Provider Portal
Authorization User Guide

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

Table of Contents
Selecting the Type of Authorization ----------------------------------------------- 2
Selecting a Patient---------------------------------------------------------------- 3
Entering the Patient Diagnosis---------------------------------------------------- 4
Entering Provider Information----------------------------------------------------- 6
Entering Service Details----------------------------------------------------------- 7
Adding Procedure Information for Elective Admission and Outpatient Requests------- 8
Adding Clinical Information-------------------------------------------------------- 9
Confirmation----------------------------------------------------------------------- 10
Checking Status of a Request-------------------------------------------------------- 11
*New Features*--------------------------------------------------------------------- 12
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:
   
a. **Admissions** (for Emergent and Elective Admission requests)
   b. **Outpatient**

---

**Selecting a Patient**

1. 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.

2. In the **Search Current Patients** box, search for a patient using:
   a. Member ID
   b. First Name
   c. Last Name
   d. Medicaid ID
   e. Social Security Number
   f. Date of Birth

3. Once you have entered the patient information in one (or more) fields, click **Search** to find the patient.

4. The search result will display eligibility information as black text under the patient name next to Effective Dates.
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

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.
be selected in this way.

9. The code and diagnosis selected appears under Diagnosis.
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**.
5. The **Requesting Provider/Facility** field is then auto-filled with this selection.
6. Add **Contact Name**.
7. 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:**

1. Select **Medical Care** in **Service**
2. Select **Inpatient Hospital** in **Location**
3. Select **Emergent** in **Level of Service**
4. Select **1 and Days**
5. Select **Start Date** to select the appropriate date for one day
6. Select **End Date** to select the appropriate date for one day

**Elective Admission requests:**

1. Select **Surgical** in **Service**
2. Select **Inpatient Hospital** in **Location**
3. Select **Elective** in **Level of Service**
4. Enter single date in **Start Date**
5. 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)

---

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

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:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Diagnosis Code</th>
<th>Number of Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>O80</td>
<td>Encounter for full-term uncomplicated delivery</td>
<td>3</td>
</tr>
<tr>
<td>O82</td>
<td>Encounter for cesarean delivery without indication</td>
<td>4</td>
</tr>
<tr>
<td>Z33.1</td>
<td>Pregnant state, incidental</td>
<td>4</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Diagnosis Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z34.00</td>
<td>Encounter for supervision of normal first pregnancy, unspecified trimester</td>
<td></td>
</tr>
<tr>
<td>Z34.01</td>
<td>Encounter for supervision of normal first pregnancy, first trimester</td>
<td></td>
</tr>
<tr>
<td>Z34.02</td>
<td>Encounter for supervision of normal first pregnancy, second trimester</td>
<td></td>
</tr>
<tr>
<td>Z34.03</td>
<td>Encounter for supervision of normal first pregnancy, third trimester</td>
<td></td>
</tr>
<tr>
<td>Z34.80</td>
<td>Encounter for supervision of other normal pregnancy, unspecified trimester</td>
<td></td>
</tr>
<tr>
<td>Z34.81</td>
<td>Encounter for supervision of other normal pregnancy, first trimester</td>
<td></td>
</tr>
<tr>
<td>Z34.82</td>
<td>Encounter for supervision of other normal pregnancy, second trimester</td>
<td></td>
</tr>
<tr>
<td>Z34.83</td>
<td>Encounter for supervision of other normal pregnancy, third trimester</td>
<td></td>
</tr>
<tr>
<td>Z34.90</td>
<td>Encounter for supervision of normal pregnancy, unspecified, unspecified trimester</td>
<td></td>
</tr>
<tr>
<td>Z34.91</td>
<td>Encounter for supervision of normal pregnancy, unspecified, first trimester</td>
<td></td>
</tr>
<tr>
<td>Z34.92</td>
<td>Encounter for supervision of normal pregnancy, unspecified, second trimester</td>
<td></td>
</tr>
<tr>
<td>Z34.93</td>
<td>Encounter for supervision of normal pregnancy, unspecified, third trimester</td>
<td></td>
</tr>
</tbody>
</table>

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.
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]