



MASSACHUSETTS

# USING AUTHORIZATION MANAGER TO REQUEST ORAL SURGERY AUTHORIZATION

FOR INPATIENT ORAL SURGERY PLEASE SUPPLY	FOR OUTPATIENT ORAL SURGERY PLEASE SUPPLY
<p><b>Request type:</b> Inpatient  <b>Place of service:</b> 21 – Inpatient Hospital  <b>From:</b> Admit Date  <b>Bed Type:</b> Oral Surgery  <b>Requested Admit Date:</b> Admit Date  <b>Actual Admit Date:</b> Admit Date  <b>Admit Type:</b> Elective  <b>Admit From:</b> Select “unknown” if not known  <b>Review type:</b></p> <ul style="list-style-type: none"> <li>○ Admitted (patient is already in the bed)</li> <li>○ Pre-Cert Admission</li> </ul>	<p><b>Request type:</b> Service Request  <b>Place of service:</b> Use one of the following</p> <ul style="list-style-type: none"> <li>○ 11 – Office</li> <li>○ 22 – On Campus - Outpatient Hospital</li> <li>○ 24 – Ambulatory Surgical Center</li> </ul> <p><b>Review type:</b> Initial</p>
FOR BOTH INPATIENT AND OUTPATIENT ORAL SURGERY PLEASE SUPPLY	
<p><b>Add Servicing/Facility Provider:</b></p> <ul style="list-style-type: none"> <li>• Add physician with type <i>servicing provider</i>. If you are signed in as the servicing provider who will bill for the service, select “yes” for the question below; you will only be required to enter the facility information</li> </ul> <div style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <p>Requesting Provider Same as Servicing Provider</p> <p><input checked="" type="radio"/> YES <input type="radio"/> NO</p> </div> <ul style="list-style-type: none"> <li>• Add facility with type <i>facility</i></li> </ul> <p><b>Diagnosis:</b> Provide diagnosis code or description  <b>Procedure:</b> Provide CPT code(s). Do <b>not</b> add anesthesia &amp; facility codes to inpatient cases as these codes are considered to be included in the inpatient stay.</p>	
<p>After you click “Submit,” a new window opens. Please enter:</p> <p><b>Quantity:</b> Number being requested  <b>Units:</b> Always select <b>units</b>  <b>Frequency:</b> As prescribed  <b>Start date:</b> Requested admit date for service</p>	
CLINICAL ATTACHMENTS	
<p>Please attach clinical documentation (such as photos, cephalometric radiographs, panoramic radiograph, letter of medical necessity, and faxed medical notes) instead of faxing or mailing them. You can attach all file types <i>except</i> for .exe files.</p>	
RELATED RESOURCES	
<p><a href="#">Authorization Manager Guide</a>  <a href="#">Attach clinical to an existing case (2 min video)</a>  <a href="#">Accessing Case and Printing Correspondence (1 min video)</a></p>	

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