



AUTHORIZATION MANAGER TIPS

- Home health care providers
- Physical & occupational therapists
- Skilled nursing facilities

INTRODUCTION

Use this tip when you submit an authorization request using the Authorization Manager tool. To correctly complete an authorization request, home health care providers, physical and occupational therapists, and skilled nursing facilities are required to include certain information in their request.

REQUIRED INFORMATION FOR CERTAIN PROVIDER TYPES

FOR	THE FOLLOWING INFORMATION IS REQUIRED
Home health care providers	<ul style="list-style-type: none"> • Request type: Service Request • Place of service: 12-Home • Review type: Initial • Agency NPI or provider ID • Diagnosis • CPT code (enter a skilled nursing services code, examples: G0299, G0300, G0493, G0494, G0495, G0496) <p>After submitting, a new window opens. Populate details as follows:</p> <ul style="list-style-type: none"> • Quantity: as needed • Units: as needed • Frequency: as prescribed • Start date: Requested start date for service • End date: Requested end date for current request (should be 60 days from start date)
Physical & occupational therapists	<ul style="list-style-type: none"> • Request type: Service Request • Place of service: 11-Office or 99-Other Place of Service • Review type: Initial • Therapist's NPI or provider ID • Diagnosis • Number of visits requested • CPT code (enter an initial code, examples: 97161, 97162, 97163) <p>After submitting, a new window opens. Populate details as follows:</p> <ul style="list-style-type: none"> • Quantity: as needed • Units: as needed • Frequency: as prescribed • Start date: Requested start date for service • End date: Requested end date for current request <ul style="list-style-type: none"> ○ Commercial members 12/31 ○ Medicare Advantage members, 365 days from start date

Skilled nursing facilities	<ul style="list-style-type: none"> • Request type: Inpatient • Place of service: 31-Skilled Nursing Facility • From: Requested admit date • Bed type: Skilled nursing facility (SNF) • Requested admit date: Requested admit date • Actual admit date: Requested admit date • Admit type: Elective • Admit from: may select unknown if not known • Review type: Pre-cert admission • Doctor's information • Facility details • Diagnosis
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RELATED RESOURCES

- [Authorization Manager Guide](#)
- [Tips for acute care hospitals \(inpatient admissions\)](#)
- [Tips for mental health providers](#)

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