



**Objective** Submit a DBT Intensive Outpatient Program (IOP) Authorization Request for medical services

**Performed by** MN-ITS Interactive Users

Using MN-ITS Interactive

- Complete all **bolded** (required) fields
- Complete other (non-bolded, situational) fields as appropriate for your request
- Underlined items are linked to definitions and additional information about that item, including information about completing a field, code definitions for fields, or instructional information
- Field titles with an asterisk (\*) indicate that the information is situational. Some fields are grouped together in boxes of associated information. If you complete one asterisked field within a boxed section of a screen, you must complete all asterisked fields in that section of the screen

## Submitting an authorization request

1. Log in to MN-ITS.
2. Select **MN-ITS Interactive** from the left-hand menu.
3. Select **Authorization Request (278)**. The MN-ITS Interactive Authorization Request contains two tabs:
  - Authorization
  - Services
4. Two authorization requests must be submitted if the mental health professional is an affiliated team member in private practice and will be paid separate from the certified DBT IOP program. The professional in private practice must submit an authorization for individual DBT therapy. Organizations must submit an authorization for group DBT IOP therapy.

## Completing the Authorization Tab

### AUTHORIZATION CATEGORY

Select the appropriate authorization **Type** from the drop-down menu. DBT IOP authorizations select Medical.

### Requester

1. Enter the NPI/UMPI of the organization or the professional in private practice rendering the service in the **NPI/UMPI** field.
2. The name of the organization or if the professional is in private practice the field will auto-populate.
3. Enter the first and last name of a contact within your organization that can answer questions about this request in the **Contact Name** field.

4. Enter the area code and phone number at which your contact can be reached at in the **Communication Number** field.
5. Click the **A** button to add the communication number. Click **D** to delete a communication number.
6. Enter the street address where your facility is located in the **Address** field.
7. Enter the city/town where your facility is located in the **City** field.
8. Enter the state where the facility is located in the **State** field.
9. Enter your facility's zip code in the **Zip Code** field.

## Subscriber

1. Enter 8-digit member number from the recipient's MHCP ID card in the **Subscriber ID** field.
2. Enter the recipient's birth date in the **Birth Date** field in 2-digit month, 2-digit day, and 4-digit year (MMDDCCYY) format. The birth date must match the birth date on the MHCP file.
3. Enter the recipient's last name in the **Last Name** field.
4. Enter the recipient's first name in the **First Name** field.

## Patient Event

1. The **Certification Type** field indicates this is an original request. The default response is I for initial request.
2. Enter the appropriate ICD diagnosis code in the **Principal Diagnosis** field.
3. Do not enter information in the Trace Number field.

## Completing the Services Tab

### SERVICE INFORMATION

1. Enter the date that you would like to begin providing services in the **Start Date** field in MMDDCCYY format.
  - DBT Providers should enter date spans for no more than 6 months
2. Enter the date that you will complete these services in the **End Date** field in MMDDCCYY format if it is less than 12 months from the start date. **Note:** if after completing the Services Tab you receive the error message: "Denied incorrect payer", verify eligibility using MN-ITS to confirm the recipient is not enrolled with a managed care organization (MCO):
  - If the recipient is enrolled in an MCO, contact the MCO.
  - If the recipient is not enrolled in an MCO, contact the MHCP Provider Call Center and verify the effective date of MCO coverage. For services completed prior to effective date of MCO coverage, use the actual date of service or a date before the MCO effective date.

3. Enter the appropriate code in the **Procedure Code** field.

Note: Professionals in private practice must enter the procedure code for individual DBT therapy. Organizations enter the procedure codes for individual and group DBT therapy.

4. Enter modifiers when necessary in the **Modifiers** field.

5. Enter the number of units you are requesting in the **Quantity** field.

6. Enter the total dollar amount you are billing for the line item in the **Line Amount** field. Multiply your usual and customary charge by the number of units in the quantity field to get the total dollar amount.

7. Enter *Mental Health-DBT* in the **Service Description** field.

8. DBT providers do not have to enter information in the **Service Provider Information** box.

9. Click the **Save** button to save the line item. Saved line information is visible next to the blue dot.

- **To add additional lines**, click the **New** button to add an additional line and clear the fields on the screen
- **To delete a line**, click the **Delete** button to delete the line item next to the blue dot

10. Repeat Steps 1 – 9 until all line items are entered.

## Submitting your Authorization Request for review

Click the **Submit** button. Within seconds, you will receive a response.

<b>If your response states:</b>	<b>Then:</b>
This request has been received for review by DHS.	Print the response, attach <b>all</b> required documentation and mail or fax to the <a href="#">medical review agent</a> for review.  Write the 11-digit number assigned on each page of your documentation and use a fax cover sheet.
Your authorization request was not submitted due to the following conditions:	Refer to the Claim Status Codes available at the <a href="#">Washington Publishing Company (WPC)</a> website.

After your Authorization Request is approved or denied, you will receive the final Authorization Letter in your MN-ITS Mailbox Miscellaneous Received PAL file type.