

FBMHS Authorization Process

- Please fax the FBMHS Pre-Certification Form and Prescription Letter and/or Psychiatric Evaluation to your assigned care manager.
- Information will be reviewed and, if medical necessity is met, an authorization will be given for 3 months and 400 units.
- The care manager will contact you with the authorization information and the date for the Continued Stay Review (CSR).
- All CSRs are done telephonically. The template that is used for those reviews will be given to you in advance in order for you to be prepared with the needed information.
- Your care manager will confirm your CSRs with you a week ahead, during your weekly review time, to ensure that you know who is being reviewed and can have the information ready.
- Providing that medical necessity is met, the care manager inquires about the number of units being requested for the next auth period. The auth period will be based on member's level of risk. As a guideline, providers may request up to 150 units a month and any request for over this amount requires a conversation about the reason. If the care manager has any reservations, then the request will be referred to a Peer Advisor (PA) for review.
- After a CSR is completed and the authorization is given, the date for the next CSR will be scheduled.
- Any provider requesting to exceed 32 weeks must complete a review and submit a new prescription letter indicating why an extension of services is warranted. The care manager will then refer the case to a PA for approval. If approved, then a one month authorization and 150 units are given. Subsequent extensions are subject to monthly CSRs and PA review, but do not require another prescription letter.