



**HUSKY Health – Medical Authorization Portal  
Prior Authorization (PA) Request – Quick Reference Guide  
Therapy (OT, PT, ST) and Chiropractic Services**



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### OUTPATIENT THERAPY AND CHIROPRACTIC SERVICES – Quick Reference

Field	Selection
<b>Eligibility</b>	Click on the radio button next to eligibility information
<b>Authorization Type</b>	OT Outpatient PT Outpatient ST Outpatient Chiropractic Services
<b>Auth Priority</b>	Initial or Reauthorization
<b>Provider Details</b>	
<b>Referred by Provider</b>	Search for the referring provider and select the correct provider* Enter phone and fax number
<b>Servicing Provider</b>	Select “CMAP ID” from the dropdown selection and enter the billing CMAP ID* Enter phone and fax number
<b>Diagnosis and Service Codes</b>	
<b>Treatment Type</b>	Select Treatment Type <ol style="list-style-type: none"> <li>1. <i>2<sup>nd</sup> Evaluation or greater</i>: use for second evaluation or greater during the calendar year for therapy services</li> <li>2. <i>1<sup>st</sup> Evaluation</i>: use for first evaluation for therapy services</li> <li>3. <i>Treatment Only</i>: use for all other services</li> </ol>
<b>Diagnosis Code</b>	Enter ICD-10 diagnosis code(s)*
<b>Procedure Description</b>	Type the appropriate custom code or revenue code for the service <ul style="list-style-type: none"> <li>• <b>Independent Therapy Provider:</b> PT: INPTI, INPTR OT: INOTI, INOTR ST: INSTI, INSTR</li> <li>• <b>Rehab Clinics:</b> PT: RCPTI, RCPTR OT: RCOTI, RCOTR ST: RCSTI, RCSTR</li> <li>• <b>Hospital outpatient setting:</b> type the revenue code as appropriate</li> <li>• <b>Chiropractic:</b> type appropriate code as per fee schedule</li> </ul>
<b>Procedure Code</b>	Auto-populated from description selection
<b>From Date</b>	Start date
<b>To Date</b>	End date (not to exceed 90 days)
<b>Unit Type</b>	Visits (for hospitals) or Units (independent providers and rehab clinics)
<b>Req.</b>	Number of visits/units requested
<b>Visits - Frequency/Hours</b>	Select as appropriate: <ul style="list-style-type: none"> <li>• <i>1 per week</i> (use this for evaluations)</li> <li>• <i>2 per week</i></li> <li>• <i>3 or more per week</i></li> </ul>
<b>Notes &amp; Attachments</b>	
Enter any notes or pertinent information	
Attach all clinical documents needed to determine medical necessity (i.e., physician’s 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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### Authorization 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. Click on the “Home” tab
3. Click on the “Start New Outpatient Request” icon



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

<b>* First Name</b>	<b>* Last Name</b>	<b>* Date of Birth</b>	<b>Member ID</b>
<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<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 <b>Member ID : H552116771 , Medicaid No : 552116771</b>	First Name <b>Bret</b>	Last Name <b>N</b>	Date of Birth <b>04/24</b>
Phone Number <b>380- -</b>	Primary Insurance <b>N/A</b>	Secondary Insurance <b>N/A</b>	Address <b>Rocky Second Boulevard MD, 70880-0880</b>

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

**Eligibility**

<input type="radio"/> LOB <b>ASO- Medicaid</b> Code <b>0013</b>  Benefit Plan <b>HUSKY A</b> Code <b>1013</b>	Status <b>Active</b> Start Date <b>11/1/2016</b> End Date <b>12/31/2999</b>  Coverage Code <b>HUSKY A FOR KIDS UP TO AGE 19</b> Code <b>3049</b>
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7. **Authorization Type:**
  - a. OT Outpatient: use for occupational therapy
  - b. PT Outpatient: use for physical therapy
  - c. ST Outpatient: use for speech therapy
  - d. Chiropractic Services: use for chiropractic services
8. **Auth Priority:** select “Initial” or “Reauthorization” as appropriate
9. **Provider Details:**
  - a. *Referred by Provider:*
    - i. Search for the referring/ordering provider and select the correct provider\*
    - ii. Enter the **referring/ordering provider’s phone and fax number**

*\*Use the “down arrow” on keyboard to select*



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- b. *Servicing Provider:*
    - i. Select “CMAP ID” option from the dropdown selection
      - i. Enter your billing CMAP ID and select your agency\*
      - ii. Enter **servicing/billing provider’s phone** and **fax number**
- 10. Treatment Type:**
- a. *2<sup>nd</sup> Evaluation:* use for second evaluation for therapy services
  - b. *1<sup>st</sup> Evaluation:* use for first evaluation for therapy services
  - c. *Treatment Only:* use for all other services
- 11. 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
- 12. Procedure Code:**
- a. Procedure Description: type the procedure code or appropriate custom code
    - i. Click the “down arrow” key on your keyboard to select. For example:
      - a. Independent Therapy Provider: type the appropriate custom code  
**PT:** INPTI, INPTR  
**OT:** INOTI, INOTR  
**ST:** INSTI, INSTR
      - b. Rehab Clinics:  
**PT:** RCPTI, RCPTR  
**OT:** RCOTI, RCOTR  
**ST:** RCSTI, RCSTR
      - c. Hospital outpatient setting: type the appropriate revenue code for therapy services
      - d. Chiropractic: type appropriate code as per fee schedule
  - b. Procedure Code: auto-populated based on description selection
    - i. Note: enter only one code per service – enter a separate authorization request if asking for multiple services
  - c. From Date: enter the start date of service
  - d. To Date: enter the end date of service
    - i. End date should not exceed 90 days from start date
  - e. Unit Type: select visits or units
  - f. Req.: enter the number of units/visits requested
  - g. Visits - Frequency/Hours: select as appropriate
    - i. 1 per week (use for evaluation requests)
    - ii. 2 per week
    - iii. 3 or more per week

**Note: Please ignore any additional options under this dropdown selection**

**\*Use the “down arrow” on keyboard to select**

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

a. **Option to Save as Draft**

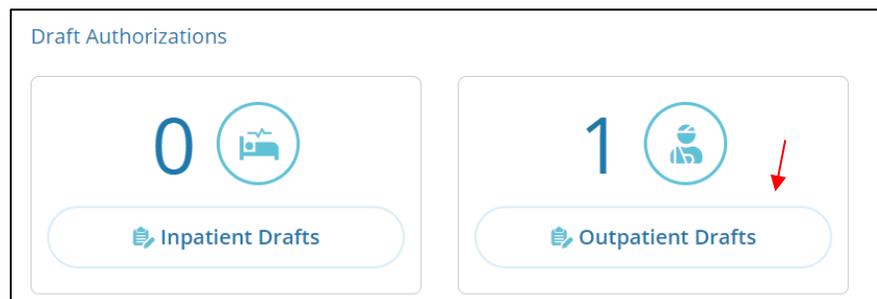
Please note: the option to **Save as Draft** can be used if the clinical information is not available at the time of the authorization creation.

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)	<b>Draft</b>	N/A	N/A

14. Complete **Required Contact Information**

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

15. Add **Notes** and **Attachments**, then select **Submit**

- a. Note: both fields are required to proceed

16. **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



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- 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**

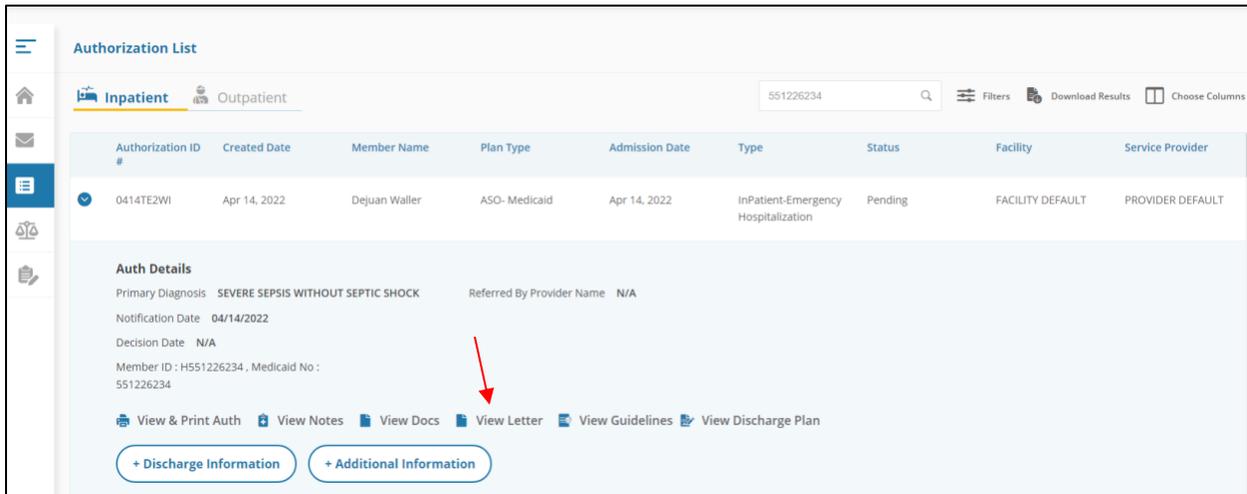


3. To print the Authorization Summary, select “Click to print”
  - a. Note: the Authorization Summary may open on a new tab in your browser

### [View and Print Determination Letters](#)

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

## HUSKY Health – Medical Authorization Portal Prior Authorization (PA) Request – Quick Reference Guide Therapy (OT, PT, ST) and Chiropractic Services



**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

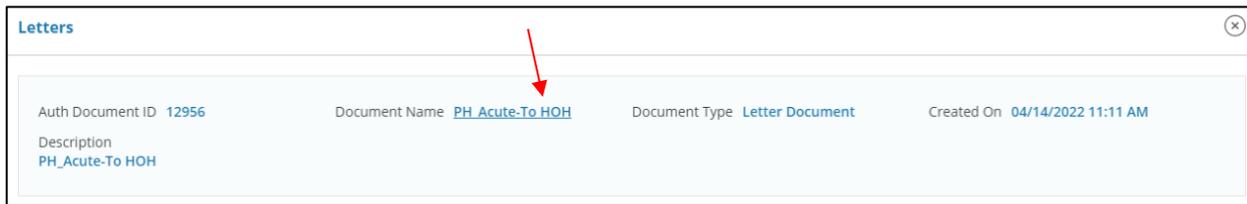
Decision Date: N/A

Member ID: H551226234, Medicaid No: 551226234

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

+ Discharge Information | + Additional Information

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



**Letters**

Auth Document ID	Document Name	Document Type	Created On
12956	<a href="#">PH_Acute-To HOH</a>	Letter Document	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.

1. Click on **Authorization List**
2. Select the **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**

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The screenshot displays the 'Authorization List' interface. At the top, there are tabs for 'Inpatient' and 'Outpatient', with 'Outpatient' selected. A search bar contains the ID '551882076'. Below the search bar is a table with columns: Authorization ID #, Created Date, Member Name, Plan Type, Procedure Date, Type, Status, Facility, and Service Provider. One row is visible with ID '0301TX8YV', status 'Pending', and type 'DME (Durable Medical Equip)'. Below the table, there is an 'Auth Details' section with fields for Primary Diagnosis, Notification Date, and Decision Date. At the bottom of the details, there are several 'View' buttons and a '+ Additional Information' button, which is highlighted by a red arrow.

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 header 'Enter Note' and a text area with the prompt 'Enter additional notes here' and 'Click below to add documents'. Below the text area is a section labeled 'Add Attachments'. At the bottom right, there is a blue 'Submit' button and a 'Cancel' link.

### 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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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**.



## HUSKY Health – Medical Authorization Portal

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### Therapy Services - Authorization Request Entry Example

* Authorization Type PT Outpatient		* Auth Priority ReAuthorization	
* Referred By Provider Name Provider Name		PROVIDER DEFAULT <input type="text"/> <input type="button" value="Q"/> <input type="checkbox"/> Referred By Provider Name & Servicing Provider are same	
* Servicing Provider CMAP ID		FACILITY DEFAULT <input type="text"/> <input type="button" value="Q"/> <input type="button" value="i"/>	
* Treatment Type Treatment Only			
Diagnosis Description CERVICALGIA		Diagnosis Code M54.2 <input type="button" value="+"/> <input checked="" type="radio"/> Primary Diagnosis	
* Procedure Description Physical Therapy-Visit Charge <input type="text"/> <input type="button" value="Q"/>		* Procedure Code 0421	
* From Date 03/14/2022 <input type="button" value="C"/>	* To Date 05/07/2022 <input type="button" value="C"/>	* Unit Type Visits	* Req. 16
		* Visits - Frequency/Hours 2 per week <input type="button" value="+"/>	<input checked="" type="radio"/> Primary Procedure
		<input type="button" value="Save as Draft"/> <input type="button" value="Next"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>	

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

Add Note

Test note

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Add Attachments

Test\_doc (2).pdf

Asterisk (\*) denotes a mandatory field



# HUSKY Health – Medical Authorization Portal

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### Therapy (OT, PT, ST) and Chiropractic Services



### Chiropractic Services - Authorization Request Entry Example

* Authorization Type Chiropractic Services		* Auth Priority Initial	
* Referred By Provider Name Provider Name: PROVIDER DEFAULT		<input type="checkbox"/> Referred By Provider Name & Servicing Provider are same	
* Servicing Provider Provider Name: PROVIDER DEFAULT			
* Diagnosis Description PANNICULITIS AFFECTING REGIONS OF NECK AND BACK		* Diagnosis Code MS4.0	
		<input checked="" type="radio"/> Primary Diagnosis	
* Procedure Description CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	* Procedure Code 98940	* From Date 03/14/2022	* To Date 03/14/2022
		* Unit Type Visits	* Req. 1
		<input checked="" type="radio"/> Primary Procedure	
<a href="#">Save as Draft</a> <a href="#">Next</a> <a href="#">Reset</a> <a href="#">Cancel</a>			

**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