



**HUSKY Health – Medical Authorization Portal
Prior Authorization (PA) Request – Quick Reference Guide
Inpatient Elective Hospitalization**



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INPATIENT – ELECTIVE HOSPITALIZATION

Quick Reference

| Field | Selection |
|--|--|
| Eligibility | Click on the radio button next to eligibility information |
| Auth Type | Inpatient-Elective Hospitalization |
| Auth Priority | Inpatient Elective |
| Provider Details | |
| Servicing Provider | Search for the admitting provider and select the correct provider* |
| Facility Provider | Select “CMAP ID” from the dropdown selection and enter the Inpatient Facility CMAP ID* |
| Expected Admission Date | Select the expected admission date from the calendar |
| Treatment Type | Select as appropriate (i.e., Medical, Surgical, or Transplant) |
| Diagnosis and Service Codes | |
| Diagnosis Code | Enter the ICD-10 diagnosis code(s)* |
| Procedure Code | Enter the procedure code(s) |
| Procedure Description | Auto-populated based on code selection |
| From Date | Enter the same date as Expected Admission Date |
| To Date | Enter the same date as Expected Admission Date |
| Unit Type | Days |
| Req. | Auto-populated to equal 1 |
| Required Contact Information | |
| Enter the following information: | |
| <ul style="list-style-type: none"> • Referring/ordering provider’s phone and fax # (Ex: Ph# 999.888.7777 Fax# 999.777.6666) • Referred to (servicing/billing) provider’s phone and fax # | |
| Notes & Attachments | |
| Enter any notes or pertinent information | |
| Attach all clinical documents needed to determine medical necessity (physician notes, pricing information, etc.) | |
| InterQual® | |
| System will launch InterQual® (IQ) evidence-based criteria if appropriate, or will pend for medical necessity review | |

* Use “down arrow” on keyboard to select

Inpatient – Elective Hospitalization Authorization Request Steps

1. Log in:
 - a. Users MUST log in with the correct **CMAP ID** for the facility they are requesting services, 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 member’s Date of Birth and Member ID number, and click on “Find Member”

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

5. 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 |

6. **Eligibility:** click on the radio button next to eligibility information

Eligibility

| | |
|---|--|
| <input type="radio"/> 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-Elective Hospitalization
8. **Auth Priority:** Inpatient Elective
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
 1. 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

* Referred By Provider Name

| | |
|--|---|
| <input type="text" value="Provider Name"/> | <input type="text" value="Begin typing name or code to select"/> <input type="button" value="Q"/> |
|--|---|

10. **Expected Admission Date:** select a future date from the calendar

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11. **Treatment Type:** select as appropriate (i.e., Medical, Surgical, or Transplant)

12. **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

13. **Procedure Code(s):**

- a. Procedure Code: enter procedure code(s)
- b. Procedure Description: auto-populated based on description selection
- c. From Date: enter the same as expected admission date
- d. To Date: enter the same as expected admission date
- e. Unit Type: Days
- f. Req.: auto-populated to equal 1
- g. Use the + sign to add codes as needed

14. 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® (IQ) portion is completed, if IQ is applicable.

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”



- 3. Enter Member ID to search
- 4. Reopen the authorization draft by clicking on the “draft” link under **Status**

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- 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 | Admission Date | Type | Status | Facility | Service Provider |
|------------|--------------|-------------|---------------|----------------|--|--------|------------------|-------------------------|
| D04MSW30 | Apr 04, 2022 | J. R. | ASO- Medicaid | Mar 31, 2022 | InPatient- Emergency Hospitalization | Draft | FACILITY DEFAULT | EDWARD J VOLPINTESTA |

15. Enter **Required Contact Information:**

- a. **Referring/ordering provider’s phone and fax #** (ex: Ph# 999.888.7777 Fax# 999.777.6666)
- b. **Referred to (servicing/billing) provider’s phone and fax #**

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

- a. Note: both fields are required to proceed

17. **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 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 |

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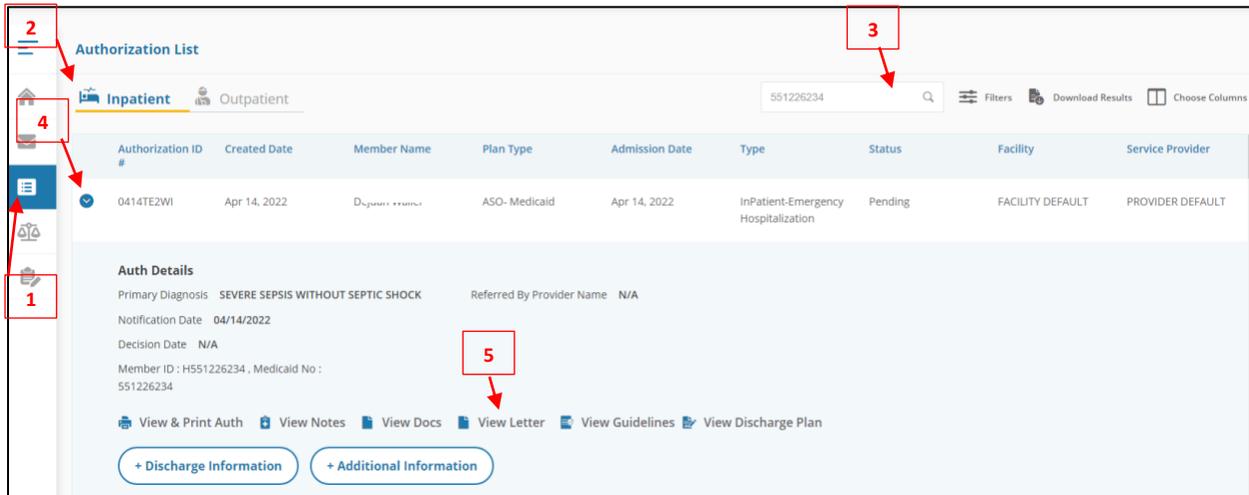
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3. To print the Authorization Summary, select “Click to print”
 - a. Note: The Authorization Summary may open on a new tab in your browser

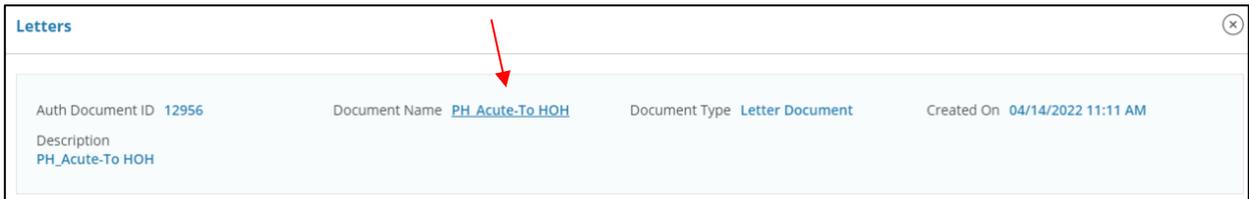
View and Print Determination Letters

1. Click on “Authorization List” on the left-hand menu
2. Select the **Inpatient** 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”



The screenshot shows the 'Authorization List' page. A search bar at the top right contains the Member ID '551226234'. Below the search bar is a table with columns: Authorization ID, Created Date, Member Name, Plan Type, Admission Date, Type, Status, Facility, and Service Provider. The first row shows an authorization for 'SEVERE SEPSIS WITHOUT SEPTIC SHOCK' on 'Apr 14, 2022'. Below the table, the 'Auth Details' section is expanded, showing primary diagnosis, notification date, decision date, and member ID. At the bottom of the details, there are several action links, including 'View Letter', which is highlighted with a red box and arrow labeled '5'. Other callouts include '1' for the left-hand menu, '2' for the 'Authorization List' header, '3' for the search bar, and '4' for the expand/caret icon.

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



The screenshot shows the 'Letters' page. It displays document information for an authorization. The document name is 'PH_Acute-To HOH', which is a blue hyperlink. Other details include 'Auth Document ID 12956', 'Document Type Letter Document', and 'Created On 04/14/2022 11:11 AM'. A red arrow points to the 'PH_Acute-To HOH' link.

Attach Additional Information

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

1. Click on “Authorization List” on the left-hand menu
2. 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**
6. Proceed to enter a note and add attachments (both sections are required)
7. Click “Submit”

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Enter Note

Enter additional notes here
Click below to add documents

📎 Add Attachments

Submit
Cancel

Cancel a Pending Authorization Request

You may cancel/withdraw an authorization when it's 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
3. Click the radio button on the left side to select the authorization
4. Check the box to confirm the selection

| Withdraw Request | | | | | | | | |
|-------------------------------------|---|-----------------------------|--|-----------|-----------------|------------|------------|---------|
| D | H | Authorization ID #0316WZ2YY | | | | | | |
| <input checked="" type="checkbox"/> | | Service Code | Service Description | Unit Type | Requested Units | Start Date | End Date | Status |
| <input checked="" type="checkbox"/> | | ADMIT | DSS- INPATIENT EMERGENCY HOSPITALIZATION | Days | 1 | 03/16/2022 | 03/16/2022 | 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

Important Information

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

- Messages
- Extensions
- Appeals



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- 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 elective admission, please continue to contact the Prior Authorization unit via phone: **1.800.440.5071**, or fax: **203.265.3994**.

Inpatient Elective Hospitalization - Authorization Request Entry Example

-
-
-
-
-

* Authorization Type
InPatient-Elective Hos...

* Auth Priority
Inpatient Elective

* Servicing Provider

Provider Name: PROVIDER DEFAULT

* Facility Provider Name

CMAP ID: FACILITY DEFAULT

* Expected Admission Date

07/28/2022

* Treatment Type

Surgical

Diagnosis Description: OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD

* Diagnosis Code: R91.8 + Primary Diagnosis

| Procedure Description | * Procedure Code | * From Date | * To Date | * Unit Type | * Req. | |
|--|------------------|-------------|------------|-------------|--------|--|
| THORACOTOMY W/THERAPEUTIC WEDGE RESEKN INITIAL | 32505 | 07/28/2022 | 07/28/2022 | Days | 1 | + - <input checked="" type="radio"/> Primary Procedure |
| THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS | 32124 | 07/28/2022 | 07/28/2022 | Days | 1 | + - <input type="radio"/> Primary Procedure |

powered by

Save as Draft Next Reset Cancel

Providers/Facilities must submit medical records with authorization requests.

Add Note

Test note

Add Attachments

Test_doc (2).pdf x

Submit Cancel

Asterisk (*) denotes a mandatory field