



HUSKY Health – Population Health Portal Authorization Request – Quick Reference Guide



Outpatient – Durable Medical Equipment (DME)

Field	Selection
Eligibility	Click on radio button next to eligibility information
Auth Type	Select appropriate authorization type based on service being requested: DME (Durable Medical Equipment) DME - Customized Wheelchair DME - Special Consideration Orthotics & Prosthetics Medical/Surgical Supplies
Provider Details	
Referred by Provider	Search for referring provider and select correct provider* Enter phone and fax number
Referred to Provider	Select "CMAP ID" from dropdown selection and enter billing CMAP ID* Enter phone and fax number
Auth Basic Details	
Notification date/time	Enter letter "t" and hit "tab" key
Auth Priority	Standard
Request Sent	Web Portal
Diagnosis and Service Codes	
Diagnosis Code	Enter ICD-10 diagnosis code*
Procedure Description	Type the appropriate code, then down arrow*
Procedure Code	Auto-populated
Modifier	Type the appropriate modifier, then down arrow*
Unit Type	Select appropriate unit type from list
From Date	Start date
To Date	End date
Req	Number of units requested
Appr	Not applicable
Negotiated Rate	Leave blank
<i>Note: Use + sign to add diagnosis and procedure codes as needed</i>	
Additional Details	
Leave this section blank	
Notes	
Enter any notes or pertinent information	

* Use "down arrow" on keyboard to select

Add Notes	
From "Auth Details" page	Click on (3 dots) icon and select "Add Notes"
Note Type	Add'l Auth Information – Provider Use Only
Notes	Type or copy/paste clinical notes
Save	Receive message "notes added successfully" – Click on "x" to exit
Add Documents	
From "Auth Details" page	Click on (3 dots) icon and select "Add Notes"
Document Type	Clinical Information
Description	Enter description
Select Files	Click on "Select Files" to upload the appropriate record



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Eligibility Verification

Select Eligibility and Auth Template Active Inactive

LOB ASO- Medicaid Status: **Active**

Code 0013 Start Date 04/01/2016 End Date 12/31/2999

Benefit Plan **HUSKY A** Coverage Code **HUSKY A FOR PARENTS AND CARETAKERS**

Code 1013 Code 3047

Care Setting/Auth type

DME (Durable Medical Equip)

Provider Details

Where Are Requested Services Performed?

Referred By Provider Name	Referred By Provider Phone	Referred By Provider Alternate Phone	Referred By Provider Fax
Provider Name <input type="text" value="ERIN D MARTIN"/> <input type="button" value="i"/> <input type="button" value="Q"/>	<input type="text" value="203-555-7777"/>	Alternate Phone <input type="text"/>	<input type="text" value="203-555-7779"/> *
Referred To Provider Name	Referred To Provider Phone	Referred To Provider Alternate Phone	Referred To Provider Fax
CMAP ID <input type="text" value="COLLINS MEDICAL EQUIPMENT"/> <input type="button" value="i"/> <input type="button" value="Q"/>	<input type="text" value="203-576-8642"/>	Alternate Phone <input type="text"/>	<input type="text" value="203-683-6558"/>

Auth Basic Details

Where Are Requested Services Being Performed?

Notification Date and time Auth Priority Is Extension Request Sent

Diagnosis and Service Codes

Diagnosis Codes

ICD Version :

Diagnosis Description Diagnosis Code

Procedure Codes

Procedure Description	Procedure Code	Modifier	Unit Type	From Date	To Date	Req.	Appr.	Negotiated rate at service code
<input type="text" value="SUPPLY ALLOW FOR TX CGM"/> <input type="button" value="Q"/> *	<input type="text" value="K0553"/> *	<input type="text"/>	<input type="text" value="Negotiate"/> <input type="button" value="i"/>	<input type="text" value="11/02/2020"/> *	<input type="text" value="04/30/2021"/> *	<input type="text" value="6"/> *	<input type="checkbox"/>	<input type="text" value="XXXXXXXXXX"/> <input type="button" value="+"/> <input type="button" value="-"/>

Notes


Notes :



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Durable Medical Equipment (DME) Authorization Request Steps

1. Log in
2. Click on “Authorization” tab
3. Select “Outpatient” icon  OutPatient
4. Enter member’s date of birth (dashes required) and Medicaid ID number
5. Select member by clicking on radio button
 - a. If member information does not display, contact the prior authorization unit

REQUEST AUTHORIZATION x

Member Search

* Member DOB 

* Member Id


	CHNCT Member ID	Last Name	First Name	Gender	Birth Date
<input type="radio"/>	H557272435	Smith	Donna	Female	02/05/1971

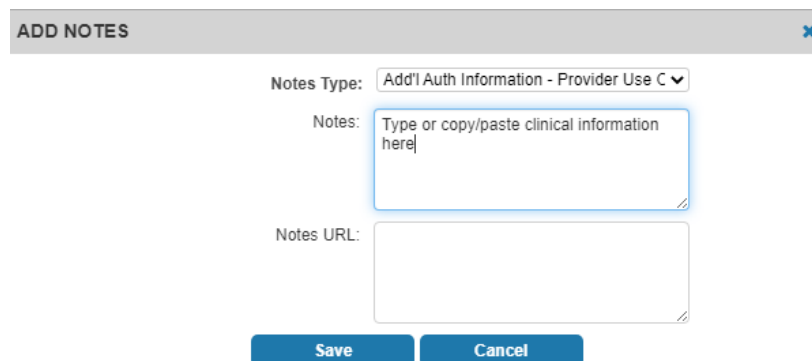
6. Eligibility: click on radio button next to eligibility information
 - a. If eligibility information is not available, please contact the prior authorization unit
7. Auth Type:
 - a. Select appropriate authorization type based on service being requested:
 - DME (Durable Medical Equipment)
 - DME - Customized Wheelchair
 - DME - Special Consideration
 - Orthotics & Prosthetics
 - Medical/Surgical Supplies
8. Provider Details
 - a. Referred by Provider:
 - i. Search for referring provider and use “down arrow” on keyboard to select correct provider
 - ii. Enter referring provider’s phone and fax numbers
 - b. Referred to Provider:
 - i. Select “CMAP ID” option from dropdown selection
 1. Enter your billing CMAP ID and click on “down arrow” on your keyboard to select
 - ii. Enter billing provider phone and fax numbers
9. Auth Basic Details
 - a. Notification date/time: type letter “t” and hit “tab” key
 - b. Auth Priority: Standard
 - c. Request Sent: Web Portal
10. Diagnosis and Service Codes



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- a. Diagnosis Code: type ICD-10 code
 - i. Use “down arrow” to select code
 - ii. Use + sign to add codes as needed
 - b. Procedure Code:
 - i. Procedure Description: Type the procedure code and click “down arrow” on your keyboard to select
 - ii. Procedure Code: auto-populated based on description selection
 - iii. Modifier: enter appropriate modifier and click “down arrow” on your keyboard to select
 - iv. Unit Type: select appropriate type
 - v. From Date: enter start date of service
 - vi. To Date: enter end date of service
 - vii. Req: auto-populated
 - viii. Appr: not applicable
 - ix. Negotiated rate at service code: must leave blank
11. Additional Details
- a. Leave all sections blank
12. Notes
- a. Enter brief notes in this section as needed
13. Save
14. Add Notes
- a. Find the created authorization request from the Auth Details page
 - b. Click on  (3 dots) icon and select “Add Notes”
 - c. Select Note Type: Add'l Auth Information – Provider Use Only
 - d. Notes: enter notes
 - e. Notes URL: leave blank
 - f. Save: receive message “notes added successfully”
 - g. Exit: click on “x”




ADD NOTES

Notes Type: Add'l Auth Information - Provider Use C

Notes: Type or copy/paste clinical information here

Notes URL:

Save Cancel

15. Add Documents
- a. Find the created authorization request from the Auth Details page
 - b. Click on  (3 dots) icon and select “Add Documents”
 - c. Document Type: Clinical Information



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- d. Description: enter description
- e. Click on “Select Files” to upload the appropriate record
- f. Save

ADD DOCUMENT ✕

Document Type:

Description:

Select File:

📄 Test doc.docx ✕

12 KB