AUTHORIZATION MANAGER TIPS

Family Stabilization

INTRODUCTION

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

REQUIRED INFORMATION FOR FAMILY STABILIZATION 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) being requested

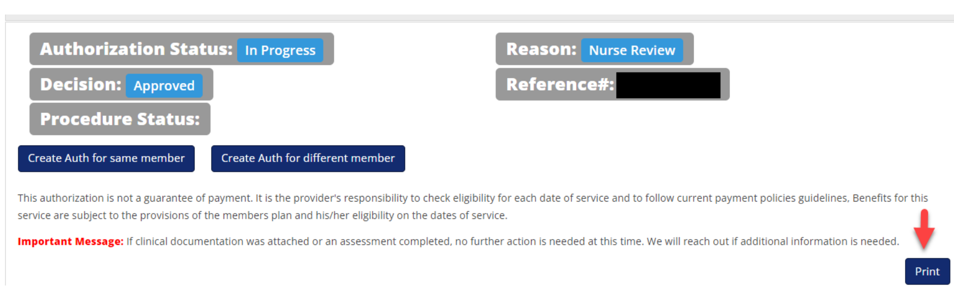
Please note: The CPT code does not need to match the claim if the provider is billing for the same service

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

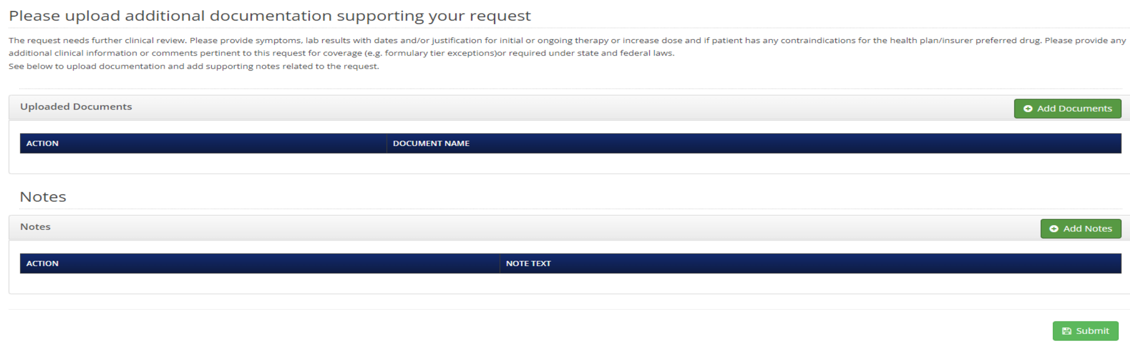
- **Quantity:** As needed
- **Units:** Units
- **Frequency:** As prescribed
- **Start date:** Requested start date for service

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

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

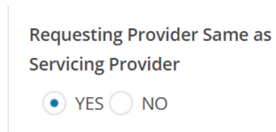


- If the case pends, you will be asked to upload clinical information.



Notes

- Extension requests must be faxed in.
- If 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.



RELATED VIDEO RESOURCES

[Accessing authorizations & printing correspondence]
[Attaching Clinical to an existing Case]

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