

Provider Engagement

WellSense Provider Portal: Elective outpatient authorization requests



Products

- All products
- MassHealth ACO
- MassHealth MCO
- Special Kids Special Care (SKSC)
- MA Clarity
- NH Medicaid
- NH Clarity
- NH Medicare Advantage

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General overview

The WellSense Portal enables WellSense network providers to submit authorization requests electronically, track their progress, and receive decisions within a secure, real-time environment. Through the portal, providers can:

- **Submit** emergent inpatient and elective inpatient and outpatient requests
- **Monitor** request status and see if additional clinical information is required
- **Upload** any requested documentation directly within the portal
- **View** final determinations and decision letters

Note:

For elective inpatient requests, see “WellSense Provider Portal: Elective inpatient authorization requests”.

For emergent inpatient requests, see “WellSense Provider Portal: Emergent inpatient authorization requests”.

Key benefits of the WellSense Provider Portal:


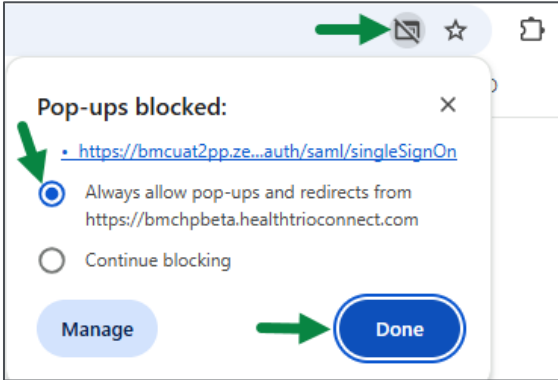
Platform enhancements	Provider benefits
Real-time, secure messaging between your team and WellSense utilization management staff	Faster processing times
Simplified, streamlined workflows for submitting and managing your prior authorization requests	Improved provider experience
Real-time decision notification, which reduces administrative burdens	Greater efficiency and support for timely, high-quality patient care

Before submitting a request

For elective procedures and services, use the [CPT and HCPCS Code Lookup Tool](#) on wellsense.org to determine:

- If prior authorization is required for the planned procedures or services
- Which insurance plan(s) the requirement applies to
- Whether the request should be submitted to WellSense or eviCore

Log in and review the Dashboard

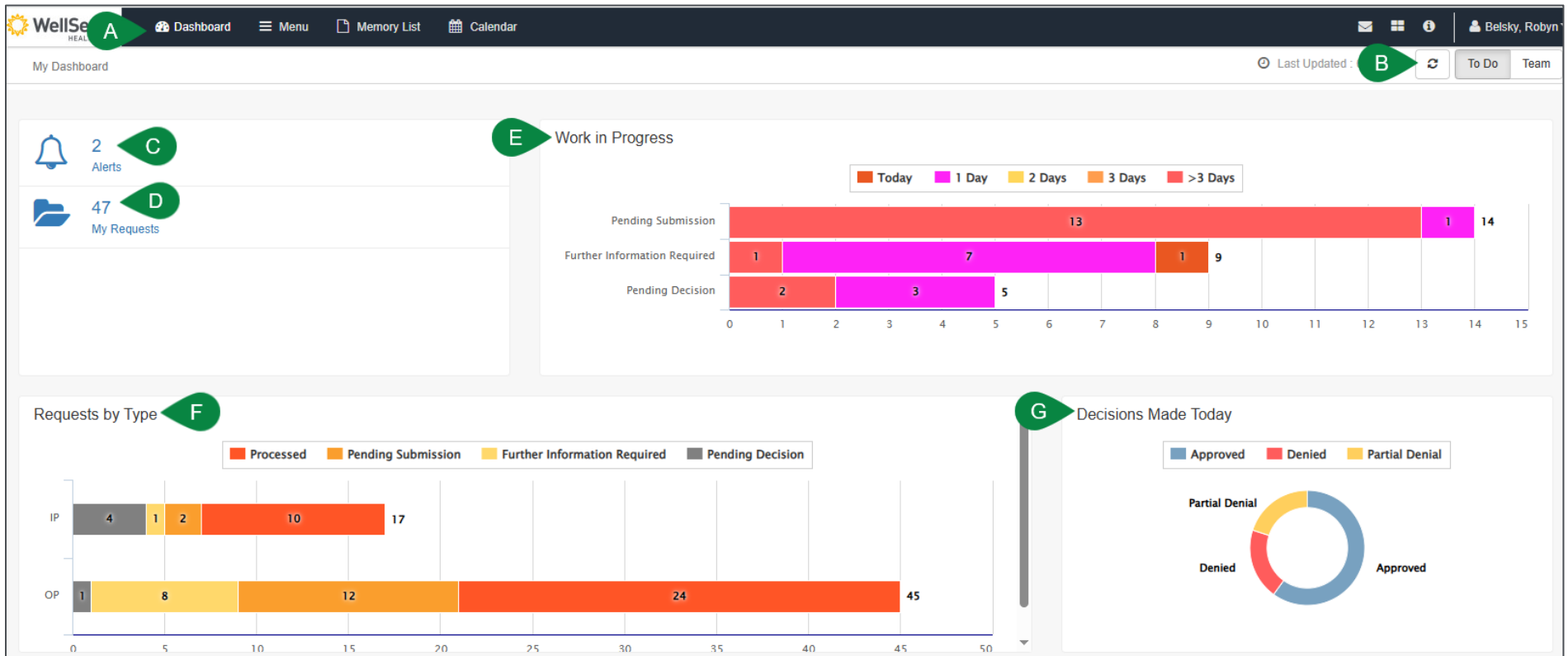
Step	Action
1	Open Google Chrome and navigate to wellsense.org > Login . 
2	Enter your username and password, then select Sign In .
3	Go to Office Management > Authorizations and Referrals .
4	Complete the first-time setup to allow pop-ups: Click the pop-up blocker icon in the browser's address bar, select Always allow pop-ups from this site > Done . 

Note: You may need to reset the pop-up blocker after you clear cache.

Overview of the Dashboard

The Dashboard serves as the homepage for the WellSense Provider Portal. It provides a centralized view of authorization activity for providers, including real-time statuses, alerts, and recent determinations. The default Dashboard displays requests you have submitted, but you can also view all auth requests submitted under this provider's Tax ID appear, regardless of who submitted the request.

Click the colored bars to access the requests.



Item	Description
A	Dashboard on the black navigation bar returns to this homepage from any screen.
B	Refresh: Click to manually refresh the Dashboard and display the most current data. Note: The Dashboard does not automatically refresh.
C	Alerts: Indicate when WellSense has added a note for your review.
D	My Requests: Shows the total number of authorizations submitted under this Tax ID. Click to view the list of submitted requests.
E	Work in Progress: Displays request statuses across time: <ul style="list-style-type: none"> • Pending Submission – Drafted but not yet submitted to WellSense • Further Information Required – WellSense is awaiting additional clinical information for processing • Pending Decision – Submitted and under review by WellSense
F	Requests by Type: Displays inpatient vs. outpatient requests
G	Decisions Made Today: Shows color-coded decisions made today

Look up a patient

Step	Action
1	On the navigation bar, select Menu > New Request .
2	Enter the Subscriber ID from the member's WellSense ID card. <ul style="list-style-type: none"> • The ID is 9 digits—add two zeros at the end to meet the system's 11-digit requirement. • Fields marked with a red asterisk (*) are required. Click Search to continue.

Step	Action
------	--------

3

If multiple rows appear, confirm the correct patient by matching the name and date of birth.
 If there are duplicate entries, select the row with the future **Coverage End Date**, then click **Add Request > Inpatient**.

Jiva Patient ID	Patient Name	Patient Date of Birth	Gender	Subscriber ID	Coverage ID	Coverage Start Date	Coverage End Date	Group Name	Action
235	Ashley	1961	M	C002	137	05/16/2024	12/31/2199	MA Clarity Bronze	Add Request
235	Carole	1963	F	C002	137	05/16/2024	12/31/2199	MA Clarity Bronze	Add Request
235	Ashley	1961	M	C002	137	01/01/2024	05/15/2024	MA Clarity Bronze	Add Request
235	Carole	1963	F	C002	137	01/01/2024	05/15/2024	MA Clarity Bronze	Add Request

4

The patient record appears.

- Verify demographic details at the top.
- Use the arrow on the far right to expand and view additional information if needed.
- A **green** dot indicates the member is currently eligible with WellSense.
- A **red** dot means the member is not currently eligible.

5

If the wrong patient or request type is selected (e.g., outpatient instead of inpatient), scroll to the bottom and click **Cancel**. Then return to **Menu > New Request** to begin again.

Complete the Outpatient Request screen

This screen includes several required fields. Some are marked with a red asterisk (*), while others must be completed even if not marked. Follow the steps below to ensure that the request is entered correctly.

Section 1: Request setup

Episode details

Field	Value
Request Type	Select Pre-Service for elective outpatient services and procedures.
Request Priority	Select: <ul style="list-style-type: none">• Standard for most elective requests• Urgent only if medically urgent For MA Clarity members, other options appear: <ul style="list-style-type: none">• QHP -Info Received – select if you are attaching clinical information.• QHP -No Info – select if clinical information is not available. These options affect the turn-around time.
Member Class	Choose one: <ul style="list-style-type: none">• Maternity - for antepartum/postpartum care• Medical - for home care and any other medical services• Rehab - for any outpatient or home care rehab• Surgical – for planned outpatient surgeries

Example:

Outpatient Request

Episode Details


Request Type * Pre-Service

Request Priority * Standard -Complete Info

Member Class * Medical

Diagnosis

Field	Value
Diagnosis	Enter code or description. Select the correct match from the dropdown.

- To add more diagnoses, search again.
- The orange star indicates the primary diagnosis. Click a different diagnosis to make that one primary.
- To remove an incorrect diagnosis, click the Detach icon  next to the one you want to remove.

Note: You may have to add the new data before detaching.


Example:

Diagnosis

Code Type *

Diagnosis * Q

Advanced Search

Primary Dx	Code Type	Diagnosis	Actions
★	ICD10	I63.9—Cerebral infarction, unspecified	
☆	ICD10	I10—Essential (primary) hypertension	

Section 2: Provider details

Click **Attach Providers**, then enter the facility name, OR provider first and last name, OR the NPI, OR the tax ID.

Field	Value
Provider Last Name / Facility	Enter the provider or facility name
Provider First Name	Optional
NPI	Enter the 10-digit National Provider Identifier
Tax ID	Enter the provider's Tax Identification Number

- Click **Search**. If no results appear, try different search criteria.
- Review the provider and verify whether they are in or out of that patient's network.
- When the correct provider appears, click the gear icon > **Multiple Attach**.

Provider Last Name / Facility

Provider First Name

NPIN

Tax ID

Search [Advanced Search](#)

Search Results

	Provider ID	Provider Name	Location	Type	Provider Role	Specialty	In Network?
⚙️	000000175218	Home Care VNA, LLC	35 Center Street Suite 201 Chicopee, MA - 01013 USA Phone: 4135980077	Hospital/Facility	Treatin ▾	Home Health	N
⚙️	000000175218	Home Care VNA, LLC	39 Mulberry St Springfield, MA - 01105 USA Phone:	Hospital/Facility	Treatin ▾	Home Health	Y

⊕ Single Attach
⊕ Multiple Attach

- For outpatient requests, attach:
 - **Treating Provider** (the person, agency, or facility)
 - **Requesting Provider** (provider requesting this service; may be the same as the Treating provider)
- Once all providers are listed, scroll down, assign each role and click **Attach**.

Example:

Selected Providers List ⓘ

	Provider ID	Provider Name	Location	Provider Role	Provider Network
⊖	000000175218	Home Care VNA, LLC	39 Mulberry St Springfield, MA - 01105 USA Phone: 4133630235	Treating ▾	In Network ▾
⊖	000000175218	Home Care VNA, LLC	39 Mulberry St Springfield, MA - 01105 USA Phone: 4133630235	Requesting ▾	In Network ▾

Attach [Cancel](#)

Section 3: Service request

Elective outpatient requests include at least one Service line.

Field	Value
Service Type	Match the Member Class from the Episode Details .
Place of Service	<ul style="list-style-type: none"> • Ambulance • Ambulatory Surgical Center • Home • Hospice • Office • Outpatient Hospital
Code Type	<ul style="list-style-type: none"> • CPT • HCPC • UMSG
Service Code	<p>Enter the CPT, HCPC (or UMSG if known)</p> <p>Note:</p> <ul style="list-style-type: none"> • For specific Sleep Study codes, the requesting provider can run InterQual to check whether criteria are met. If InterQual recommends the procedure, the system auto-approves this request when the treating provider is in the patient’s provider network. For steps to complete InterQual for Sleep Studies, see Appendix B: Complete InterQual. • Specific unattended sleep study codes do not require authorization if the treating provider is in the member’s provider network. See Appendix C: No Authorization Required. • Standard prenatal/postpartum care can auto-approve. See Appendix D: Maternity Requests for details.
Start Date	Start date of service
End Date	<p>End date of service; defaults to the day after the start date but can be edited.</p> <p>For outpatient procedures such as sleep studies, can set the End Date to 3 months from the Start Date.</p>

Field	Value
-------	-------

Requested #

Enter units

Note: Units do not always equal visits, especially for some home health care and outpatient therapies. See [Appendix A: Units/Visits](#) for details.

- Click **Add** after entering each code.
- **Only enter codes that require prior authorization.** Use the [CPT and HCPCS Code Lookup Tool](#) on wellsense.org to confirm which codes need to be submitted to WellSense.

Example:

Service/Specialty Drug Request

Service Type *

Place of Service

Code Type *

Service Code *

Advanced Search

Optional Fields

Add

Modifier

Start Date *

End Date *

Requested #

Service Request

Action	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service
-	G0299(HCPC)	8	06/16/2025	07/16/2025	Medical	Home
-	G0157(HCPC)	64	06/16/2025	07/16/2025	Medical	Home

Check For Review

Section 4: Documents

Upload all required clinical documentation. The provider portal accepts the following file formats:

• cdf	• jpeg	• png	• xls
• doc	• jpg	• tif	• xlsx
• docx	• pdf	• tiff	• xml

- Note that **zip** files are acceptable and may take a few minutes to upload

All prior authorization requests require documentation for review.

Field	Value
Document Title	Paste the filename or enter a clear, descriptive title.
Document Type	UM Provider Document
Document Description	<ul style="list-style-type: none">• Clinicals• Request

Click **Browse** to locate the file, then click **Attach**. To attach more than one file, scroll down and **Save as Draft**, then select each document and click **Save as Draft** after each one.

Note: If the portal does not allow you to attach from your desktop or C drive, please save files to a different drive to attach in the request.

Example:

The screenshot shows a form titled "Documents" with the following fields and values:

- Document Title ***: Patient Name HHC
- Document Type**: UM Provider Document (dropdown menu)
- Document Description**: Clinicals (dropdown menu)
- Select Document**: A green "Browse" button is next to the text "Patient Name HHC.pdf".

EDC Date

Field	Value
EDC Date	Enter the baby's due date. Skip if this is not a prenatal/postpartum request.

Clinical Site

Leave blank.

Section 5: Add a note and submit the request

Add a note

Include:

- Contact information for the requester: name, phone, fax number.
- Clarify units vs. visits if necessary.
- Details not captured elsewhere, such as "date TBD."

Example:

Notes

Note Type:

Note Encounter Date:

Note Text:

File Edit View Format Tools

B I U RBC

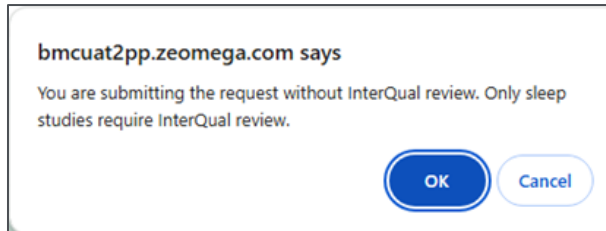
Contact Kris at 617-333-3333, fax 617-444-4444
 8 SN visits and 8 home PT visits

Note Encounter Time:

Submit the request

Field	Value
Submit	Sends the request to WellSense for review
Save as Draft	Saves your work so you can return to complete it later
Cancel	Clears the screen without saving changes

The system displays a message. Click **OK** to bypass. Currently InterQual applies only to sleep studies. See [Appendix B: Complete InterQual](#) if applicable.



After submission, the Request Details page displays the:

- **Episode Abstract:** Summary of the request (excluding documents). This can be printed for the patient's record.
- **Expected Decision Date:** Timeline for WellSense to review and respond.
- **Cert Number:** Use this number for reference if contacting WellSense.

Example:

Request Details										
Episode Abstract										
		Expected Decision Date : 06/15/2025		Authorization Type : OP		Episode Number : 358661		Episode Status : OpenRequest		Cert Number 256
Authorization Details	Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency	Decision
	11506	G0299(HCPC)	8	0	0			Medical	Per Day	Pending
	11507	G0157(HCPC)	64	0	0			Medical	Per Day	Pending

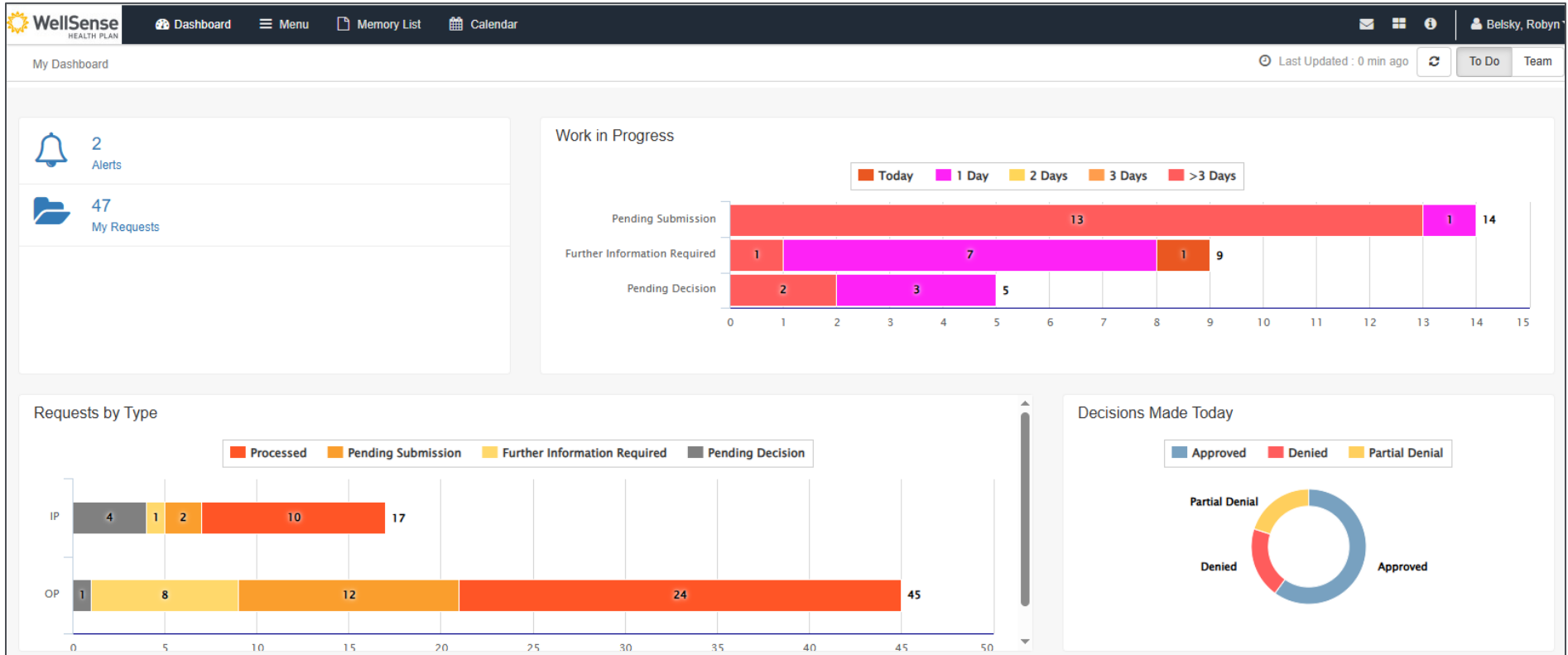
Start another request

To begin a new authorization request:

1. Click **Menu > New Request**.
2. Follow the steps outlined in the [Look up a patient](#) section.

Review authorization status/view letters

From the Dashboard, track and manage the prior authorization requests using the colored status bars.

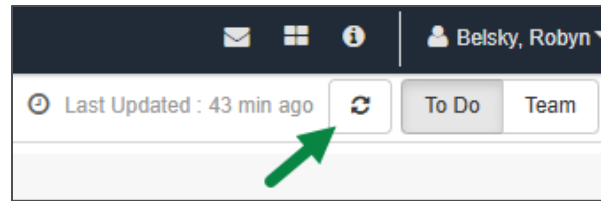


Step	Action
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1

Refresh the Dashboard screen by clicking the Refresh button on the upper right to see the most current information.

Do not use the browser Refresh button; always use the Portal Refresh.



2

Click any of the colored bars (e.g., **Pending Submission, Further Information Required, Pending Decision, Decisions Made Today**) to open the list of associated authorizations.

Note: Use filters at the top of the screen to sort or narrow results. Change the date range to view decisions made before today.

Episode Type	Cert Number	Episode ID	Patient Name	Admit/Start Date	Diagnosis	Procedure	Provider
OP	250	358	Carole	06/16/2025	I63.9	G0299,G0157	Home Care VNA, LLC,Home Care V
OP	250	358	ANDRA	06/20/2025	V97.33xA	95808	Sleepmed Therapies, Inc.,Sleepmed
OP	250	358	KAREN	06/20/2025	Z34.91	MAT	BMC - Boston Medical Center,BMC
OP	250	358	VIRGINIA	07/07/2025	G47.30	95806	BMC - Boston Medical Center,BMC

3

To edit a request:

- If the request is pending submission, click the gear icon to edit.
- If the request has been submitted, users can:
 - Add a note.
 - Upload documents. To update a document, delete the old version first, then upload the new one.
 - **Important:** Avoid using **Add New Version**.
 - Review the abstract (summary of the episode).

Note: If you need to cancel a request, or edit dates or units/visits, please contact WellSense and refer to the Cert Number.

Step	Action
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When a request has an alert or falls under **Further Information Required**, open to review the note that states what is specifically being requested. You can attach documents or add clinical information in a note. WellSense is notified that additional information has been sent.

4

▼ Note
[Add Notes](#) [View All Notes](#)

Username : Belsky RN Robyn Title : Supervisor Note Type : UM Provider Note Source : Episode Note Note Encounter Date : 06/13/2025 16:12:00	Please include goals and home exercise plan.
06/13/2025 16:13:34	

▼ Diagnosis
[Add Diagnosis](#)

Actions	Primary Dx	Code Type	Diagnosis
	★	ICD10	I63.9--Cerebral infarction, unspecified
	★	ICD10	I10--Essential (primary) hypertension

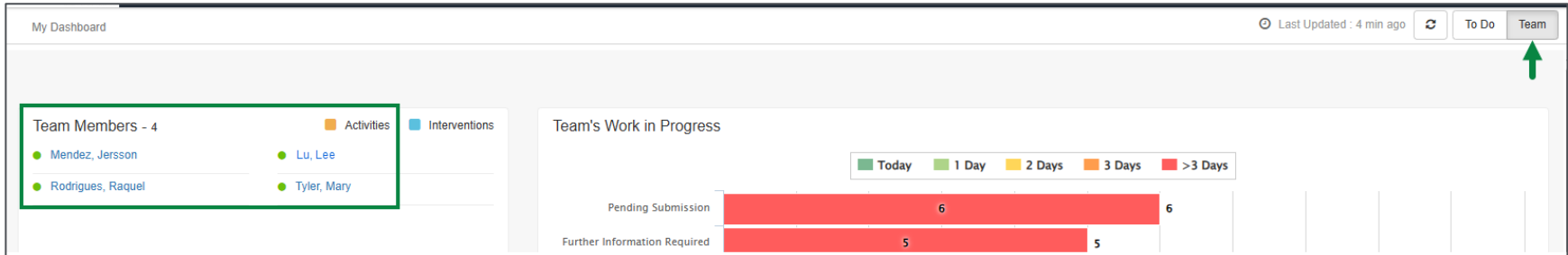
▼ Documents
[Add Document](#)

Episodes View

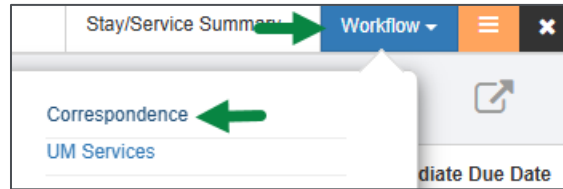
	Name	Type	Date Added	Date Received	Added User	Description
⚙	HHC request		06/13/2025 14:57:43		Belsky, Robyn	Clinicals

Step	Action
------	--------

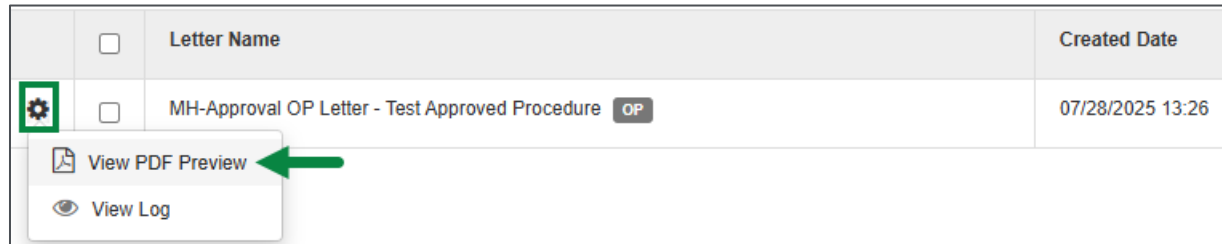
5 To view requests submitted by staff with the same tax ID, click **Team** in the upper right, then click the link for the co-worker to view.



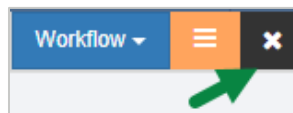
6 To view and print the letters, click **Workflow > Correspondence**.



6 Click the gear icon > **View PDF Preview**. You can print the PDF.



7 After reviewing the request, click the X in the upper right corner of the episode screen. This exits the request and allows WellSense staff to access and process the request. **WellSense cannot process the request when the form is open in the portal.**



Using the navigation bar

The navigation bar remains visible at the top of the screen and provides quick access to common features and functions.



Tip: Be sure to exit requests once you have completed reviewing or editing them to prevent access delays for WellSense staff.

Option	Description
Dashboard	Returns to the main Dashboard view. See the previous section for details.
Menu	Provides access to authorization tools: <ul style="list-style-type: none">• New Request: Search for a member and submit a new authorization request.• My Patients and Search Request: These features are currently not functional.
Memory List	Stores up to the last 10 open screens that have not been closed. Click X next to each item or Close All to exit all open requests and release them for WellSense review.

Appendix A: Units/Visits

Massachusetts

Code type	Code	Description	MA units
UMSG	CON	Consultation	1 visit = 1 unit
UMSG	MAT	Maternity (prenatal/postpartum)	9999
		Outpatient Therapy	
		Medical Nutrition Therapy	1 visit = 4 units
UMSG	OT	Occupational Therapy	1 visit = 4 units
UMSG	PT	Physical Therapy	1 visit = 4 units
UMSG	PROP	Pulmonary Rehab	1 visit = 1 unit
UMSG	ST	Speech Therapy	1 visit = 1 unit
		Home Health Care	
HCPC	G0299, G0300	Home Care RN	1 visit = 1 unit
HCPC	G0156	Home Health Aide	1 two-hour visit = 8 units
HCPC	T1021	Home Health Aide for ADL (MassHealth only)	1 two-hour visit = 8 units
HCPC	G0152	HHC - OT	1 visit = 8 units
HCPC	G0151	HHC - PT	1 visit = 8 units
HCPC	G0153	HHC - ST	1 visit = 8 units
HCPC	S9127	HHC - Social Worker	1 visit = 8 units
HCPC	T1502	Medication Admin Visit	1 visit = 1 unit
HCPC	S9470	Nutrition Counseling	1 visit = 1 unit
HCPC	T1000	Private Duty Nursing (SCO/Special Kids only)	1 hour = 4 units

New Hampshire

Code type	Code	Description	MA units
UMSG	CON	Consultation	1 visit – 1 unit
UMSG	MATN	Maternity (prenatal/postpartum)	9999
		Outpatient Therapy	
UMSG	T100	Occupational Therapy	1 visit = 4 units
UMSG	T1PO	Physical Therapy	1 visit = 4 units
UMSG	PROP	Pulmonary Rehab	1 visit = 4 units
UMSG	T1SO	Speech Therapy	1 visit = 1 unit
		Home Health Care	
HCPC	G0299, G0300	Home Care RN	1 visit = 1 unit
HCPC	G0156	Home Health Aide	1 visit = 4 units
HCPC	T1021	Home Health Aide	1 visit = 1 unit
HCPC	G0152	HHC - OT	1 visit = 4 units
HCPC	G0151	HHC - PT	1 visit = 4 units
HCPC	G0153	HHC - ST	1 visit = 4 units
HCPC	T1021	Home Health Aide	1 visit = 4 units
HCPC	T1019, T1020	Personal Care Assistant	1 unit = 15 minutes
HCPC	T1019	PCA	1 visit = 4 units
		Private Duty Nursing	
HCPC	S9123	PDN - RN	1 hour = 1 unit
HCPC	S9124	PDN - LPN	1 hour = 1 unit
		Adult Medical Day Care	
HCPC	S5102	Day Care	1 visit = 1 unit
HCPC	T2003	Transportation	Round-trip = 2 units

Visits/Units Calculator

# Visits	X 2	X 4	X 8
1	2	4	8
2	4	8	16
3	6	12	24
4	8	16	32
5	10	20	40
6	12	24	48
7	14	28	56
8	16	32	64
9	18	36	72
10	20	40	80
11	22	44	88
12	24	48	96
13	26	52	104
14	28	56	112
15	30	60	120
16	32	64	128
17	34	68	136
18	36	72	144
19	38	76	152
20	40	80	160

Appendix B: Complete InterQual

WellSense is initially allowing requesting providers to complete InterQual reviews to check for medical necessity of sleep studies when the following procedure codes are used for adults age 21 and older:

- **95805** with **95808** or **95810**
- **95807**
- **95808** with **95805**
- **95810** with or without **95805**
- **95810** with or without **95811**
- **95811**

Note:

- No auth is required for sleep studies for **patients under age 21** when the treating provider is in network.
- The treating provider must be in the patient's provider network for the request to auto-approve. All out-of-network requests require WellSense review even if the request meets InterQual criteria.
- InterQual review will be available for additional services and procedures in the future.

Step	Action
1	<p>After adding all service lines, click Check for Review. Click OK to close the popup.</p> <div data-bbox="768 927 1436 1248"><p>bmcuat2pp.zeomega.com says</p><p>IMPORTANT: Only Sleep Study requests need an IQ review. For all other requests, skip the IQ section. If you complete the IQ review, the decision isn't final until the plan reviews the clinical documents and renders a final decision.</p><p>OK</p></div>

Step	Action
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2

In the service request, click the check box > **Review**.

Action	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service
<input checked="" type="checkbox"/>	95810(CPT)	1	07/21/2025	07/31/2025	Medical	Outpatient Hospital

3

Click **OK** when ready to apply InterQual.

bmcut2pp.zeomega.com says

Click OK only after all diagnoses, stay and/or service detail lines are completed. Edits are not permitted after clicking OK. Click Cancel to edit or OK to continue.

OK
Cancel

4

After a pause, the system displays the criteria. Click **Medical Review** to begin.

Optum InterQual®

Signed in as Robyn Belsky
10/06/2025, 04:19:35 PM EDT | Sign out

Spaulding Rehabilitation Hospital - Cape Cod

Subset Overview

Client Defined 2025, CP-Procedures
Sleep Studies (Custom Portal) 9.1.25

InterQual® Community | Review Process (PDF)

Informational Note

These criteria include the following procedures:

- Facility-Based Polysomnogram (PSG) without Titration
- Facility-Based Polysomnogram (PSG) with Titration
- Home-Based Auto titration Positive Airway Pressure (APAP)
- Home Sleep Test

suspected and pe... patient (4, 1, 2, 1)

Medical Review | Book View

Step	Action
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5 Run the medical review and select the appropriate InterQual responses. At the end, one or more options will be green if criteria are met, or yellow if criteria are not met.

Recommendations C

Recommended *Evidence supports services as medically necessary.*

Setting: Outpatient 📄

✓ Facility-Based Polysomnogram (PSG) without Titration [Show codes](#)

⏪ Previous Save For Later 📄 **Complete** ✓ **Review Summary** ➔

Recommendations

Not Recommended *Current evidence does not support the following services:*

✓ Facility-Based Polysomnogram (PSG) with Titration [Show codes](#)

⏪ Previous Save For Later 📄 **Complete** ✓ **Review Summary** ➔

5

6 Click **Complete** when done, then click **Review Summary**. You can print the summary.

Review Summary

Configurations ⚙️ **Print** 🖨️ ←

InterQual® Review Summary

Created By: **Belsky, Robyn**
 Created Date: **07/26/2025, 11:52 AM EDT**
 Review Status: **In Primary**
 Completed Date:
 Facility: **Spaulding Rehabilitation Hospital - Cape Cod**

Criteria Status: **Criteria Met**
 Setting: **Outpatient**
 Criteria Product: **CP:Procedures**
 Criteria Subset: **Sleep Studies**
 Criteria Version: **InterQual® 2025, July 2025 Release**

Recommendations ✓ indicates reviewer selection

RECOMMENDED *Evidence supports services as medically necessary.*

✓ **Facility-Based Polysomnogram (PSG) without Titration**

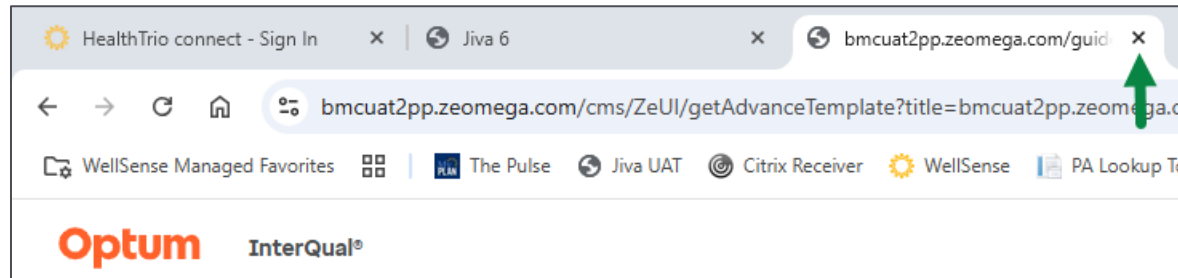
✓ CPT 95810 POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST
 Benchmark Setting: Outpatient, Source: InterQual, ≥ 18

6

Step	Action
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7

InterQual opened a separate tab in the browser. Close the tab, leaving **Jiva 6** open.



Submit the request to view the results.

When criteria are met and provider is in network:

8

Episode Abstract										
		Expected Decision Date : 07/31/2025	Authorization Type : OP	Episode Number : 3	Episode Status : OpenRequest	Cert Number 250 4				
Authorization Details										
Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency	Decision	
12089	95810(CPT)	1	1	0	08/08/2025	08/09/2025	Medical	Per Day	Approved	

When criteria are not met, or are met but provider is out of network

Episode Abstract										
		Expected Decision Date : 08/03/2025	Authorization Type : OP	Episode Number : 35	Episode Status : OpenRequest	Cert Number 25				
Authorization Details										
Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency	Decision	
12206	95811(CPT)	1	1	0	08/01/2025	08/02/2025	Medical	Per Day	Pending	

Appendix C: No authorization required

If no authorization is needed for that code **and** the treating provider is in the member's network, when you build a request, this message appears:



Click **Submit** to view the Request Details screen:

Request Details										
Episode Abstract										
Expected Decision Date : 07/02/2025		Authorization Type : OP		Episode Number : 35: 7		Episode Status : Closed		Cert Number 25(4)		
Authorization Details										
Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency	Decision	
11562	97803(CPT)	1	0	0			Medical	Per Day	Voided	

The request closes. WellSense does not review for medical necessity. Note that the request **Decision = Voided**. You can print the Episode Abstract for your records.

Status	Primary Dx	Assigned To	Assigned Reviewer	Cert Number	Auth Coverage	Immediate Due Date																									
Closed	G47.30	HT Authorization - System		25()	MassHealth ACO CarePlus A																										
<div style="display: flex; justify-content: space-between;"> <div> <p>Service Request</p> <table border="1"> <thead> <tr> <th><input type="checkbox"/></th> <th>Service Type</th> <th>Service Code</th> <th>Due Date</th> <th>Decision</th> <th>Reason for Decision</th> <th>Auth Start Date</th> <th>Auth End Date</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Initial</td> <td>Medical</td> <td>95806 (CPT)</td> <td>07/19/2025 13:49</td> <td>Voided</td> <td>No Auth Required</td> <td>07/07/2025</td> <td>07/08/2025</td> </tr> </tbody> </table> </div> <div> <p>Note</p> <p>View All Notes</p> <p>Diagnosis</p> <table border="1"> <thead> <tr> <th>Actions</th> <th>Primary Dx</th> <th>Code Type</th> <th>Diagnosis</th> </tr> </thead> <tbody> <tr> <td></td> <td>★</td> <td>ICD10</td> <td>G47.30--Sleep apnea, unspecified</td> </tr> </tbody> </table> </div> </div>							<input type="checkbox"/>	Service Type	Service Code	Due Date	Decision	Reason for Decision	Auth Start Date	Auth End Date	<input type="checkbox"/>	Initial	Medical	95806 (CPT)	07/19/2025 13:49	Voided	No Auth Required	07/07/2025	07/08/2025	Actions	Primary Dx	Code Type	Diagnosis		★	ICD10	G47.30--Sleep apnea, unspecified
<input type="checkbox"/>	Service Type	Service Code	Due Date	Decision	Reason for Decision	Auth Start Date	Auth End Date																								
<input type="checkbox"/>	Initial	Medical	95806 (CPT)	07/19/2025 13:49	Voided	No Auth Required	07/07/2025	07/08/2025																							
Actions	Primary Dx	Code Type	Diagnosis																												
	★	ICD10	G47.30--Sleep apnea, unspecified																												

Appendix D: Maternity requests

Requests for prenatal/postpartum care can auto approve when the following conditions are met:

Field	Description
Member Class	Maternity
Diagnosis	<p>One of the following:</p> <ul style="list-style-type: none"> • Z34.00 Encounter for supervision of normal first pregnancy, unspecified trimester • Z34.01 Encounter for supervision of normal first pregnancy, first trimester • Z34.02 Encounter for supervision of normal first pregnancy, second trimester • Z34.03 Encounter for supervision of normal first pregnancy, third trimester • Z34.80 Encounter for supervision of other normal pregnancy, unspecified trimester • Z34.81 Encounter for supervision of other normal pregnancy, first trimester • Z34.82 Encounter for supervision of other normal pregnancy, second trimester • Z34.83 Encounter for supervision of other normal pregnancy, third trimester • Z34.90 Encounter for supervision of normal pregnancy, unspecified, unspecified trimester • Z34.91 Encounter for supervision of normal pregnancy, unspecified, first trimester • Z34.92 Encounter for supervision of normal pregnancy, unspecified, second trimester • Z34.93 Encounter for supervision of normal pregnancy, unspecified, third trimester
Provider	Treating provider is in the member's network Also add Requesting provider
Service Type	Maternity
Place of Service	Office or Outpatient Hospital
Code Type	UMSG
Service Code	MAT – Maternity Service
Start Date	Date of prenatal visit
End Date	Enter due date

Field	Description
Requested #	9999
Documents	DO NOT add documents for maternity auto-approvals
EDC Date	Added – same as End Date ; this triggers the approval if all other fields meet parameters
Note	Add contact name, phone, fax, and EDC

Example:

Episode Details

Created Date: 06/20/2025 15:25

Request Priority: Standard -Complete Info

Request Type: Pre-Service

Member Class: Maternity

Optional Fields

Diagnosis

Code Type: ICD10

Diagnosis: Diagnosis

Advanced Search

Primary Dx	Code Type	Diagnosis	Actions
★	ICD10	Z34.91--Encounter for supervision of normal pregnancy, unspecified, first trimester	

Provider Details

ID	Name	Location	Role	Network	Phone	Action
000000005020	BMC - Boston Medical Center	1 Boston Medical Center Place Boston, MA - 02118 USA Phone: (617) 638-8000	Treating	In Network	(617) 638-8000	
000000005020	BMC - Boston Medical Center	1 Boston Medical Center Place Boston, MA - 02118 USA Phone: (617) 638-8000	Requesting	In Network	(617) 638-8000	

Attach Providers

Service/Specialty Drug Request

Service Type * Maternity
 Place of Service Office
 Code Type * UMSG
 Service Code * Search Service Code

Modifier Search Modifier
 Start Date * 07/01/2025
 End Date * 01/30/2026
 Requested # 9999

[Advanced Search](#)
[Optional Fields](#)

Service Request						
Action	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service
⊖	MAT(UMSG)	9999	07/01/2025	01/30/2026	Maternity	Office

EDC Date EDC Date

Clinical Site Primary Clinical Site

Notes

Note Type Note Encounter Date

Note Encounter Time

Note Text

File Edit View Format Tools

B *I* U ABC

Contact Jess
Phone: 617-555-9999, fax: 617-999-5555
EDC 01/30/2026

The request is approved:

Episode Abstract

Expected Decision Date : 07/28/2025 Authorization Type : OP Episode Number : 35 Episode Status : OpenRequest Cert Number 2506

Authorization Details	Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency	Decision
	12533	MAT(UMSG)	9999	0	0	07/01/2025	01/30/2026	Maternity	Per Day	Approved

Document history

Approval date	Effective date	Revision	Owner	Approved by
7/17/2025	8/1/2025		R Belsky	A Garcia F Bautista
9/18/2025	9/18/2025		R Belsky	J Hair
9/26/2025	9/26/2025		R Belsky	N/A
10/7/2025	10/7/2025		R Belsky	N/A
10/23/2025	10/23/2025		R Belsky	A Garcia
12/8/2025	12/08/2025		R Belsky	A Garcia
1/2/2026	1/2/2026		R Belsky	A Garcia
1/9/2026	1/9/2026	Corrected New Hampshire maternity and outpatient therapy codes – page 21	R Belsky	C Casida

Next review date: 9/1/2026