Prior Authorization Requests

Purpose: To successfully navigate the Provider Portal to submit a prior authorization request.

Resources: Provider Portal (https:www.healthalliance.org/providers); patient information (member ID, contact info, date of birth, procedure codes, etc.)

Contents

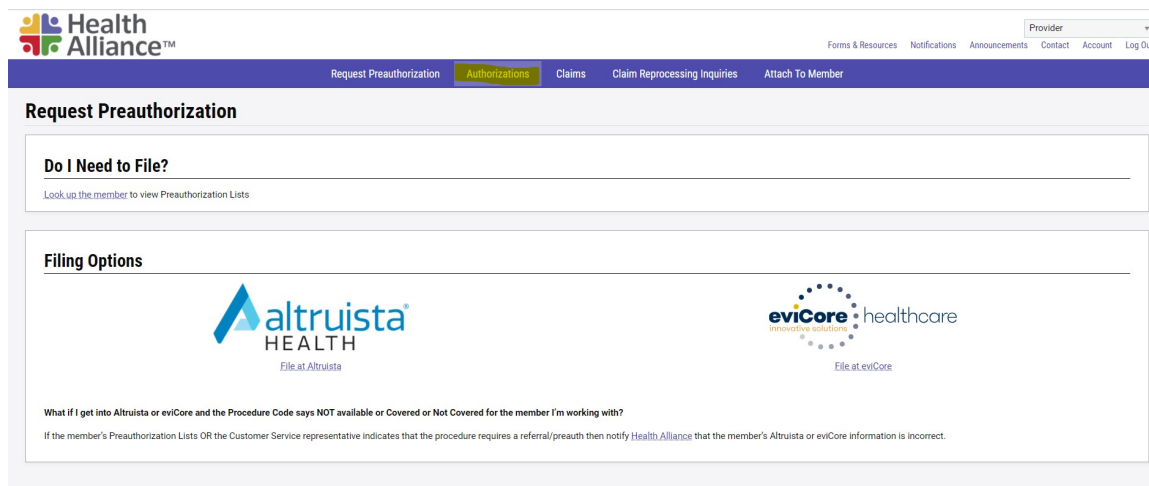# Provider Portal - Submitting a Prior Authorization (PA) Request

1. Log into the Provider Portal.
2. Select 'Request Preauthorization' at the top menu.

3. The provider's office must first attach to a member, then enter the CPT code in question. Use the 'Do I Need to File?' search to look up if you should file your prior authorization at Altruista Health or eviCore.
4. Follow the on-screen directions to file requests with these forms. Then the website will direct you to the appropriate PA portal to proceed with the PA process.

Altruista Health	eviCore
Pharmacy	Lab Management
Inpatient	Medical Oncology Pathways
Outpatient:	Musculoskeletal Management
DME	Radiation Therapy Management Program
Referrals	Radiology and Cardiology
Procedures	Sleep Management

5. The Authorizations tab of the main menu lets you search for authorizations by the authorization's info, the provider's info or the member's info.

Altruista System

Authorization requests that were previously filed at Clear Coverage or Health Alliance directly will now be filed in Altruista.

Select an Auth Type

Once you've chosen Altruista from the Request Preauthorization tab, you'll be taken to your Altruista dashboard. Choose the appropriate Auth Type. In this training document we'll be focusing on the Outpatient Auth Type:

Search for a Member

Type in the member's ID and press the Search button:

Click on the radio button next to the member that should be selected. Note the Altruista ID is an internal identifier and will not match the member's ID on their ID card.

Enter Prior Authorization Request Details

Eligibility Verification

In the Eligibility Verification section, you can review and confirm the member's coverage. The member's ID will be located in the bottom left-hand corner of this box.

Make a note of the member's Plan Type code (outlined in red) and Entity code (outlined in green). You'll need that information in an upcoming step.

Select the eligibility record to attach the prior authorization request to by clicking on the corresponding radio button to the left of the correct entry. Click on the Care Setting/Auth Type drop down menu to select the correct auth template. The Auth Types may have different fields and/or drop down values.

The Care Setting/Auth Type options for Outpatient requests are:
- Outpatient – DME
- Outpatient – Referral
- Outpatient – Procedures

Once the Auth Type is selected, more sections will appear below.

Provider Details

Populate as much information as you can. You can see that both the Requesting Provider's name and fax fields are required.

There will be an additional field for Facility information for the Outpatient – Procedures Auth Type.
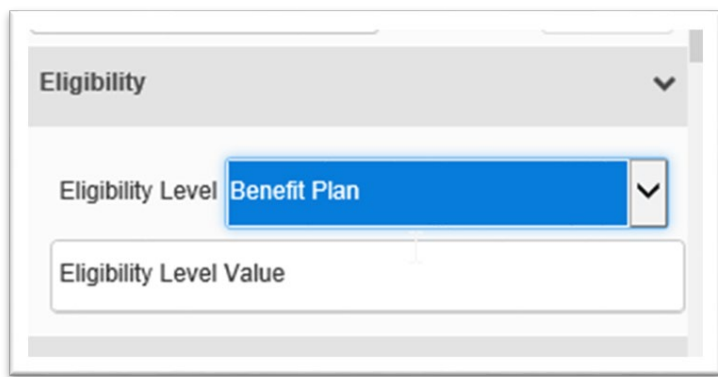

Advanced Provider Search

In order to accurately identify whether or not the provider (rendering or referring) is in-network, go to the Advanced Provider Search by clicking on the magnifying glass.

Type in the Provider's name in the Name field (or scroll down to Index to search by NPI or TIN)
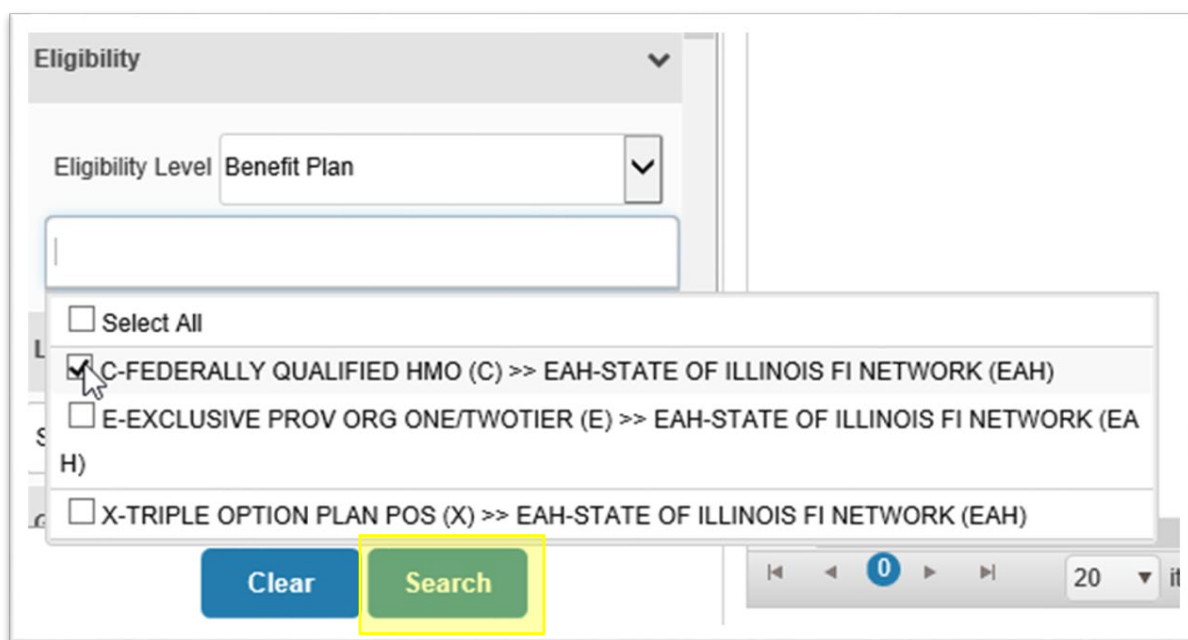
Scroll down to the Eligibility section. Use the information you made a note of based off the member's eligibility (Plan Type code and Entity code).

Select Benefit Plan as the Eligibility level and type in the 3-digit Entity code (the code in the green box from the Eligibility Verification step) into the Eligibility Level Value field.

If the search results display more than 1 value, select the option that matches the member's Plan Type code (the code in the red box from the Eligibility Verification step). Then click Search.

A list of provider records will appear to the right. If the Network Status is 'P', that means the Provider is in-network for this member's coverage. If the Network Status is 'N', that means the Provider is out-of-network for this member's coverage.

Select the appropriate provider record by clicking on the radio button next to the provider's name.

The Provider's information should now pre-populate in the authorization.
If the provider cannot be found within the Advanced Provider Search, leave the Eligibility information the same and search for a provider with a Provider Code of 'NOPROV.' Select the provider record.

Please indicate the first and last name of the referring and/or rendering provider in the Notes field at the bottom of the screen.

Auth Basic Details
The Auth Basic Details section contains the basic information for the prior authorization request.

Notification Date and time
Type 't' and then tab to populate this field with the current date and time.

Auth Priority
The Auth Priority dictates the turn-around-time Health Alliance has in order to process your request. Select UM Urgent for an urgent/expedited request.

Treatment Type
This field is for internal use. You don't need to populate this field.

Request Received Via
Select 'Web Portal.'

Diagnosis and Service Codes

In the Diagnosis and Service Codes section, you will enter in the diagnosis and procedure OR medication codes being requested.

To search for a diagnosis code, type in the first 3 letters/numbers of either the diagnosis description or the code and press the down arrow on your keyboard.
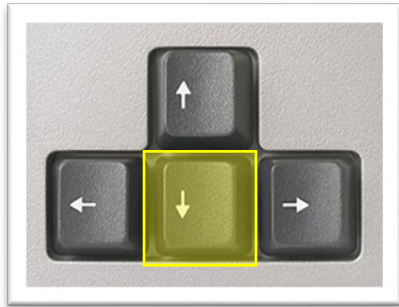
Click on the option you wish to select and it will automatically populate both the diagnosis code and description:

Use the same approach to searching for a procedure or medication code, by typing in the first 3 characters of the code or description and pressing the down arrow on your keyboard.

Unit Type
Select the most appropriate Unit Type.

From Date
Type 't' and then tab to populate this field with the current date and time.

To Date
The 'To Date' field is the requested end date for the prior authorization request. Type 't+' the number of days you would like the authorization to be valid and then tab to populate this field. This date will be reviewed and approved by Health Alliance.

Requested
Enter in the number of requested units. Click the plus icon to add another procedure code to this prior authorization request.

Add InterQual
If there are InterQual guidelines available, the box to the right will be selectable. Click on the button to run InterQual criteria.

Additional Details
Do not populate any fields in the Additional Details section.

Notes
You are required to enter in notes for the prior authorization request.

Submit the Prior Authorization
Click Save to submit the prior authorization.

System Notifications

Once you submit the prior authorization, you will get a notification to attach clinical documentation.

Other notifications you may get include:
- Prior authorization request may be a duplicate.
- Prior authorization request has been automatically approved.

Attaching Clinical Documentation

After submitting the prior authorization request, you will be brought back to the authorization summary page. Click on the three dots next to the auth that you just submitted and select 'Add Documents.'

For Outpatient requests, select the Document Type of Medical Records.

Include a description of the clinical information you are submitting in the Description section. Click on 'Select files' to choose the files you wish to attach to the prior authorization request, then press Save.

Monitoring for Additional Clinical Information

Monitor the Altruista page in the event that additional clinical information is needed. If additional clinical information is required, the Auth Status Reason will state 'Additional Information Required.'

Click on the Service Details icon to see a note from Health Alliance regarding what information is needed.

Scroll down to the Notes section. There will be a note with a Note Type of Medical Info Request that will provide details about what clinical information is needed to process your prior authorization request.

To attach the clinical documentation:
- Close out of the Authorization Summary by clicking on the X in the top right corner.
- Click on the 3 dots next to the authorization that needs additional clinical information.
- Select 'Add Documents' and follow the steps above for attaching documentation.

Configure Columns

To see additional information about the authorization requests that you have submitted, click on 'Config Columns.'

You can select any columns you would like, however please select the following at the minimum:
- Req (units requested)
- Appr (units approved)
- Auth Status
- Auth Status Reason
- Overall Service Statu

eviCore

To begin a prior authorization request, select 'Request Preauthorization' on the purple bar at the top of the Provider Portal, and then select 'File' at eviCore under the eviCore logo located on the right side.

Select an Auth Type

Once on the eviCore homepage, you can either begin a new prior authorization request by clicking Request an Auth or you can resume a request by clicking Resume In-Progress Request.

Creating a New Authorization Request

To begin the authorization process, select a program from the list and then choose whether you are building a case as a referring provider or as a durable medical equipment provider. When finished, select 'Continue.'

Provider Details

Next, find your name in the provider list. Providers can search for their name or ID number through the search bar. Click 'Select' next to the correct Provider name and then 'Continue' below the table.

After selecting the provider name, choose your insurer using the two drop-down menus and then select 'Continue.'

Next, verify and add any missing contact information. Select 'Continue' when complete.

Use the pop-up screen to add in the expected treatment start date.

Eligibility Verification

After entering the provider contact information and treatment start date, verify the patient's eligibility by entering the Patient's ID, date of birth and last name. When all fields are entered, select 'Eligibility Lookup.'

Once the patient appears below, click 'Select' to the left of their information.

Verify that the patient information is correct with the option of adding the cell phone and email contact information. When finished, click 'Continue.'

Diagnosis and Service Codes

On the next screen, the provider can select the Requested Service and Diagnosis. Use the drop-down menus to find the correct procedure CPT Code and Description. Under the Diagnosis section, enter the first three numbers of the Primary Diagnosis Code and select the 'Lookup' button. A menu will appear for you to select the specific diagnosis by choosing the 'Select' button to the left of the correct diagnosis. Repeat this for a Secondary Diagnosis Code, if applicable.

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Wednesday, November 04, 2020 1:53 PM

Requested Service + Diagnosis

This procedure will be performed on 11/11/2020. **CHANGE**

Sleep Management Procedures

Select a Procedure by CPT Code[?] or Description[?]

Don't see your procedure code or type of service? Click here

Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

LOOKUP

Trouble selecting diagnosis code? Please follow **these steps**

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Sleep Management

LOOKUP

BACK

Click here for help

Next, select if the procedure will be rendered in your office.

Add Site of Service

Add the Site of Service by entering some or all of the following search terms: NPI, Zip Code, Site Name, TIN and/or City, then select 'Lookup Site.'

After selecting 'Lookup Site,' a menu of site options will appear below. Click 'Select' next to your chosen site and name.

After selecting the site, you'll have the option to enter the lab's email. Select 'Continue' to advance to the next screen.

Clinical Information

Before selecting 'Continue' on the Proceed to Clinic Information screen, check to make sure that the information you have entered on previous screens is correct. After advancing to clinical information, you will not be able to edit the Provider, Patient or Service Information entered in the previous steps.

Next, choose whether this is a Routine/Standard case by selecting 'Yes' or 'No.'

Before submitting your request, confirm whether a previous prior authorization request has been made for this member and this test. Also, select whether or not the specimen has been collected. After selecting answers to both of those questions, you can either save to finish later or you can submit. To save the authorization and complete it later, click the box next to Finish Later. To submit your request, select the 'Submit' button.

Once you have submitted or saved your request, you will see this Summary of Your Request screen. You may print this page by clicking the Print button at the bottom of the summary. Select 'Continue' to finish making your prior authorization request and return to the home page.