

AUTHORIZATION MANAGER TIPS

Intensive Outpatient Program (IOP)

INTRODUCTION

REQUIRED INFORMATION FOR INTENSIVE OUTPATIENT REQUESTS

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

THE FOLLOWING INFORMATION IS REQUIRED

- **Request type:** Behavioral Health Service Request
- **Place of service:** Choose based on your request
 - 12- Home
 - 22- On Campus Outpatient Hospital
 - 53- Community Mental Health Center
 - 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 (Do not enter clinician info)*
 - Add the facility/group provider again with the type, *Facility*
- **Diagnosis:** Enter diagnosis code or description
- **Procedure:** Enter only one code based on primary diagnosis, see below
 - S9480- Psychiatric services
 - H0015- Alcohol and/or drug services
 - H0002- Substance

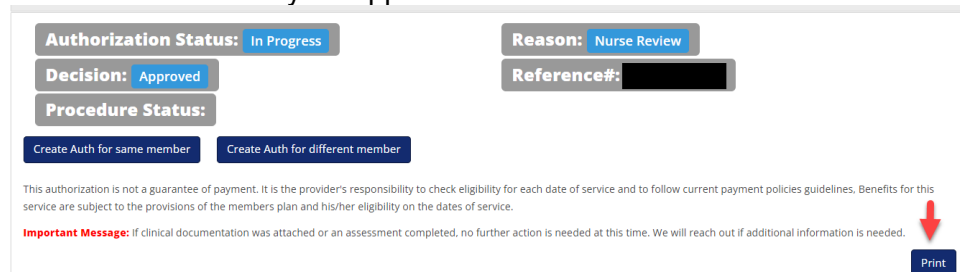
Please note: The CPT code does not need to match the claim if the provider is billing for the same service

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

- **Quantity:** May request a total of up to 90 units for a 365-day span, unless you are a program with a specialized contract for fewer units
- **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.

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



The screenshot shows a summary of an authorization request. It includes the following fields:

- Authorization Status:** In Progress
- Reason:** Nurse Review
- Decision:** Approved
- Reference#:** [Redacted]
- Procedure Status:** [Redacted]

Below these fields are two buttons: "Create Auth for same member" and "Create Auth for different member".

A message at the bottom states: "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."

An **Important Message** reads: "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." A red arrow points to a **Print** button in the bottom right corner.

- 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

- Extension requests must be faxed in.
- If the member has a 31+ day break in service, a new case is required.
- If you are signed in as the servicing provider who will bill for the service, select **yes** for the question below and you will only be required to enter the provider once, with the type being facility.

Requesting Provider Same as Servicing Provider

YES NO

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[Intensive Outpatient \(IOP\) Psychiatric/Eating Disorder](#)

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