



# AUTHORIZATION MANAGER TIPS

- Emergency and Elective Inpatient Requests

## INTRODUCTION

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

## AUDIENCE

Acute care hospitals and other inpatient facilities

## REQUIRED INFORMATION FOR INPATIENT ADMISSIONS

<b>Request Type</b>	Inpatient
<b>Place of Service</b>	21-Inpatient Hospital
<b>From</b>	Requested admit date for service
<b>Requested Admit Date</b>	Requested admit date for service
<b>Actual Admit Date</b>	Requested admit date for service
<b>Admit From</b>	Select unknown if not known

FOR	THE FOLLOWING INFORMATION IS REQUIRED
<b>Elective or scheduled</b> inpatient admissions (Non-transplant or Gender Affirming)	<ul style="list-style-type: none"> <li>○ <b>Bed type:</b> Acute</li> <li>○ <b>Admit type:</b> Elective</li> <li>○ <b>Review type:</b> Pre-cert admission</li> <li>○ <b>Add Servicing/Facility Provider:</b></li> <li>○ Add physician as the servicing provider</li> <li>○ Add facility as the facility</li> <li>○ <b>Diagnosis:</b> Add diagnosis code or description</li> <li>○ <b>Procedure:</b> Add CPT code(s)</li> </ul> <p>After submitting, a new window opens. Populate details as follows:</p> <ul style="list-style-type: none"> <li>○ <b>Quantity:</b> Days expected (If approved, it will be based on DRG)</li> <li>○ <b>Units:</b> Units (<b>units equal days</b>)</li> <li>○ <b>Frequency:</b> As prescribed</li> <li>○ <b>Start date:</b> Requested admit date for service</li> </ul> <p><b>Notes</b></p> <ul style="list-style-type: none"> <li>○ Attach clinical documentation if prompted</li> <li>○ You will be required to complete the InterQual criteria for all smartsheet requests</li> <li>○ IONM requests will require a separate case from the primary procedure, if performed by a third party</li> </ul>

<p><b>Emergent or unscheduled inpatient admissions</b></p>	<ul style="list-style-type: none"> <li>○ <b>Bed type:</b> Acute</li> <li>○ <b>Admit type:</b> Emergency or urgent</li> <li>○ <b>Review type:</b> Admitted</li> <li>○ <b>Add Servicing/Facility Provider:</b></li> <li>○ Add physician as the servicing provider</li> <li>○ Add facility as the facility</li> <li>○ <b>Diagnosis:</b> Add diagnosis code or description</li> </ul> <p><b>Notes</b></p> <ul style="list-style-type: none"> <li>○ After submitting, you will get an auto approval, or asked to upload documentation, and your request will pend for review</li> <li>○ Do not attach clinical documentation. We will contact you if we require clinical notes</li> </ul>
<p><b>Transplant requests</b></p>	<ul style="list-style-type: none"> <li>● <b>Bed type:</b> Transplant</li> <li>● <b>Admit type:</b> Elective</li> <li>● <b>Review type:</b> Pre-cert admission</li> <li>● <b>Add Servicing/Facility Provider:</b> <ul style="list-style-type: none"> <li>○ Add physician as the servicing provider</li> <li>○ Add facility as the facility</li> </ul> </li> <li>● <b>Diagnosis:</b> add diagnosis code or description</li> <li>● <b>Procedure:</b> Add CPT code(s)</li> </ul> <p>After submitting, a new window opens. Populate details as follows:</p> <ul style="list-style-type: none"> <li>● <b>Quantity:</b> Days expected (if approved, it will be based on DRG)</li> <li>● <b>Units:</b> Units (<b>units equal days</b>)</li> <li>● <b>Frequency:</b> As prescribed</li> <li>● <b>Start date:</b> Requested admit date for service</li> </ul> <p><b>Notes</b></p> <ul style="list-style-type: none"> <li>● Attach clinical documentation when prompted</li> <li>● If the member does not yet have a scheduled date, please use 12/31 of following year as the “dummy” admit date</li> </ul>
<p><b>Gender Affirming Services</b></p>	<ul style="list-style-type: none"> <li>● <b>Bed type:</b> Gender Affirming Services</li> <li>● <b>Admit type:</b> Elective</li> <li>● <b>Review type:</b> Pre-cert admission</li> <li>● <b>Add Servicing/Facility Provider:</b> <ul style="list-style-type: none"> <li>○ Add physician as the servicing provider</li> <li>○ Add facility as the facility</li> </ul> </li> <li>● <b>Diagnosis:</b> Add diagnosis code or description</li> <li>● <b>Procedure:</b> Add CPT code(s)</li> </ul> <p>After submitting, a new window opens. Populate details as follows:</p>

	<ul style="list-style-type: none"> <li>• <b>Quantity:</b> Days expected (if approved, it will be based on DRG)</li> <li>• <b>Units:</b> Units (<b>units equal days</b>)</li> <li>• <b>Frequency:</b> As prescribed</li> <li>• <b>Start date:</b> Requested admit date for service</li> </ul> <p><b>Notes</b></p> <ul style="list-style-type: none"> <li>• Attach clinical documentation when prompted</li> </ul>
<p><b>Biologics including Gene Therapy</b></p>	<ul style="list-style-type: none"> <li>• <b>Bed type:</b> Biologics including Gene Therapy</li> <li>• <b>Admit type:</b> Elective</li> <li>• <b>Review type:</b> Pre-cert admission</li> <li>• <b>Add Servicing/Facility Provider:</b> <ul style="list-style-type: none"> <li>○ Add physician as the servicing provider</li> <li>○ Add facility as the facility</li> </ul> </li> <li>• <b>Diagnosis:</b> Add diagnosis code or description</li> <li>• <b>Procedure:</b> Add CPT code(s)</li> </ul> <p>After submitting, a new window opens. Populate details as follows:</p> <ul style="list-style-type: none"> <li>• <b>Quantity:</b> Days expected (if approved, it will be based on DRG)</li> <li>• <b>Units:</b> Units (<b>units equal days</b>)</li> <li>• <b>Frequency:</b> As prescribed</li> <li>• <b>Start date:</b> Requested admit date for service</li> </ul> <p><b>Notes</b></p> <ul style="list-style-type: none"> <li>• Attach clinical documentation when prompted</li> </ul>

**RELATED RESOURCES**

Visit our [Authorization Manager](#) page for additional resources, including our Authorization Manager Guide and a video on how to attach clinical documentation.