

**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.



PATIENT MANAGEMENT ▾ OFFICE MANAGEMENT ▾ ADMINISTRATION ▾

### 2. Choose New Request

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

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

## 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.


PATIENT MANAGEMENT ▾ OFFICE MANAGEMENT ▾ ADMINISTRATION ▾

Referral & Authorizations / Search Requests

### Outpatient Request Submission

**Patient**

Search Current Patients

(Type in Patient's Name) > 

Last Name, First Name (NH000001234)

Co-Morbidity ☒ No ☐ 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

### Search Current Patients

Member ID


First Name

Last Name

Medicaid ID

Social Security Number

Date of Birth



- 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.

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

**Search Current Patients**

**4** **View Eligibility Effective Dates** **5**

**Last Name, First Name**

Patient ID Birthdate MM/DD/YYYY  
Effective Dates 3/1/2018- PCP Pa

**+ Add**

[Referral & Authorizations](#) / [Search Requests](#)

## Outpatient Request Submission

### Patient

Search Current Patients

Co-Morbidity

(Selected Patient Name will appear)

☒ No ☐ Yes

## Entering the Patient Diagnosis

- Enter the diagnosis code by typing it in the Search and select a diagnosis field.
- If the diagnosis code is unknown, click on the search magnifier icon to look up a code.
- Type the diagnosis in the search box and select a diagnosis field.
- Click search

**Diagnosis**

Search and select a diagnosis

E11.9

**1** **2**

**Search and select a diagnosis**

diabetes

**3** **4**

9. The code and diagnosis selected appears under Diagnosis.

**Diagnosis**

Search and select a diagnosis

E11.9 | ICD10CM | TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS

## 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 Massachusetts Medicare	Senior Care Options Network		No	Participating
Commercial Line of Business	Connector Care/QHP Silver Network		No	Participating

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

**Service Details**

Service Medical Care x	Location Inpatient Hospital x	Level of Service Emergent x
Nsg Home Residential Status Select...	Admission Source Select...	Patient Status Select...
Service Units 1 Days	Start Date 04/30/2020	End Date 04/30/2020
Delay Reason Select...		

**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**

**Service Details**

Service Surgical x	Location Inpatient Hospital x	Level of Service Elective x
Nsg Home Residential Status Select...	Admission Source Select...	Patient Status Select...
Service Units Days	Start Date 04/10/2020	End Date 04/10/2020
Delay Reason Select...		

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)

**Service Details**

*Service Select...	*Location Select...	*Level of Service Select...
Service Units Units	*Start Date 06/23/2020	End Date 12/16/2020
Delay Reason Select...		
Related Cause <input type="checkbox"/> Auto <input type="checkbox"/> Employment <input type="checkbox"/> 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**

**Requested Procedures**

Procedure Code 1

28805 | CPT | AMPUTATION FOOT; TRANSMETATARSAL 2

Quantity 3 Date Range 4 04/10/2020 04/11/2020 Modifiers

## 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.

Identification Code Description

\* Report Type 1 Select... \* Transmission Method Electronically Only x

\* File Choose file to add 2


Add Paperwork 3

Identification Code Description

Report Type Objective Physical Examination (including vital signs) Document (OE) Transmission Method Electronically Only (EL) File This is a document.docx 4

5 Submit Load Save

- 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.



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[OFFICE MANAGEMENT](#)
[ADMINISTRATION](#)

[Referral & Authorizations / Search Requests](#)

### Outpatient Request Submission

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

RVS

X

Comorbidity

☒ No
 ☐ Yes

**Diagnosis**

\* Search and select a diagnosis

Q

COLS9 | ICD10CM | CARCINOMA IN SITU OF CERVIX UNSPECIFIED

X

**Requesting Provider/Facility**

\* Requesting Provider/Facility

Eval

X

\* Contact Name

\* Contact Info

Fax

Phone

Phone

**Servicing Provider/Facility**

\* Servicing Provider/Facility

Q

BMC - Boston Medical Center

X

Contact Name

Contact Info

Fax

Phone

Phone

**Service Details**

\* Service

Select...

\* Location

Select...

\* Level of Service

Select...

Service Units

Units

\* Start Date

05/23/2020

am

End Date

12/16/2020

am

Delay Reason

Select...

Related Cause

☐ Auto
 ☐ Employment
 ☐ Other

Incident Date

Select Date

State

Select State

Country

Select Country

**Requested Procedures**

\* Procedure Code

Q

76178 | CPT | CT ABDOMEN & PELVIS W/O CONTRAST 1/4 BODY RS

Quantity

1

Date Range

05/23/2020

am

12/16/2020

am

Modifiers

Q

**Additional Information**

Release of Information

Select...

Remarks



# Confirmation

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

Admission Request

Pending

Patient	Member ID	Birth Date	Request Number	Submitted On
Smith	1234567890	1/1/2020	1234567890	4/13/2020
Confirmation Number 1305489				

Diagnosis

Diagnosis Codes	Co-Morbidity
E11.9 Type 2 diabetes mellitus without complications	No

Requesting Provider

Provider	Provider NPI	Address
South Boston Community Health Center	1234567890	South Boston, MA, 02127
Contact Name	Contact Medium	Contact Info
Jill	Fax Phone	8799989900 8799878990

Servicing Providers

BMC - Boston Medical Center

See More

Contact Name	Contact Medium	Contact Info
	Phone	7817789000

Requested Service

Service	Location of Service	Level of Service
Medical Care	Inpatient Hospital (21)	Emergent (03)
Requested Units	Approved Units	Used Units
1 (Days)		

# 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**

PATIENT MANAGEMENT

OFFICE MANAGEMENT

ADMINISTRATION

Eligibility Search

Prior Authorization

Claims

Member ID:

Enter Member ID

SEARCH

Options:

REQUEST PA

CHECK STATUS

Claims Status

Claim ID

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**

The screenshot shows the 'Search Requests' form in a web application. At the top is a navigation bar with 'PATIENT MANAGEMENT', 'OFFICE MANAGEMENT', and 'ADMINISTRATION'. Below it is a 'Referral & Authorizations' section. The form has several input fields: 'Patients' (with a search icon), 'Requesting Provider' (with a search icon), and 'Servicing Provider' (with a search icon). There is also a 'Request Number' field and a 'Date Range' field with date pickers. Below these are two columns of checkboxes for 'Requested Service' (Outpatient, Home Care, Transport, Specialist, Admission, Dental) and 'Status' (Approved, Pending, Rejected, Denied, Modified, No Action Required, Contact Plan). At the bottom are buttons for 'Search Requests', 'Load', and 'Save'. Red numbered callouts 1 through 6 point to the search fields, date range, checkboxes, and the 'Search Requests' button respectively.

7. The status of the request displays
8. For requests for which a status determination has been made, the request number appears. Click view.

The screenshot shows the 'Search Requests' results page. At the top is the 'MyHealthNet' logo and a navigation bar. Below it is a 'Referral & Authorizations' section. The results are displayed in a table. The first row shows a request with status 'Approved' (highlighted in green) and type 'Outpatient'. The 'Request Number' is 'MM00'. The 'Effective Dates' are '6/19/2020-12/16/2020'. The 'Servicing Providers' are 'BMC-Boston Medical Center'. Red numbered callouts 7 and 8 point to the status and request number respectively. A 'VIEW >' link is visible next to the request number.

9. The confirmation screen displays.  
**Please note:** The Requested Procedures section contains the updated status and updated requested units.



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[New Office Manager](#)

PATIENT MANAGEMENT
OFFICE MANAGEMENT
ADMINISTRATION

Referrals & Authorizations / Search Requests

Request Detail
Print
Edit
Cancel

Outpatient Request

Approved

Patient	Member ID	Birth Date	Request Number	Submitted On
R7	00			6/22/2020
Confirmation Number 411920				

Diagnosis

Diagnosis Codes	Co-Morbidity
006.9 Carcinoma in situ of cervix, unspecified	

Requesting Provider

Provider	Provider NPI	Address
Chiaq	16	009 South Scaton, MA, 02127
Contact Name	Contact Medium	Contact Info

Servicing Providers

BMC - Scaton Medical Center

See More

Contact Name	Contact Medium	Contact Info
--------------	----------------	--------------

Requested Service

Service	Location of Service	Level of Service
Requested Units 0	Approved Units 0	
Start Date 6/19/2020	End Date 12/16/2020	
Delay Reason	Related Causes	Incident Date
		Incident Location

Requested Procedures

76176 CT ABDOMEN & PELVIS W/O CONTRAST 1- BODY RE; Status Desc:  
Approved; Requested Unit: 1; Used Unit: 0

Modifiers

9

See More

Additional Information

Release of Information

Additional Remarks

Paperwork

No records available.

Attachments

No records available.

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The technology used to generate this name is connected by the US and International names listed here.

