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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: • 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***

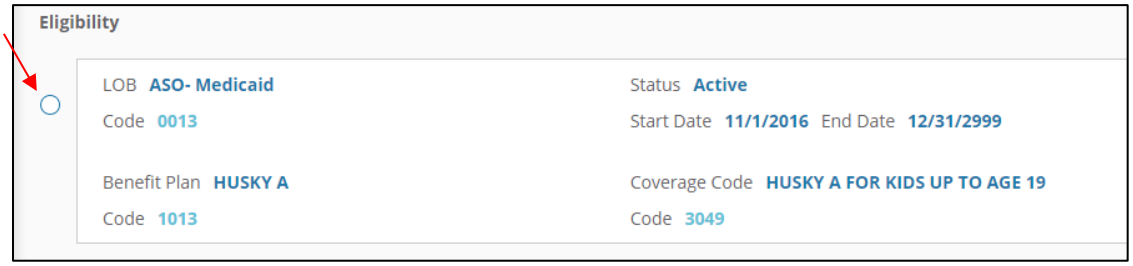
Inpatient – Elective Hospitalization Authorization Request Steps

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

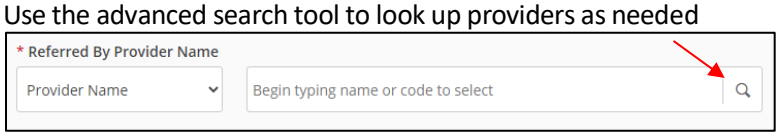
4. Enter member's Date of Birth and Member ID number, and click on "Find Member"

5. Select member by clicking on member's box

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



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



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

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

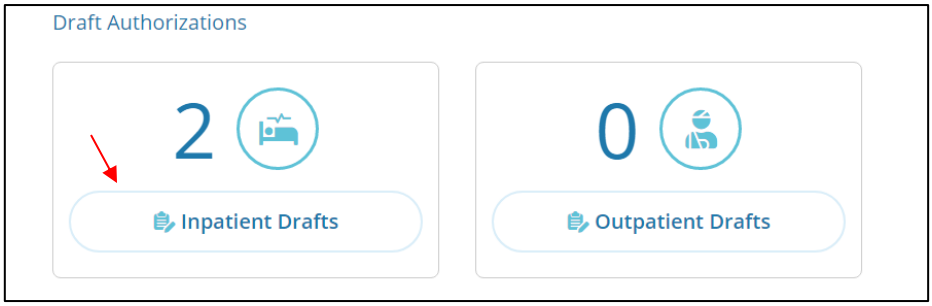
14. Click **Next** to proceed with authorization:
    a. **Option to Save as Draft**

    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.

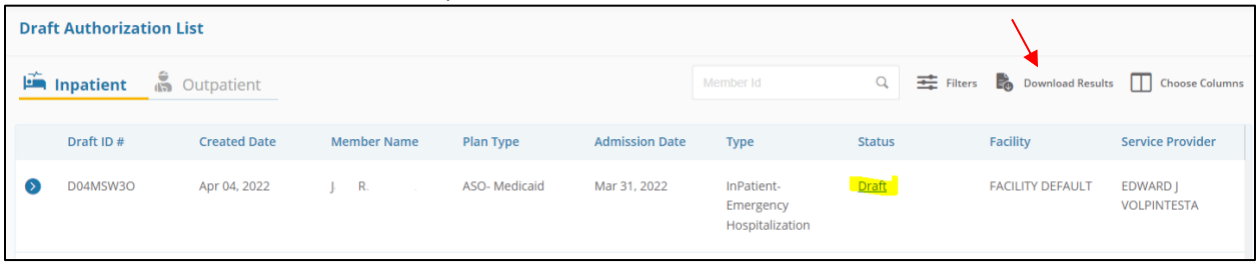
    All authorizations must be submitted prior to the start date of service; the option to **Save as Draft** does not override this requirement. Draft authorizations will only be available for up to seven days.

    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**

a. Note: You may click on "Download Results" to export an Excel spreadsheet with all authorizations saved as a draft, if needed



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

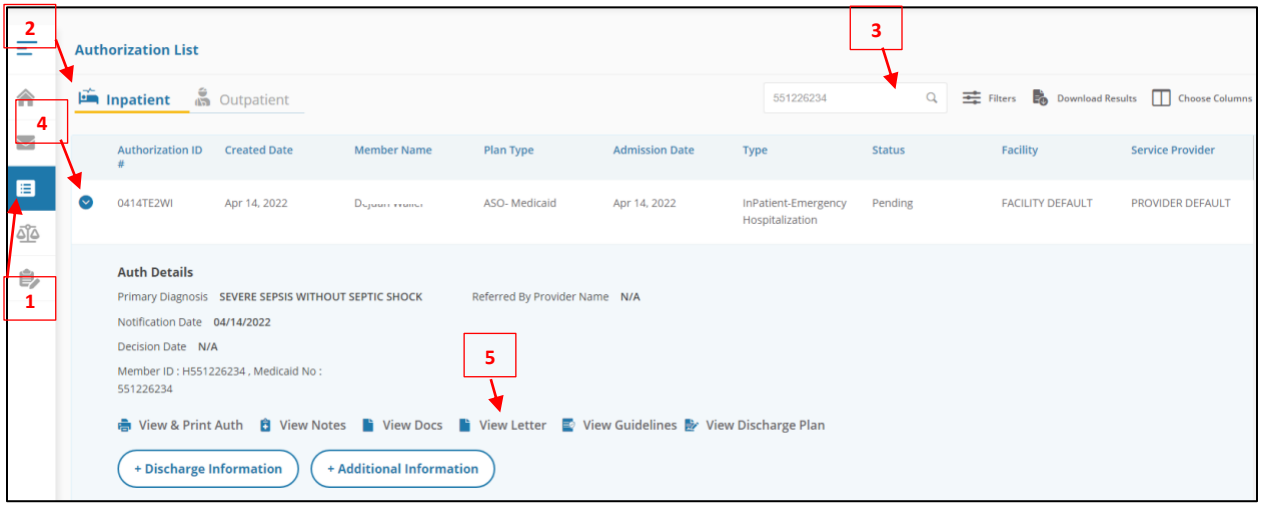
The option to view and print the authorization summary is available immediately after submitting a request. An informational message shows the authorization reference number and link to print the authorization summary.

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***

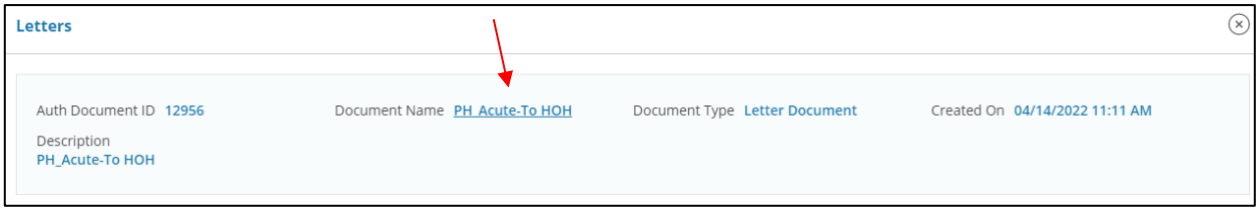
3. To print the Authorization Summary, select "Click to print"
    a. Note: The Authorization Summary may open on a new tab in your browser

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"



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



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"

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

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:

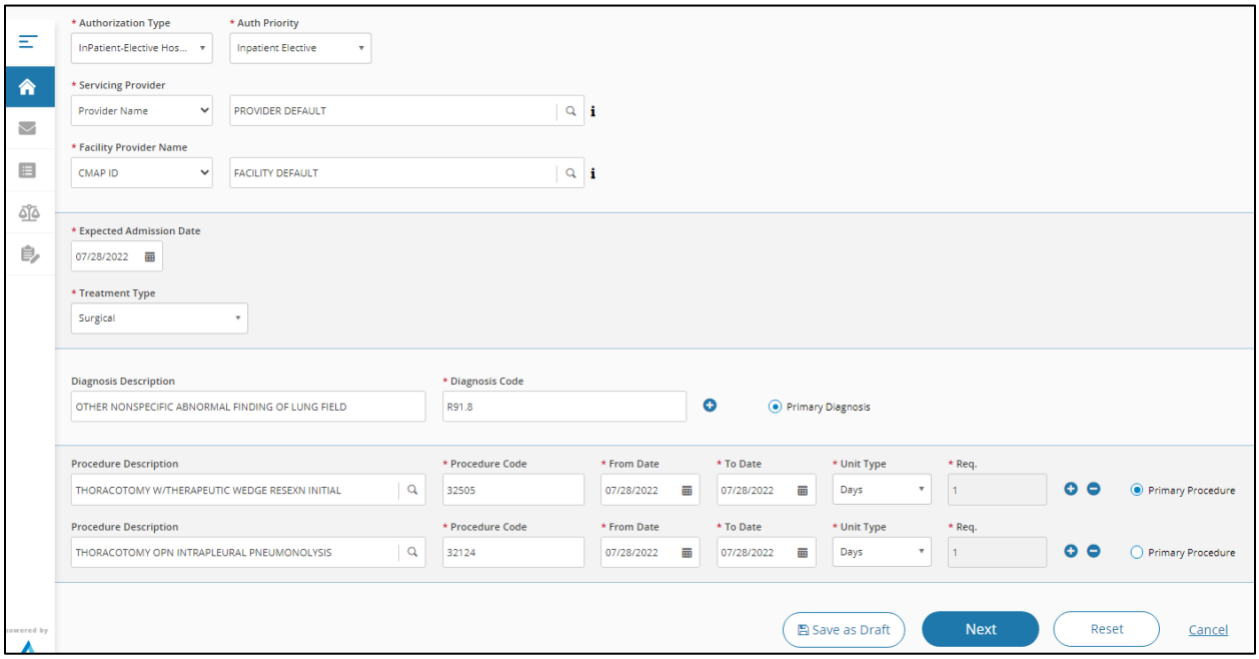
- *Messages*
- *Extensions*
- *Appeals*

- *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



Asterisk (*) denotes a mandatory field