



AUTHORIZATION MANAGER TIPS

- Outpatient Mental Health Services

INTRODUCTION

Use these tips when you submit a request for outpatient authorization using the Authorization Manager tool. Mental health providers are required to include certain information in their request for it to be correctly completed.

Audiovisual training courses and video demonstrations are available and listed under [Related Resources](#).

Note that:

- Adult or geriatric = 18 and older
- Child or adolescent = under 18

REQUIRED INFORMATION FOR OUTPATIENT MENTAL HEALTH PROVIDER TYPES

The following fields are required for **all** mental health provider types:

Request type	Behavioral Health Service Request
Review type	Initial
Servicing and facility provider information	Add the servicing provider twice: once with the type, "Servicing Provider," and again with the type, "Facility"
Diagnosis	As appropriate
Quantity	Total episodes of treatment expected
Units	Select units from dropdown
Start date	Update to requested start date for service

Place of service and **Procedure** values are specific by provider type:

Provider type	Place of service	Procedure
IOP (Intensive Outpatient Program)	Select from dropdown: <ul style="list-style-type: none"> ○ 12-Home (Aware Recovery) ○ 22-On Campus Outpatient Hospital ○ 53-Community Mental Health Center ○ 57-Non-residential Substance Abuse Treatment Facility ○ 99-Other Place of Service 	<ul style="list-style-type: none"> ○ S9480-Psychiatric services ○ H0015-Alcohol and/or drug services ○ H0002-Substance ○ H2036-Substance <p>May request up to 90 units for a 365-day span</p>
PHP (Partial Hospitalization Program)	52-Psychiatric Facility Partial Hospitalization	<ul style="list-style-type: none"> ○ S0201- Substance ○ H0035- Psychiatric <p>May request up to 60 units for a 6-month span</p>
Behavioral Health ICBT (Intensive Community Based Therapy)	12-Home	<ul style="list-style-type: none"> ○ H2020 In-Home Therapy ○ H0025 Family Support and Training ○ H0040 Behavior Management Monitoring/Behavior Management Therapy ○ H0046 Therapeutic Mentoring ○ H0023 Intensive Care Coordination <p>May request up to 750 units for a 6-month span</p>

Ambulatory Detox	Select from dropdown: <ul style="list-style-type: none"> ○ 52 – Psychiatric Facility – Partial Hospitalization (in PHP setting) ○ 57 - Non-Residential Substance Abuse Treatment Facility 	○ H0014 May request up to 22 units for a 22-day span
Family Stabilization Team	12-Home	○ S9485
Ketamine and Esketamine	11-Office	○ G2082
Repetitive Transcranial Magnetic Stimulation (rTMS)	11-Office	○ Enter codes(s) based on your request. Applicable codes are 90867, 90868 and 9069
Out of Network Psychotherapy	Must be faxed in	○ Must be faxed in

RELATED RESOURCES

[Authorization Manager page](#) on Provider Central

Audiovisual training courses:

- [Attaching clinical documentation to an existing case](#)
- [Accessing authorizations & printing correspondence](#)

Authorization Manager video demonstrations:

- [Ambulatory detox](#)
- [Family stabilization](#)
- [Intensive Community Based Therapy \(ICBT\)](#)
- [Intensive Outpatient Program: Alcohol/Substance use](#)
- [Intensive Outpatient Program: Psychiatric/Eating disorder](#)
- [Partial Hospitalization Program: Alcohol/Substance use](#)
- [Partial Hospitalization Program: Psychiatric/Eating disorder](#)