



**HUSKY Health – Medical Authorization Portal  
Prior Authorization (PA) Request – Quick Reference Guide  
Outpatient Surgery/Procedures**



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**OUTPATIENT SURGERY**

**Quick Reference**

Field	Selection
<b>Eligibility</b>	Click on the radio button next to eligibility information
<b>Auth Type</b>	Outpatient Surgery
<b>Auth Priority</b>	Initial
<b>Provider Details</b>	
<b>Referred by Provider</b>	Search for the referring/ordering MD and select the correct provider*
<b>Servicing Provider</b>	Select “CMAP ID” from the dropdown selection and enter the <b>billing</b> provider/group’s CMAP ID*
<b>Diagnosis and Service Codes</b>	
<b>Diagnosis Code</b>	Enter the ICD-10 diagnosis code* Use the + sign to add codes
<b>Procedure Description</b>	Type the appropriate code or custom code, then the down arrow* Use the + sign to add codes
<b>Procedure Code</b>	Auto-populated
<b>From Date</b>	Start date of service
<b>To Date</b>	End date of service
<b>Unit Type</b>	Visits or Units
<b>Req</b>	Number of visits/units requested
<b>Required Contact Information</b>	
Enter the following information: <ul style="list-style-type: none"> <li>• Referring/ordering provider’s phone and fax # (Ex: Ph# 999.888.7777 Fax# 999.777.6666)</li> <li>• Referred to (servicing/billing) provider’s phone and fax #</li> </ul>	
<b>Notes &amp; Attachments</b>	
Enter any notes or pertinent information	
Attach all clinical documents needed to determine medical necessity (physician notes)	
<b>InterQual®</b>	
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*



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### Outpatient Surgery Authorization Request Steps

1. Log in:
  - a. Users MUST log in with the correct billing CMAP ID for the provider they are requesting services, to be able to see authorizations submitted under that provider
2. Click on the “Home” tab
3. Select the “Outpatient” 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:** Outpatient Surgery
8. **Auth Priority:** select “Initial”
9. **Provider Details:**
  - a. *Referred by Provider:*
    - i. Search for the referring provider, and use the “down arrow” on your keyboard to select the correct referring/ordering provider
    - ii. Use the advanced search tool to look up the provider as needed

- b. *Servicing Provider:*
    - i. Select the “CMAP ID” option from the dropdown selection
      1. Enter your **billing group’s CMAP ID**, and click the “down arrow” on your keyboard to select your provider

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**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 Code: Type the procedure code
  - i. Use the “down arrow” to select code
- b. Procedure Description: auto-populated based on code selection
- c. From Date: enter the start date of service (i.e., today’s day = “T”)
- d. To Date: enter the end date of service
  - i. Not to exceed six months from the date of submission (ex: T+180 = 6 months)
- e. Unit Type: select visits or units
- f. Req.: enter the number of units/visits requested
- g. Use the + sign to add codes as needed

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

**a. Option to Save as Draft**

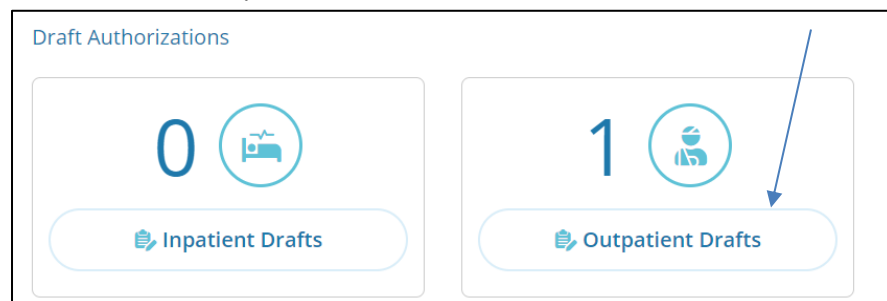
Please note: the option to **Save as Draft** can be used if the clinical information is not available at the time of the authorization creation.

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

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 “Outpatient 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 Authorization List									
Inpatient		Outpatient							
Draft ID #	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Provider	
D12T5QV1	Apr 12, 2022	C. P.	ASO- Medicaid	Apr 12, 2022	Home Health	Draft	N/A	HHA DEFAULT	

#### 13. 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 #**

#### 14. Add **Notes** and **Attachments**, then select **Submit**

- a. Note: both fields are required to proceed

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

- a. Select the 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 the 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

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- To view the Authorization Number (KG#), scroll down to the procedure codes section and refer to the **Alternate Service ID**

**Procedure Codes**

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

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

### View and Print Determination Letters

- Click on “Authorization List” on the left-hand menu
- Select the **Outpatient** icon
- Enter the **Member ID** and press enter, or click on the magnifying glass to search
- Click on the caret symbol to expand the view
- Click on “View Letter”

**Authorization List**

Inpatient **Outpatient**
551226234
Filters
Download Results
Choose Columns

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

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

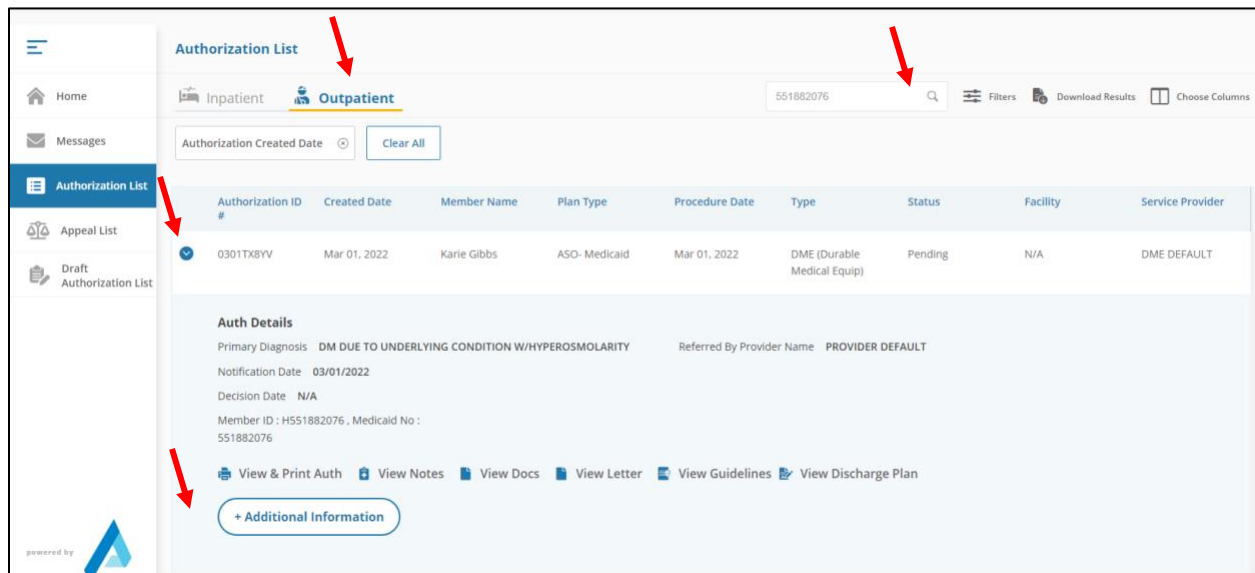
**Letters**

Auth Document ID <b>12956</b>	Document Name <a href="#">PH_Acute-To HOH</a>	Document Type <b>Letter Document</b>	Created On <b>04/14/2022 11:11 AM</b>
Description <b>PH_Acute-To HOH</b>			

#### 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”
2. Select **Outpatient** 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' page. The 'Outpatient' tab is selected. A search bar contains the Member ID '551882076'. Below the search bar is a table with the following data:

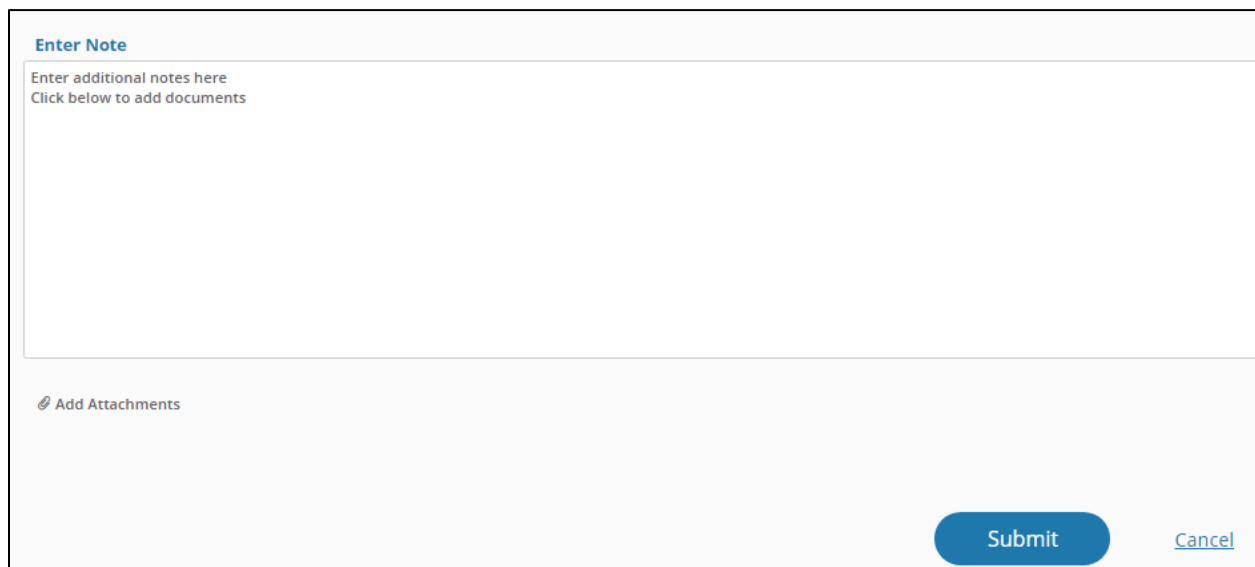
Authorization ID #	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Provider
0301TX8YV	Mar 01, 2022	Karie Gibbs	ASO- Medicaid	Mar 01, 2022	DME (Durable Medical Equip)	Pending	N/A	DME DEFAULT

Below the table, the 'Auth Details' section shows:

- Primary Diagnosis: DM DUE TO UNDERLYING CONDITION W/HYPEROSMOLARITY
- 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 view options: View & Print Auth, View Notes, View Docs, View Letter, View Guidelines, and View Discharge Plan. A red arrow points to the '+ Additional Information' button.

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



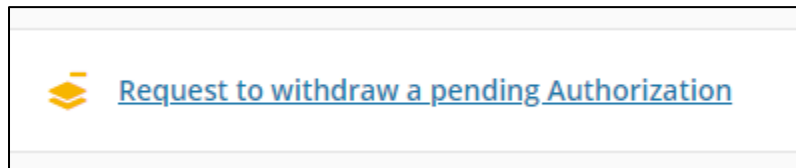
The screenshot shows the 'Enter Note' form. It has a text area for entering additional notes and a section for adding attachments. At the bottom, there are 'Submit' and 'Cancel' buttons.

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### 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, 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

### 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**.





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### Outpatient Surgery - Authorization Request Entry Example

* Authorization Type	Outpatient Surgery	* Auth Priority	Initial
* Referred By Provider Name	Provider Name	PROVIDER DEFAULT	<input type="checkbox"/> Referred By Provider Name & Servicing Provider are same
* Servicing Provider	CMAP ID	PROVIDER DEFAULT	
* Diagnosis Description	DEVIATED NASAL SEPTUM	* Diagnosis Code	J34.2 <input checked="" type="radio"/> Primary Diagnosis
* Procedure Description	SEPTOPLASTY/SUBMUCOUS RESECT W/WO CARTILAGE GRF	* Procedure Code	30520
		* From Date	07/17/2022
		* To Date	08/16/2022
		* Unit Type	Visits
		* Req.	1 <input checked="" type="radio"/> Primary Procedure

**Providers/Facilities must submit medical records with authorization requests.**

Add Note

Test note

Add Attachments

Test\_doc (2).pdf

Asterisk (\*) denotes a mandatory field