



HUSKY Health – Medical Authorization Portal
Prior Authorization (PA) Request – Quick Reference Guide



Inpatient Chronic Disease Hospital / Acute Rehab / Long-Term Acute Care Hospitalization

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HUSKY Health – Medical Authorization Portal Prior Authorization (PA) Request – Quick Reference Guide



Inpatient Chronic Disease Hospital / Acute Rehab / Long-Term Acute Care Hospitalization

INPATIENT - CHRONIC DISEASE HOSPITAL / ACUTE REHAB / LONG-TERM ACUTE CARE HOSPITALIZATION

Quick Reference

| Field | Selection |
|--|--|
| Eligibility | Filter by Active Eligibility. Click on the eligibility box to select. |
| Auth Type | Inpatient-Rehab/CDH/Hospice/LTAC. |
| Auth Priority | Readmission or IP Concurrent. |
| Provider Details | |
| Servicing Provider | Search for the admitting provider and select the correct provider*. Enter phone and fax number. |
| Facility Provider | Select "CMAP ID" from the dropdown selection and enter the Inpatient Facility CMAP ID*. Enter phone and fax number. |
| Actual Admission Date and Time | Select the actual admission date and time from the calendar. |
| Treatment Type | Select as appropriate (i.e., Acute Rehab, CDH-Primary Exhausted, Chronic Disease Hospital, or Readmit to Chronic from Acute Care Hospital). |
| Admission Type | Select as appropriate (i.e., Elective, Emergent, Transfer). |
| Diagnosis and Service Codes | |
| Diagnosis Description | Auto-populated based on diagnosis code selection. |
| Diagnosis Code | Enter the ICD-10 diagnosis code(s)*. Use the + sign to add diagnosis codes. |
| Procedure Description | Auto-populated based on procedure code selection. |
| Procedure | Enter the appropriate procedure code* <ul style="list-style-type: none">• For Chronic Disease Hospital, use CHRONIC• For Acute Rehab, use REHAB |
| From Date | Enter the same date as Actual Admission Date. |
| To Date | Enter the end date for the authorization request. |
| Unit Type | Days. |
| Req. | Auto-populated based on From Date and To Date selection. |
| Notes & Attachments | |
| Enter any notes or pertinent information. | |
| Attach all clinical documents needed to determine medical necessity. | |

* Use the "down arrow" on keyboard to select.

Inpatient Chronic Disease Hospital / Acute Rehab / Long-Term Acute Care Hospitalization

Inpatient – Chronic Disease Hospital / Acute Rehab / Long-Term Acute Care Hospitalization Request Steps

1. Log in:
 - a. Users MUST log in with the correct **CMAP ID** for the facility they are requesting services for to be able to see authorizations submitted under that facility's ID.
2. Click on the **Home** tab.
3. Click on the **Start New Inpatient Request** icon.



4. Enter the member's Date of Birth and Member ID number, and click on **Find Member**.

* First Name

* Last Name

* Date of Birth
MM/DD/YYYY

* Member ID

5. Select member by clicking on member's box.

| | | | | | | | |
|--------------|--|-------------------|------|---------------------|----------------|---------------|--|
| Member ID | Member ID : HTESTMEMBERW , Medicaid No : TESTMEMBERW | First Name | TEST | Last Name | MEMBER HUSKY D | Date of Birth | 01/01/1973 |
| Phone Number | 203-949-4000 | Primary Insurance | N/A | Secondary Insurance | N/A | Address | 4 FAIRFIELD BLVD, MERIDEN, CT, 064920000 |

6. **Eligibility:**

- a. Select Active.

Eligibility Select an eligibility

Filter by

☒ Active Eligibility
 ☐ Inactive Eligibility

- b. Click on the eligibility information box.

LOB **ASO- Medicaid**

Code **0013**

Benefit Plan **HUSKY A**

Code **1013**

Status **Active**

Start Date **11/1/2016** End Date **12/31/2999**

Coverage Code **HUSKY A FOR KIDS UP TO AGE 19**

Code **3049**

7. **Authorization Type:** Inpatient-Rehab/CDH/Hospice/LTAC.
8. **Auth Priority:** Select **Readmission** or **IP Concurrent**.
9. **Provider Details:**
 - a. *Servicing Provider:*
 - i. Search for the admitting provider and select the correct provider.
 - b. *Facility Provider:*
 - i. Select **CMAP ID** from the dropdown selection.



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- ii. Enter the inpatient hospital's billing CMAP ID, and click the down arrow on your keyboard to select the facility.
- c. Use the advanced search tool to look up providers as needed.

* Servicing Provider
Provider Name ▼ PROVIDER DEFAULT

10. **Actual Admission Date and Time:** Select the date and time from the calendar.
11. **Treatment Type:** Select as appropriate (i.e., Acute Rehab, CDH-Primary Exhausted, Chronic Disease Hospital, or Readmit to Chronic from Acute Care Hospital).
12. **Admission Type:** Select as appropriate (i.e., Elective, Emergent, Transfer).
13. **Diagnosis Code(s):**
 - a. Type ICD-10 code.
 - b. Use the down arrow to select code.
 - c. Use the + sign to add codes as needed.
14. **Procedure Code:**
 - a. Procedure Code: Enter procedure code(s).
 - i. For Chronic Disease Hospital, must type **CHRONIC**.
 - ii. For Acute Rehab, must type **REHAB**.
 - iii. Use the down arrow on the keyboard to select code.
 - b. Procedure Description: Auto-populated based on description selection.
 - c. From Date: Enter the same as expected admission date.
 - d. To Date: Enter the end date for the authorization request.
 - e. Unit Type: Days.
 - f. Req.: Auto-populated based on From Date and To Date selection.

15. Click **Next** to proceed with authorization:

- a. **Option to Save as Draft**

Please note: the option to **Save as Draft** can be used if the clinical information is not available at the time of the authorization creation.


The authorization will NOT be available to HUSKY Health staff until the user clicks on **Submit**.

All authorizations must be submitted prior to the start date of service – the option to **Save as Draft** does not override this requirement. Draft authorizations will only be available for up to seven days.


- i. To retrieve a list of authorizations “saved as draft”:
 1. Go to the Home tab and scroll down to see Draft Authorizations.
 2. Click on **Inpatient Drafts**.

Inpatient Chronic Disease Hospital / Acute Rehab / Long-Term Acute Care Hospitalization

Draft Authorizations


2 

Inpatient Drafts

0 

Outpatient Drafts

3. Enter Member ID to search.
4. Reopen the authorization draft by clicking on the **Draft** link under **Status**.
 - a. Note: You may click on **Download Results** to export an Excel spreadsheet with all authorizations saved as a draft, if needed.

| Inpatient | | Outpatient | | Member Id | | Filters | Download Results | Choose Columns |
|--|--------------|---------------------|---------------|----------------|-------------------------------|-----------------------|------------------|------------------|
| Draft ID # | Created Date | Member Name | Plan Type | Admission Date | Type | Status | Facility | Service Provider |
|  D25T7GZG | Jun 25, 2024 | TEST MEMBER HUSKY D | ASO- Medicaid | Jun 27, 2024 | InPatient-Rehab/CDH/Hospic... | Draft | FACILITY DEFAULT | PROVIDER DEFAULT |

16. Add **Notes** and **Attachments**, then select **Submit**.
 - a. Note: Both fields are required to proceed.

Enter Note

Enter additional notes here
Click below to add documents


Add Attachments

Submit

Cancel

View and Print Authorization Number and Authorization Summary

The option to view and print the authorization summary is available immediately after submitting a request. An informational message shows the authorization reference number and link to print the authorization summary.



Your request #0627T4M87 has been pended.

[Click to print](#)

Inpatient Chronic Disease Hospital / Acute Rehab / Long-Term Acute Care Hospitalization

1. Scroll down to view the authorization details.
2. To view the Authorization Number (KG#), scroll down to the procedure codes section and refer to the **Alternate Service ID**.

Procedure Codes

| | | |
|---|----------------------------|---|
| Procedure Code: CHRONIC | Primary Procedure | Alternate Service ID: KG00004629 |
| Procedure Description: D55- CHRONIC DISEASE HOSPITAL | | |
| Unit Type: Days | Req: 30 | Approved Units: 0 |
| From Date: 06/27/2024 | To Date: 07/26/2024 | Denied Units: 0 |

3. To print the Authorization Summary, select **Click to print**.

Your request #0627T4M87 has been pended.

[Click to print](#)

Note: The Authorization Summary may open on a new tab in your browser.

View and Print Determination Letters

1. Click on **Authorization List** on the left-hand menu.
2. List will default to **Inpatient**. If not, select the **Inpatient** icon.
3. Enter the **Member ID** and, click on the magnifying glass to search.
4. Click on the caret symbol to expand the view.
5. Click on **View Letter**.

[Home](#)
[Messages](#)
[Authorization List](#)
[Appeal List](#)
[Draft Authorization List](#)

Inpatient
Outpatient

| Authorization ID# | Created Date | Member Name | Plan Type | Admission Date | Type | Status | Facility | Service Provider |
|-------------------|--------------|---------------------|---------------|----------------|-----------------------------------|---------|------------------|------------------|
| 0627T4M87 | Jun 27, 2024 | TEST MEMBER HUSKY D | ASO- Medicaid | Jun 27, 2024 | Inpatient- Rehab/CDH/Hospice/LTAC | Pending | FACILITY DEFAULT | PROVIDER DEFAULT |

Auth Details

Primary Diagnosis: TUBEROUS SCLEROSIS

Notification Date: 06/27/2024

Decision Date: N/A

Member ID: HTESTMEMBERW, Medicaid No: TESTMEMBERW

Referred By Provider: N/A

Referred By Provider Fax: N/A

Referred By Provider Phone: N/A

[View & Print Auth](#)
[View Notes](#)
[View Docs](#)
[View Letter](#)
[View Guidelines](#)
[View Discharge Plan](#)

[+ Discharge Information](#)
[+ Additional Information](#)

6. Click on the link next to Document Name to download or print the letter.

Letters

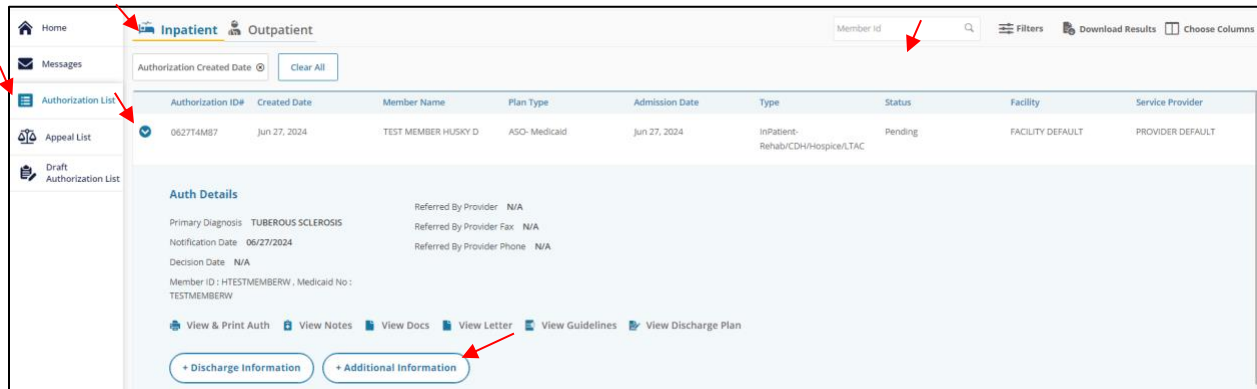
| | | | |
|--|---|---------------------------------------|---|
| Auth Document ID: 26027 | Document Name: Inpatient Auth-CDH_A.R.pdf | Document Type: Letter Document | Created On: 06/26/2024 02:13:02 PM |
| Description: Inpatient Auth-CDH_A.R_Hospice - Mbrs and Prvdrs | | | |

Inpatient Chronic Disease Hospital / Acute Rehab / Long-Term Acute Care Hospitalization

Attach Additional Information

After the authorization is submitted, you may add notes and attachments to an authorization that is in a **pending** status or for concurrent review requests.

1. Click on **Authorization List** on the left-hand menu.
2. List will default to **Inpatient**. If not, select the **Inpatient** icon.
3. Enter the Member ID and click on the magnifying glass to search.
4. Click on the caret symbol to expand the view.
5. Click on **+Additional Information**.



The screenshot shows the 'Authorization List' on the left-hand menu. The main area displays a table of authorizations. The first row is highlighted, showing details for a pending authorization. Below the table, the 'Auth Details' section is visible, including primary diagnosis, notification date, and member ID. At the bottom of the details section, there are buttons for 'Discharge Information' and '+ Additional Information'.

| Authorization ID# | Created Date | Member Name | Plan Type | Admission Date | Type | Status | Facility | Service Provider |
|-------------------|--------------|---------------------|---------------|----------------|-----------------------------------|---------|------------------|------------------|
| 062714M87 | Jun 27, 2024 | TEST MEMBER HUSKY D | ASO- Medicaid | Jun 27, 2024 | Inpatient- Rehab/CDH/Hospice/LTAC | Pending | FACILITY DEFAULT | PROVIDER DEFAULT |

Auth Details

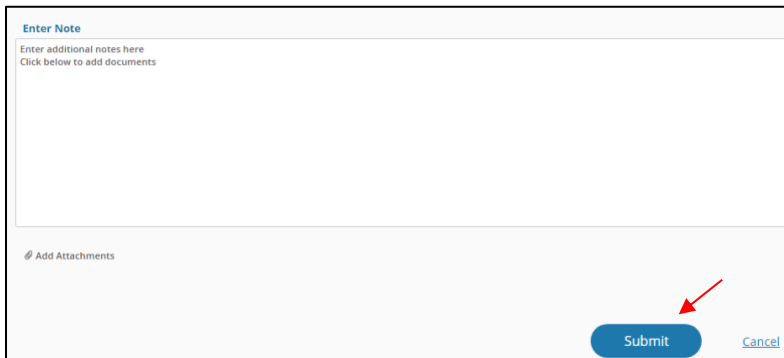
Primary Diagnosis: TUBEROUS SCLEROSIS
 Notification Date: 06/27/2024
 Decision Date: N/A
 Member ID: HTESTMEMBERW, Medicaid No: TESTMEMBERW

Referred By Provider: N/A
 Referred By Provider Fax: N/A
 Referred By Provider Phone: N/A

View & Print Auth | View Notes | View Docs | View Letter | View Guidelines | View Discharge Plan

+ Discharge Information | + Additional Information

6. Proceed to enter a note and add attachments (both sections are required).
7. Click **Submit**.



The screenshot shows the 'Enter Note' form. It has a text area for entering additional notes and a section for adding attachments. At the bottom right, there is a blue 'Submit' button and a 'Cancel' link. A red arrow points to the 'Submit' button.

Cancel a Pending Authorization Request

You may cancel/withdraw an authorization when it is in **pending** status only. To make a modification, or to cancel a request with a determination on file, please contact the Prior Authorization unit.

1. Select the link labeled "Request to withdraw a pending Authorization" at the bottom of the Home page.

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 [Request to withdraw a pending Authorization](#)

2. Enter the Authorization ID (reference number), or member ID to search.
3. Select **Find Authorization**.

Withdraw Authorization Search

Authorization ID#

Service Start Date

Service End Date

Member ID

Member Name

4. Click the Select button on the left side to select the authorization.

| | Authorization ID# | Created Date | Member Name | Plan Type | Type | Status | Facility | Service Provider |
|---------------------------------------|-------------------|--------------|-------------------------|---------------|----------------------------------|---------|------------------|------------------|
| <input type="button" value="Select"/> | 0514TC8QK | May 14, 2024 | TEST MEMBER LIMITED BEN | ASO- Medicaid | InPatient-Rehab/CDH/Hospice/LTAC | Pending | PROVIDER DEFAULT | PROVIDER DEFAULT |

5. Check the box to select the service code to be cancelled.
6. Add a note with the reason for cancellation.
7. Click **Submit**.


Withdraw Request

TEST MEMBER LIMITED BEN
Authorization ID #0514TC8QK


| | Service Code | Service Description | Unit Type | Requested Units | Start Date | End Date | Status |
|-------------------------------------|--------------|-------------------------------|-----------|-----------------|------------|------------|---------|
| <input checked="" type="checkbox"/> | CHRONIC | DSS- CHRONIC DISEASE HOSPITAL | Days | 1 | 05/14/2024 | 05/14/2024 | Pending |

Add Note ⓘ

Reason for cancellation

 Add Attachments ⓘ

8. To print the details, select the “Click to print” link available in the confirmation message.



Withdraw request has successfully submitted on authorization #0320WDHW8.

[Click to print](#)



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Important Information

The following features are not operational in the authorization portal at this time:

- Messages
- Extensions
- Appeals
- Peer to Peer Reviews

Please contact the Prior Authorization unit for additional information, modification requests, or questions at **1.800.440.5071**.

To change the admission date or request any modification to an approved admission, please continue to contact the Prior Authorization unit via phone: **1.800.440.5071**, or fax: **203.774.0551**.

Inpatient – Chronic Disease Hospital / Acute Rehab / Long-Term Acute Care Hospitalization - Authorization Request Entry Example

| | | | |
|---|--|--|--|
| * Authorization Type InPatient-Rehab/CDH/... | | * Auth Priority Readmission | |
| <input type="checkbox"/> Requesting & Servicing Provider are same | | | |
| * Servicing Provider Provider Name PROVIDER DEFAULT | | Servicing Phone 203-789-0123 | |
| Facility Provider Name Provider Name FACILITY DEFAULT | | Facility Provider Phone 203-456-7890 | |
| * Actual Admission Date and time 06/27/2024 12:00 AM | | | |
| * Treatment Type Chronic Disease Hospital | | Admission Type Elective | |
| * Diagnosis Description TUBEROUS SCLEROSIS | | * Diagnosis Code Q85.1 Primary Diagnosis | |
| * Procedure Description DSS: CHRONIC DISEASE HOSPITAL | | * Procedure Code CHRONIC | |
| * From Date 06/27/2024 | | * To Date 07/26/2024 | |
| * Unit Type Days | | * Req. 30 Primary Procedure | |
| <input type="checkbox"/> | | | |
| <div>Save as Draft</div> <div>Next</div> <div>Reset</div> <div>Delete Draft</div> | | | |

* Add Note
Enter additional notes here
Attach documents below

* Add Attachments

SubmitDelete DraftCancel

Asterisk (*) denotes a mandatory field