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

Table of Contents

Quick Reference 2

Medical Equipment, Devices and Supplies (MEDS) PA Request Steps 3

Option to Save as Draft 5

View and Print Authorization Number and Authorization Summary 6

View and Print Determination Letters 6

Attach Additional information 7

Cancel a Pending Authorization Request 8

Important Information 9

DME Authorization Request Entry Example 9

Medical Equipment, Devices and Supplies (MEDS)

Quick Reference

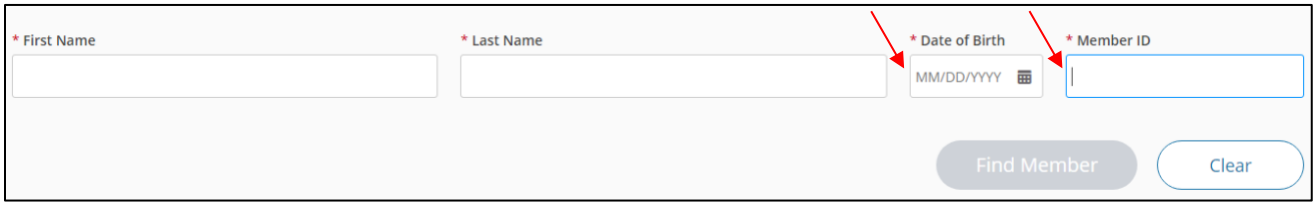
Field	Selection
Eligibility	Click on the radio button next to eligibility information
Auth Type	Select appropriate authorization type based on service being requested: DME (Durable Medical Equipment) DME - Customized Wheelchair DME - Special Consideration Orthotics & Prosthetics Medical/Surgical Supplies
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**
***Note:** Use **+** sign to add diagnosis and procedure codes as needed*	
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

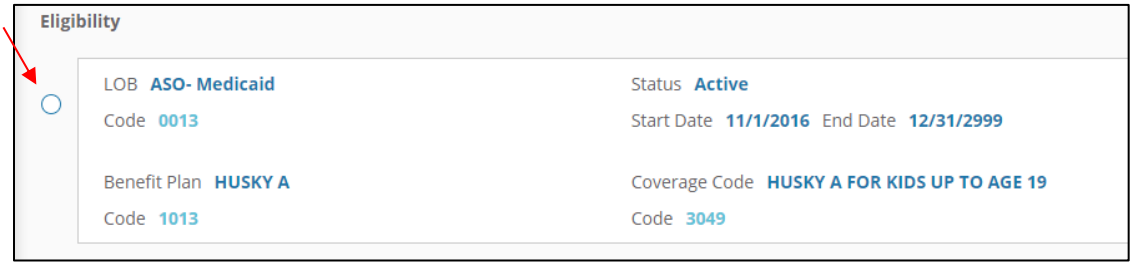
1. Log in:
    a. Users MUST log in with the correct billing **CMAP ID** for the provider/vendor they are requesting services, to be able to see authorizations submitted under that provider
2. From the Home tab, click on "Start New Outpatient Request" icon

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



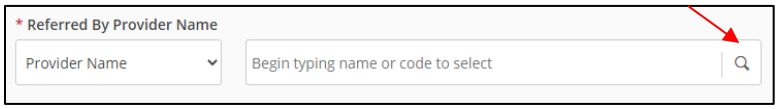
4. Select member by clicking on member's box

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



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

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



        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

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

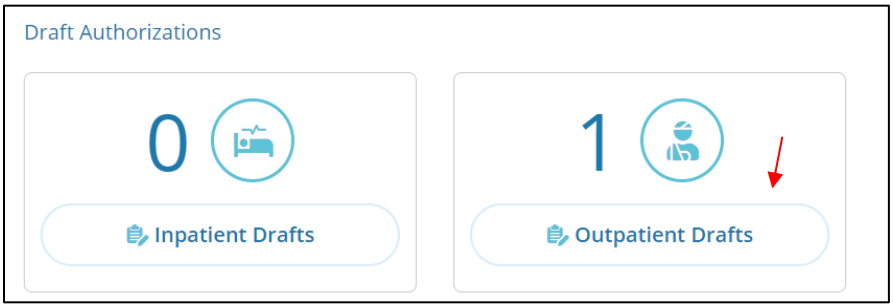
    Please note: the option to **Save as Draft** can be used if the clinical information is not available at the time of the authorization creation.

    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

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

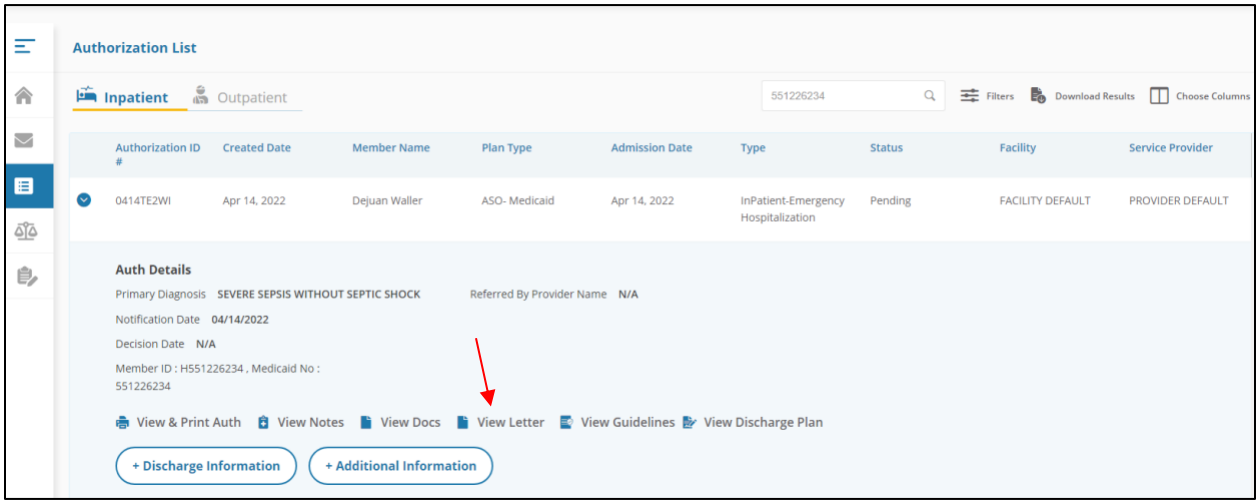
The option to view and print the authorization summary is available immediately after submitting a request. An informational message shows the authorization reference number and link to print the authorization summary.

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***

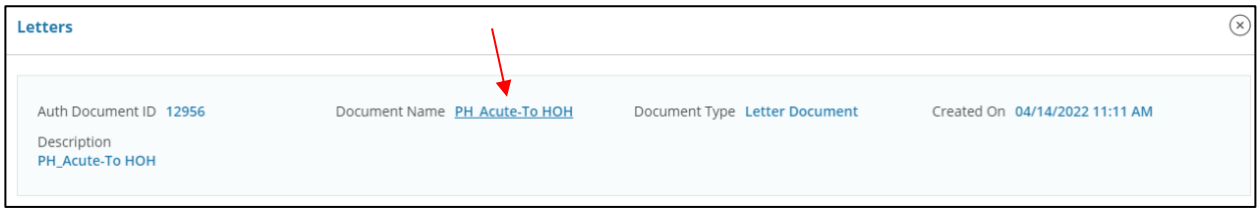
3. To print the Authorization Summary, select "Click to print"
   a. Note: the Authorization Summary may open on a new tab in your browser

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"



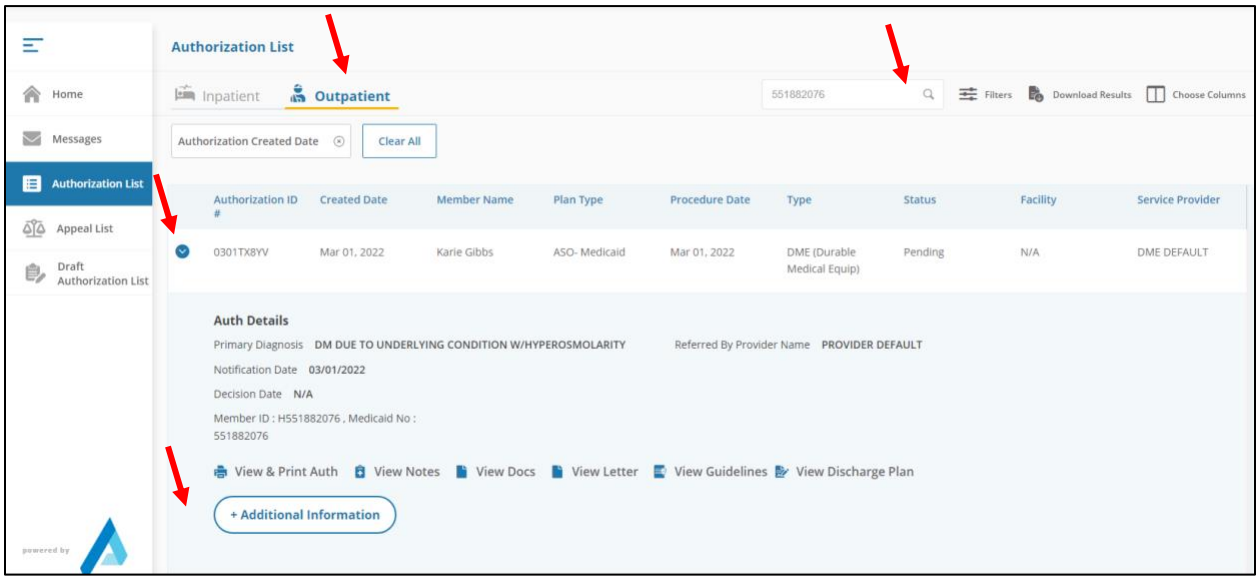
6. Click on the link next to Document Name to download or print the letter



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**
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**



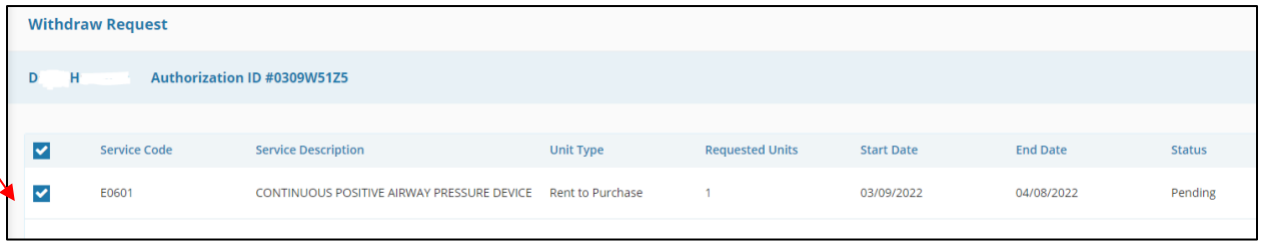
6. Proceed to enter a note and add attachments (both sections are required)
7. Click "Submit"

Cancel a Pending Authorization Request

You may cancel/withdraw an authorization when it 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



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

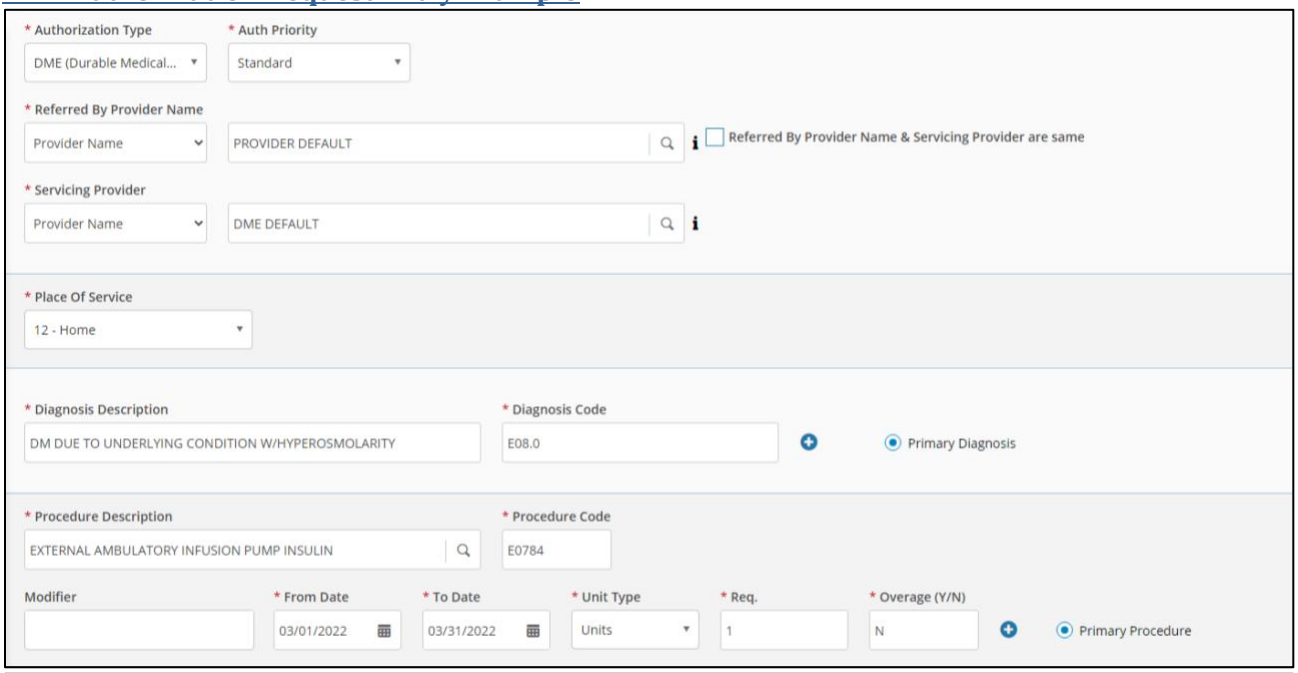
Important Information

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**.

DME Authorization Request Entry Example



Asterisk (*) denotes a mandatory field