



# 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**

## 1. Choose Referrals and Authorizations

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

#### 2. Choose New Request

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

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



PATIENT MANAGEMENT ▼ OFFICE MANAGEMENT ▼ ADMINISTRATION ▼

#### **Referral & Authorizations**

Advanced Search

Saved Searches

**Custom Templates** 

## Selecting a Patient

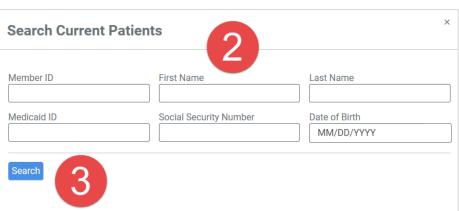
 After selecting Admission or Outpatient from the Referrals and Authorizations menu, enter the name of the patient in the Search Current Patients field.

Or

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

- 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.



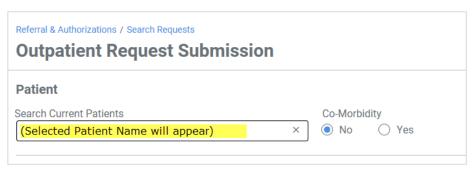


- click **Search** to find the patient.
- 4. The search result will display eligibility information as black text under the patient name next to Effective Dates.

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

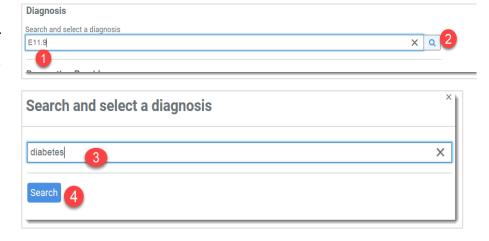
5. Click **+Add** to select the patient.





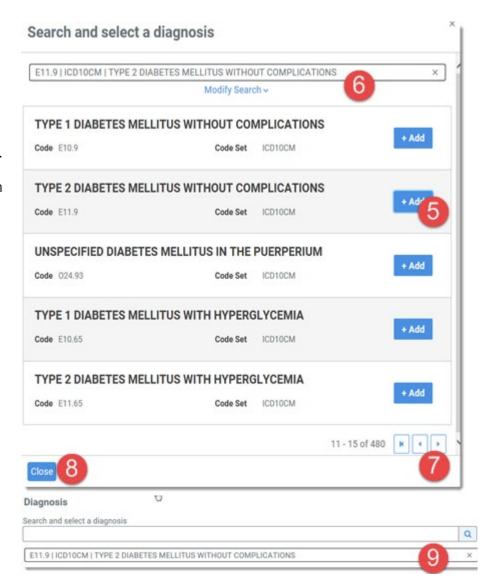
## **Entering the Patient Diagnosis**

- 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 autofills 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 be selected in this way.

9. The code and diagnosis selected appears under Diagnosis.

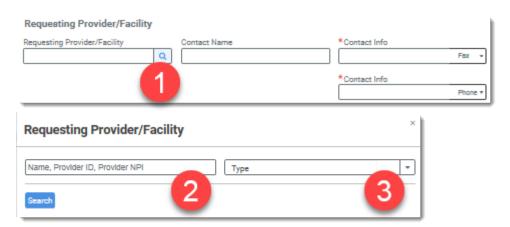


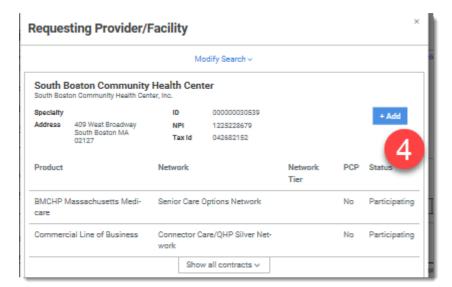
#### **Entering Provider Information**

- 1. To enter the **Requesting Provider/Facility**, click on the search icon magnifier.
- 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
- 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 Davs
- 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:

- 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

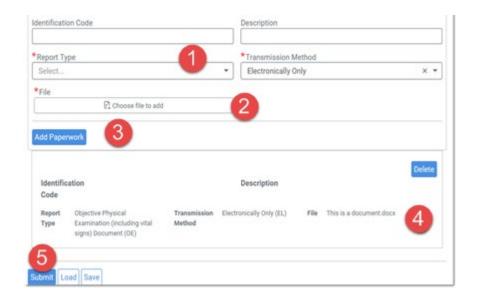
- 1. To look up a procedure and CPT code, click the magnifier in the **Procedure Code** field in **Requested Procedures**
- 2. The procedure and CPT code will auto-filter the Procedure field
- 3. Enter Quantity
- 4. Enter Date Range



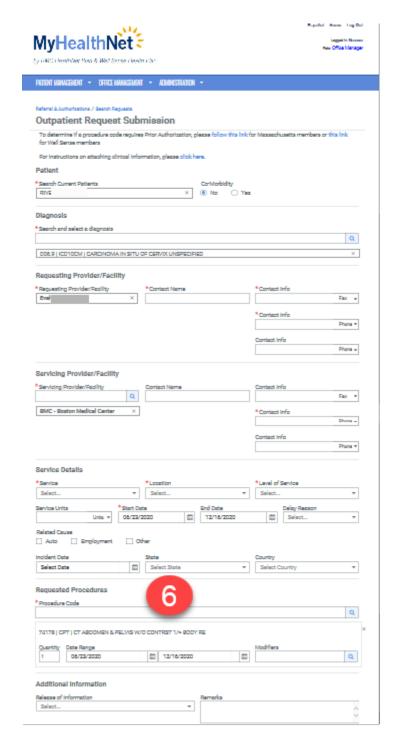
## **Adding Clinical Information**

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.

- 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.

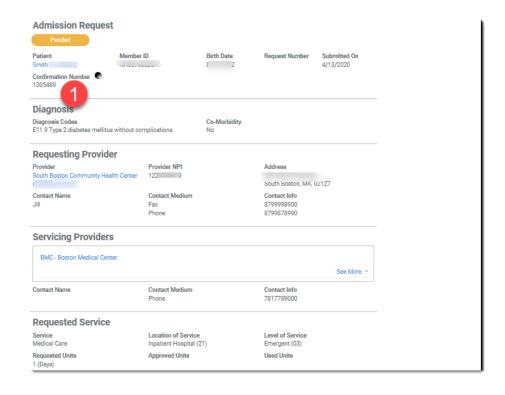


6. Please note: You may review your completed form, and note that the Procedure Request section contains the quantity and date range information for this request prior to clicking submit.



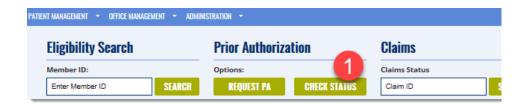
#### Confirmation

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



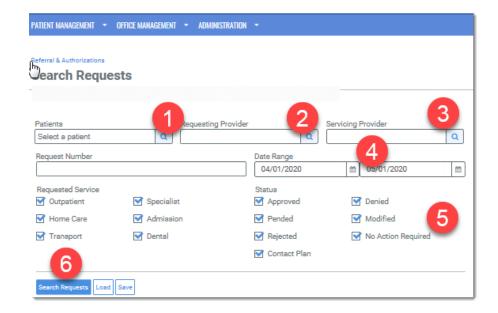
## **Checking Status of a Request**

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

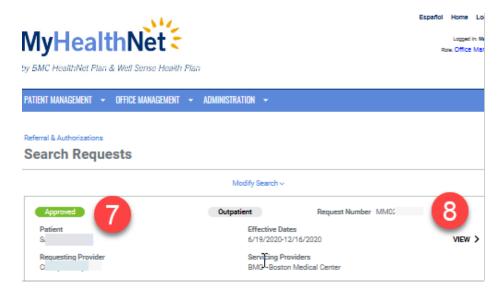


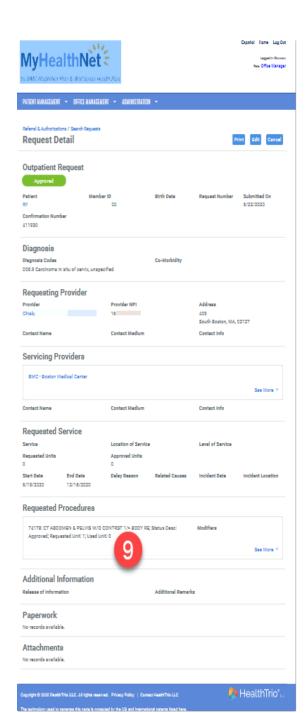
Search for the request by selecting the following:

- 1. Patients
- 2. Requesting Provider
- 3. Servicing Provider
- 4. Date Range
- 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.