

Authorization Adjustment Process

The Authorization Adjustment Form may be used to request additional units or an extension of the last date of a service when authorized units have not been exhausted without resubmitting the Behavioral Health CareConnection® if the clinical condition of the member has not changed.

The form is appropriate to use in the following situations:

- When a minimal number of units are being requested for an authorized service that allows for additional units to be given, for example, T1017 Targeted Case Management. The request for additional units must be received prior to the end date of the service authorization.
- When authorized units require redistribution among authorized services. For example, several Skills Training and Development codes and Therapeutic Behavioral Services, Implementation may be authorized and the units need to be deducted from one service and added to another. The end result is that the units are still within allowable limits but distributed in a different manner across the originally authorized services.
- When a care manager has made an error related to units and/or end date or the provider has made an error in entering the start date. In this instance, the provider should request correction within 10 working days from the notice of authorization and it will be considered on a case-by-case basis.
- When a member requires an extension of the end date of service. For example, a member is participating in an Intensive Service program and the typical length of stay is 6 weeks. Due to excused absences, the provider needs to extend the treatment end date to complete the treatment process.