

# Provider Engagement

## WellSense Provider Portal: Elective outpatient authorization requests



### Products

- ☒ All products
- ☐ MassHealth ACO
- ☐ MassHealth MCO
- ☐ Special Kids Special Care (SKSC)
- ☐ MA Clarity
- ☐ Senior Care Options
- ☐ 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:**


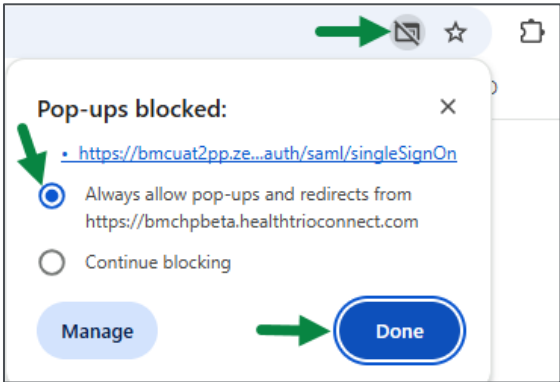
Platform enhancements	Provider benefits
Real-time, secure messaging between your team and WellSense utilization management staff	Faster processing times
Simplified, streamlined workflows for submitting and managing your prior authorization requests	Improved provider experience
Real-time decision notification, 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

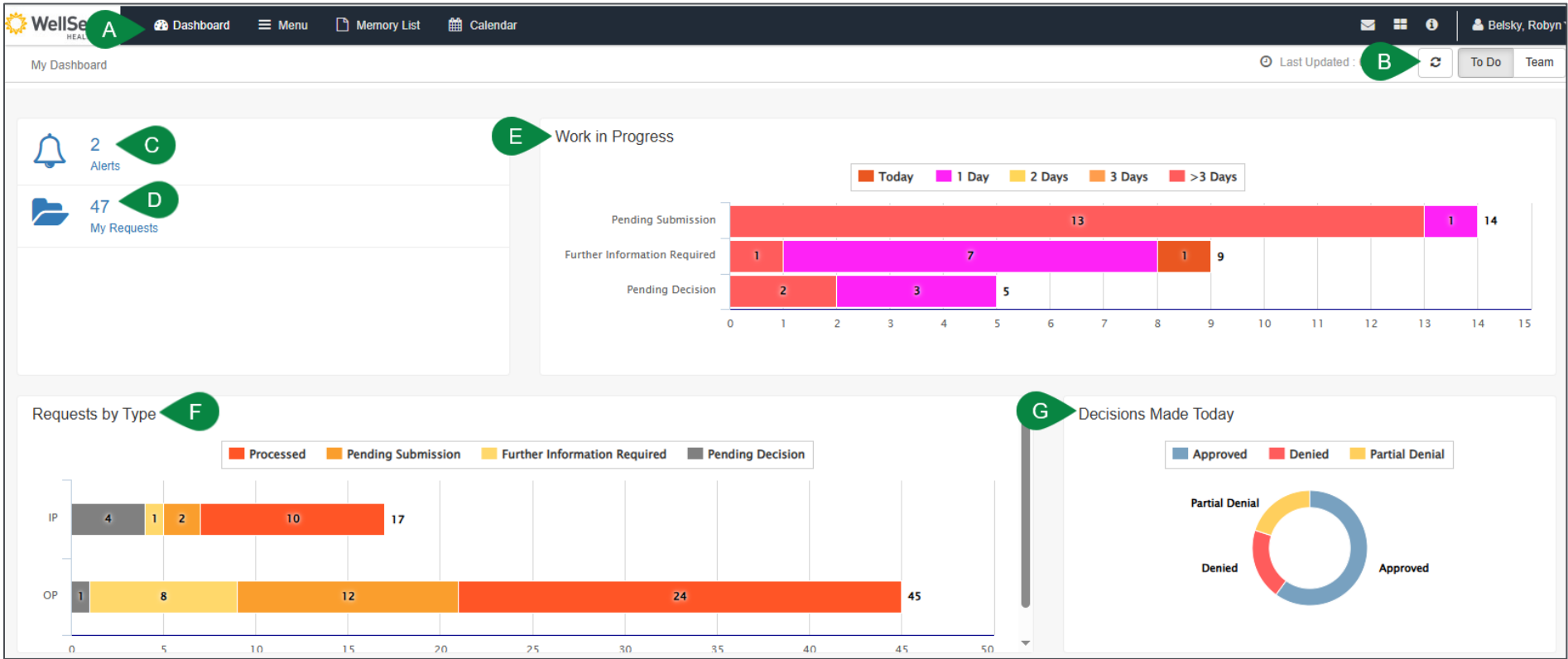
## Log in and review the Dashboard

Step	Action
1	<p>Open Google Chrome and navigate to wellsense.org &gt; <b>Login</b>.</p> 
2	<p>Enter your username and password, then select <b>Sign In</b>.</p>
3	<p>Go to Office Management &gt; Authorizations and Referrals.</p>
4	<p>Complete the first-time setup to allow pop-ups: Click the pop-up blocker icon in the browser's address bar, select <b>Always allow pop-ups from this site</b> &gt; <b>Done</b>.</p>  <p>Note: You may need to reset the pop-up blocker after you clear cache.</p>

# 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. All auth requests submitted under this provider’s Tax ID appear, regardless of who submitted the request.

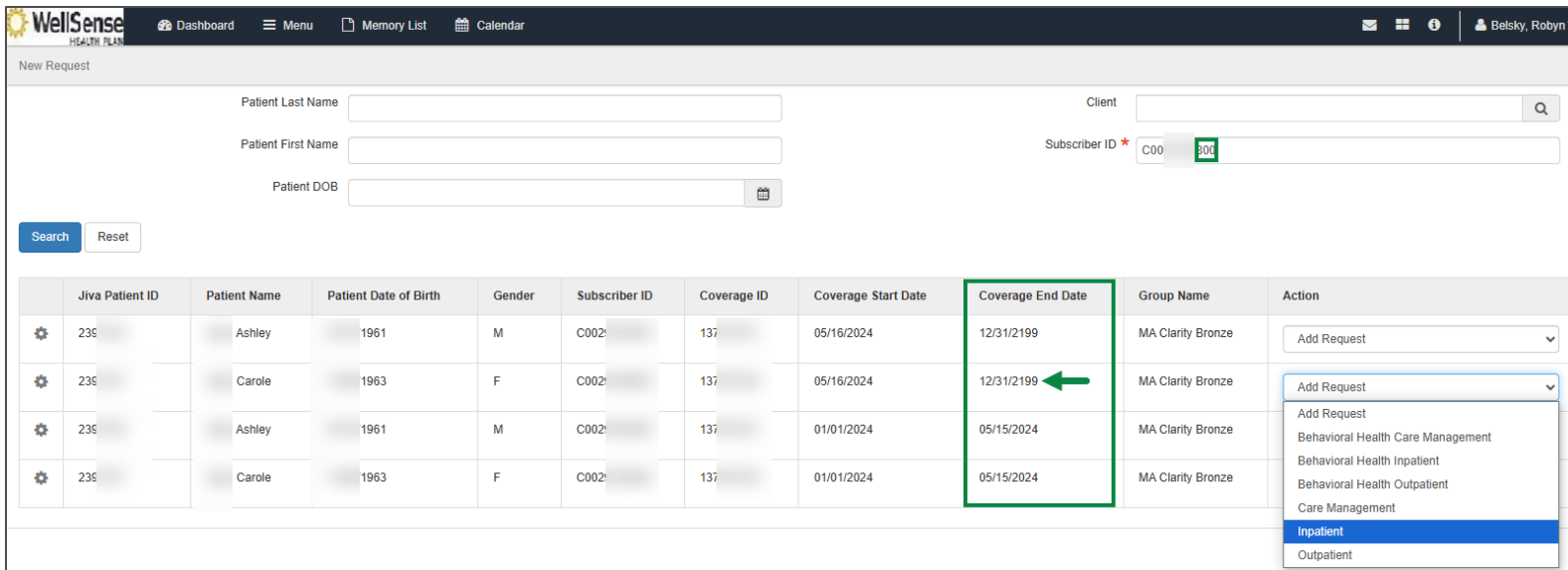
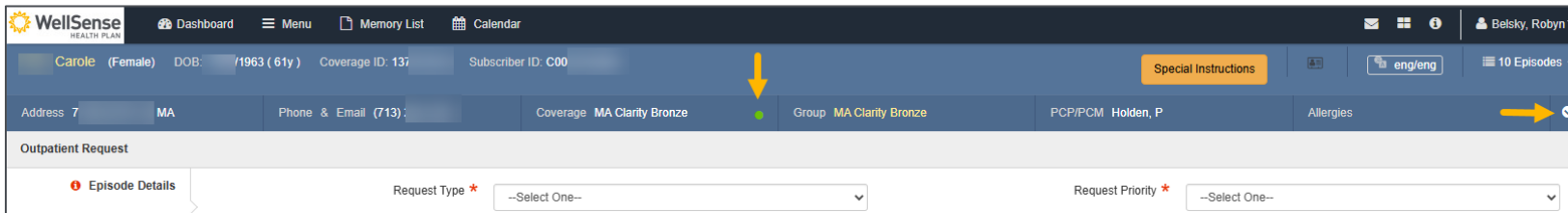
Click the colored bars to access the requests.



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

## Look up a patient

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

Step	Action
3	<p>If multiple rows appear, confirm the correct patient by matching the name and date of birth.</p> <p>If there are duplicate entries, select the row with the future <b>Coverage End Date</b>, then click <b>Add Request &gt; Inpatient</b>.</p> 
4	<p>The patient record appears.</p> <ul style="list-style-type: none"> <li>• Verify demographic details at the top.</li> <li>• Use the arrow on the far right to expand and view additional information if needed.</li> <li>• A <b>green</b> dot indicates the member is currently eligible with WellSense.</li> <li>• A <b>red</b> dot means the member is not currently eligible.</li> </ul> 
5	<p>If the wrong patient or request type is selected (e.g., outpatient instead of inpatient), scroll to the bottom and click <b>Cancel</b>. Then return to <b>Menu &gt; New Request</b> to begin again.</p>

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

#### 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 \*




ICD10

Diagnosis \*

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

Home Care VNA, LLC

Q

Provider First Name

Provider First Name

Q

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 emergent inpatient admissions, attach:
  - **Treating Provider** (the 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 <b>Member Class</b> from the <b>Episode Details</b> .
Place of Service	<ul style="list-style-type: none"><li>• Ambulance</li><li>• Ambulatory Surgical Center</li><li>• Home</li><li>• Hospice</li><li>• Office</li><li>• Outpatient Hospital</li></ul>
Code Type	<ul style="list-style-type: none"><li>• CPT</li><li>• HCPC</li><li>• UMSG</li></ul>
Service Code	<p>Enter the CPT, HCPC (or UMSG if known)</p> <p><b>Note:</b></p> <ul style="list-style-type: none"><li>• <b>For specific Sleep Study codes</b>, 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 <a href="#">Appendix B: Complete InterQual</a>.</li><li>• <b>Specific unattended sleep study codes</b> do not require authorization if the treating provider is in the member's provider network. See <a href="#">Appendix C: No Authorization Required</a>.</li><li>• <b>Standard prenatal/postpartum care</b> can auto-approve. See <a href="#">Appendix D: Maternity Requests</a> for details.</li></ul>
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 <b>End Date</b> to 3 months from the <b>Start Date</b>.</p>

Field	Value
Requested #	Enter units <b>Note:</b> Units do not always equal visits, especially for some home health care and outpatient therapies. See <a href="#">Appendix A: Units/Visits</a> 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 \*
Medical

Place of Service
Home

Code Type \*
HCPC

Service Code \*
Search Service Code

Advanced Search

Optional Fields

Add

Modifier
Search Modifier

Start Date \*
06/16/2025

End Date \*
07/16/2025

Requested #
64

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. **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	Clinicals

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

Example:

Documents

Document Title \*

Patient Name HHC

Document Type

UM Provider Document

Select Document

Browse

Patient Name HHC.pdf

Document Description

Clinicals

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

UM Provider Note

Note Encounter Date

06/13/2025

Note Encounter Time

15

41

Note Text

File Edit View Format Tools

**B** *I* U

Contact Kris at 617-333-3333, fax 617-444-4444

8 SN visits and 8 home PT visits

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.

bmcuat2pp.zeomega.com says

You are submitting the request without InterQual review. Only sleep studies require InterQual review.

OK

Cancel

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

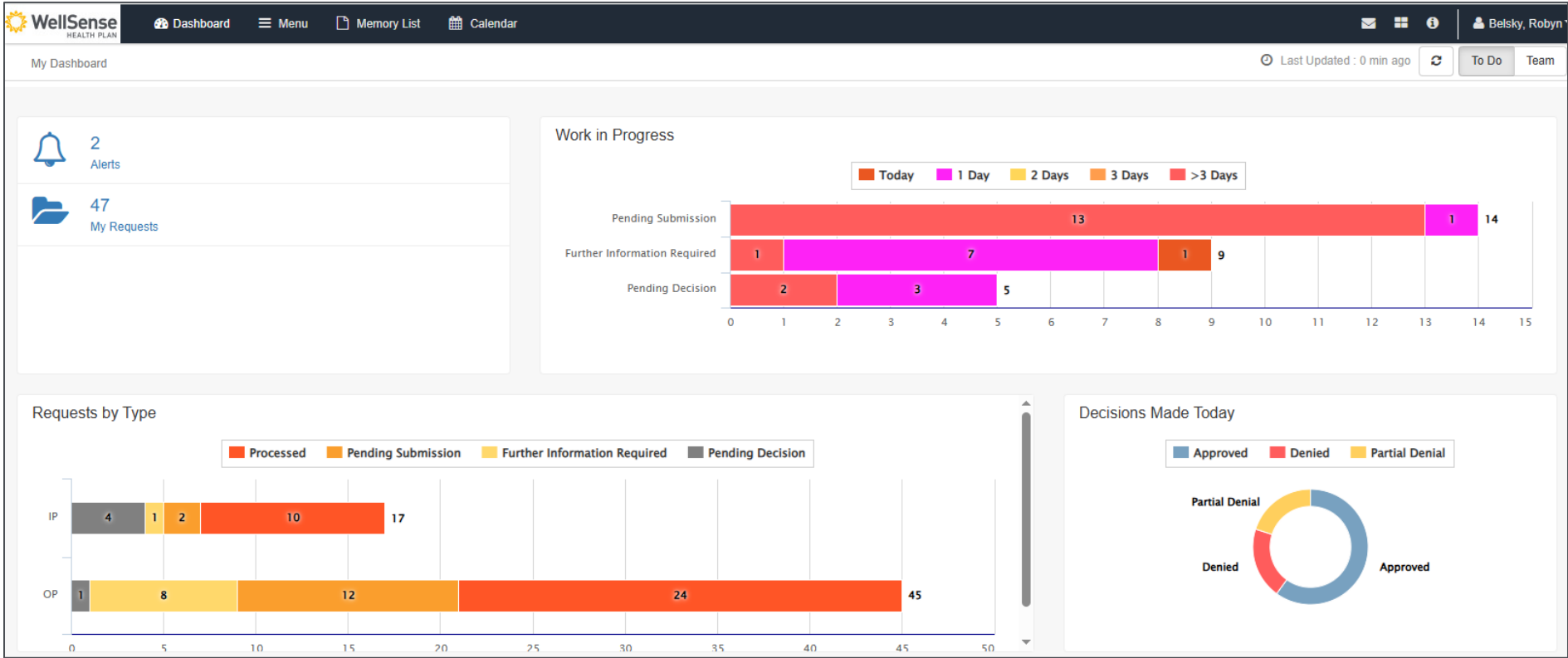
Start another request

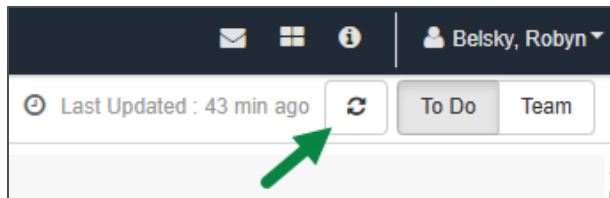
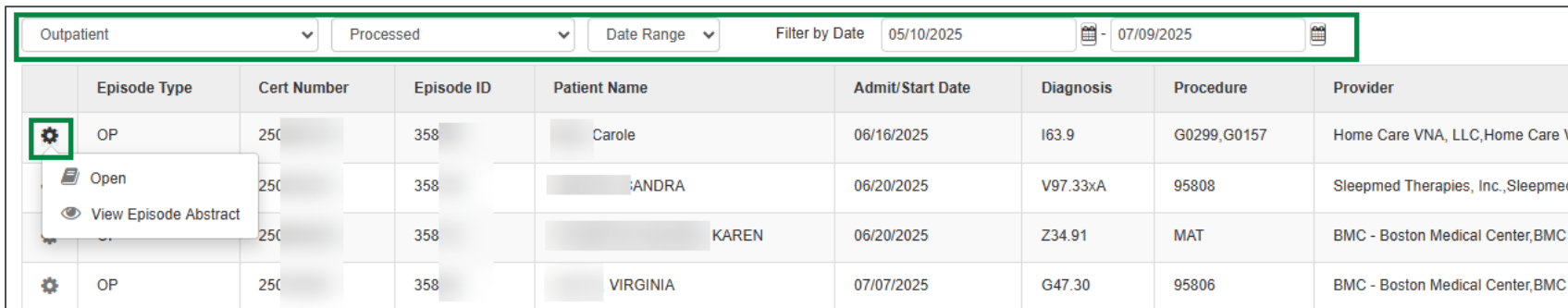
To begin a new authorization request:

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
1	<p>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.</p> <div></div>
2	<p>Click any of the colored bars (e.g., <b>Pending Submission, Further Information Required, Pending Decision, Decisions Made Today</b>) to open the list of associated authorizations.</p> <p><b>Note:</b> Use filters at the top of the screen to sort or narrow results. Change the date range to view decisions made before today.</p> <div></div>
3	<p>To edit a request:</p> <ul style="list-style-type: none"><li>• If the request is pending submission, click the gear icon to edit.</li><li>• If the request has been submitted, users can:<ul style="list-style-type: none"><li>○ Add a note.</li><li>○ Upload documents. To update a document, delete the old version first, then upload the new one. <b>Important:</b> Avoid using <b>Add New Version</b>.</li><li>○ Review the abstract (summary of the episode).</li></ul></li></ul> <p><b>Note:</b> If you need to cancel a request, or edit dates or units/visits, please contact WellSense and refer to the Cert Number.</p>



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

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

Add Notes

View All Notes

Diagnosis

Add Diagnosis

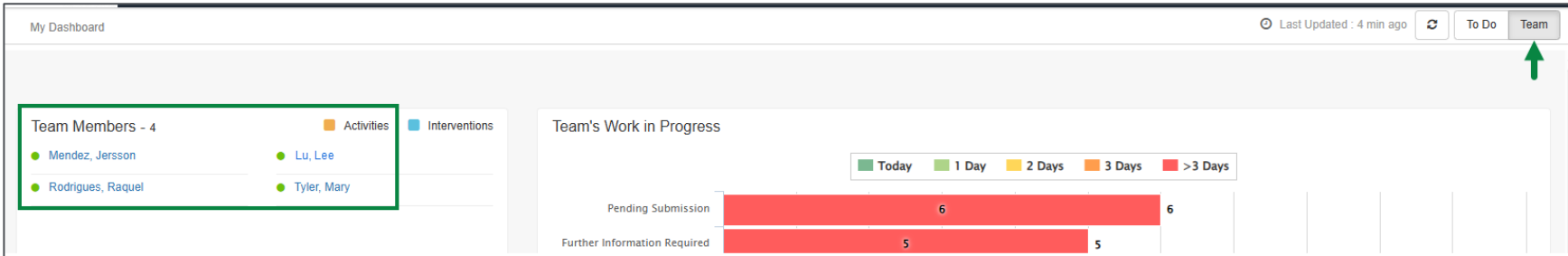
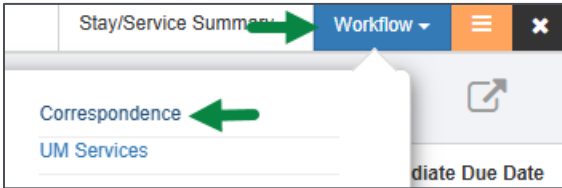
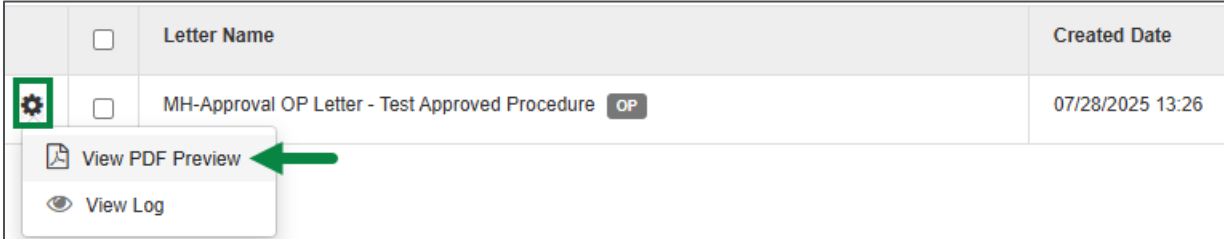
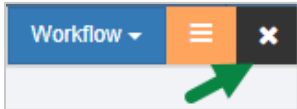
Actions	Primary Dx	Code Type	Diagnosis
	★	ICD10	I63.9--Cerebral infarction, unspecified
	★	ICD10	I10--Essential (primary) hypertension

Documents

Add Document

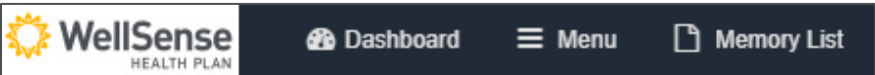
Episodes View

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

Step	Action								
5	<p>To view requests submitted by staff with the same tax ID, click <b>Team</b> in the upper right, then click the link for the co-worker to view.</p> 								
6	<p>To view and print the letters, click <b>Workflow &gt; Correspondence</b>.</p>  <p>Click the gear icon &gt; <b>View PDF Preview</b>. You can print the PDF.</p>  <table><tr><th></th><th><input type="checkbox"/></th><th>Letter Name</th><th>Created Date</th></tr><tr><td></td><td><input type="checkbox"/></td><td>MH-Approval OP Letter - Test Approved Procedure <b>OP</b></td><td>07/28/2025 13:26</td></tr></table>		<input type="checkbox"/>	Letter Name	Created Date		<input type="checkbox"/>	MH-Approval OP Letter - Test Approved Procedure <b>OP</b>	07/28/2025 13:26
	<input type="checkbox"/>	Letter Name	Created Date						
	<input type="checkbox"/>	MH-Approval OP Letter - Test Approved Procedure <b>OP</b>	07/28/2025 13:26						
7	<p>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. <b>WellSense cannot process the request when the form is open in the portal.</b></p> 								

# 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 <b>Dashboard</b> view. See the previous section for details.
Menu	Provides access to authorization tools: <ul style="list-style-type: none"><li>• <b>New Request:</b> Search for a member and submit a new authorization request.</li><li>• <b>My Patients</b> and <b>Search Request:</b> These features are currently not functional.</li></ul>
Memory List	Stores up to the last 10 open screens that have not been closed. Click <b>X</b> next to each item or <b>Close All</b> 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
		<b>Outpatient Therapy</b>	
		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
		<b>Home Health Care</b>	
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	MAT	Maternity (prenatal/postpartum)	9999
		<b>Outpatient Therapy</b>	
UMSG	OT	Occupational Therapy	1 visit = 4 units
UMSG	PT	Physical Therapy	1 visit = 4 units
UMSG	PROP	Pulmonary Rehab	1 visit = 4 units
UMSG	ST	Speech Therapy	1 visit = 1 unit
		<b>Home Health Care</b>	
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
		<b>Private Duty Nursing</b>	
HCPC	S9123	PDN - RN	1 hour = 1 unit
HCPC	S9124	PDN - LPN	1 hour = 1 unit
		<b>Adult Medical Day Care</b>	
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

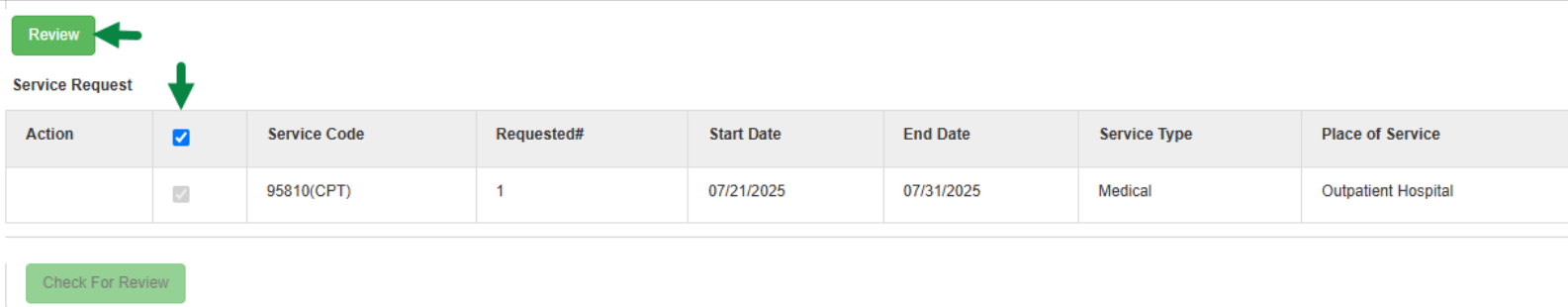
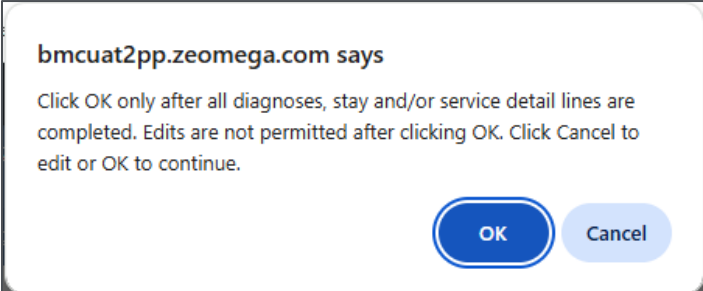
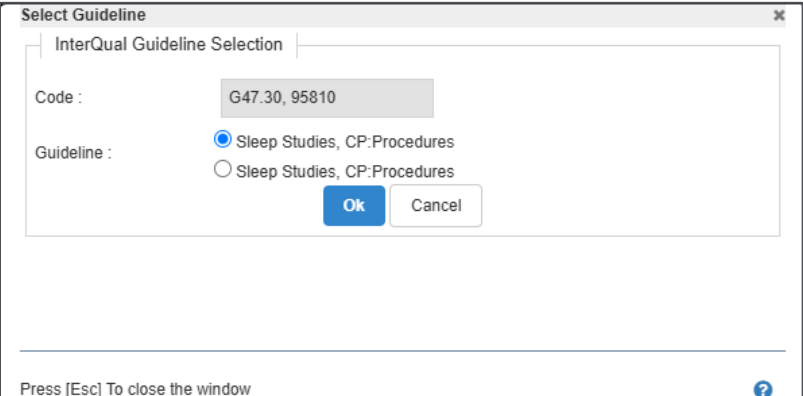
WellSense is initially allowing requesting providers to complete InterQual reviews to check for medical necessity of sleep studies when the following procedure codes are used for adults age 21 and older:

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

**Note:**

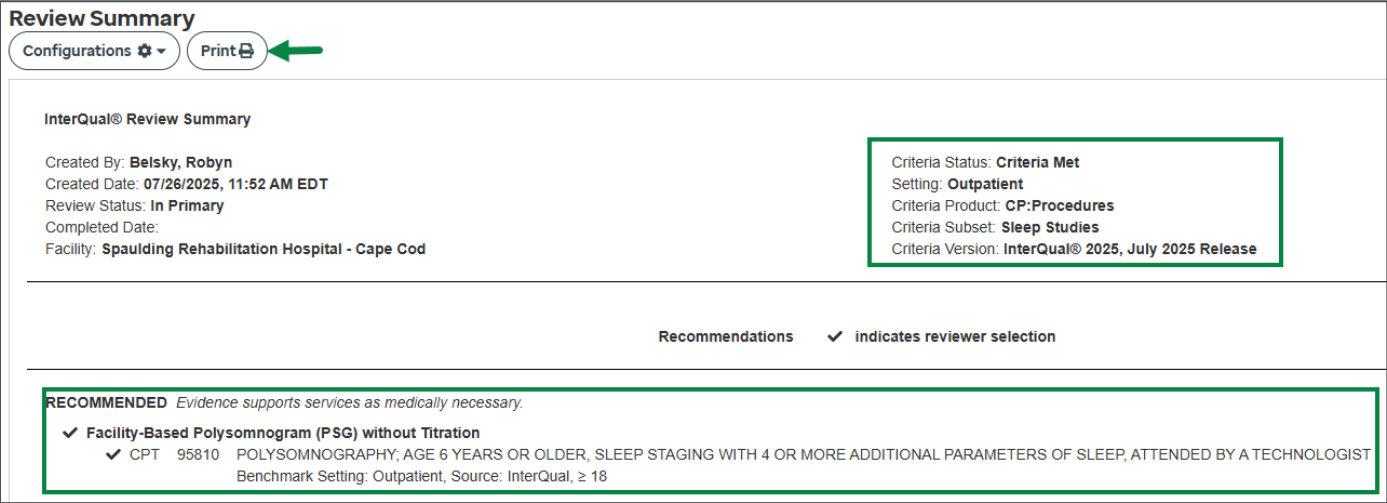
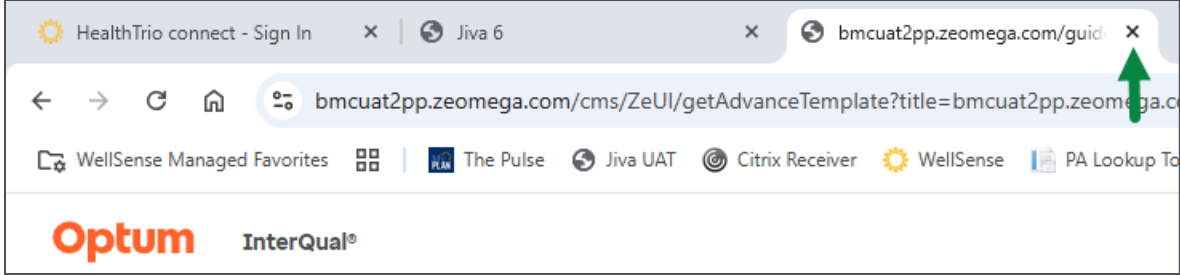
- No auth is required for sleep studies for **patients under age 21** when the treating provider is in network.
- The treating provider must be in the patient’s provider network for the request to auto-approve. All out-of-network requests require WellSense review even if the request meets InterQual criteria.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

Step	Action
1	<div>After adding all service lines, click <b>Check for Review</b>. Click <b>OK</b> to close the popup.</div> <div><div><b>bmcuat2pp.zeomega.com says</b></div><div>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.</div><div>OK</div></div>

Step	Action
2	<p>In the service request, click the check box &gt; <b>Review</b>.</p> 
3	<p>Click <b>OK</b> when ready to apply InterQual.</p> 
4	<p>The system displays one or more options. Click an option (all open the same criteria) &gt; <b>OK</b>.</p> 



Step	Action
5	<p>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.</p> <div data-bbox="220 276 1033 867"> <p><b>Recommendations</b></p> <p><b>Recommended</b> <i>Evidence supports services as medically necessary.</i></p> <p>Setting: Outpatient <input type="text"/></p> <p>✓ Facility-Based Polysomnogram (PSG) without Titration <a href="#">Show codes</a></p> <p>Or</p> <p><i>These recommendations should be selected together</i></p> <p>Facility-Based Polysomnogram (PSG) with Titration <a href="#">Show codes</a></p> <p>✓ Facility-Based Polysomnogram (PSG) without Titration <a href="#">Show codes</a></p> <p>↓ ↓</p> <p> <a href="#">Previous</a> <a href="#">Save For Later</a> <a href="#">Complete</a> <a href="#">Review Summary</a> </p> </div> <div data-bbox="1215 527 1980 867"> <p><b>Recommendations</b></p> <p><b>Not Recommended</b> <i>Current evidence does not support the following services:</i></p> <p>✓ Facility-Based Polysomnogram (PSG) with Titration <a href="#">Show codes</a></p> <p>↓ ↓</p> <p> <a href="#">Previous</a> <a href="#">Save For Later</a> <a href="#">Complete</a> <a href="#">Review Summary</a> </p> </div>

Step	Action
6	<p>Click <b>Complete</b> when done, then click <b>Review Summary</b>. You can print the summary.</p> 
7	<p>InterQual opened a separate tab in the browser. Close the tab, leaving <b>Jiva 6</b> open.</p> 

## Step

## Action

Submit the request to view the results.

When criteria are met and provider is in network:

Episode Abstract										
Expected Decision Date : 07/31/2025			Authorization Type : OP		Episode Number : 3		Episode Status : OpenRequest		Cert Number 2504	
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

8

# 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:

bmcuat2pp.zeomega.com says

Prior authorization is not required for this service

OK

Cancel

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

Request Details										
Episode Abstract										
Expected Decision Date : 07/02/2025		Authorization Type : OP		Episode Number : 3517		Episode Status : Closed		Cert Number 2514		
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.

StatusClosed

Primary Dx  
G47.30

Assigned To  
HT Authorization - System

Assigned Reviewer

Cert Number  
250

Auth Coverage  
MassHealth ACO CarePlus A

Immediate Due Date

▼ Service Request

Initial

Medical

95806 (CPT)

07/19/2025 13:49

Decision

Reason for Decision

07/07/2025

07/08/2025

▼ Note

View All Notes

▼ Diagnosis

Actions

Primary Dx

Code Type

Diagnosis

★

ICD10

G47.30~Sleep apnea, unspecified

Page 1 of 1

## 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"> <li>• <b>Z34.00</b> Encounter for supervision of normal first pregnancy, unspecified trimester</li> <li>• <b>Z34.01</b> Encounter for supervision of normal first pregnancy, first trimester</li> <li>• <b>Z34.02</b> Encounter for supervision of normal first pregnancy, second trimester</li> <li>• <b>Z34.03</b> Encounter for supervision of normal first pregnancy, third trimester</li> <li>• <b>Z34.80</b> Encounter for supervision of other normal pregnancy, unspecified trimester</li> <li>• <b>Z34.81</b> Encounter for supervision of other normal pregnancy, first trimester</li> <li>• <b>Z34.82</b> Encounter for supervision of other normal pregnancy, second trimester</li> <li>• <b>Z34.83</b> Encounter for supervision of other normal pregnancy, third trimester</li> <li>• <b>Z34.90</b> Encounter for supervision of normal pregnancy, unspecified, unspecified trimester</li> <li>• <b>Z34.91</b> Encounter for supervision of normal pregnancy, unspecified, first trimester</li> <li>• <b>Z34.92</b> Encounter for supervision of normal pregnancy, unspecified, second trimester</li> <li>• <b>Z34.93</b> Encounter for supervision of normal pregnancy, unspecified, third trimester</li> </ul>
Provider	Treating provider is in the member's network
Service Type	Maternity
Place of Service	Office or Outpatient Hospital
Code Type	UMSG
Service Code	MAT – Maternity Service
End Date	Enter due date
Requested #	9999
EDC Date	Added

Example:

Episode Details

Created Date06/20/2025 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 ServiceOffice

Code Type \*UMSG

Service Code \*Search Service Code

Advanced Search

Optional Fields

Add

ModifierSearch Modifier

Start Date \*07/01/2025

End Date \*01/30/2026

Requested #9999

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

Documents

Document Title

Document Description

Document Type

--Select One--

Select Document

Browse

No File Selected

EDC Date

EDC Date

01/30/2026

Clinical Site

Primary Clinical Site

Notes

Note Type

UM Provider Note

Note Encounter Date

07/26/2025

Note Encounter Time

11

06

Note Text

File

Edit

View

Format

Tools

B

I

U

ABC

The request is approved:

Episode Abstract										
Expected Decision Date : 07/28/2025			Authorization Type : OP		Episode Number : 35		Episode Status : OpenRequest		Cert Number 2505	
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

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Original approval date	Original effective date	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

**Next review date:** 9/1/2026