



# AUTHORIZATION MANAGER TIPS

## Behavioral Health Acute Inpatient including Electroconvulsive Therapy (ECT)

### INTRODUCTION

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

### REQUIRED INFORMATION FOR BEHAVIORAL HEALTH ACUTE INPATIENT REQUESTS

#### THE FOLLOWING INFORMATION IS REQUIRED

- **Request type:** Behavioral Health Inpatient
  - **Place of service:** Select based on primary diagnosis
    - 55 – Residential Substance Abuse Treatment Facility
    - 56 – Psychiatric Residential Treatment Center
  - **Bed Type:** Select based on primary diagnosis (Ages 18+ select Adult/Geriatric, otherwise select Child or Adolescent)
    - Residential Eating Disorder
    - Residential Psychiatric
    - Detox Subacute Residential
    - Residential Substance Use
  - **Admit Type:** Emergency or Urgent
  - **Admit From:** choose from dropdown, may select unknown
  - **Review Type:** Admitted
  - **Add Servicing/Facility Provider:** Do not add clinician
    - Add the facility/group provider once with the type, *Servicing Provider\**
    - Add the facility/group provider again with the type, *Facility*
- \*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

- **Diagnosis:** Enter diagnosis code or description
- **Procedure:** Leave blank

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

**Authorization Status:** In Progress      **Reason:** Nurse Review

**Decision:** Approved      **Reference#:** [REDACTED]

**Procedure Status:**

[Create Auth for same member](#)   [Create Auth for different member](#)

This authorization is not a guarantee of payment. It is the provider's responsibility to check eligibility for each date of service and to follow current payment policies guidelines. Benefits for this service are subject to the provisions of the members plan and his/her eligibility on the dates of service.

**Important Message:** If clinical documentation was attached or an assessment completed, no further action is needed at this time. We will reach out if additional information is needed.

[Print](#)

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

Please upload additional documentation supporting your request

The request needs further clinical review. Please provide symptoms, lab results with dates and/or justification for initial or ongoing therapy or increase dose and if patient has any contraindications for the health plan/insurer preferred drug. Please provide any additional clinical information or comments pertinent to this request for coverage (e.g. formulary tier exceptions) or required under state and federal laws. See below to upload documentation and add supporting notes related to the request.

Uploaded Documents
➤ Add Documents

ACTION	DOCUMENT NAME

Notes
➤ Add Notes

ACTION	NOTE TEXT

➤ Submit

### Notes

- Upload any relevant clinical information.
- For concurrent reviews, you may upload clinical to the existing case on file.
- If the member has Medicare as their primary insurance and Medicare has exhausted, please add that information as a note.
- Discharge date can be added on the *View Authorizations Medical* page.

DATE SUBMITTED	REFERENCE	ALTERNATE AUTH ID	MEMBER NAME	MEMBER ID	MEMBER DOB	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICING PROVIDER	FACILITY PROVIDER	STATUS	DECISION	DECISION REASON	PAYER	ACTION
Date	Referen	Alternat	Mem	Mem	Mem	Requ	Admissi	Dischar	Requestor	Servicing	Facility	Stat	Decisi	Decisi	Payer	<span style="color: red; font-weight: bold;">↓</span> <span style="background-color: #1a3d54; color: white; padding: 2px;">Add Discharge Date</span> <span style="background-color: #1a3d54; color: white; padding: 2px;">Add Attachment</span>
08-14-2024	██████		██████	050977590	02-09-1940	Inpatient	08-15-2024 11:34:09		██████	██████	██████	In Progress	Approved	Auto Approved - Clinical Criteria	COMMERCIAL	

### RELATED VIDEO RESOURCES

[Accessing authorizations & printing correspondence](#)

[Attaching Clinical to an existing Case](#)

[Adding Discharge Date to an inpatient Request](#)

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