

## Provider Portal

# Authorization User Guide

Instructions for submitting authorization requests for outpatient, elective, and emergent admissions are included in this guide.

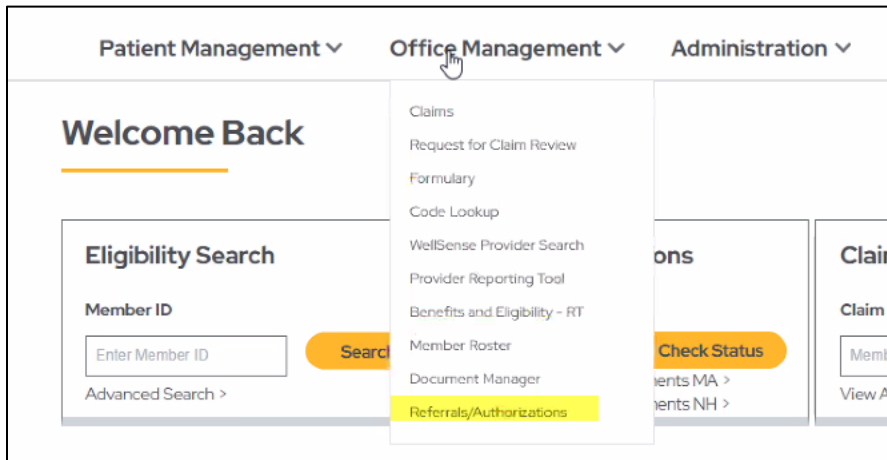
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# Selecting the Type of Authorization

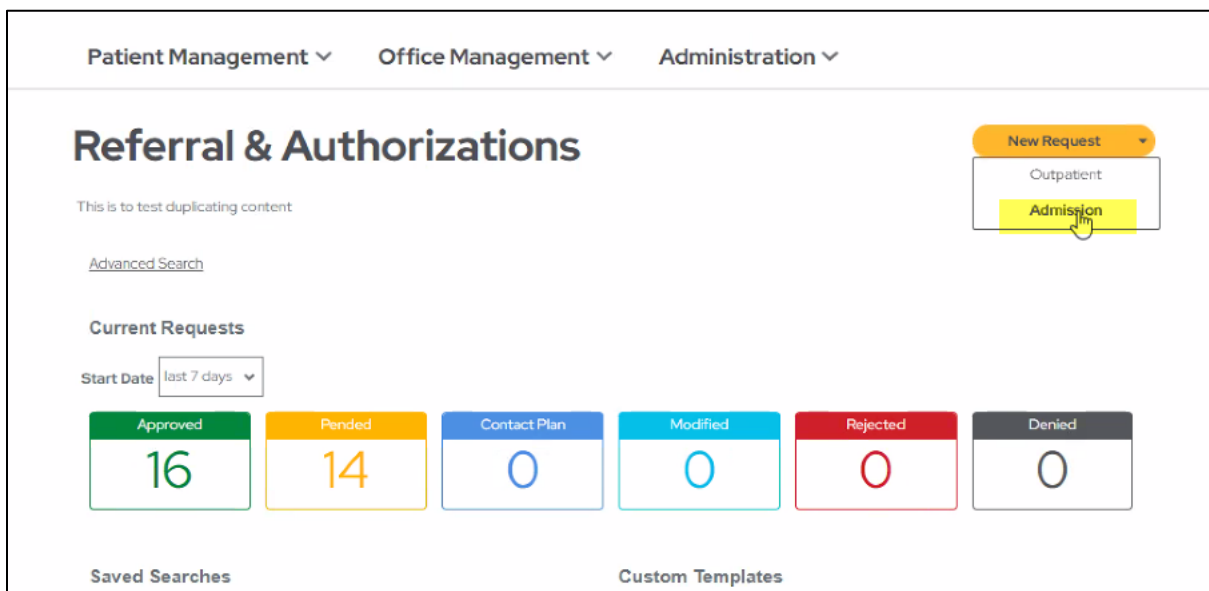
Go to "Office Management"

Click on Referrals/ Authorizations



## 1. Choose Referrals and Authorizations

Log into our provider portal and click **Referrals and Authorizations** under **Office Management** tab on the home screen.



## 1. Choose New Request

Click **New Request** and select from the available options:

- Admissions** (for Emergent and Elective Admission requests)
- Outpatient**

The screenshot shows a dashboard titled "Welcome Back" with a mouse cursor. It features three main panels: "Eligibility Search" with a "Member ID" input field and a "Search" button; "Prior Authorizations" with "Options" and buttons for "Request PA" and "Check Status"; and "Claims" with a "Claim status" section, a "Member ID" input field, and a "Search" button. There are also links for "Advanced Search >", "Check PA requirements.MA >", "Check PA requirements.NH >", "View All >", "New >", and "Update >".

## Selecting a Patient

- After selecting **Admission** or **Outpatient** from the **Referrals and Authorizations** menu, enter the name of the patient in the **Search Current Patients** field,

Or

Click on the search icon magnifier to search for a specific patient.

The screenshot shows the "Admission Request Submission" form. It includes a "Patient" field with a magnifying glass icon and a "Search Current Patients" dropdown menu. A tooltip "Insert Patient Name" is visible over the dropdown. There are also "Co-Morbidity" radio buttons for "No" and "Yes".

- In the **Search Current Patients** box, search for a patient using:
  - Member ID
  - First Name
  - Last Name
  - Medicaid ID
  - Social Security Number
  - Date of Birth

The screenshot shows the "Outpatient Request Submission" form. It includes a "Search Current Patients" dropdown menu with the text "(Selected Patient Name will appear)". There are also "Co-Morbidity" radio buttons for "No" and "Yes".

The screenshot shows the "Search Current Patients" modal form. It has input fields for "Member ID", "First Name", "Last Name", "Medicaid ID", "Social Security Number", and "Date of Birth" (with a date picker icon). There are "Search" and "Close" buttons at the bottom.

- Once you have entered the patient information in one (or more) fields, click **Search** to find the patient.
- The search result will display eligibility information as black text under the patient name next to Effective Dates.

If the eligibility information is in **RED**, the member is not eligible for services and your request cannot be submitted.

5. Click **+Add** to select the patient.

## Entering the Patient Diagnosis

1. Enter the diagnosis code by typing it in the Search and select a diagnosis field.
2. If the diagnosis code is unknown, click on the search magnifier icon to look up a code.
3. Type the diagnosis in the search box and select a diagnosis field.
4. Click search
5. Select the appropriate diagnosis and code from the look-up list which appears by clicking on the +Add.
6. The code and diagnosis selected auto-fills the diagnosis field.
7. The arrows in lower right corner of the screen can be used to search through multiple pages of diagnoses and codes.
8. Select Close to continue your documentation. Multiple diagnoses can

Referral & Authorizations / Search Requests

### Outpatient Request Submission

If you are a new WellSense ACO provider and already have an approved authorization in place with your former health plan, you do not need to resubmit your authorization request.

To determine if a procedure code requires Prior Authorization, please follow this link for Massachusetts members or this link for Well Sense members

For instructions on attaching clinical information, please click here.

**Patient**

\*Search Current Patients

Select a patient    No  Yes

**Diagnosis**

\*Search and select a diagnosis

082 | ICD10CM | ENCOUNTER FOR CD WITHOUT INDICATION

Search and select a diagnosis

Description or Code

Search and select a diagnosis

Modify Search ▾

**OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC**

Code: G47.33 Code set: ICD10CM

1 - 1 of 1

be selected in this way.

9. The code and diagnosis selected appears under Diagnosis.

Diagnosis	
<b>Diagnosis Codes</b> O82 Encounter for cesarean delivery without indication	<b>Co-Morbidity</b> No

# Entering Provider Information

1. To enter the **Requesting Provider/Facility**, click on the search icon magnifier.
2. In the look-up, type the **Name** of the provider or facility, the **Provider ID**, or the **Provider NPI**.
3. In the **Type** field, select **Clinician**, **Facility** or **Vendor**, and then click Search.

Please note the following **Requesting Provider Type** selections:

- For **Emergent admission** requests: select **Facility**
  - For **Elective admission** requests, select **Clinician**
  - For **Outpatient** requests: select **Clinician**
4. Select the **Requesting Provider/Facility** name from the look-up list when clicking **+Add**.

Product	Network	Network Tier	PCP	Status
BMCHP ACO Line of Business	Community Alliance ACO Network		No	Participating
BMCHP ACO Line of Business	Wellsense BILH Performance Network ACO		No	Participating

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- The **Requesting Provider/Facility** field is then auto-filled with this selection.
- Add **Contact Name**.
- Add **Contact Info** and select **Phone or Fax**.

Complete the Servicing Provider/Facility fields by following the same steps as for Requesting Provider. Note: for **Emergent Admissions**, the requesting provider and the servicing provider is a **facility**.

## Entering Service Details

Under **Service Details**, select the appropriate choices from the drop-downs menus.

**Emergent Admission** requests:

- Select **Medical Care** in **Service**
- Select **Inpatient Hospital** in **Location**
- Select **Emergent** in **Level of Service**
- Select **1** and **Days**
- Select **Start Date** to select the appropriate date for one day
- Select **End Date** to select the appropriate date for one day

**Elective Admission** requests:

- Select **Surgical** in **Service**
- Select **Inpatient Hospital** in **Location**
- Select **Elective** in **Level of Service**
- Enter single date in **Start Date**
- Enter single date in **End Date**

Note for **Level of Service** field: An expedited or urgent pre-service request is any request for medical care or treatment where the time period for making non-urgent care determination could either seriously jeopardize the life or health of the member, based on a prudent layperson's judgment or in the opinion of a practitioner with knowledge of the member's medical condition, would subject the member to severe pain or injury that cannot be adequately managed without the care or treatment being requested.

### Outpatient requests:

1. Select the appropriate service in **Service**
2. Select location in **Location**
3. Select elective for **Level of Service**  
Please note: Service Units and Dates are entered in the Requested Procedures section (see next section)

The screenshot shows a 'Service Details' form with the following fields and values:

- Service** (1): Maternity\*
- Location** (2): Inpatient Hospital\*
- Level of Service** (3): Emergent\*
- Nsg Home Residential Status**: Select..
- Admission Source**: Select..
- Patient Status**: Select..
- Service Units**: 3 Days
- Start Date**: 06/04/2023
- End Date**: 06/06/2023
- Delay Reason**: Select..
- Related Cause**:  Auto  Employment  Other
- Incident Date**: Select Date
- State**: Select State
- Country**: Select Country

## Adding Procedure Information for Elective Admission and Outpatient Requests

1. To look up a procedure and CPT code, click the magnifier in the **Procedure Code** field in **Requested Procedures**
2. The procedure and CPT code will auto-filter the Procedure field
3. Enter **Quantity**
4. Enter **Date Range**

The screenshot shows a 'Procedure Code' search dialog box with a search input field and a 'Search' button.

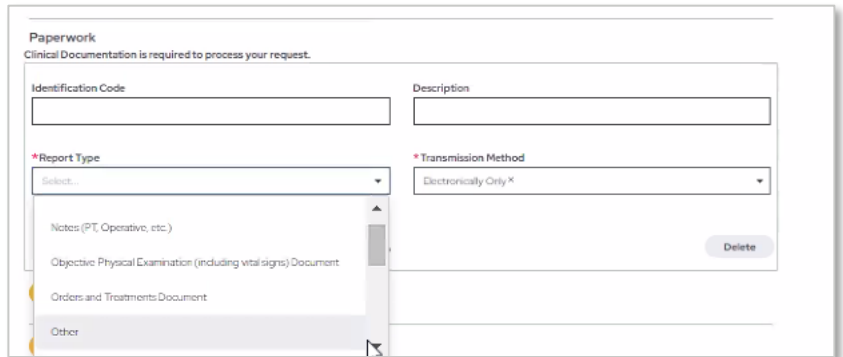
The screenshot shows the search results for 'UNLISTED PROCEDURE MATERNITY CARE AND DELIVERY' with a 'Code list' of 'CPT' and a 'Close' button.



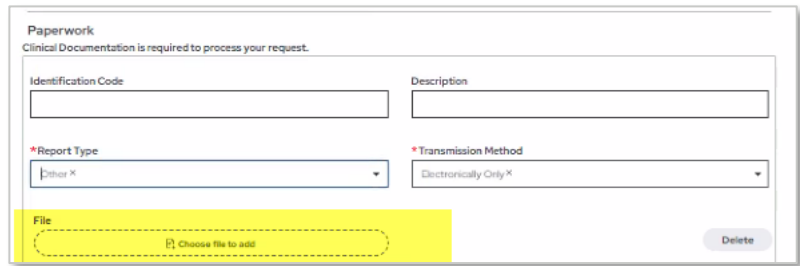
# Adding Clinical Information

For **Elective** and **Outpatient** requests, Clinical Information is required at the time of submission. For **Emergent Admission** requests, **Clinical** Information needs to be submitted within 24 hours of notification of admission.

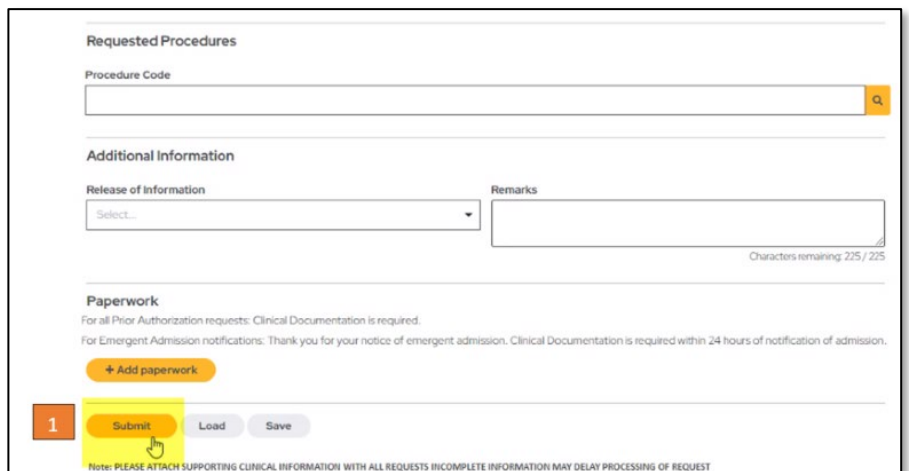
1. When submitting the original request, add clinical information by selecting the Report Type in the Report Type field
2. The File name will display
3. Click Add Paperwork
4. Documentation will appear in the description box.
5. After reviewing the completed form, complete your submission by clicking submit.
6. Please note: You may review your completed form, and note that the Procedure Request section contains the quantity and date range information for this request prior to clicking submit.



The screenshot shows the 'Paperwork' section of a form. It includes fields for 'Identification Code' and 'Description'. Below these are two dropdown menus: '\* Report Type' and '\* Transmission Method'. The '\* Report Type' dropdown is open, showing options: 'Notes (PT, Operative, etc.)', 'Objective Physical Examination (including vital signs) Document', 'Orders and Treatments Document', and 'Other'. A 'Delete' button is visible on the right side of the form.



This screenshot shows the same 'Paperwork' form. The 'File' field, which contains a dashed box and the text 'Choose file to add', is highlighted in yellow. The '\* Report Type' dropdown is now set to 'Other'. The '\* Transmission Method' dropdown is set to 'Electronically Only'. A 'Delete' button is also present.



The screenshot shows the 'Requested Procedures' and 'Additional Information' sections. The 'Requested Procedures' section has a 'Procedure Code' field with a search icon. The 'Additional Information' section has a 'Release of Information' dropdown and a 'Remarks' text area. Below this is the 'Paperwork' section, which includes a note about clinical documentation requirements and an '+ Add paperwork' button. At the bottom, there is a 'Submit' button highlighted in yellow, along with 'Load' and 'Save' buttons. A red box with the number '1' is next to the 'Submit' button. A note at the bottom reads: 'Note: PLEASE ATTACH SUPPORTING CLINICAL INFORMATION WITH ALL REQUESTS INCOMPLETE INFORMATION MAY DELAY PROCESSING OF REQUEST'. A character count 'Characters remaining: 225 / 225' is visible in the bottom right of the Remarks field.

# Confirmation

1. After clicking submit, the Admission or Outpatient request summary form displays. The **confirmation number** appears below the patient's name

Referral & Authorizations / Search Requests

## Request Detail

Print Edit Cancel

### Admission Request

Approved

Patient	Member ID	Birth Date	Request Number	Submitted On
[REDACTED]	20003454300	1/1/988		6/5/2023
Confirmation Number				
870975				

### Diagnosis

Diagnosis Codes	Co-Morbidity
O182 Encounter for cesarean delivery without indication	No

### Requesting Provider

Provider	Provider NPI	Address
BMC - [REDACTED]	[REDACTED]	Boston, MA, 02118
Contact Name	Contact Medium	Contact Info
Adalgisa Garcia	Fax Phone	[REDACTED]

### Servicing Providers

BMC - Boston Medical Center [See More](#)

Contact Name	Contact Medium	Contact Info
	Phone	[REDACTED]

### Requested Service

Service	Location of Service	Level of Service
Maternity	Inpatient Hospital (21)	Emergent (03)
Requested Units	Approved Units	
3		
NSG Home Residential Status	Source	Patient Status
	Delay Reason	Related Causes
Start Date	End Date	Incident Date
6/4/2023	6/16/2023	
		Incident Location

### Requested Procedures

No records available.

### Additional Information

Release of Information	Additional Remarks
	Your referral has been accepted.

### Paperwork

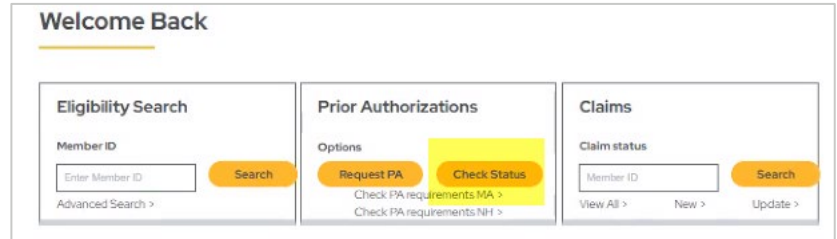
No records available.

### Attachments

No records available.

# Checking Status of a Request

After a request has been entered, the status may be checked in Health Trio. After logging in, click on **Check Status**

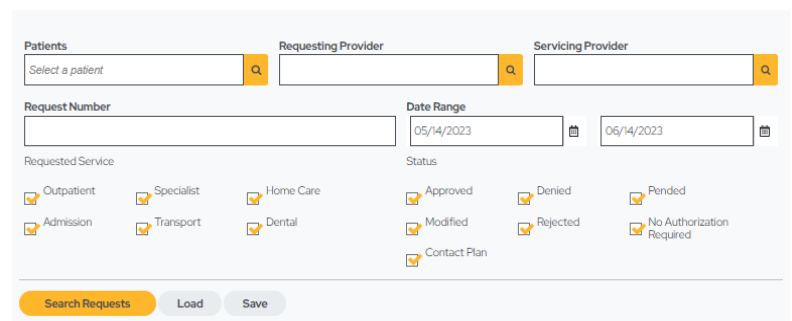


Search for the request by selecting the following:

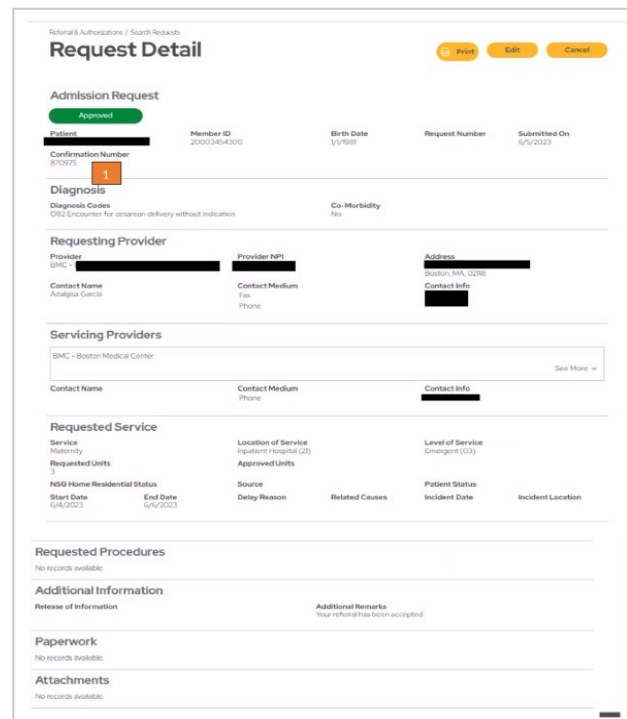
1. **Patients**
2. **Requesting Provider**
3. **Servicing Provider**
4. **Date Range**
5. **Requested Service** details and Status may also be selected by checking boxes
6. Click **Search Requests**

Referral & Authorizations

## Search Requests



7. The status of the request displays
8. For requests for which a status determination has been made, the request number appears. Click view.
9. The confirmation screen displays. **Please note:** The Requested Procedures section contains the updated status and updated requested units.



## \*New Features\*

### Real Time Authorization Review via Portal

Beginning June 14, 2023, providers will be able to submit the below requests via the portal and receive **real time review**.

### Inpatient Delivery Admission

- 1) Notification of inpatient delivery admissions for delivery for requests for the number of days below:

Diagnosis	Diagnosis Code	Number of Days
O80	Encounter for full-term uncomplicated delivery	3
O82	Encounter for cesarean delivery without indication	4
Z33.1	Pregnant state, incidental	4

Please note: Requests for days exceeding this number will be processed as normal.

### Outpatient Prenatal Services

Requests for pre-natal authorizations for these diagnosis codes:

Diagnosis	Diagnosis Code
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

For the procedure code, please enter **procedure code 59899-UNLISTED PROCEDURE**

## MATERNITY CARE & DELIVERY

In addition to seeing a displayed message that the authorization is approved on the Portal, providers will receive a faxed approval letter as usual.

### No Auth Required Procedure Codes

For some codes that do not require an authorization in an outpatient setting, but for which requests are sometimes submitted, providers will receive a no authorization message.

These codes include:

- 95806: Sleep Study, unattended
- 97803: Medical Nutrition
- 95251: Continuous Glucose Monitoring, analysis, interpretation and report

For these three codes, providers will receive a no authorization required screen which can then be printed or saved to a PDF.

### No Auth Required Message

From the View of a Prior Authorization screen.

The screenshot shows a web interface for 'Request Detail'. At the top, there are navigation tabs: 'Patient Management', 'Office Management', and 'Administration'. Below these is a breadcrumb 'Referral & Authorizations / Search Requests'. The main heading is 'Request Detail', with 'Print' and 'Edit' buttons to its right. A red message states: 'If you receive **No Authorization Required** the request you entered may not require Prior Authorization. To validate this information check the Additional Information section on the results page'. Under the heading 'Outpatient Request', there are two buttons: 'No Authorization Required' (green) and 'Canceled' (white). At the bottom, a table header is partially visible with columns: 'Patient', 'Member ID', 'Birth Date', 'Request Number', and 'Submitted On'.

## From Search Screen.

Patient Management ▾ Office Management ▾ Administration ▾

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Referral & Authorizations

# Search Requests

If you receive **No Authorization Required** the request you entered may not require Prior Authorization. To validate this information check the **Additional Information section on the results page**

Modify Search ▾

No Authorization Required Canceled Admission Request Number [REDACTED]