

# Provider Engagement

## WellSense Provider Portal: Outpatient BH 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 or notifications electronically, track their progress, and receive decisions within a secure, real-time environment. Through the portal, providers can:

- **Submit** inpatient and outpatient behavioral health requests and notifications
- **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 inpatient requests, see “WellSense Provider Portal: Inpatient BH authorization requests”.

**Key benefits of the WellSense Provider Portal:**


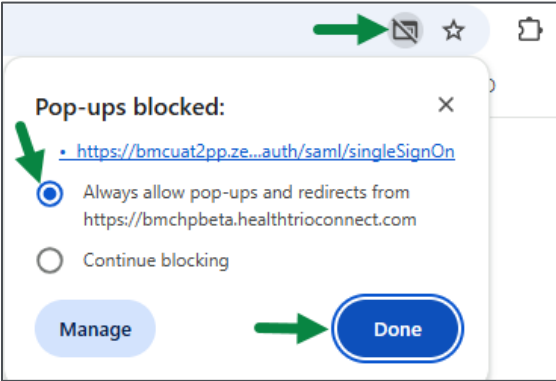
<b>Platform enhancements</b>	<b>Provider benefits</b>
Real-time, secure messaging between your team and WellSense utilization management staff	Faster processing times
Simplified, streamlined workflows for submitting and managing your prior authorization requests	Improved provider experience
Real-time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

## Before submitting a request

For 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

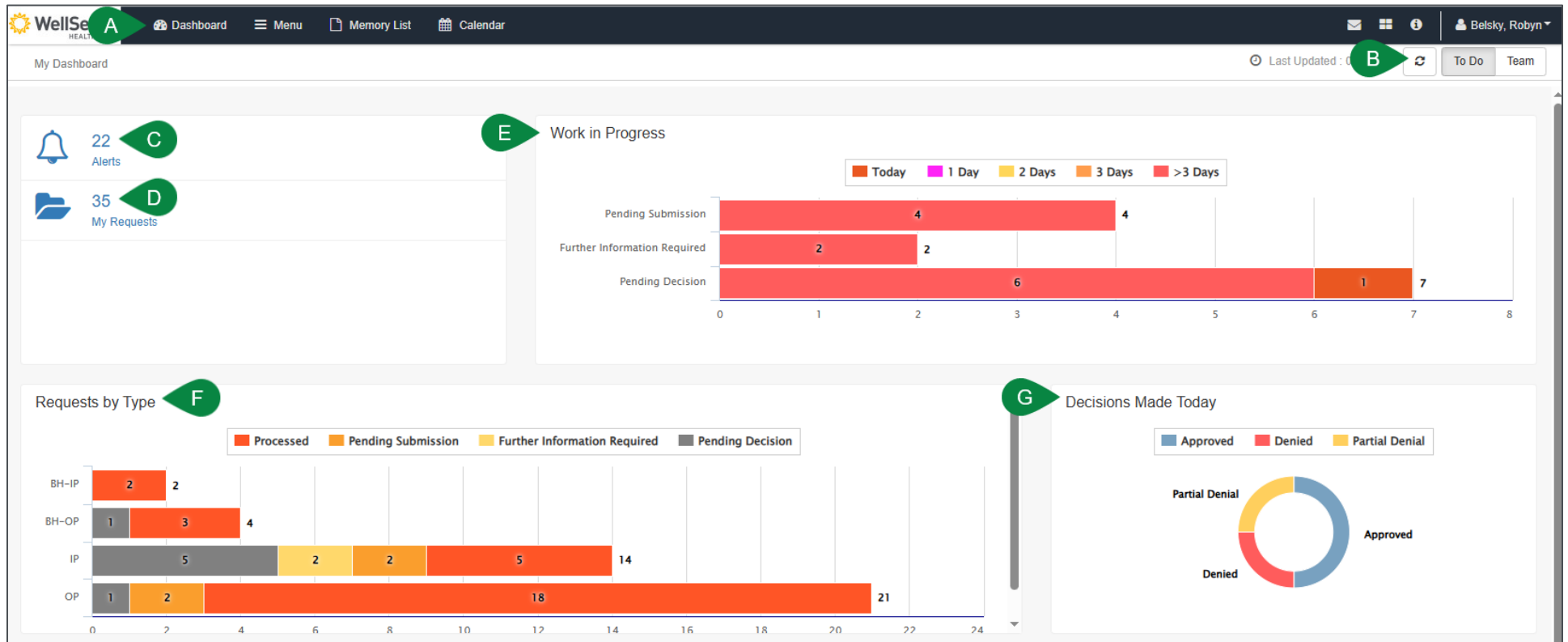
## Log in and review the Dashboard

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 <b>Office Management &gt; Authorizations and Referrals</b>.</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 &gt; 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. 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	<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
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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 > Behavioral Health Outpatient**.

3

Jiva Patient ID	Patient Name	Patient Date of Birth	Gender	Subscriber ID	Coverage ID	Coverage Start Date	Coverage End Date	Group Name	Action
176	Carter	/2021	M	NH0000	1066	08/21/2021	04/01/2023	NH Medicaid - Standard Medicaid	Add Request
17	Carter	/2021	M	NH0000	1066	05/05/2023	12/31/2019	NH Medicaid - Standard Medicaid	Add Request Add Request Behavioral Health Inpatient Behavioral Health Outpatient

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.

4

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

5

## Complete the Outpatient Request screen

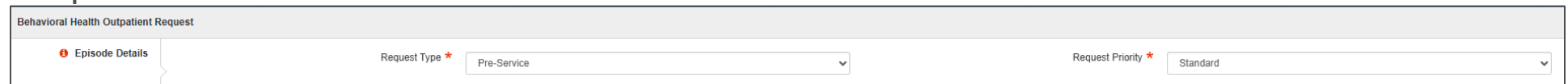
This screen includes several required fields. Some are marked with a red asterisk (\*), while others must be completed even if not marked. Follow the steps below to ensure that the request is entered correctly.

### Section 1: Request setup

#### Episode details

Field	Value
Request Type	<ul style="list-style-type: none"><li>• Notification</li><li>• Pre-Service</li></ul>
Request Priority	<p>Select:</p> <ul style="list-style-type: none"><li>• Notification</li><li>• Standard</li><li>• <b>Urgent</b> only if medically urgent; Urgent care is medically necessary care that is required to prevent serious deterioration of a member's health when they have an unforeseen illness or injury. It does not include emergency or routine care.</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>


#### Example:



The screenshot shows the 'Behavioral Health Outpatient Request' form. On the left, there is a tab labeled 'Episode Details' with a red error icon. The main form area contains two dropdown menus: 'Request Type \*' is set to 'Pre-Service' and 'Request Priority \*' is set to 'Standard'.

## 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	F84.0--Autistic disorder	
★	ICD10	F90.1--Attention-deficit hyperactivity disorder, predominantly hyperactive type	

## 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**.

Attach Providers ? x

**Enter any search criteria**

Provider Last Name / Facility:

Provider First Name:

NPIN:

Tax ID:

[Advanced Search](#)

**Search Results**

	Provider ID	Provider Name	Location	Type	Provider Role	Specialty	In Network?	Provid
<input type="button" value="⚙"/>	000000154791	Smith, BCBA Colleen	221 Longwood Avenue Boston, MA - 02115 USA Phone: 617-732-81	Physician	Treatin <input type="button" value="v"/>	Applied Behavior Analyst	N	<input type="button" value="Out"/>
<input type="button" value="⚙"/>	000000150755	Smith, BCBA Kimberlee	35 Walker St Kittery, ME - 03904 USA Phone: 2074394430	Physician	Treatin <input type="button" value="v"/>	Applied Behavior Analyst	Y	<input type="button" value="In N"/>

Single Attach

Multiple Attach

- For outpatient requests, attach:
  - **Treating Provider** (the person 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
<input type="button" value="⊖"/>	000000150755	Smith BCBA, Kimberlee	35 Walker St Kittery, ME - 03904 USA Phone: 2074394430	Treating <input type="button" value="v"/>	In Network <input type="button" value="v"/>
<input type="button" value="⊖"/>	000000150755	Smith BCBA, Kimberlee	35 Walker St Kittery, ME - 03904 USA Phone: 2074394430	Requesting <input type="button" value="v"/>	In Network <input type="button" value="v"/>

### Section 3: Service request

Outpatient requests include at least one Service line.

Field	Value
Service Type	<ul style="list-style-type: none"> <li>Behavioral Health</li> <li>Substance Use Disorder</li> </ul>
Place of Service	<ul style="list-style-type: none"> <li>Community Mental Health Center</li> <li>Home</li> <li>Non-residential Opioid Treatment Facility</li> <li>Non-residential Substance Abuse Treatment Facility</li> <li>Office</li> <li>Outpatient Hospital</li> <li>Psychiatric Facility-Partial Hospitalization</li> </ul>
Code Type	<ul style="list-style-type: none"> <li>CPT</li> <li>HCPC</li> </ul>
Service Code	Enter the CPT or HCPC code
Start Date	Start date of service
End Date	End date of service; defaults to the day after the start date but can be edited. For outpatient services, can set the <b>End Date</b> up to 6 months from the <b>Start Date</b> depending on the type of service.
Requested #	Enter units <b>Note:</b> Units do not always equal visits for outpatient therapies. See <a href="#">Appendix A: Units/Visits</a> and <a href="#">Appendix B: New Hampshire units</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 \* Behavioral Health

Place of Service Home

Code Type \* HCPC

Service Code \* Search Service Code

Advanced Search

Optional Fields

Add

Modifier Search Modifier

Start Date \* 11/07/2025

End Date \* 02/06/2026

Requested # 90

Service Request

Action	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service
	H0040(HCPC)	90	11/07/2025	02/06/2026	Behavioral Health	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	<b>UM Provider Document</b>
Document Description	<b>Clinicals</b>

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:**

Documents	Document Title * <input type="text" value="In-Home Therapy"/>	Document Description	<input type="text" value="Clinicals"/>
	Document Type <input type="text" value="UM Provider Document"/>		
	Select Document <input type="button" value="Browse"/> Patient Name BH-OP.pdf		

### EDC Date

Leave blank.

### Clinical Site

Leave blank.

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## 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: 11/07/2025

Note Encounter Time: 11, 22

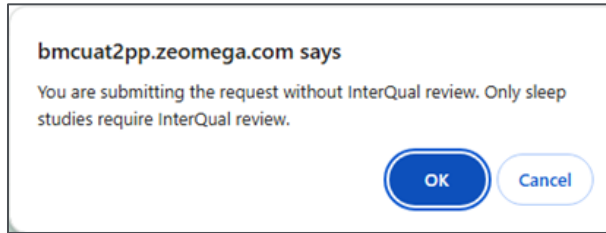
Note Text: Jules Ph: 207-555-9999, fax: 207-888-7777

Submit Save as Draft Cancel

### 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. Providers do not apply InterQual for BH requests.



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.
- **Episode Abstract** button: You can print the summary to paper or PDF.

### Example:

Request Details										
Episode Abstract										
Expected Decision Date : 11/14/2025		Authorization Type : BH-OP		Episode Number : 360601		Episode Status : None		Cert Number 25		
Authorization Details										
Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency	Decision	
13669	H0040(HCPC)	90	0	0	11/07/2025	02/06/2026	Behavioral Health	Per Day	Pending	

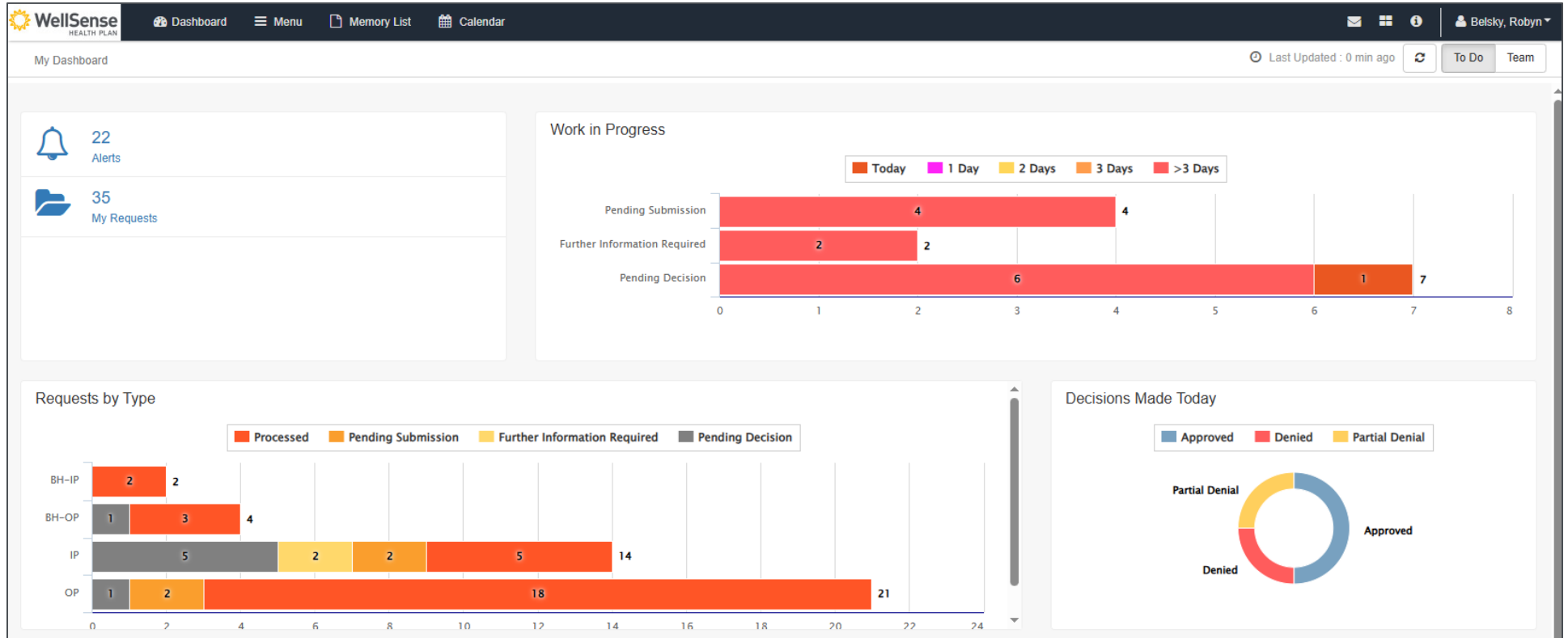
### Start another request

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

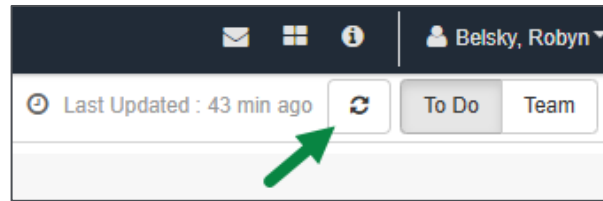
From the Dashboard, track and manage the prior authorization requests using the colored status bars.



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.

Requests by Type										Quick Links	
Behavioral Health Inpatient		Pending Decision		Date Range		Filter by Date		10/01/2025 - 10/13/2025			
Episode Type	Cert Number	Episode ID	Patient Name	Admit/Start Date	Diagnosis	Procedure	Provider	Created By	Submitted By		
BH-IP	25	3	IBIGAIL	10/13/2025	F31.12		BMC - Boston Medical Center,BMC - Boston Medical Center,BMC - Boston Medical Center	Belsky, Robyn	Belsky, Robyn		
Open	10	36	Jamie	10/11/2025	F20.0		BMC - Boston Medical Center,BMC - Boston Medical Center,BMC - Boston Medical Center	Belsky, Robyn	Belsky, Robyn		
View Episode Abstract											

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.
  - 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

Add Notes
View All Notes

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**Username :** Belsky RN UAT TWO, Robyn

**Title :** Supervisor

**Note Type :** UM Provider Note

**Source :** Episode Note

**Note Encounter Date :** 10/10/2025 15:18:00

Please clarify # of visits requested. Thank you.

10/10/2025 15:19:17

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Add Diagnosis

Actions	Primary Dx	Code Type	Diagnosis
	★	ICD10	F11.10--Opioid abuse, uncomplicated

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Add Document

Episodes View

	Name	Type	Date Added	Date Received	Added User	Description
⚙️	Residential	UM Provider Document	10/10/2025 11:08:32	10/10/2025 11:08:32	Belsky, Robyn	Clinicals

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

5

My Dashboard
Last Updated : 4 min ago

To Do
Team

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**Team Members - 4**

- Mendez, Jersson
 ● Lu, Lee
- Rodrigues, Raquel
 ● Tyler, Mary

**Team's Work in Progress**

■ Today
 ■ 1 Day
 ■ 2 Days
 ■ 3 Days
 ■ >3 Days

Pending Submission	<div style="background-color: red; height: 15px; width: 100%;"></div> <p style="text-align: center; margin: 0;">6</p>	6			
Further Information Required	<div style="background-color: red; height: 15px; width: 100%;"></div> <p style="text-align: center; margin: 0;">5</p>	5			

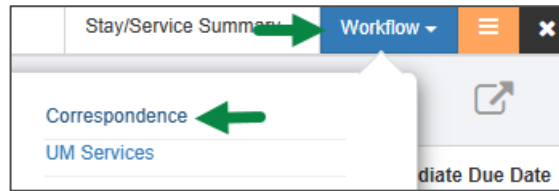
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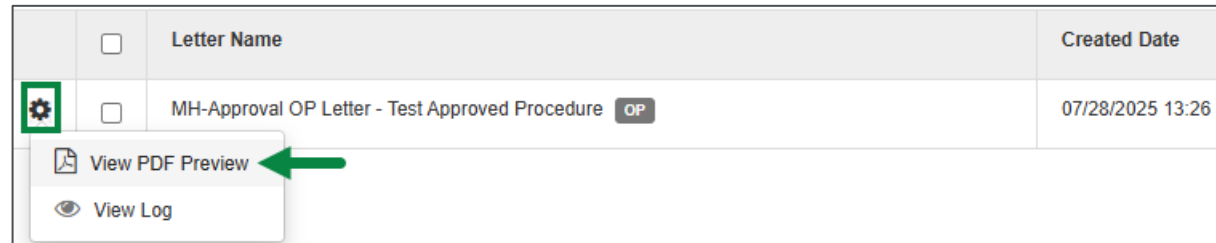
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Step	Action
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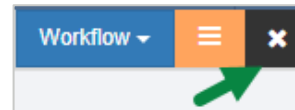
To view and print the letters, click **Workflow > Correspondence**.



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

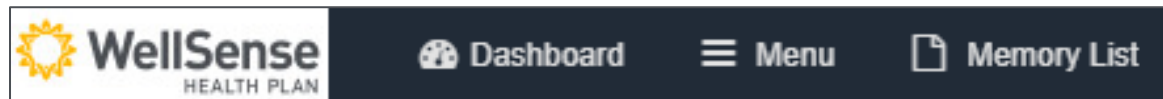


7 After reviewing the request, click the X in the upper right corner of the episode screen. This exits the request and allows WellSense staff to access and process the request. **WellSense cannot process the request when the form is open in the portal.**



## 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
<b>Dashboard</b>	Returns to the main <b>Dashboard</b> view. See the previous section for details.
<b>Menu</b>	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>
<b>Memory List</b>	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: Massachusetts units

### Outpatient units/authorization length

Level of Care	HCPC Code	Initial Authorization Length
Community Support Program (CSP)	H2015	6 months/720 units
CSP – Homeless Individuals (HI)	H2016 HK	180 days/180 units
CSP – Justice Involved (JI)	H2016 HH	180 days/180 units
CSP- Tenancy Preservation Program (TPP)	H2016 HE	180 days/180 units
Day Treatment	H2012	Determined per request
Partial Hospitalization Program (PHP)	H0035	10 units/2 weeks
PHP – SUD	H0035	10 units/2 weeks
Program of Assertive Community Treatment (PACT)	H0040	180 days/180 units
Recovery Coach (RC)	H2016 HM	180 days/180 units
Recovery Support Navigator (RSN)	H2015 HF	3 months/360 units

### Intensive home and community-based services for youth

Level of Care	Code	Initial Authorization Length
Applied Behavioral Analysis (ABA) for Autism	See PA form	2 months
Applied Behavioral Analysis (ABA) for Down Syndrome	See PA form	3 months
Family Intensive Treatment (FIT) – MassHealth Only	H0046 HT	7 days/1 unit
Family Stabilization Team (FST) – MA Clarity Only	99510	6 months/720 units
Family Support and Training (FS&T)	H0038	2 months/240 units
Intensive Care Coordination (ICC)	H0023	45 days/45 units
In-Home Behavioral Services (IHBS)	H2014	6 months/720 units
In-Home Therapy (IHT)	H2019	6 months/720 units
Therapeutic Mentoring (TM)	T1027	2 months/240 units

### Outpatient behavioral health services

Level of Care	HCPC Code	Initial Authorization Length
Psychological and Neuropsychological Testing	See PA form	6 months
rTMS	See PA form	3 months

## Appendix B: New Hampshire units

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### Non-24-hour diversionary services

Level of Care	HCPC Code	Initial Authorization Length
Partial Hospitalization Program (PHP)	H0035	20 units/2 weeks
Partial Hospitalization, SUD (ASAM 2.5)	H2036	10 units/2 weeks
Restorative Partial Hospitalization, BH	H2018	N/A

### Intensive home and community-based services for youth

Level of Care	HCPC Code	Initial Authorization Length
Applied Behavioral Analysis (ABA) for Autism	See PA form	2 months
Intensive In-Home Services for Youth (NH Medicaid, NH Clarity)	H0040	3 months/90 units

### Outpatient behavioral health services

Level of Care	HCPC Code	Initial Authorization Length
Psychological and Neuropsychological Testing	See notification form	6 months
rTMS	See PA form	3 months

## Document history

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Original approval date	Original effective date	Owner	Approved by
11/10/2025	11/10/2025	R Belsky	S Rufo
11/20/2025	11/20/2025	R Belsky	A Garcia B Cioffi
1/2/2026	1/2/2026	R Belsky	A Garcia

**Next review date:** 12/1/2026