



AUTHORIZATION MANAGER TIPS

Behavioral Health Inpatient Zulresso

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 INPATIENT ZULRESSO REQUESTS

THE FOLLOWING INFORMATION IS REQUIRED

- **Request type:** Behavioral Health Inpatient
- **Place of service:**
 - 21 – Inpatient Hospital
- **Bed Type:** Select based on primary diagnosis (Ages 18+ select Adult/Geriatric, otherwise select Child or Adolescent)
 - Zulresso, Adult or Geriatric
 - Zulresso, Child or Adolescent
 - **Admit Type:** Elective
- **Admit From:** choose from dropdown, may select “unknown”
- **Review Type:**
 - BH IP Medication
- **Add Servicing/Facility Provider: Do not add clinician**
 - Add the clinician with the type, *Servicing Provider**
 - Add the facility/group provider with the type, *Facility*

*If you are signed in as the clinician, select yes for the question below and you will only be required to add the facility, with the type being facility. If you are signed in as the facility, leave the answer as no

Requesting Provider Same as Servicing Provider

YES NO

- **Diagnosis:** Enter diagnosis code or description
- **Procedure:** Enter code(s) being requested

Click **Submit**. When 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

- Attach [Zulresso \(brexanolone\) for the treatment of Post-partum Depression Prior](#) and upload any relevant clinical information.
- **For concurrent reviews**, you may upload clinical to the existing case on file.
- **Medicare prime:** No authorization required when Medicare is prime and the services are at a VA facility, or when the facility is not contracted with Medicare. (Include in your notes if the facility is not contracted with Medicare or if Medicare has exhausted.)
- **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	Discharg	Requestor	Servicing	Facility	Statu	Decisi	Decisi	Payer	 Add Discharge Date Add Attachment
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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