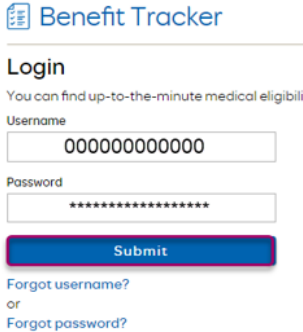
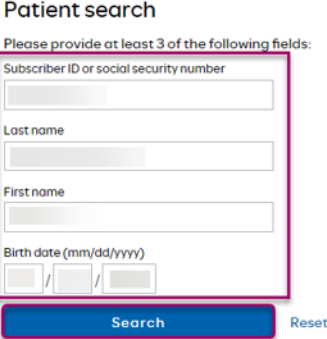





Welcome to the **Moda Health Medicare Auto Auth Application How to Guide!** Please use the links below in the **Table of Contents** to navigate to the specific Guide you need. There is also a selection of **Frequently Asked Questions (FAQs)** included to help with any questions that might come up while using the Auto Auth Application. If you have a question that is not covered in the FAQ, please reach out to **Medicare Customer Service** for further assistance toll free at **877-299-9062**.

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<p><b>To access the Auto Auth Application, log in to Benefit Tracker</b></p> <ul style="list-style-type: none"> <li>From your Benefit Tracker log in page, enter your credentials and click <b>Submit</b>.</li> </ul>	 <p>The screenshot shows the 'Benefit Tracker' login page. It includes a 'Login' heading, a sub-heading 'You can find up-to-the-minute medical eligibili', and input fields for 'Username' (containing '000000000000') and 'Password' (containing '*****'). A blue 'Submit' button is at the bottom. Below the button are links for 'Forgot username?' and 'Forgot password?'.</p>
<p><b>Complete a Patient Search</b></p> <ul style="list-style-type: none"> <li>You will now be directed to the <b>Patient search</b> page.</li> <li>Enter the subscriber's <b>ID</b> or <b>SSN</b>.</li> <li>Enter the subscriber's <b>Last Name and First Name</b>.</li> <li>Enter the subscriber's <b>Date of Birth</b> in mm/dd/yyyy format.</li> <li>Verify information is entered correctly, then click <b>Search</b>.</li> </ul>	 <p>The screenshot shows the 'Patient search' form. It has a heading 'Patient search' and a sub-heading 'Please provide at least 3 of the following fields:'. The form includes input fields for 'Subscriber ID or social security number', 'Last name', 'First name', and 'Birth date (mm/dd/yyyy)'. A blue 'Search' button and a 'Reset' link are at the bottom. A red box highlights the input fields.</p>
<p><b>Review Plan and Start PA</b></p> <ul style="list-style-type: none"> <li>You will now see the <b>members' plan information</b> and available benefits. Review accordingly.</li> <li>Once you have verified the member has coverage for the procedure needed, click on <b>Prior-Authorization</b> to access the Auto Auth Application.</li> <li>When you are ready, return to the Table to Contents using the link below to continue entering your PA.</li> </ul>	 <p>The screenshot shows the 'Medical benefits' page. It has a heading 'Medical benefits' and a navigation bar with links for 'Medical benefits', 'Pharmacy benefits', 'Claims', 'PCP history', 'Member handbook', and 'Prior-Authorization'. Below the navigation bar are labels for 'ID number:', 'Subscriber name:', and 'Network:' on the left, and 'Insurance type:', 'Group number:', and 'Group name:' on the right. Each label is followed by a greyed-out input field. A red box highlights the 'Prior-Authorization' link in the navigation bar.</p>

[Return to Table of Contents](#)

**To begin a new Inpatient Elective PA, follow the steps below:**

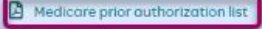
- Review for plan coverage as necessary.
- Click on the **Medicare Prior-Authorization List** to check if requesting CPT/HCPC requires a PA.
- Review your previous PA request history for the subscriber. You will only see prior authorization requests submitted through Benefit Tracker with your login information.
- If no previous PAs exist, you will not see any history.

- To start a new PA, click **Create new request**.

**Medical prior authorization**

Patient information

Patient name:  Insurance Type:   
 Date of birth:  Group number:   
 Subscriber ID:  Group name:

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.  



**Create new request**

Prior authorization requests					
Request ID	Last update date	Primary procedure code	Procedure description	Date span requested	Status
	02/23/2024	ANC	Inpatient Admission	02/21/2024 - 02/23/2024	<b>Fully Approved</b>

**Medical prior authorization**


Patient information

Patient name:  Insurance Type:   
 Date of birth:  Group number:   
 Subscriber ID:  Group name:

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.  


**Create new request**

Prior authorization requests					
Request ID	Last update date	Primary procedure code	Procedure description	Date span requested	Status

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.  


**Create new request**

**Step 1- Enter Procedure Information**

- For **Elective Inpatient Procedure requests** choose the following under **Procedure Information**:
  - **Procedure Type** – Click the **Inpatient Prior Authorization** radio button.
  - **Procedure Group** - must be chosen by the provider. Select **Inpatient Ancillary Charges** from the drop-down menu.
  - Once the procedure group is selected **procedure group units** will auto populate and cannot be edited further.
  - **Place of Service** - must be chosen by the provider. For elective inpatient procedures, the place of service should always be **Inpatient Hospital**.

Step 1: Enter procedure information



Enter procedure codes to check whether prior-authorization is required.

Procedure information

Procedure type

- Inpatient Prior Authorization
- Inpatient - Urgent/Emergent Prior Authorization
- Outpatient Prior Authorization

Procedure group

Select a procedure group

- Select a procedure group
- Inpatient Ancillary Charges**
- Chemical Dependency Inpatient
- Hospice
- Mental Health Inpatient

Procedure group

Inpatient Ancillary Charges

Procedure group units\*

9999

Place of service \*

Select a place of service

- Select a place of service
- Inpatient Hospital**
- Emergency Room - Hospital
- Birthing Center
- Skilled Nursing Facility
- Hospice
- Inpatient Psychiatric Facility
- Residential Substance Abuse Treatment Facility
- Psychiatric Residential Treatment Center
- Comprehensive Inpatient Rehabilitation Facility

- **Type of Care** - must be chosen by the provider. Should always be **elective**.

Type of care \*

Select... ▼

Select... ty

Elective

Emergency

Urgent

Newborn of

Trauma

- **Type of service** - must be chosen by the provider.

Type of service \*

Select a type of service ▼

Select a type of service

Medical Care

Surgical

Consultation

Diagnostic X-Ray

Diagnostic Lab

Radiation Therapy

Anesthesia

Surgical Assistance

Durable Medical Equipment Purchase

Durable Medical Equipment Rental

Second Surgical Opinion

Maxillofacial Prosthetics

Chiropractic

Chiropractic Office Visits

Dental Accident

Home Health Care

Home Health Visits

Hospice

Hospital - Inpatient

**Note: Suggested Type of service should be (depending on request type):**

- **Medical Care** – Non-surgical procedures
- **Surgical** – For surgical procedures

- **Procedure codes** - This is a required field in order to continue. Enter primary procedure CPT/HCPC code. After entering procedure code hit “tab” on keyboard for procedure description to populate.

### Procedure codes

Please enter the primary procedure code first, then add the additional procedures by clicking 'Add procedure code'.

1. 43644 - Laparo... X Primary procedure \*

+ Add proc 43644 - Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)

Check pr

- To add additional CPT/HCPC codes, click on Add procedure code. Continue to add all necessary codes until all are entered.

- When finished entering CPT/HCPC codes, click on **Check procedures** to continue.

The screen will now expand with additional fields to complete. Enter the following:

- Procedure Units** - This is a required field in order to continue. Enter the number of units/visits needed.

**Note: Suggested to enter 1, if bilateral procedure enter 2.**

- Medical request terms** –
  - Standard** - for non-urgent requests.
  - Expedited** - for cases in which the standard time frame could seriously jeopardize the members' life or health or ability to attain, maintain or regain maximum function.

**Note: If expedited is chosen, you will need to click the attestation box to continue.**

### Procedure codes

Please enter the primary procedure code first, then add the additional procedures by clicking 'Add procedure code'.

1.  ✕ Primary procedure \*

2.  🗑️ Remove

+ Add procedure code

Check procedures Cancel

### Procedure units

Please enter the number of units requested for each listed procedure.

Procedure	Units/Visits requested
43644 - Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	<input type="text"/>
43645 - Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	<input type="text"/>

### Medical request terms

Standard

Expedited  
Choose ONLY if you are attesting that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.

### Medical request terms

Standard

Expedited  
Choose ONLY if you are attesting that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.

I attest that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy. \*

- **Diagnosis code** - is a required field to continue. Enter the primary diagnosis code.
  - The best practice is to enter all Diagnosis codes in ICD-10 format and include the decimal point. When you hit the “tab” key on your keyboard the box will auto populate, and you should see an ICD-10 description populate as well.
- You can enter additional diagnosis codes by clicking Add Diagnosis Code.

**Note: there is a maximum of 10 codes allowed.**

Diagnosis code

Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking ‘Add diagnosis code’.

1.  ✕  
 Primary diagnosis \*

Diagnosis code

Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking ‘Add diagnosis code’.

1.  ✕  
 Primary diagnosis \*

[+ Add diagnosis code](#)

Diagnosis code

Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking ‘Add diagnosis code’.

1.  ✕  
 Primary diagnosis \*

2.  🗑️ Remove

<p><b>Under Additional Procedure Information</b></p> <ul style="list-style-type: none"> <li>• <b>Date span Requested</b> - Start date of authorization to end date of authorization (recommended to enter in a 6-month date range).</li> <li>• <b>Admit Date</b> - Date of the scheduled procedure. If the procedure has not yet been scheduled, enter in the start date of the authorization request.</li> <li>• <b>Inpatient Nights requested</b> – Enter the number of nights being requested.</li> </ul>	<p><b>Additional procedure information</b></p> <p>Date span requested *  <input type="text" value="03/04/2024"/> - <input type="text" value="09/04/2024"/></p> <p>Admit date *  <input type="text" value="03/15/2024"/></p> <p>Inpatient nights requested *  <input type="text" value="2"/></p>
<p><b>Entering Provider Information</b></p> <ul style="list-style-type: none"> <li>• <b>Requesting/Treating Provider Information</b> - It is recommended to always submit with NPI (National Provider ID) <i>and</i> TIN (Tax ID Number). Enter the following: <ul style="list-style-type: none"> <li>○ <b>Requesting Provider NPI</b> in full (hit tab key).</li> <li>○ <b>Requesting Provider TIN</b> in full (hit tab key).</li> <li>○ The system will recognize and populate <b>Requesting Provider Name</b> automatically.</li> <li>○ You can click on the box under Treating provider information to auto populate the <b>Treating Provider</b> if it is the same as <b>Requesting</b>.</li> </ul> </li> </ul>	<p><b>Requesting provider information</b></p> <p>Requesting provider NPI *  <input type="text"/></p> <p>Requesting provider TIN *  <input type="text"/></p> <p>Requesting provider name *  <input type="text"/></p> <p><b>Treating provider information</b></p> <p><input type="checkbox"/> Same as requesting provider information</p> <p>Treating provider NPI *  <input type="text"/></p> <p>Treating provider TIN *  <input type="text"/></p> <p>Treating provider name *  <input type="text"/></p>



- If the **Requesting** is different, fill out the **Treating** information using the steps above.

Example of fully filled in Requesting and Treating Provider Information

### Requesting provider information

Requesting provider NPI \*

1234567890 - Smith, Shawn B. ✕

Requesting provider TIN \*

098765432 - Smith, Shawn B. ✕

Requesting provider name \*

Smith, Shawn B.

### Treating provider information

Same as requesting provider information

Treating provider NPI \*

1234567890 - Smith, Shawn B. ✕

Treating provider TIN \*

098765432 - Smith, Shawn B. ✕

Treating provider name \*

Smith, Shawn B.

- **Facility information** - Enter the information for the facility where the procedure will take place. Repeat steps above for entering NPI/TIN.

Example of fully filled in Facility Information.

Facility information

Facility NPI \*

Facility TIN \*

Facility name \*

Facility information

Facility NPI \*

 ✕

Facility TIN \*

 ✕

Facility name \*

<p><b>Entering Contact Information</b></p> <ul style="list-style-type: none"> <li>Now you will enter your Contact information. Under <b>Requestor contact information</b>, enter the following:             <ul style="list-style-type: none"> <li><b>Contact name</b> (Required)</li> <li><b>Contact phone Number</b> (Required)</li> <li><b>Contact Fax Number</b> (Required)</li> </ul> </li> </ul> <p>Click <b>Attach chart notes</b> to continue.</p>	<p>Requestor contact information</p> <p>Contact name *</p> <p>Contact phone number *</p> <p>Contact fax number *</p> <p><b>2. Attach chart notes</b> &gt; <a href="#">Cancel</a></p>
<p><b>Step 2- Attaching Chart Notes (Required)</b></p> <ul style="list-style-type: none"> <li>Acceptable file formats (txt, docx, doc, pdf, jpg, gif).</li> <li>The notes can be attached by either drag and drop function or you can browse your own files and upload directly.</li> <li><b>Additional Comments (Optional)</b> - This box is optional but can be used to communicate additional details or additional information as needed.</li> <li>When finished, click <b>Save and review</b>.</li> </ul>	<p>Step 2: Attach chart notes</p> <p>Upload chart notes to attach to this request.</p> <p>Chart Notes</p> <p>Please ensure your submission includes notes for the associated patient. ⓘ</p> <p>Drag and drop files here or <a href="#">Browse files</a></p> <p>Most file types accepted. Maximum file size: 28 MB</p> <p><b>Additional comments (Optional)</b></p> <p>Type comments</p> <p>Maximum character limit: 4000</p> <p><b>3. Save and review</b> &gt; <a href="#">Cancel</a></p>

**Step 3- Review before Submitting**

- This is the final stage prior to submission. Please be sure to review everything for accuracy.

**Step 3: Review before submitting**



Review the information you've provided before submitting your request.

**Procedures**

Procedure type:	Inpatient	Procedure group:	Inpatient Ancillary Charges
Procedure code	Units/Visits requested		
29887 - Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	1		
29888 - Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	1		

**Procedure Details**

Request terms:	Standard	Admit date:	2024/03/15
Diagnosis codes:	M54.5 - Low back pain	Place of service:	Inpatient Hospital
Date span requested:	2024/03/04 - 2024/09/04	Type of care:	Elective
Inpatient nights requested:	2	Type of service:	Medical Care

**Requesting provider information**

Requesting provider NPI:

Requesting provider TIN:

Requesting provider name:

**Treating provider information**

Treating provider NPI:

Treating provider TIN:

Treating provider name:

**Facility information**

Facility NPI:

Facility TIN:

Facility name:

**Request contact information**

Request contact name: marina

Request contact phone: (140) 080-1810

Request contact fax:

- **If all information is accurate, Submit request** - Click **Submit request** to fully submit the prior authorization request.
- **If there are errors that need correction, Cancel.** If **Cancel** is chosen, you will receive a final prompt and warning before the request is fully canceled.



**Request Submitted**

- After submitting the request, you will be directed back to the provider authorization history for the member that is in focus and should see a confirmation message that the PA has been submitted successfully. The PA Request will show **Pending Decision** until the request has been determined. It will update once a decision has been made.
  
- The following information will be displayed:
  - **Request ID**
  - **Last Update Date**
  - **Primary Procedure Code**
  - **Procedure Description**
  - **Date span**
  - **Status**


Prior authorization requests					
Request ID	Last update date	Primary procedure code	Procedure description	Date span requested	Status
<div style="border: 1px solid green; padding: 5px; display: flex; justify-content: space-between; align-items: center;"> <span>✓ Prior authorization request successfully submitted</span> <span>✕</span> </div>					
P00001547	03/07/2024	29887	"Arthroscopy knee surgical; drilling for intact osteochondritis dissecans lesion with internal fixation"	03/04/2024 - 09/04/2024	<div style="border: 1px solid blue; padding: 2px 5px; display: inline-block;">Pending Decision</div>

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To begin a new Inpatient Urgent/Emergent PA, follow the steps below:

- To start a new PA, click **Create new request**.

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.

 Medicare prior authorization list

**Create new request**

**Step 1- Enter Procedure Information**

- For **Urgent/Emergent** requests, select the following under Procedure Information:
  - Procedure Type - **Inpatient-Urgent/Emergent Prior Authorization** radio button.
  - The following fields will auto populate based on the Procedure type above and cannot be changed:
    - Procedure Group**
    - Procedure Group Units**
    - Place of Service**
    - Type of Care**

**Step 1: Enter procedure information**



Enter procedure codes to check whether prior-authorization is required.

**Procedure information**

Procedure type

- Inpatient Prior Authorization
- Inpatient - Urgent/Emergent Prior Authorization**
- Outpatient Prior Authorization

Procedure group

Inpatient Ancillary Charges

Procedure group units\*

9999

Place of service \*

Inpatient Hospital

Type of care \*

Emergency

<ul style="list-style-type: none"> <li>○ <b>Type of Service</b> – For physical health request, select <b>Medical Care</b>.</li> </ul>	<p>Type of service *</p> <div data-bbox="630 323 971 516"> <p>Medical Care <input type="checkbox"/></p> <p>Select a type of service</p> <p>Medical Care <input checked="" type="checkbox"/></p> <p>Mental Health <input type="checkbox"/></p> </div>
---	--

<ul style="list-style-type: none"> <li>You can enter additional diagnosis codes by clicking Add Diagnosis Code. <b>Note: there is a maximum of 10 codes allowed.</b></li> </ul>	<p><b>Diagnosis code</b></p> <p>Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.</p> <div style="border: 1px solid #ccc; padding: 5px;"> <p>1. <input type="text" value="G47.33 - Obstru..."/> <span style="float: right;">✕</span></p> <p>Primary diagnosis *</p> </div> <p><a href="#" style="border: 1px solid #ccc; padding: 2px 5px;">+ Add diagnosis code</a></p> <p><b>Diagnosis code</b></p> <p>Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.</p> <div style="border: 1px solid #ccc; padding: 5px;"> <p>1. <input type="text" value="G47.33 - Obstru..."/> <span style="float: right;">✕</span></p> <p>Primary diagnosis *</p> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <p>2. <input type="text"/> <span style="float: right;">🗑 Remove</span></p> </div>
<p><b>Additional Procedure Information</b></p> <ul style="list-style-type: none"> <li><b>Date span requested</b> - Should reflect admit date up to the first two nights.</li> <li><b>Admit date</b> - Date of Inpatient admission.</li> <li><b>Inpatient Nights requested</b> – It is recommended to request no more than a <b>two-night</b> length of stay to ensure an auto approval.</li> </ul>	<p><b>Additional procedure information</b></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Date span requested *</p> <p><input type="text" value="03/04/2024"/> <span>📅</span> - <input type="text" value="03/06/2024"/> <span>📅</span></p> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Admit date *</p> <p><input type="text" value="03/04/2024"/> <span>📅</span> <span>ℹ</span></p> </div> <div style="border: 1px solid #ccc; padding: 5px;"> <p>Inpatient nights requested *</p> <p><input type="text" value="2"/></p> </div>



**Entering Provider Information**

- **Requesting/Treating Provider Information** - For emergent admissions, insert the facility where the patient was admitted under requesting/treating/facility. Practitioner information is not needed. It is recommended to always submit with NPI (National Provider ID) *and* TIN (Tax ID Number). Enter the following:
  - **Requesting Provider NPI** in full (hit tab key).
  - **Requesting Provider TIN** in full (hit tab key).
  - The system will recognize and populate **Requesting Provider Name** automatically.
  - You can click on the box under Treating provider information to auto populate the **Treating Provider** if it is the same as **Requesting**.
  - If the **Requesting** is different, fill out the **Treating** information using the steps above.

**Requesting provider information**

Requesting provider NPI \*

Requesting provider TIN \*

Requesting provider name \*

**Treating provider information**

Same as requesting provider information

Treating provider NPI \*

Treating provider TIN \*

Treating provider name \*

Here is an example of a fully filled in Requesting and Treating Provider Information.

### Requesting provider information

Requesting provider NPI \*

1234567890 - Smith, Shawn B. ✕

Requesting provider TIN \*

098765432 - Smith, Shawn B. ✕

Requesting provider name \*

Smith, Shawn B.

### Treating provider information

Same as requesting provider information

Treating provider NPI \*

1234567890 - Smith, Shawn B. ✕

Treating provider TIN \*

098765432 - Smith, Shawn B. ✕

Treating provider name \*

Smith, Shawn B.

### Facility information

Facility NPI \*

Facility TIN \*

Facility name \*

- **Facility information** - Repeat the steps above to enter the facility information.
- The Facility NPI and Facility TIN should match the Requesting provider NPI and Requesting provider TIN.

<p>Example of fully filled in Facility Information</p>	<h3>Facility information</h3> <p>Facility NPI *</p> <input type="text" value="1122334455 - Good Shepherd"/> <p>Facility TIN *</p> <input type="text" value="667788990 - Good Shepherd"/> <p>Facility name *</p> <input type="text" value="Good Shepherd"/>
<h3>Entering Contact Information</h3> <ul style="list-style-type: none"> <li>Now you will enter your Contact information. Under <b>Requestor contact information</b>, enter the following:             <ul style="list-style-type: none"> <li><b>Contact name</b> (Required)</li> <li><b>Contact phone Number</b> (Required)</li> <li><b>Contact Fax Number</b> (Required)</li> </ul> </li> <li>Click <b>Attach chart notes</b> to continue.</li> </ul>	<h3>Requestor contact information</h3> <p>Contact name *</p> <input type="text"/> <p>Contact phone number *</p> <input type="text"/> <p>Contact fax number *</p> <input type="text"/> <p><b>2. Attach chart notes</b> &gt; <a href="#">Cancel</a></p>

**Step 2- Attaching Chart Notes (Required)**

- Acceptable file formats (txt, docx, doc, pdf, jpg, gif).
- The notes can be attached using either the drag and drop function by browsing your own files and upload directly.
- It is recommended to **always** include the **Admission Notification** if no other chart notes are available at the time of notification.
- **Additional Comments (Optional)** - This box is optional but can be used to communicate additional details or additional information as needed.
- When finished, click **Save and review**.


Step 2: Attach chart notes



Upload chart notes to attach to this request.

Chart Notes

Please ensure your submission includes notes for the associated patient. ⓘ



Drag and drop files here  
or  
[Browse files](#)

Most file types accepted.  
Maximum file size: 28 MB

**Additional comments (Optional)**

Type comments

Maximum character limit: 4000

**3. Save and review >**

[Cancel](#)

**Step 3- Review before Submitting**

- This is the final stage prior to submission. Please be sure to review everything for accuracy.

**Step 3: Review before submitting**



Review the information you've provided before submitting your request.

**Procedures**

Procedure type:	Urgent	Procedure group:	Inpatient Ancillary Charges
<b>Procedure code</b>	<b>Units/Visits requested</b>		
-			

**Procedure Details**

Request terms:	Standard	Place of service:	Inpatient Hospital
Diagnosis codes:	G47.33 - Obstructive sleep apnea (adult) (pediatric)	Type of care:	Emergency
Date span requested:	2024/03/04 - 2024/03/06	Type of service:	Medical Care
Inpatient nights requested: 2			

**Requesting provider information**

Requesting provider NPI:

Requesting provider TIN:

Requesting provider name:

**Treating provider information**

Treating provider NPI:

Treating provider TIN:

Treating provider name:

**Facility information**

Facility NPI:

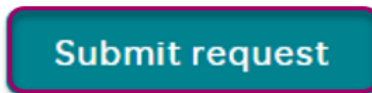
Facility TIN:

**Request contact information**

Request contact name: Marina

Request contact phone: (123) 456-7899

- **If all information is accurate, Submit request** - Click **Submit request** to fully submit the prior authorization request.
- **If there are errors that need correction, Cancel**. There is no way to go back and edit previous entries so you will need to cancel and start over. If **Cancel** is chosen, you will receive a final prompt and warning before the request is fully canceled.



**Request Submitted**

- After submitting the request, you will be directed back to provider authorization history for the member that is in focus and should see a confirmation message that the PA has been submitted successfully. If all criteria is met, an initial authorization will be approved for a two-night length of stay. A concurrent review will be conducted for extensions needed beyond the initial two night length of stay.
- The following information will be displayed:
  - **Request ID**
  - **Last Update Date**
  - **Primary Procedure Code (ANC defines an IP Admission)**
  - **Procedure Description (Inpatient Admission for Urgent/Emergent Admissions)**
  - **Date span**
  - **Status**

Prior authorization  
[Medical benefits](#) | [Pharmacy benefits](#) | [Claims](#) | [PCP history](#) | [Member handbook](#) | [Prior-Authorization](#)

### Medical prior authorization

Patient information

Patient name:  Insurance Type:   
 Date of birth:  Group number:   
 Subscriber ID:  Group name:

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.  
[Medicare prior authorization list](#)

[Create new request](#)

Prior authorization requests					
Request ID	Last update date	Primary procedure code	Procedure description	Date span requested	Status
P00001537	03/04/2024	ANC	Inpatient Admission	03/01/2024 - 03/03/2024	<a href="#">Fully Approved</a>
P00001278	03/04/2024	ANC	Inpatient Admission	02/21/2024 - 02/23/2024	<a href="#">Fully Approved</a>

[Return to Table of Contents](#)

To begin a new SNF/Swing Bed/LTACH PA, follow the steps below:

- To start a new PA, click **Create new request**.

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.

 Medicare prior authorization list

**Create new request**

**Step 1- Enter Procedure Information**

- For **Skilled Nursing/LTACH/Swing Bed/and Inpatient Rehab** requests choose the following under **Procedure Information**:
  - Procedure Type** – Click the **Inpatient Prior Authorization** radio button.
  - Procedure Group** - must be chosen by the provider. Select **Inpatient Ancillary Charges** from the drop-down menu.
  - Once the procedure group is selected **procedure group units** will auto populate and cannot be edited further.

Step 1: Enter procedure information



Enter procedure codes to check whether prior-authorization is required.

Procedure information

Procedure type

- Inpatient Prior Authorization
- Inpatient - Urgent/Emergent Prior Authorization
- Outpatient Prior Authorization

Procedure group

Select a procedure group ▼

- Select a procedure group
- Inpatient Ancillary Charges**
- Chemical Dependency Inpatient
- Hospice
- Mental Health Inpatient

Procedure group

Inpatient Ancillary Charges ▼

Procedure group units\*

9999

- **Place of Service** - must be chosen by the provider.

**Note: Suggested Place of service should be (depending on request type):**

**Inpatient Hospital**- Swing Bed, LTACH, and Inpatient Rehab requests

**Skilled Nursing Facility**- Skilled Nursing Requests

- **Type of Care** - must be chosen by the provider. Should always be **elective**.

- **Type of service** - must be chosen by the provider.

**Note: Suggested Type of service should be (depending on request type):**

- **Rehabilitation - Inpatient**- Swing Bed, LTACH, and Inpatient Rehab requests
- **Skilled Nursing Care**- Skilled Nursing requests

Place of service \*

Select a place of service ▼

Select a place of service

- Inpatient Hospital
- Emergency Room - Hospital
- Birthing Center
- Skilled Nursing Facility
- Hospice
- Inpatient Psychiatric Facility
- Residential Substance Abuse Treatment Facility
- Psychiatric Residential Treatment Center
- Comprehensive Inpatient Rehabilitation Facility

Type of care \*

Select... ▼

Select... ▼

- Elective
- Emergency
- Urgent
- Newborn
- Trauma

Type of service \*

Select a type of service ▼

- In-vitro Fertilization
- Acupuncture
- Transplants
- Prosthetic Device
- Dialysis
- Allergy Testing
- Infertility
- Rehabilitation
- Rehabilitation - Inpatient
- Rehabilitation - Outpatient
- Occupational Therapy
- Speech Therapy
- Skilled Nursing Care
- Substance Abuse
- Massage Therapy
- Pulmonary Rehabilitation
- Cardiac Rehabilitation
- Mental Health
- Physical Therapy
- Neonatal Intensive Care



- **Procedure code** is optional and **not applicable** for SNF/Swing Bed/LTACH/Inpatient Rehab requests. This should be bypassed, click on **Check procedures** to continue.

The screen will now expand with additional fields to complete. Enter the following:

- **Medical request terms** –
  - **Standard** - for non-urgent requests.
  - **Expedited** - for cases in which the standard time frame could seriously jeopardize the members’ life or health or ability to attain, maintain or regain maximum function.

**Note: If expedited is chosen, you will need to click the attestation box to continue.**

**Procedure codes**

Please enter the primary procedure code first, then add the additional procedures by clicking 'Add procedure code'.

1.  Secondary procedure

[+ Add procedure code](#)

**Check procedures**

[Cancel](#)

**Medical request terms**

Standard

Expedited  
Choose ONLY if you are attesting that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.

**Medical request terms**

Standard

Expedited  
Choose ONLY if you are attesting that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.

I attest that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy. \*

- **Diagnosis code** - is a required field to continue. Enter the primary diagnosis code.
  - The best practice is to enter all Diagnosis codes in ICD-10 format and include the decimal point. When you hit the “tab” key on your keyboard the box will auto populate, and you should see an ICD-10 description populate as well.

- You can enter additional diagnosis codes by clicking Add Diagnosis Code. **Note: there is a maximum of 10 codes allowed.**

### Diagnosis code

Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.

1.  ✕  
 Primary diagnosis \*

### Diagnosis code

Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.

1.  ✕  
 Primary diagnosis \*

[+ Add diagnosis code](#)

### Diagnosis code

Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.

1.  ✕  
 Primary diagnosis \*

2.  🗑️ [Remove](#)

**Additional Procedure Information**

- **Date span Requested** - Admit date up to first 7 nights.
- **Admit Date** - Date of *possible/scheduled* admission.
- **Inpatient Nights requested** – It is recommended to always request no more than a **7-day length of stay**. Our Concurrent team will review extended stays beyond the initial 7 nights.

**Additional procedure information**

Date span requested \*

03/06/2024 - 03/13/2024

Admit date \*

03/06/2024

Inpatient nights requested \*

7

**Entering Provider Information**

- **Requesting/Treating Provider Information** –  
 This should reflect the facility information where the member will be admitted to. Practitioner information is not needed. It is recommended to always submit with NPI (National Provider ID) *and* TIN (Tax ID Number). Enter the following:
  - **Requesting Provider NPI** in full (hit tab key).
  - **Requesting Provider TIN** in full (hit tab key).
  - The system will recognize and populate **Requesting Provider Name** automatically.
  - You can click on the box under Treating provider information to auto populate the **Treating Provider** if it is the same as **Requesting**.
  - If the **Requesting** is different, fill out the **Treating** information using the steps above.

**Requesting provider information**

Requesting provider NPI \*

Requesting provider TIN \*

Requesting provider name \*

**Treating provider information**

Same as requesting provider information

Treating provider NPI \*

Treating provider TIN \*

Treating provider name \*

Here is an example of a fully filled in Requesting and Treating Provider Information.

Requesting provider information

Requesting provider NPI \*

Requesting provider TIN \*

Requesting provider name \*

Treating provider information

Same as requesting provider information

Treating provider NPI \*

Treating provider TIN \*

Treating provider name \*

Facility information

Facility NPI \*

Facility TIN \*

Facility name \*

- Facility information** - It is recommended that the facility should match Treating/Requesting for SNF/Swing Bed/LTACH/and IP Rehab request. Repeat steps above for entering NPI/TIN for the Facility.

<p>Example of fully filled in Facility Information</p>	<h3>Facility information</h3> <p>Facility NPI *</p> <input type="text" value="1122334455 - Good Shepherd"/> <p>Facility TIN *</p> <input type="text" value="667788990 - Good Shepherd"/> <p>Facility name *</p> <input type="text" value="Good Shepherd"/>
<h3>Entering Contact Information</h3> <ul style="list-style-type: none"> <li>Now you will enter your Contact information. Under <b>Requestor contact information</b>, enter the following:             <ul style="list-style-type: none"> <li><b>Contact name</b> (Required)</li> <li><b>Contact phone Number</b> (Required)</li> <li><b>Contact Fax Number</b> (Required)</li> </ul> </li> <li>Click <b>Attach chart notes</b> to continue.</li> </ul>	<h3>Requestor contact information</h3> <input type="text" value="Contact name *"/> <input type="text" value="Contact phone number *"/> <input type="text" value="Contact fax number *"/> <p><b>2. Attach chart notes</b> &gt; <a href="#">Cancel</a></p>

**Step 2- Attaching Chart Notes (Required)**

- Acceptable file formats (txt, docx, doc, pdf, jpg, gif).
- The notes can be attached by either drag and drop function or you can browse your own files and upload directly.
- **Additional Comments (Optional)** - This box is optional but can be used to communicate additional details or additional information as needed.
- When finished, click **Save and review**.


Step 2: Attach chart notes



Upload chart notes to attach to this request.

Chart Notes

Please ensure your submission includes notes for the associated patient. ⓘ



Drag and drop files here

or

[Browse files](#)

Most file types accepted.  
Maximum file size: 28 MB

**Additional comments (Optional)**

Type comments

Maximum character limit: 4000

3. Save and review >

[Cancel](#)

**Step 3- Review before Submitting**

- This is the final stage prior to submission. Please be sure to review everything for accuracy.

**Step 3: Review before submitting**



Review the information you've provided before submitting your request.

**Procedures**

Procedure type:	Inpatient	Procedure group:	Inpatient Ancillary Charges
Procedure code	Units/Visits requested		
-			

**Procedure Details**

Request terms:	Standard	Admit date:	2024/03/06
Diagnosis codes:	J96.01 - Acute respiratory failure with hypoxia	Place of service:	Skilled Nursing Facility
Date span requested:	2024/03/06 - 2024/03/13	Type of care:	Elective
Inpatient nights requested:	7	Type of service:	Skilled Nursing Care

**Requesting provider information**

Requesting provider NPI:

Requesting provider TIN:

Requesting provider name:

**Treating provider information**

Treating provider NPI:

Treating provider TIN:

Treating provider name:

**Facility information**

Facility NPI:

Facility TIN:

Facility name:

**Request contact information**

Request contact name: tester

Request contact phone: (115) 005-5050

Request contact fax:

- If all information is accurate, Submit request** - Click **Submit request** to fully submit the prior authorization request.
- If there are errors that need correction, Cancel.** If **Cancel** is chosen, you will receive a final prompt and warning before the request is fully canceled.





**Request Submitted**

- After submitting the request, you will be directed back to provider authorization history for the member that is in focus and should see a confirmation message that the PA request has been submitted successfully. The PA Request will show Pending Decision until the request has been determined. It will update once a decision has been made.
- The following formation will be displayed:
  - **Request ID**
  - **Last Update Date**
  - **Primary Procedure Code**
  - **Procedure Description**
  - **Date span**
  - **Status**

**Medical prior authorization**

Patient information

Patient name:	<input type="text"/>	Insurance Type:	<input type="text"/>
Date of birth:	<input type="text"/>	Group number:	<input type="text"/>
Subscriber ID:	<input type="text"/>	Group name:	<input type="text"/>

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.

[Medicare prior authorization list](#)

[Create new request](#)

Prior authorization requests					
Request ID	Last update date	Primary procedure code	Procedure description	Date span requested	Status
<div style="border: 1px solid #ccc; padding: 5px; background-color: #e8f5e9;"> <span style="color: green;">✔</span> Prior authorization request successfully submitted <span style="float: right;">✕</span> </div>					

[Return to Table of Contents](#)

**To begin a new Outpatient PA, follow the steps below:**

- Review for plan coverage as necessary.
- Click on the **Medicare prior authorization list** to check if requesting CPT/HCPC requires a PA.
- If CPT/HCPC is not on the PA list, this means no PA is required.
- Review your previous PA request history for the member. You will only see requests submitted electronically with your Benefit Tracker login.
- If no previous authorizations exist, you will not see any history.
- Click on **Create new request** to continue the PA request.

**Medical prior authorization**

Patient information

Patient name:  Insurance Type:   
 Date of birth:  Group number:   
 Subscriber ID:  Group name:

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.  
[Medicare prior authorization list](#)

**Create new request**

Prior authorization requests					
Request ID	Last update date	Primary procedure code	Procedure description	Date span requested	Status
	02/23/2024	ANC	Inpatient Admission	02/21/2024 - 02/23/2024	Fully Approved

**Medical prior authorization**

Patient information

Patient name:  Insurance Type:   
 Date of birth:  Group number:   
 Subscriber ID:  Group name:

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.  
[Medicare prior authorization list](#)

**Create new request**

Prior authorization requests					
Request ID	Last update date	Primary procedure code	Procedure description	Date span requested	Status

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.  
[Medicare prior authorization list](#)

**Create new request**

**Step 1- Enter Procedure Information**

- For **Outpatient Procedure** requests choose the following under **Procedure Information**:
  - **Procedure Type** - Outpatient Prior Authorization radio button.
  - **Procedure Group** - must be chosen by the provider. Select the option that best applies. If there is not a best option, choose Not Applicable.

**Note: If a procedure group is selected, procedure group units will appear.**

- **Enter the number of units needed.**

**If the procedure group is set to “not applicable” then procedure group units will NOT appear.**

Here is an example with Procedure group units.

**Step 1: Enter procedure information**



Enter procedure codes to check whether prior-authorization is required.

**Procedure information**

Procedure type

- Inpatient Prior Authorization
- Inpatient - Urgent/Emergent Prior Authorization
- Outpatient Prior Authorization

Procedure group

Select a procedure group ▼

- Select a procedure group
- Applied Behavioral Analysis
- Acupuncture
- Chemical Dependency Outpatient Visits
- Chiropractic Services Only
- Dental Services
- Hospice
- Infertility, All Services
- Mental Health Outpatient Visits
- Occupational Therapy
- Physical Therapy Only
- Speech Therapy
- Transplant and Donor Services
- Travel Benefit
- Not Applicable

Procedure group

Occupational Therapy ▼

Procedure group units\*

10

- **Place of Service** - must be chosen by the provider.

**Note: Suggested place of service should be (depending on request type):**

**Office** – Outpatient Office procedure

**Home** – Most Durable Medical Equipment

**On Campus-Outpatient Hospital** – Outpatient procedure performed in Hospital

**Ambulatory Surgical Center** – Outpatient procedure performed in Surgical Center

**Independent Laboratory** – Laboratory billed services

- **Type of Care** - must be chosen by the provider. Should always be **elective**.

- **Type of Service** - must be chosen by the provider. Select the option that applies best. If none apply, default to **Medical Care**.

Place of service \*

Select a place of service ▼

Select a place of service

- Telehealth Provided Other than in Patient's Home
- School
- Office
- Home
- On Campus-Outpatient hospital
- Emergency Room - Hospital
- Ambulatory Surgical Center
- Birthing Center
- Hospice
- Psychiatric Facility Partial Hospitalization
- Non-residential Substance Abuse Treatment Facility
- Comprehensive Outpatient Rehabilitation Facility
- Independent Laboratory

Type of care \*

Select... ▼

Select...

- Elective
- Emergency
- Urgent
- Newborn
- Trauma

Select a type of service

- Medical Care
- Surgical
- Consultation
- Diagnostic X-Ray
- Diagnostic Lab
- Radiation Therapy
- Anesthesia
- Surgical Assistance
- Durable Medical Equipment Purchase
- Durable Medical Equipment Rental
- Second Surgical Opinion
- Maxillofacial Prosthetics
- Chiropractic
- Chiropractic Office Visits
- Dental Accident
- Home Health Care
- Home Health Visits
- Hospice
- Hospital - Inpatient

Select a type of service ▼

- **Procedure Codes** - This is a required field in order to continue. Enter the primary procedure code.
  - The best practice is to enter all procedure codes. When you hit the “tab” key on your keyboard the box will auto populate, and you should see an CPT/HCPCS description populate as well.
- You can enter additional procedure codes by clicking Add procedure Code. **Note: there is a maximum of 10 codes allowed.**

Continue until all CPT/HCPC codes are entered. When ready to advance, click on **Check procedures.**

The screen will now expand with additional fields to complete. Enter the following:

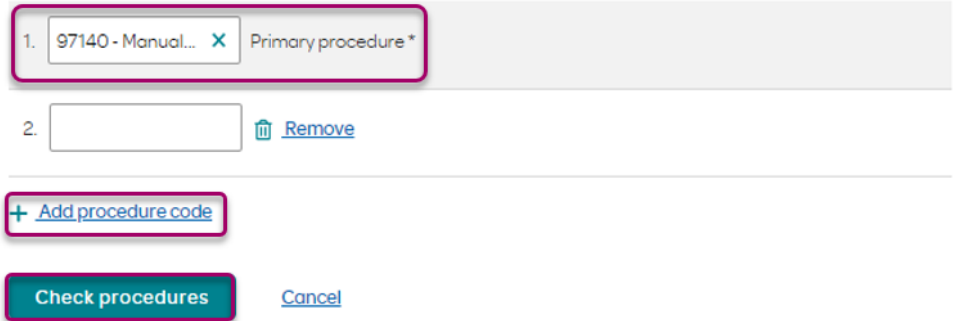
- **Procedure Units** – This is a required field in order to continue. Enter the number of units/visits needed.

**Note: For outpatient procedures recommended units to enter is “4”**

**For durable medical equipment, the recommended units to enter is 1 per month for rentals or based on the volume of units needed.**

**Procedure codes**

Please enter the primary procedure code first, then add the additional procedures by clicking ‘Add procedure code’.



**Procedure units**

Please enter the number of units requested for each listed procedure.

Procedure	Units/Visits requested
E0470 - Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device w	<input type="text" value="3"/>

- **Medical request terms** –
  - **Standard** - for non-urgent requests.
  - **Expedited** - for cases in which the standard time frame could seriously jeopardize the members’ life or health or ability to attain, maintain or regain maximum function.

**Note: If expedited is chosen, you will need to click the attestation box to continue.**

- **Diagnosis code** - is a required field to continue. Enter the primary diagnosis code.
  - The best practice is to enter all Diagnosis codes in ICD-10 format and include the decimal point. When you hit the “tab” key on your keyboard the box will auto populate, and you should see an ICD-10 description populate as well.
- You can enter additional diagnosis codes by clicking Add Diagnosis Code.

**Note: there is a maximum of 10 codes allowed.**

Medical request terms

Standard

Expedited  
Choose ONLY if you are attesting that waiting for a decision under the standard time frame could place the enrollee’s life, health or ability to regain maximum function in serious jeopardy.

Medical request terms

Standard

Expedited  
Choose ONLY if you are attesting that waiting for a decision under the standard time frame could place the enrollee’s life, health or ability to regain maximum function in serious jeopardy.

I attest that waiting for a decision under the standard time frame could place the enrollee’s life, health or ability to regain maximum function in serious jeopardy. \*

Diagnosis code

Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking ‘Add diagnosis code’.

1. G47.33 - Obstru... X  
Primary diagnosis \*

2. R06.83 - Snoring X Remove

+ Add diagnosis code

<p><b>Under Additional Procedure Information</b></p> <ul style="list-style-type: none"> <li>• <b>Date span Requested</b> - Start date of authorization to end date of authorization (recommended to enter in a 6-month date range).</li> </ul>	<p><b>Additional procedure information</b></p> <div data-bbox="641 388 1185 499"> <p>Date span requested *</p> <p>03/08/2024 - 09/08/2024</p> </div>
<p><b>Entering Provider Information</b></p> <ul style="list-style-type: none"> <li>• <b>Requesting/Treating Provider Information</b> - It is recommended to always submit with NPI (National Provider ID) <i>and</i> TIN (Tax ID Number). Enter the following: <ul style="list-style-type: none"> <li>○ <b>Requesting Provider NPI</b> in full (hit tab key).</li> <li>○ <b>Requesting Provider TIN</b> in full (hit tab key).</li> <li>○ The system will recognize and populate <b>Requesting Provider Name</b> automatically.</li> <li>○ You can click on the box under Treating provider information to auto populate the <b>Treating Provider</b> if it is the same as <b>Requesting</b>.</li> </ul> </li> </ul>	<p><b>Requesting provider information</b></p> <div data-bbox="630 619 917 724"> <p>Requesting provider NPI *</p> <input type="text"/> </div> <div data-bbox="630 739 917 835"> <p>Requesting provider TIN *</p> <input type="text"/> </div> <div data-bbox="630 850 917 947"> <p>Requesting provider name *</p> <input type="text"/> </div> <p><b>Treating provider information</b></p> <div data-bbox="630 1018 987 1081"> <input type="checkbox"/> Same as requesting provider information </div> <div data-bbox="641 1108 909 1176"> <p>Treating provider NPI *</p> <input type="text"/> </div> <div data-bbox="641 1213 909 1281"> <p>Treating provider TIN *</p> <input type="text"/> </div> <div data-bbox="641 1323 909 1390"> <p>Treating provider name *</p> <input type="text"/> </div>

Example of fully filled in Requesting and Treating Provider Information

Requesting provider information

Requesting provider NPI \*

Requesting provider TIN \*

Requesting provider name \*

Treating provider information

Same as requesting provider information

Treating provider NPI \*

Treating provider TIN \*

Treating provider name \*

- Facility information** - This is an optional field and not necessary for outpatient requests. Enter facility information for where the procedure will take place. Repeat steps above for entering NPI/TIN.



**Entering Contact Information**

- Now you will enter your Contact information. Under **Requestor contact information**, enter the following:
  - **Contact name** (Required)
  - **Contact phone Number** (Required)
  - **Contact Fax Number** (Required)

Click **Attach chart notes** to continue.

Requestor contact information

Contact name \*

Contact phone number \*

Contact fax number \*

**2. Attach chart notes** > [Cancel](#)

**Step 2- Attaching Chart Notes (Required)**

- Acceptable file formats (txt, docx, doc, pdf, jpg, gif).
- The notes can be attached by either drag and drop function or you can browse your own files and upload directly. Once the upload is complete, you will see the file above the Drag and Drop field.

Step 2: Attach chart notes

Upload chart notes to attach to this request.

---

Chart Notes

Please ensure your submission includes notes for the associated patient. ⓘ

Drag and drop files here  
or  
[Browse files](#)

Most file types accepted.  
Maximum file size: 28 MB

Please ensure your submission includes notes for the associated patient. ⓘ

TEST CLINICALS.docx ✕

Drag and drop files here  
or  
[Browse files](#)

<ul style="list-style-type: none"> <li><b>Additional Comments (Optional)</b> - This box is optional but can be used to communicate additional details or additional information as needed.</li> </ul> <p>When finished, click <b>Save and review</b>.</p>	<p>Additional comments (Optional)</p> <p>Type comments</p> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> <p>Maximum character limit: 4000</p> <p><b>3. Save and review</b> &gt; <a href="#">Cancel</a></p>																																																								
<p><b>Step 3- Review before Submitting</b></p> <ul style="list-style-type: none"> <li>This is the final stage prior to submission. Please be sure to review everything for accuracy.</li> </ul>	<p><b>Step 3: Review before submitting</b></p> <p>Review the information you've provided before submitting your request.</p> <p><b>Procedures</b></p> <table border="1"> <tr> <td>Procedure type:</td> <td>Outpatient</td> <td>Procedure group:</td> <td>Not Applicable</td> </tr> <tr> <th>Procedure code</th> <th colspan="3">Units/Visits requested</th> </tr> <tr> <td>E0470 - Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device w</td> <td colspan="3">3</td> </tr> </table> <p><b>Procedure Details</b></p> <table border="1"> <tr> <td>Request terms:</td> <td>Standard</td> <td>Place of service:</td> <td>Home</td> </tr> <tr> <td>Diagnosis codes:</td> <td>G47.33 - Obstructive sleep apnea (adult) (pediatric) R06.83 - Snoring</td> <td>Type of care:</td> <td>Elective</td> </tr> <tr> <td>Date span requested:</td> <td>2024/03/08 - 2024/06/08</td> <td>Type of service:</td> <td>Medical Care</td> </tr> </table> <table border="1"> <tr> <td colspan="2"><b>Requesting provider information</b></td> <td colspan="2"><b>Treating provider information</b></td> </tr> <tr> <td>Requesting provider NPI:</td> <td></td> <td>Treating provider NPI:</td> <td></td> </tr> <tr> <td>Requesting provider TIN:</td> <td></td> <td>Treating provider TIN:</td> <td></td> </tr> <tr> <td>Requesting provider name:</td> <td></td> <td>Treating provider name:</td> <td></td> </tr> </table> <table border="1"> <tr> <td colspan="2"><b>Facility information</b></td> <td colspan="2"><b>Request contact information</b></td> </tr> <tr> <td>Facility NPI:</td> <td></td> <td>Request contact name:</td> <td>JOHN DOE</td> </tr> <tr> <td>Facility TIN:</td> <td></td> <td>Request contact phone:</td> <td>(503) 222-1111</td> </tr> <tr> <td>Facility name:</td> <td></td> <td>Request contact fax:</td> <td></td> </tr> </table> <p><b>Additional comments</b></p> <p>BiPAP Trial requested</p> <p><b>Chart Notes</b></p> <p><a href="#">TEST CLINICALS.docx</a></p>	Procedure type:	Outpatient	Procedure group:	Not Applicable	Procedure code	Units/Visits requested			E0470 - Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device w	3			Request terms:	Standard	Place of service:	Home	Diagnosis codes:	G47.33 - Obstructive sleep apnea (adult) (pediatric) R06.83 - Snoring	Type of care:	Elective	Date span requested:	2024/03/08 - 2024/06/08	Type of service:	Medical Care	<b>Requesting provider information</b>		<b>Treating provider information</b>		Requesting provider NPI:		Treating provider NPI:		Requesting provider TIN:		Treating provider TIN:		Requesting provider name:		Treating provider name:		<b>Facility information</b>		<b>Request contact information</b>		Facility NPI:		Request contact name:	JOHN DOE	Facility TIN:		Request contact phone:	(503) 222-1111	Facility name:		Request contact fax:	
Procedure type:	Outpatient	Procedure group:	Not Applicable																																																						
Procedure code	Units/Visits requested																																																								
E0470 - Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device w	3																																																								
Request terms:	Standard	Place of service:	Home																																																						
Diagnosis codes:	G47.33 - Obstructive sleep apnea (adult) (pediatric) R06.83 - Snoring	Type of care:	Elective																																																						
Date span requested:	2024/03/08 - 2024/06/08	Type of service:	Medical Care																																																						
<b>Requesting provider information</b>		<b>Treating provider information</b>																																																							
Requesting provider NPI:		Treating provider NPI:																																																							
Requesting provider TIN:		Treating provider TIN:																																																							
Requesting provider name:		Treating provider name:																																																							
<b>Facility information</b>		<b>Request contact information</b>																																																							
Facility NPI:		Request contact name:	JOHN DOE																																																						
Facility TIN:		Request contact phone:	(503) 222-1111																																																						
Facility name:		Request contact fax:																																																							

- **If all information is accurate, Submit request** - Click **Submit request** to fully submit the prior authorization request.
- **If there are errors that need correction, Cancel**. If **Cancel** is chosen, you will receive a final prompt and warning before the request is fully canceled.



**Request Submitted**

- After submitting the request, you will be directed back to provider authorization history for the member that is in focus and should see a confirmation message that the PA has been submitted successfully. The PA Request will show Pending Decision until the request has been determined. It will update once a decision has been made.
- The following information will be displayed:
  - **Request ID**
  - **Last Update Date**
  - **Primary Procedure Code**
  - **Procedure Description**
  - **Date span**
  - **Status**

Prior authorization requests					
Request ID	Last update date ↕	Primary procedure code	Procedure description	Date span requested	Status
<div style="border: 1px solid green; padding: 5px; display: flex; justify-content: space-between; align-items: center;"> <span>✓ Prior authorization request successfully submitted</span> <span>✕</span> </div>					
P00001570	03/08/2024	E0470	"Respiratory assist device bi-level pressure capability without backup rate feature used with noninvasive interface e.g. nasal or facial mask (intermittent assist device w"	03/08/2024 - 03/08/2024	Pending Decision

[Return to Table of Contents](#)

**To begin a new Behavioral Health Inpatient PA, follow the steps below:**

- Review for plan coverage as necessary.
- Click on the **Medicare Prior-Authorization List** to check if requesting CPT/HCPC requires a PA.

**Note: If you have coverage and benefit questions, please contact Moda Medical Customer Service at 877-299-9062.**

- Review your previous PA request history for the member.
- If no previous PAs exist, you will not see any history.
- To start a new PA, click **Create new request**.

**Medical prior authorization**

Patient information

Patient name:  Insurance Type:   
 Date of birth:  Group number:   
 Subscriber ID:  Group name:

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.  
[Medicare prior authorization list](#)

**Create new request**

Prior authorization requests					
Request ID	Last update date	Primary procedure code	Procedure description	Date span requested	Status
	02/23/2024	ANC	Inpatient Admission	02/21/2024 - 02/23/2024	<b>Fully Approved</b>

**Medical prior authorization**

Patient information

Patient name:  Insurance Type:   
 Date of birth:  Group number:   
 Subscriber ID:  Group name:

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.  
[Medicare prior authorization list](#)

**Create new request**

Prior authorization requests					
Request ID	Last update date	Primary procedure code	Procedure description	Date span requested	Status

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.  
[Medicare prior authorization list](#)

**Create new request**

**Step 1- Enter Procedure Information**

- For **Inpatient Procedure** requests choose the following under **Procedure Information:**
  - **Procedure Type** – Click the Inpatient Prior Authorization radio button.
  - **Procedure Group** - must be chosen by the provider. Select one of the following Procedure groups from the dropdown list:
    - [Chemical Dependency Inpatient](#)  
**Note: Chemical Dependency Inpatient is Detoxification.**
    - [Chemical Dependency Residential Treatment](#)
    - [Mental Health Inpatient](#)
    - [Mental Health Residential Treatment](#)
- Refer to the [BH IP AUTHORIZATIONS ADDENDUM](#) section using any of the links above for further help with these Procedure Groups.

Step 1: Enter procedure information



Enter procedure codes to check whether prior-authorization is required.

Procedure information

Procedure type

- Inpatient Prior Authorization
- Inpatient - Urgent/Emergent Prior Authorization
- Outpatient Prior Authorization

Procedure group

Chemical Dependency Inpatient ▼

Procedure group

Chemical Dependency Residential Treatment ▼

Procedure group

Mental Health Inpatient ▼

Procedure group

Mental Health Residential Treatment ▼

**Note: If Mental Health Inpatient admission is an emergency admission, do not use the Procedure type Inpatient Prior Authorization. Use Inpatient – Urgent/Emergent Prior Authorization. Please defer to the Behavioral Health Urgent/Emergent section for further instructions.**

- **Procedure code** is optional. This can be bypassed, click on **Check procedures** to continue.

The screen will now expand with additional fields to complete. Enter the following:

- **Medical request terms** – Choose **Standard**.

- **Diagnosis code** - is a required field to continue. Enter the primary diagnosis code.

- The best practice is to enter all Diagnosis codes in DSM-5 format and include the decimal point. When you hit the “tab” key on your keyboard the box will auto populate, and you should see a description populate as well.

- You can enter additional diagnosis codes by clicking Add Diagnosis Code. **Note: there is a maximum of 10 codes allowed.**

### Procedure codes

Please enter the primary procedure code first, then add the additional procedures by clicking 'Add procedure code'.

1.  Secondary procedure

[+ Add procedure code](#)

**Check procedures** [Cancel](#)

### Medical request terms

Standard

Expedited  
Choose ONLY if you are attesting that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.

### Diagnosis code

Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.

1.  X  
Primary diagnosis \*

[+ Add diagnosis code](#)

<p><b>Additional Procedure Information</b></p> <ul style="list-style-type: none"> <li>• <b>Date span requested</b> – Enter the dates requested.</li> <li>• <b>Admit date</b> - Date of IP admission.</li> <li>• <b>Inpatient Nights requested</b> – Enter the number of nights requested.</li> </ul>	<p><b>Additional procedure information</b></p> <p>Date span requested *</p> <p>03/04/2024 - 03/07/2024</p> <p>Admit date *</p> <p>03/04/2024 ⓘ</p> <p>Inpatient nights requested *</p> <p>3</p>
<p><b>Entering Provider Information</b></p> <ul style="list-style-type: none"> <li>• <b>Requesting/Treating Provider Information</b> - It is recommended to always submit with NPI (National Provider ID) <i>and</i> TIN (Tax ID Number). Enter the following:             <ul style="list-style-type: none"> <li>○ <b>Requesting Provider NPI</b> in full (hit tab key).</li> <li>○ <b>Requesting Provider TIN</b> in full (hit tab key).</li> <li>○ The system will recognize and populate <b>Requesting Provider Name</b> automatically.</li> <li>○ You can click on the box under Treating provider information to auto populate the <b>Treating Provider</b> if it is the same as <b>Requesting</b>.</li> <li>○ If the <b>Requesting</b> is different, fill out the <b>Treating</b> information using the steps above.</li> </ul> </li> </ul>	<p><b>Requesting provider information</b></p> <p>Requesting provider NPI *</p> <p>Requesting provider TIN *</p> <p>Requesting provider name *</p> <p><b>Treating provider information</b></p> <p><input type="checkbox"/> Same as requesting provider information</p> <p>Treating provider NPI *</p> <p>Treating provider TIN *</p> <p>Treating provider name *</p>

<ul style="list-style-type: none"> <li>• <b>Facility information</b> - Repeat the steps above to enter the facility information.</li> </ul>	<p>Facility information</p> <p>Facility NPI *</p> <input type="text"/> <p>Facility TIN *</p> <input type="text"/> <p>Facility name *</p> <input type="text"/>
<p><b>Entering Contact Information</b></p> <ul style="list-style-type: none"> <li>• Now you will enter your Contact information. Under <b>Requestor contact information</b>, enter the following: <ul style="list-style-type: none"> <li>○ <b>Contact name</b> (Required)</li> <li>○ <b>Contact phone Number</b> (Required)</li> <li>○ <b>Contact Fax Number</b> (Required)</li> </ul> </li> <li>• Click <b>Attach chart notes</b> to continue.</li> </ul>	<p>Requestor contact information</p> <p>Contact name *</p> <input type="text"/> <p>Contact phone number *</p> <input type="text"/> <p>Contact fax number *</p> <input type="text"/> <p><b>2. Attach chart notes</b> &gt; <a href="#">Cancel</a></p>
<p><b>Step 2- Attaching Chart Notes (Required)</b></p> <ul style="list-style-type: none"> <li>• Acceptable file formats (txt, docx, doc, pdf, jpg, gif).</li> <li>• The notes can be attached by either drag and drop function or you can browse your own files and upload directly.</li> </ul>	<p>Step 2: Attach chart notes</p> <p>Upload chart notes to attach to this request.</p> <p>Chart Notes</p> <p>Please ensure your submission includes notes for the associated patient. ⓘ</p> <div style="border: 1px solid #ccc; padding: 10px; text-align: center;"> <p>Drag and drop files here</p> <p>or</p> <p><a href="#">Browse files</a></p> </div> <p><small>Most file types accepted. Maximum file size: 25 MB</small></p>



<ul style="list-style-type: none"> <li>• <b>Additional Comments (Optional)</b> - This box is optional but can be used to communicate additional details or additional information as needed.</li> <li>• When finished, click <b>Save and review</b>.</li> </ul>	<p>Additional comments (Optional)</p> <p>Type comments</p> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> <p>Maximum character limit: 4000</p> <p><b>3. Save and review</b> &gt; <a href="#">Cancel</a></p>																																				
<p><b>Step 3- Review before Submitting</b></p> <ul style="list-style-type: none"> <li>• This is the final stage prior to submission. Please be sure to review everything for accuracy.</li> <li>• <b>If all information is accurate, Submit request</b> - Click <b>Submit request</b> to fully submit the prior authorization request.</li> <li>• <b>If there are errors that need correction, Cancel</b>. If <b>Cancel</b> is chosen, you will receive a final prompt and warning before the request is fully canceled.</li> </ul>	<p>Procedures</p> <p>Procedure type: Inpatient    Procedure group: Mental Health Inpatient</p> <table border="1"> <thead> <tr> <th>Procedure code</th> <th>Units/Visits requested</th> </tr> </thead> <tbody> <tr> <td>-</td> <td></td> </tr> </tbody> </table> <p>Procedure Details</p> <table border="0"> <tr> <td>Request terms:</td> <td>Standard</td> <td>Admit date:</td> <td>2024/03/04</td> </tr> <tr> <td>Diagnosis codes:</td> <td>F33.2 - Major depressive disorder, recurrent severe without psychotic features</td> <td>Place of service:</td> <td>Inpatient Psychiatric Facility</td> </tr> <tr> <td>Date span requested:</td> <td>2024/03/04 - 2024/03/07</td> <td>Type of care:</td> <td>Emergency</td> </tr> <tr> <td>Inpatient nights requested:</td> <td>3</td> <td>Type of service:</td> <td>Mental Health</td> </tr> </table> <table border="0"> <tr> <td><b>Requesting provider information</b></td> <td><b>Treating provider information</b></td> </tr> <tr> <td>Requesting provider NPI: <input type="text"/></td> <td>Treating provider NPI: <input type="text"/></td> </tr> <tr> <td>Requesting provider TIN: <input type="text"/></td> <td>Treating provider TIN: <input type="text"/></td> </tr> <tr> <td>Requesting provider name: <input type="text"/></td> <td>Treating provider name: <input type="text"/></td> </tr> </table> <table border="0"> <tr> <td><b>Facility information</b></td> <td><b>Request contact information</b></td> </tr> <tr> <td>Facility NPI: <input type="text"/></td> <td>Request contact name: Jill</td> </tr> <tr> <td>Facility TIN: <input type="text"/></td> <td>Request contact phone: (503) 789-9632</td> </tr> <tr> <td>Facility name: <input type="text"/></td> <td>Request contact fax: (503) 896-3214</td> </tr> </table> <p>Additional comments</p> <hr/> <p>Chart Notes</p> <p>testing auth request.pdf</p> <p><b>Submit request</b> <a href="#">Cancel</a></p>	Procedure code	Units/Visits requested	-		Request terms:	Standard	Admit date:	2024/03/04	Diagnosis codes:	F33.2 - Major depressive disorder, recurrent severe without psychotic features	Place of service:	Inpatient Psychiatric Facility	Date span requested:	2024/03/04 - 2024/03/07	Type of care:	Emergency	Inpatient nights requested:	3	Type of service:	Mental Health	<b>Requesting provider information</b>	<b>Treating provider information</b>	Requesting provider NPI: <input type="text"/>	Treating provider NPI: <input type="text"/>	Requesting provider TIN: <input type="text"/>	Treating provider TIN: <input type="text"/>	Requesting provider name: <input type="text"/>	Treating provider name: <input type="text"/>	<b>Facility information</b>	<b>Request contact information</b>	Facility NPI: <input type="text"/>	Request contact name: Jill	Facility TIN: <input type="text"/>	Request contact phone: (503) 789-9632	Facility name: <input type="text"/>	Request contact fax: (503) 896-3214
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**Request Submitted**

- After submitting the request, you will be directed back to provider authorization history for the member that is in focus and should see a confirmation message that the PA has been submitted successfully. The PA Request will show Pending Decision until the request has been determined. It will update once a decision has been made.

Prior authorization requests

Request ID	Last update date ↕	Primary procedure code	Procedure description	Date span requested	Status
<div style="border: 1px solid #ccc; padding: 5px; background-color: #e6f2e6;"> <span style="color: green;">✔</span> Prior authorization request successfully submitted <span style="float: right;">✕</span> </div>					

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**BEHAVIORAL HEALTH INPATIENT AUTHORIZATION ADDENDUMS**

**CHEMICAL DEPENDENCY INPATIENT (DETOXIFICATION)**

- Select **Chemical Dependency Inpatient** for Procedure group from the dropdown list.
- For **Procedure group units**, enter the number of nights you are requesting.
- **Place of Service** - From the dropdown list select either:
  - Inpatient Hospital
  - Residential Substance Abuse Treatment Facility
- Other fields will auto-populate.

[Click here to return to the BH IP Guide](#)

Procedure group

Chemical Dependency Inpatient ▼

Procedure group units\*

1

Place of service \*

Residential Substance Abuse Treatment Facility ▼

Type of care \*

Elective ▼

Type of service \*

Substance Abuse ▼

**CHEMICAL DEPENDENCY RESIDENTIAL TREATMENT**

- Select **Chemical Dependency Residential Treatment** for Procedure group from the dropdown list.
- For **Procedure group units**, enter the number of nights you are requesting.
- The other fields will auto-populate.

[Click here to return to the BH IP Guide](#)

Procedure group

Chemical Dependency Residential Treatment ▼

Procedure group units\*

7

Place of service \*

Residential Substance Abuse Treatment Facility ▼

Type of care \*

Elective ▼

Type of service \*

Substance Abuse ▼

**MENTAL HEALTH INPATIENT (NOT AN EMERGENCY ADMISSION)**

- Select **Mental Health Inpatient** for Procedure group from the dropdown list.
- For **Procedure group units**, enter the number of nights you are requesting.
- The **Place of service** will auto-populate.
- **Type of Care** - Select **Elective**.

**Note: If admission is an emergency, re-enter authorization request as Inpatient – Urgent/Emergent Prior Authorization.**

- **Type of Service** - Select **Mental Health**.

[Click here to return to the BH IP Guide](#)

Procedure group

Procedure group units\*

Place of service \*

Type of care \*

Type of service \*

**MENTAL HEALTH RESIDENTIAL TREATMENT**

- Select **Mental Health Residential Treatment** for Procedure group from the dropdown list.
- For **Procedure group units**, enter the number of nights you are requesting.
- The other fields will auto-populate.

[Click here to return to the BH IP Guide](#)

Procedure group

Mental Health Residential Treatment ▼

Procedure group units\*

7

Place of service \*

Psychiatric Residential Treatment Center ▼

Type of care \*

Elective ▼

Type of service \*

Mental Health ▼

To begin a new Behavioral Health Urgent/Emergent PA, follow the steps below:

**Note: If you have coverage and benefit questions, please contact Moda Medical Customer Service at 877-299-9062.**

- Review your previous PA request history for the member. You will only see authorization requests submitted under your Benefit Tracker login.
- If no previous PAs exist, you will not see any history.
- To start a new PA, click **Create new request**.

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.

 [Medicare prior authorization list](#)

**Create new request**

**Step 1- Enter Procedure Information**

- For Urgent/Emergent request, select **Inpatient-Urgent/Emergent Prior Authorization** under **Procedure Information**.
- You will see information auto populated. To obtain a mental health inpatient authorization, select the 'Mental Health' 'Type of Service'
- The following fields will auto populate based on the Procedure type above and cannot be changed:
  - **Procedure Group**
  - **Procedure Group Units**
  - **Place of Service**
  - **Type of Care**

Procedure information

Procedure type

- Inpatient Prior Authorization
- Inpatient - Urgent/Emergent Prior Authorization
- Outpatient Prior Authorization

Procedure group

Mental Health Inpatient

Procedure group units\*

9999

Place of service \*

Inpatient Hospital

Type of care \*

Emergency

Type of service \*

Mental Health

- **Procedure code** is optional and not applicable for Urgent/Emergent requests. This should be bypassed, click on **Check procedures** to continue.

The screen will now expand with additional fields to complete. Enter the following:

- **Medical request terms** – Always choose **Standard** for Urgent/Emergent Request.
- **Diagnosis code** - is a required field to continue. Enter the primary diagnosis code.
  - The best practice is to enter all Diagnosis codes in DSM-5 format and include the decimal point. When you hit the “tab” key on your keyboard the box will auto populate, and you should see a description populate as well.
- You can enter additional diagnosis codes by clicking Add Diagnosis Code. **Note: there is a maximum of 10 codes allowed.**

### Procedure codes

Please enter the primary procedure code first, then add the additional procedures by clicking 'Add procedure code'.

1.  Secondary procedure

+ [Add procedure code](#)

**Check procedures** [Cancel](#)

### Medical request terms

Standard

Expedited  
Choose ONLY if you are attesting that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.

### Diagnosis code

Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.

1.  X  
Primary diagnosis \*

+ [Add diagnosis code](#)



<p><b>Additional Procedure Information</b></p> <ul style="list-style-type: none"> <li>• <b>Date span requested</b> - Should be admit up to the first two nights.</li> <li>• <b>Admit date</b> - Date of IP admission.</li> <li>• <b>Inpatient Nights requested</b> – It is recommended to request no more than a <b>two-night</b> length of stay to ensure an auto approval.</li> </ul>	<p><b>Additional procedure information</b></p> <p>Date span requested *</p> <p>03/04/2024 - 03/06/2024</p> <p>Admit date *</p> <p>03/04/2024</p> <p>Inpatient nights requested *</p> <p>2</p>
<p><b>Entering Provider Information</b></p> <ul style="list-style-type: none"> <li>• <b>Requesting/Treating Provider Information</b> - It is recommended to always submit with NPI (National Provider ID) <i>and</i> TIN (Tax ID Number). Practitioner information is not necessary for emergent inpatient requests. Enter the information for the facility where the member is currently admitted. Enter the following:             <ul style="list-style-type: none"> <li>○ <b>Requesting Provider NPI</b> in full (hit tab key).</li> <li>○ <b>Requesting Provider TIN</b> in full (hit tab key).</li> <li>○ The system will recognize and populate <b>Requesting Provider Name</b> automatically.</li> <li>○ You can click on the box under Treating provider information to auto</li> </ul> </li> </ul>	<p><b>Requesting provider information</b></p> <p>Requesting provider NPI *</p> <p>Requesting provider TIN *</p> <p>Requesting provider name *</p> <p><b>Treating provider information</b></p> <p><input type="checkbox"/> Same as requesting provider information</p> <p>Treating provider NPI *</p> <p>Treating provider TIN *</p> <p>Treating provider name *</p>

<p>populate the <b>Treating Provider</b> if it is the same as <b>Requesting</b>.</p> <ul style="list-style-type: none"> <li>○ If the <b>Requesting</b> is different, fill out the <b>Treating</b> information using the steps above.</li> </ul> <ul style="list-style-type: none"> <li>● <b>Facility information</b> - Repeat the steps above to enter the facility information.</li> </ul>	<p>Facility information</p> <p>Facility NPI *</p> <input type="text"/> <p>Facility TIN *</p> <input type="text"/> <p>Facility name *</p> <input type="text"/>
<p><b>Entering Contact Information</b></p> <ul style="list-style-type: none"> <li>● Now you will enter your Contact information. Under <b>Requestor contact information</b>, enter the following: <ul style="list-style-type: none"> <li>○ <b>Contact name</b> (Required)</li> <li>○ <b>Contact phone Number</b> (Required)</li> <li>○ <b>Contact Fax Number</b> (Required)</li> </ul> </li> <li>● Click <b>Attach chart notes</b> to continue.</li> </ul>	<p><b>Requestor contact information</b></p> <p>Contact name *</p> <input type="text"/> <p>Contact phone number *</p> <input type="text"/> <p>Contact fax number *</p> <input type="text"/> <p><b>2. Attach chart notes</b> &gt; <a href="#">Cancel</a></p>

**Step 2- Attaching Chart Notes (Required)**

- Acceptable file formats (txt, docx, doc, pdf, jpg, gif).
- The notes can be attached by either drag and drop function or you can browse your own files and upload directly.
- It is recommended to **always** include the **Admission Notification** if no other chart notes are available at the time of notification.
- **Additional Comments (Optional)** - This box is optional but can be used to communicate additional details or additional information as needed.
- When finished, click **Save and review**.


Step 2: Attach chart notes



Upload chart notes to attach to this request.

Chart Notes

Please ensure your submission includes notes for the associated patient. ⓘ



Drag and drop files here  
or  
[Browse files](#)

Most file types accepted.  
Maximum file size: 28 MB

Additional comments (Optional)

Type comments

Maximum character limit: 4000

**3. Save and review >**

[Cancel](#)

**Step 3- Review before Submitting**

- This is the final stage prior to submission. Please be sure to review everything for accuracy.
- **If all information is accurate, Submit request** - Click **Submit request** to fully submit the prior authorization request.
- **If there are errors that need correction, Cancel**. If **Cancel** is chosen, you will receive a final prompt and warning before the request is fully canceled.

**Procedures**

Procedure type:	Urgent	Procedure group:	Mental Health Inpatient
Procedure code	Units/Visits requested		
-			

**Procedure Details**

Request terms:	Standard	Place of service:	Inpatient Hospital
Diagnosis codes:	F33.2 - Major depressive disorder, recurrent severe without psychotic features	Type of care:	Emergency
Date span requested:	2024/03/04 - 2024/03/06		
Inpatient nights requested:	2		

**Requesting provider information**

Requesting provider NPI:	[Redacted]
Requesting provider TIN:	[Redacted]
Requesting provider name:	[Redacted]

**Treating provider information**

Treating provider NPI:	[Redacted]
Treating provider TIN:	[Redacted]
Treating provider name:	[Redacted]

**Facility information**

Facility NPI:	[Redacted]
Facility TIN:	[Redacted]
Facility name:	[Redacted]

**Request contact information**

Request contact name:	Brenda
Request contact phone:	(503) 963-2587
Request contact fax:	(503) 236-5412

**Additional comments**

**Chart Notes**

[CCA test notes.pdf](#)

**Submit request**

**Cancel**

**Request Submitted**

- After submitting the request, you will be directed back to provider authorization history for the member that is in focus and should see a confirmation message that the PA has been submitted successfully. If all criteria is met, a fully approved ER Admit will be granted.

**Prior authorization requests**

Request ID	Last update date	Primary procedure code	Procedure description	Date span requested	Status
<div style="border: 1px solid #ccc; padding: 5px; background-color: #e0f0e0;"> <span style="color: green;">✔</span> Prior authorization request successfully submitted <span style="float: right;">✕</span> </div>					

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To begin a new Behavioral Health Outpatient PA request, follow the steps below:

- Review for plan coverage as necessary.
- Click on the **Medicare Prior-Authorization List** to check if requesting CPT/HCPC requires a PA.

**Note: If you have coverage and benefit questions, please contact Moda Medical Customer Service at 877-299-9062.**

- Review your previous PA request history for the subscriber.
- If no previous authorization requests exist, you will not see any history.
- To start a new PA, click **Create new request**.

### Medical prior authorization

#### Patient information

Patient name:  Insurance Type:   
 Date of birth:  Group number:   
 Subscriber ID:  Group name:

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.  
[Medicare prior authorization list](#)

Create new request

Prior authorization requests					
Request ID	Last update date	Primary procedure code	Procedure description	Date span requested	Status
	02/23/2024	ANC	Inpatient Admission	02/21/2024 - 02/23/2024	Fully Approved

### Medical prior authorization

#### Patient information

Patient name:  Insurance Type:   
 Date of birth:  Group number:   
 Subscriber ID:  Group name:

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.  
[Medicare prior authorization list](#)

Create new request

Prior authorization requests					
Request ID	Last update date	Primary procedure code	Procedure description	Date span requested	Status

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.  
[Medicare prior authorization list](#)

Create new request

**Step 1- Enter Procedure Information**

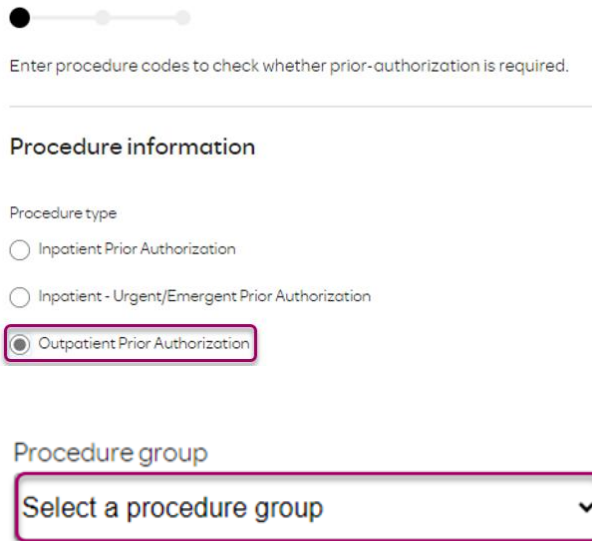
- For **Outpatient Procedure** requests choose the following under **Procedure Information**:
  - **Procedure Type** - Outpatient Prior Authorization radio button.
  - **Procedure Group** - must be chosen by the provider. Select the option that best applies:
    1. Applied Behavior Analysis
    2. Chemical Dependency Outpatient Visits
    3. Mental Health Outpatient Visits

**CHEMICAL DEPENDENCY OUTPATIENT VISITS INCLUDE** – Chemical Dependency Partial Hospitalization

**MENTAL HEALTH OUTPATIENT VISITS INCLUDE** - Mental Health Partial Hospitalization, Mental Health Intensive Outpatient, Transcranial Magnetic Stimulation, Nutritional Therapy for eating disorder diagnoses, ACT, EASA, IIBHT, IOSS, Disease Management Program for Pain

Nutritional Therapy for diagnoses other than eating disorders should be submitted as 'Not Applicable'. This will route to Medical for review.

Step 1: Enter procedure information



Enter procedure codes to check whether prior-authorization is required.

Procedure information

Procedure type

Inpatient Prior Authorization

Inpatient - Urgent/Emergent Prior Authorization

Outpatient Prior Authorization

Procedure group

Select a procedure group

- **Procedure group units** - Enter number of days/units/visits being requested.
- **Place of service** - Choose relevant place of service from the dropdown list.
- **Type of care** – Choose **Elective**.
- **Type of service** – Choose either **Mental Health** or **Substance Abuse**.

- **Procedure Codes** - This is a required field in order to continue. Enter the primary procedure code.
  - The best practice is to enter all procedure codes. When you hit the “tab” key on your keyboard the box will auto populate, and you should see a description populate as well.

- You can enter additional procedure codes by clicking Add procedure Code. **Note: there is a maximum of 10 codes allowed.**

Continue until all codes are entered. When ready to advance, click on **Check procedures**.

Procedure group units\*

Place of service \*

Type of care \*

Type of service \*

Procedure codes

Please enter the primary procedure code first, then add the additional procedures by clicking 'Add procedure code'

1.	<input type="text" value="S9480"/>	Primary procedure *
----	------------------------------------	---------------------

[+ Add procedure code](#)

[Cancel](#)

The screen will now expand with additional fields to complete. Enter the following:

- **Procedure Units** – This is a required field in order to continue. Enter the number of days/units/visits needed.
  
- **Medical request terms** – Choose **Standard**.
  
- **Diagnosis code** - is a required field to continue. Enter the primary diagnosis code.
  - The best practice is to enter all Diagnosis codes in DSM-5 format and include the decimal point. When you hit the “tab” key on your keyboard the box will auto populate, and you should see a description populate as well.

You can enter additional diagnosis codes by clicking Add Diagnosis Code. **Note: there is a maximum of 10 codes allowed.**

**Procedure units**

Please enter the number of units requested for each listed procedure.

Procedure	Units/Visits requested
S9480 - Intensive outpatient psychiatric services, per diem	<input type="text"/>

**Medical request terms**

Standard

Expedited  
Choose ONLY if you are attesting that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.

**Diagnosis code**

Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.

1.

Primary diagnosis \*

**Additional Procedure Information**

- **Date span requested** – Enter the dates requested.

**Additional procedure information**

Date span requested \*

-



**Entering Provider Information**

- **Requesting/Treating Provider Information** - It is recommended to always submit with NPI (National Provider ID) *and* TIN (Tax ID Number). Enter the following:
  - **Requesting Provider NPI** in full (hit tab key).
  - **Requesting Provider TIN** in full (hit tab key).
  - The system will recognize and populate **Requesting Provider Name** automatically.
  - You can click on the box under Treating provider information to auto populate the **Treating Provider** if it is the same as **Requesting**.
  - If the **Requesting** is different, fill out the **Treating** information using the steps above.
  
- **Facility information** – Not required on Outpatient. If Facility information is applicable, repeat the steps above to enter the facility information.

Requesting provider information

Requesting provider NPI \*

Requesting provider TIN \*

Requesting provider name \*

Treating provider information

Same as requesting provider information

Treating provider NPI \*

Treating provider TIN \*

Treating provider name \*

Facility information

Facility NPI \*

Facility TIN \*

Facility name \*

<p><b>Entering Contact Information</b></p> <ul style="list-style-type: none"> <li>Now you will enter your Contact information. Under <b>Requestor contact information</b>, enter the following:             <ul style="list-style-type: none"> <li><b>Contact name</b> (Required)</li> <li><b>Contact phone Number</b> (Required)</li> <li><b>Contact Fax Number</b> (Required)</li> </ul> </li> <li>Click <b>Attach chart notes</b> to continue.</li> </ul>	<p><b>Requestor contact information</b></p> <p>Contact name *</p> <p>Contact phone number *</p> <p>Contact fax number *</p> <p><b>2. Attach chart notes</b> &gt; <a href="#">Cancel</a></p>
<p><b>Step 2- Attaching Chart Notes (Required)</b></p> <ul style="list-style-type: none"> <li>Acceptable file formats (txt, docx, doc, pdf, jpg, gif).</li> <li>The notes can be attached by either drag and drop function or you can browse your own files and upload directly.</li> <li><b>Additional Comments (Optional)</b> - This box is optional but can be used to communicate additional details or additional information as needed.</li> <li>When finished, click <b>Save and review</b>.</li> </ul>	<p><b>Step 2: Attach chart notes</b></p> <p>Upload chart notes to attach to this request.</p> <p>Chart Notes</p> <p>Please ensure your submission includes notes for the associated patient. ⓘ</p> <p>Drag and drop files here or <a href="#">Browse files</a></p> <p>Most file types accepted. Maximum file size: 28 MB</p> <p><b>Additional comments (Optional)</b></p> <p>Type comments</p> <p>Maximum character limit: 4000</p> <p><b>3. Save and review</b> &gt; <a href="#">Cancel</a></p>

**Step 3- Review before Submitting**

- This is the final stage prior to submission. Please be sure to review everything for accuracy.

**Procedures**

Procedure type:	Outpatient	Procedure group:	Mental Health Outpatient Visits
Procedure code			Units/Visits requested
S9480 - Intensive outpatient psychiatric services, per diem			10

**Procedure Details**

Request terms:	Standard	Place of service:	Psychiatric Facility Partial Hospitalization
Diagnosis codes:	F33.2 - Major depressive disorder, recurrent severe without psychotic features	Type of care:	Elective
Date span requested:	2024/03/04 - 2024/03/15	Type of service:	Mental Health

**Requesting provider information**

Requesting provider NPI:

Requesting provider TIN:

Requesting provider name:

**Treating provider information**

Treating provider NPI:

Treating provider TIN:

Treating provider name:

**Facility information**

Facility NPI: --

Facility TIN: --

Facility name: --

**Request contact information**

Request contact name: Ben

Request contact phone: (541) 523-9632

Request contact fax: (541) 236-9854

**Additional comments**

**Chart Notes**

[CCA test notes.pdf](#)

- **If all information is accurate, Submit request** - Click **Submit request** to fully submit the prior authorization request.
- **If there are errors that need correction, Cancel.** If **Cancel** is chosen, you will receive a final prompt and warning before the request is fully canceled.

**Submit request**

**Cancel**

**Request Submitted**

- After submitting the request, you will be directed back to provider authorization history for the member that is in focus and should see a confirmation message that the PA has been submitted successfully. The PA Request will show Pending Decision until the request has been determined. It will update once a decision has been made.
  
- The following information will be displayed:
  - **Request ID**
  - **Last Update Date**
  - **Primary Procedure Code**
  - **Procedure Description**
  - **Date span**
  - **Status**

Prior authorization requests					
Request ID	Last update date ↕	Primary procedure code	Procedure description	Date span requested	Status
<div style="border: 1px solid green; padding: 2px; display: flex; align-items: center;"> <span style="color: green; font-size: 1.2em; margin-right: 5px;">✔</span> <span>Prior authorization request successfully submitted</span> <span style="margin-left: auto; font-size: 0.8em; cursor: pointer;">✕</span> </div>					
P00001570	03/04/2024	S9480	Intensive outpatient psychiatric services, per diem	03/04/2024 - 03/15/2024	<div style="border: 1px solid blue; padding: 2px; display: inline-block; font-size: 0.8em;">Pending Decision</div>

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- ❖ [What changes can be made to a case after the request has been submitted?](#)
- ❖ [Why does that application hard code various fields?](#)
- ❖ [What should I do if I receive a message deferring me to a vendor?](#)
- ❖ [How do I initiate requests for benefit exceptions?](#)
- ❖ [How do I initiate requests for in-network benefit exceptions and single case agreements?](#)
- ❖ [What do I do if I experience an error that prevents me from submitting an authorization request?](#)
- ❖ [When do I need to call Healthcare Services vs Customer Service?](#)
- ❖ [How do I fax an authorization request?](#)

### **What changes can be made to a case after the request has been submitted?**

- Changes cannot be made to cases after they are submitted. If you'd like to request a change, please contact Healthcare Services at the number listed at the bottom of this FAQ.

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### **Why does that application hard code various fields?**

- You may see various fields that are hard-coded when submitting your auth request. This is based on best practices to ensure there are no issues with claims processing.
  - If you have concerns, please contact our Healthcare Services or Behavioral Health department at the number listed at the bottom of this page.

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### **What should I do if I receive a message deferring me to a vendor?**

- Follow the instructions and submit your authorization request to the vendor, as detailed in the message.
- If you are unable to submit your request through the vendor portal or if you feel you have been deferred to the vendor in error, please contact Healthcare services at the phone number listed at the bottom of this page.

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### How do I initiate requests for benefit exceptions?

- The following benefit exception requests should be faxed to the number listed at the bottom of this page.
  - Requests for excluded services
  - Services over the max benefit limitation
    - Such as requests for PT/OT/SPT over the maximum benefit limitation, for head or spinal cord injuries
  - Pediatric therapies (PT/OT/SPT)

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### How do I initiate requests for in-network benefit exceptions and single case agreements?

- If the request requires prior authorization, submit the requested code and indicate in the comments that an in-network benefit exception or single case agreement is also being requested.
- If the request does not require prior authorization, submit with an office visit code, and indicate in the comments that an in-network benefit exception or single case agreement is also being requested.

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### What do I do if I experience an error that prevents me from submitting an authorization request?

- Contact the appropriate Customer Service at the number listed below or fax your request to the number listed below.

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**When do I need to call Healthcare Services vs Customer Service?**

- Healthcare Services for questions regarding physical health authorizations:
  - Moda Health Medicare Advantage: 800-592-8283
- Behavioral Health for questions regarding behavioral health authorizations:
  - Moda Health Medicare Advantage: 855-294-1665
- Customer Service for claim and benefit-related inquiries, or questions on how to submit an authorization request through the auto-auth application:
  - Medicare Advantage Customer Service Toll-Free: 877-299-9062

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**How do I fax an authorization request?**

- Moda Health Medicare Advantage physical health requests: 855-637-2666
- Behavioral Health requests: 503-670-8349

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