



**HUSKY Health – Medical Authorization Portal
Prior Authorization (PA) Request – Quick Reference Guide
Medical Equipment, Devices And Supplies (MEDS)**



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MEDICAL EQUIPMENT, DEVICES AND SUPPLIES (MEDS)

Quick Reference

Field	Selection
Eligibility	Click on the 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
Auth Priority	Standard
Provider Details	
Referred by Provider	Search for the referring provider and select the correct provider* Enter phone and fax number
Servicing Provider	Select "CMAP ID" from the dropdown selection and enter your billing ID* Enter phone and fax number
Diagnosis and Service Codes	
Place of Service	Select place of service from list
Diagnosis Code	Enter ICD-10 diagnosis code*
Procedure Description	Type the appropriate code*
Procedure Code	Auto-populated
Modifier	Type the appropriate modifier*
From Date	Start date
To Date	End date
Unit Type	Select appropriate unit type from list
Req.	Number of units requested
Overage	Type Y to indicate PA is needed to override the quantity amount for a code that does not need PA; otherwise, type N
<i>Note: Use + sign to add diagnosis and procedure codes as needed</i>	
Notes and Attachments	
Enter any notes or pertinent information	
Attach all clinical documents needed to determine medical necessity (physician notes, prescription, pricing information, etc.)	
InterQual®	
System will launch InterQual® (IQ) evidence-based criteria if appropriate, or will pend for medical necessity review	

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

Medical Equipment, Devices and Supplies (MEDS) PA Request Steps

1. Log in:
 - a. Users MUST log in with the correct billing **CMAP ID** for the provider/vendor they are requesting services, to be able to see authorizations submitted under that provider
2. From the Home tab, click on “Start New Outpatient Request” icon



3. Enter the member’s Date of Birth and Member ID number, and click on “Find Member”

* First Name	* Last Name	* Date of Birth	* Member ID
<input type="text"/>	<input type="text"/>	MM/DD/YYYY	<input type="text"/>
<input type="button" value="Find Member"/>			<input type="button" value="Clear"/>

4. Select member by clicking on member’s box

Member ID	Member ID : H552116771 , Medicaid No : 552116771	First Name	Bret	Last Name	N	Date of Birth	04/24
Phone Number	380- -	Primary Insurance	N/A	Secondary Insurance	N/A	Address	Rocky Second Boulevard MD, 70880-0880

5. Select **eligibility**: click on the radio button next to eligibility information

Eligibility	
<input type="radio"/>	LOB ASO- Medicaid Code 0013 Status Active Start Date 11/1/2016 End Date 12/31/2999 Benefit Plan HUSKY A Coverage Code HUSKY A FOR KIDS UP TO AGE 19 Code 1013 Code 3049

6. **Authorization Type:**

- a. Select appropriate authorization type based on the service being requested:
 - DME (Durable Medical Equipment)
 - DME - Customized Wheelchair
 - DME - Special Consideration
 - Orthotics & Prosthetics
 - Medical/Surgical Supplies

7. **Auth Priority:** Standard

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8. Provider Details:

a. *Referred by Provider:*

- i. Search for the referring/ordering provider and select the correct provider*
- ii. Use the advanced search tool to assist with provider look-up as needed



* Referred By Provider Name

Provider Name

- iii. Enter the **referring/ordering provider's phone and fax number**

b. *Servicing Provider:*

- i. Select "CMAP ID" option from the dropdown selection
 1. Enter your billing CMAP ID and select your agency*
- ii. Enter **servicing/billing provider's phone and fax number**

9. Place of Service: Select the appropriate place of service from the dropdown selection

10. 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

11. Procedure Code(s):

- a. Procedure Description: type the procedure code*
- b. Procedure Code: auto-populated based on description selection
- c. Modifier: enter the appropriate modifier and click to select
- d. From Date: enter the start date of service
- e. To Date: enter the end date of service
- f. Unit Type: select appropriate type
- g. Req.: enter the requested number of units
- h. Overage: Type **Y** to indicate the request is an overage, and you are looking to override the quantity amount listed on the fee schedule for prior authorization (PA), for a code that does not need PA; otherwise, type **N**
 1. Use **Y** for items that do not require PA, but where the quantity or rental period needed is more than the allowable on the fee schedule without PA. This includes requests for DME rental items that do not require PA until after the third month of rental (i.e., code E0971). This also includes additional items that do not require PA; however, replacement is needed before reaching the coverage period (i.e., orthopedic shoes when replacement is needed before the 2-year period is up). Please consult the MEDS fee schedules for specific items
- i. Use the + sign to add codes as needed

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

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

a. **Option to Save as Draft**

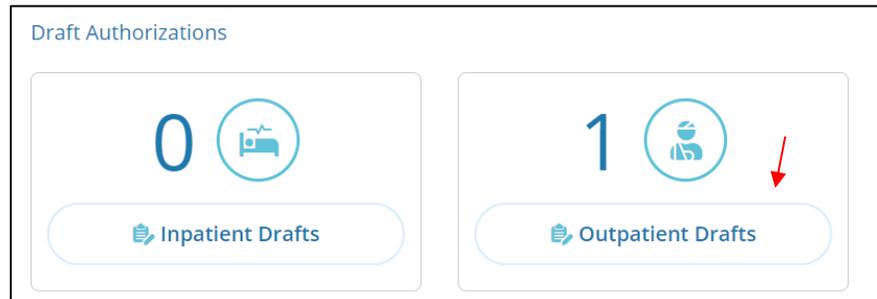
Please note: the option to **Save as Draft** can be used if the clinical information is not available at the time of the authorization creation.

The authorization will NOT be available to HUSKY Health staff until the user clicks on “Submit” and the InterQual® portion is completed, if IQ is available.

All authorizations must be submitted within two business days of the start date of service; the option to **Save as Draft** does not override this requirement.

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 “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



Draft ID #	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Provider
D14TNJV3	Apr 14, 2022	D H	ASO- Medicaid	N/A	DME (Durable Medical Equip)	Draft	N/A	N/A

13. Add **Notes** and **Attachments**, then select “**Submit**”

a. Note: both fields are required to proceed

14. **InterQual® (IQ) Review:** System will launch IQ if appropriate, or will pend for medical necessity review according to the appropriate turnaround time

- a. Select criteria based on member’s condition
- b. IQ will result in either:
 - i. **Criteria Met**
 - ii. **Criteria Not Met**, which will pend for internal review

- c. Refer to system-generated instructions after completing the IQ

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.



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 0006U	Primary Procedure	Alternate Service ID KG00001802
Procedure Description Testing for presence of interacting medications, substances, supplements and foods in urine		
Unit Type Days	Req. 1	Approved Units 0
From Date 04/27/2022	To Date 04/27/2022	Denied Units 0

3. To print the Authorization Summary, select “Click to print”
 - a. 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. Select the **Outpatient** icon
3. Enter the **Member ID** and press enter, or click on the magnifying glass to search
4. Click on the caret symbol to expand the view
5. Click on “View Letter”

Authorization List

Inpatient | Outpatient

551226234

Authorization ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Facility	Service Provider
0414TE2WI	Apr 14, 2022	Dejuan Waller	ASO- Medicaid	Apr 14, 2022	InPatient-Emergency Hospitalization	Pending	FACILITY DEFAULT	PROVIDER DEFAULT

Auth Details

Primary Diagnosis: SEVERE SEPSIS WITHOUT SEPTIC SHOCK | Referred By Provider Name: N/A

Notification Date: 04/14/2022

Decision Date: N/A

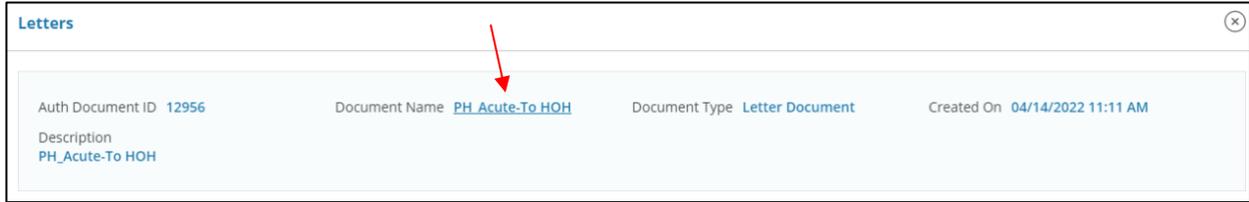
Member ID: H551226234, Medicaid No: 551226234

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

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

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



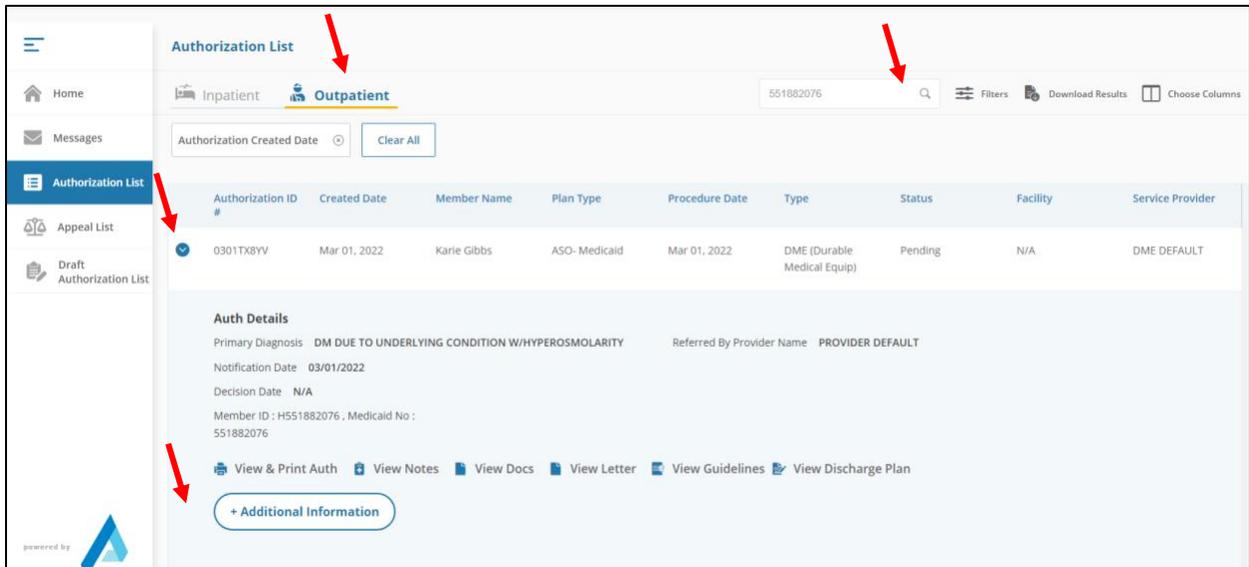
The screenshot shows a window titled "Letters" with a close button in the top right. Below the title bar, there is a table of document information:

Auth Document ID	12956	Document Name	PH_Acute-To HOH	Document Type	Letter Document	Created On	04/14/2022 11:11 AM
Description	PH_Acute-To HOH						

Attach Additional Information

After the authorization is submitted, you may add notes and attachments to the authorization request while it is in **pending** status.

- Click on **Authorization List**
- Select the **Outpatient** icon
- Enter the **Member ID**, and click on the magnifying glass to search
- Click on the caret symbol to expand the view
- Click on **+Additional Information**



The screenshot shows the "Authorization List" page. At the top, there are tabs for "Inpatient" and "Outpatient", with "Outpatient" selected. A search bar contains the Member ID "551882076". Below the search bar, there is a table of authorization records:

Authorization ID #	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Provider
0301TX8YV	Mar 01, 2022	Karie Gibbs	ASO- Medicaid	Mar 01, 2022	DME (Durable Medical Equip)	Pending	N/A	DME DEFAULT

Below the table, there is an "Auth Details" section for the selected authorization:

Auth Details
 Primary Diagnosis: DM DUE TO UNDERLYING CONDITION W/HYPEROSMOLARITY
 Referred By Provider Name: PROVIDER DEFAULT
 Notification Date: 03/01/2022
 Decision Date: N/A
 Member ID: H551882076, Medicaid No: 551882076

At the bottom of the details section, there are several action buttons: "View & Print Auth", "View Notes", "View Docs", "View Letter", "View Guidelines", and "View Discharge Plan". Below these buttons is a button labeled "+ Additional Information".

- Proceed to enter a note and add attachments (both sections are required)
- Click "Submit"

Enter Note

Enter additional notes here
Click below to add documents

 Add Attachments

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



2. Enter the Authorization ID (reference number) or member ID to search, and click on **Find Authorization**
3. Click the radio button on the left side to select the authorization
4. Check the box to select the service code(s) to be cancelled

Withdraw Request							
D H		Authorization ID #0309W51Z5					
<input checked="" type="checkbox"/>	Service Code	Service Description	Unit Type	Requested Units	Start Date	End Date	Status
<input checked="" type="checkbox"/>	E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	Rent to Purchase	1	03/09/2022	04/08/2022	Pending

5. Add a note with the reason for cancellation
6. Click **Submit**
7. To print the details, select the “click to print” link available in the confirmation message



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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**.

DME Authorization Request Entry Example

*** Authorization Type**
DME (Durable Medical... ▼

*** Auth Priority**
Standard ▼

*** Referred By Provider Name**
 Provider Name ▼ PROVIDER DEFAULT Referred By Provider Name & Servicing Provider are same

*** Servicing Provider**
 Provider Name ▼ DME DEFAULT

*** Place Of Service**
12 - Home ▼

*** Diagnosis Description**
DM DUE TO UNDERLYING CONDITION W/HYPEROSMOLARITY

*** Diagnosis Code**
E08.0 Primary Diagnosis

*** Procedure Description**
EXTERNAL AMBULATORY INFUSION PUMP INSULIN

*** Procedure Code**
E0784

Modifier	* From Date 03/01/2022 <input type="button" value="C"/>	* To Date 03/31/2022 <input type="button" value="C"/>	* Unit Type Units ▼	* Req. 1	* Overage (Y/N) N <input type="button" value="+"/> <input checked="" type="radio"/> Primary Procedure
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Providers/Facilities must submit medical records with authorization requests.

Add Note

Test note

Add Attachments

Test_doc (2).pdf

Asterisk (*) denotes a mandatory field