



Division of Public and Behavioral Health Policy

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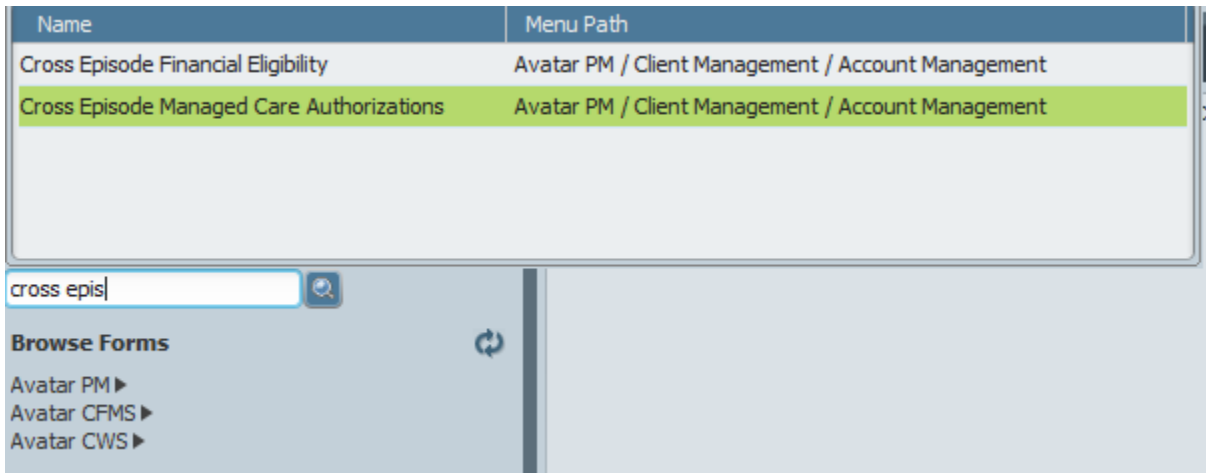
1.0 Policy

It is the Policy of the Division of Public and Behavioral Health (DPBH), Substance Abuse, Prevention, and Treatment Agency (SAPTA) that all providers, in accordance with 505 (a) of the Public Health Service Act (42 US code 290aa-4) which directs the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), to collect items including admission and discharge data.

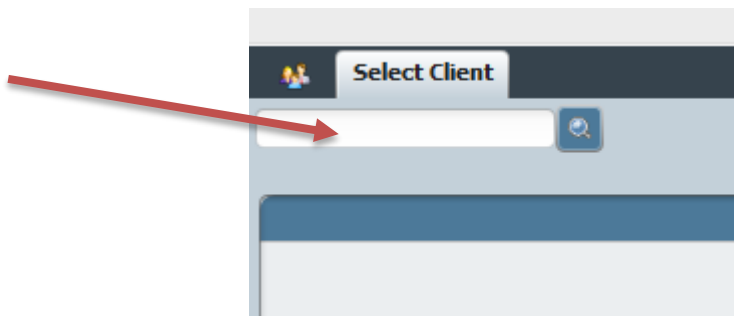
2.0 Procedure

NOTE: IF THIS AUTHORIZATION IS NOT MEANT TO BE CROSS-EPIISODE, YOU WILL NEED TO COMPLETE THE MANAGED CARE AUTHORIZATIONS FORM INSTEAD.

1. Type **Cross Episode Managed Care Authorizations** in the **Search Forms** field of the **Forms and Data** widget.



2. Select the **Cross Episode Managed Care Authorization** form by double clicking it from the drop-down menu.
3. Enter either the Assigned ID# or the client's last name in the search field.



4. Double click on the desired client's name



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NOTE: If there are existing authorizations, a new window appears listing the selected client's authorizations. Add a new authorization or Edit, Delete or Cancel an existing authorization.

EPNUM	Auth. Start/End Date	Auth. Num	Authorization Info
	06/15/2015 - 06/15/2015	15265566	Guarantor: Aetna(1) Service Code(s): 9078589079189079289...
	06/15/2015 - 06/15/2015	15265566	Guarantor: Aetna(1)

5. Click add new. You will be brought to this screen.

The screenshot shows the 'Cross Episode Managed Care Authorizations' form. On the left is a sidebar with 'Cross Episode Managed Care' expanded, containing 'Guarantor', 'Authorization', and 'Contact' options, along with a 'Submit' button and 'Online Documentation' link. The main form area includes:

- Guarantor:** Financial Class (checkboxes for Blue Cross, Champus, Commercial, etc.), Service Code(s) (text box), Type Of Authorization (dropdown), Maximum Dollar Amount, Maximum Units, Maximum Visits (input boxes), and Practitioner Categories Necessary For Coverage (checkboxes for Addiction, Counselor, Administration, etc.).
- Authorization:** Authorization Number (text box), Authorization Start Date and End Date (date pickers with T/Y buttons), Authorization Comments (text area), U/R Staff Person (text box), Physician Review Date (date picker with T/Y buttons), and Review Disposition (dropdown).

6. Choose the financial class from the choices listed.
7. Enter the authorization number
8. Enter the authorization start date and end date.
9. Once the above two fields are completed the list of service codes will populate in the upper box.



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▼ Guarantor

Financial Class

- Medicaid
- Medicare A
- Medicare B
- No. Excl/Comp

Service Code(s)

- (90832) Psychotherapy, 30M, Inv
- (90834) Psychotherapy, 45M, Inv
- (90837) Psychotherapy, 60M, Inv
- (90838) Psychotherapy for Child - Ext 60 min

Type Of Authorization

Guarantor Name

Authorization Number

09899786

Authorization Start Date

07/01/2015 [T] [Y]

Authorization End Date

07/30/2015 [T] [Y]

Maximum Dollar Amount

Maximum Units

Maximum Visits

Practitioner Categories Necessary For Coverage

- Addiction (Substance Use Disorder)
- Addiction Counselor
- Administration
- Counselor

10. Choose the service codes that the authorization covers.
11. Choose type of authorization from the drop-down menu.
12. If applicable, enter the maximum dollar amount, maximum units, and maximum visits.
13. Choose appropriate practitioner categories necessary for coverage.
14. Scroll down on the page. The next section is authorization.

▼ Authorization

Authorization Comments

U/R Staff Person

Physician Review Date

Review Disposition

Decertification Date

Guarantor Physician

Review Remarks

15. Enter Authorization Comments.
16. If applicable, enter U/R Staff Person.
17. Enter Attending Physician Reviewing Auth.
18. If applicable, enter Guarantor Physician.
19. Enter Physician Review Date.
20. Enter Review Disposition from the drop-down menu.



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21. Enter Decertification date.
22. The last part of this form is the Guarantor Contact Information. Scroll down the page.

Contact

Guarantor Representative Name

Next Authorization Review Date T Y

Contact Date T Y

Contact Notes

Default Previously Filed Data

Guarantor Number

23. Enter the Guarantor Representative Name.
24. Enter the Contact Date.
25. Enter the Next Authorization Review Date.
26. Enter Contact Notes.
27. Click Submit to file data.

▫ Cross Episode Managed C:

Guarantor
Authorization
Contact

Submit

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