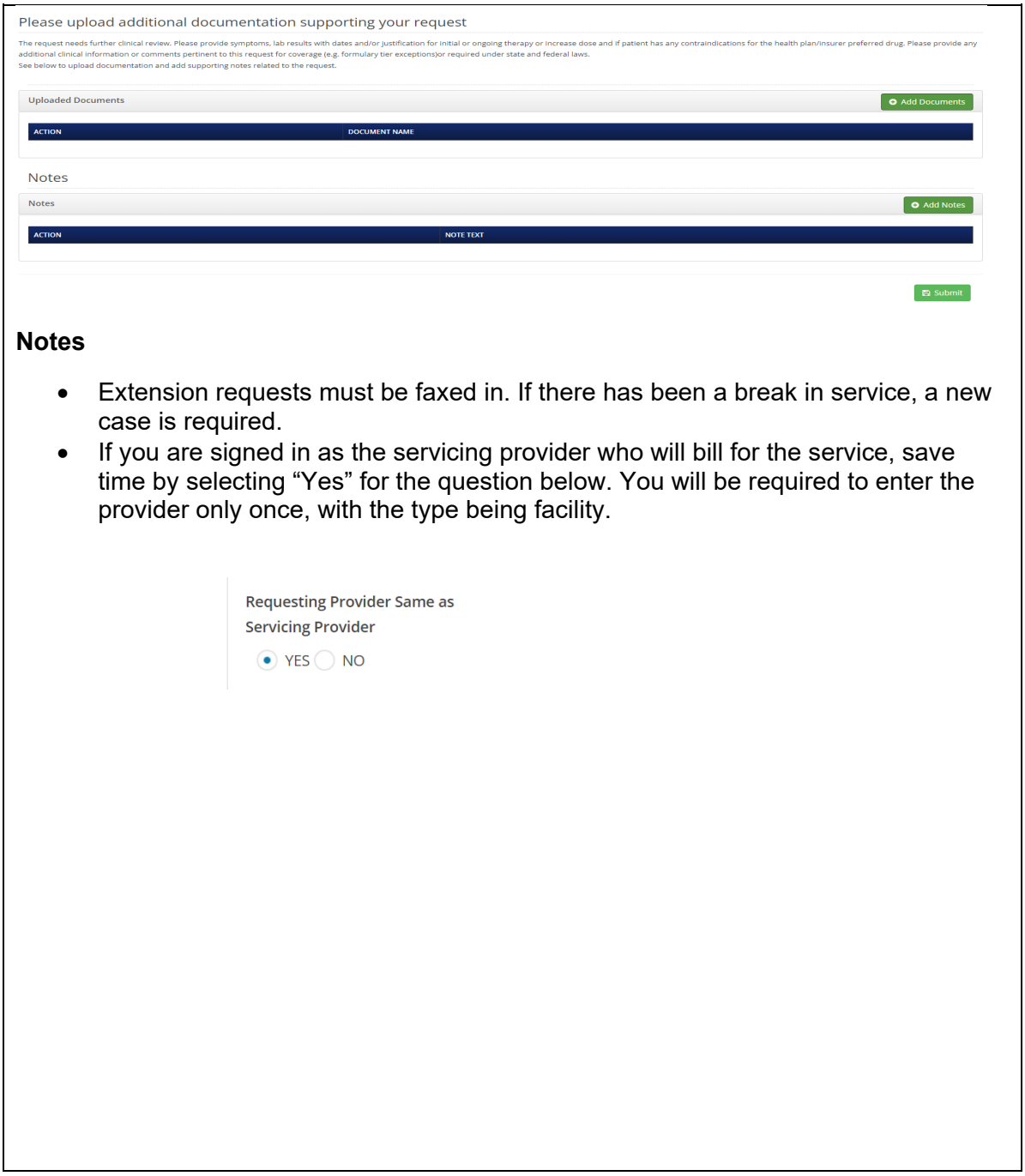
- **Quantity:** May request a total of up to 22 units for a 22-day span
- **Units:** Units (equal to visits)
- **Frequency:** As prescribed
- **Start date:** Requested start date for service

Click **Submit**. The case will either auto-approve or pend for approval.

- If the case is auto approved, click the **Print** button to open a separate window and view the details of your approval.



- If the case pends, you will be asked to upload clinical information.



Notes

- Extension requests must be faxed in. If there has been a break in service, a new case is required.
- If you are signed in as the servicing provider who will bill for the service, save time by selecting “Yes” for the question below. You will be required to enter the provider only once, with the type being facility.

RELATED RESOURCES

[Ambulatory Detox Demo Video]

[Accessing authorizations & printing correspondence]

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