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

Table of Contents

Quick Reference 2

Authorization 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

Therapy Services - Authorization Request Entry Example 10

Chiropractic Services - Authorization Request Entry Example 11

Outpatient Therapy and Chiropractic Services – Quick Reference

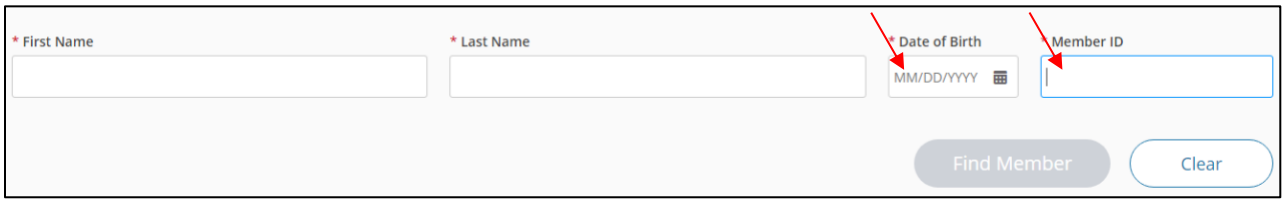
Field	Selection
Eligibility	Click on the radio button next to eligibility information
Authorization Type	OT Outpatient PT Outpatient ST Outpatient Chiropractic Services
Auth Priority	Initial or Reauthorization
Provider Details	
Referred by Provider	Search for the referring provider and select the correct provider* Enter phone and fax number
Servicing Provider	Select "CMAP ID" from the dropdown selection and enter the billing CMAP ID* Enter phone and fax number
Diagnosis and Service Codes	
Treatment Type	Select Treatment Type 1. *2nd Evaluation or greater*: use for second evaluation or greater during the calendar year for therapy services 2. *1st Evaluation*: use for first evaluation for therapy services 3. *Treatment Only*: use for all other services
Diagnosis Code	Enter ICD-10 diagnosis code(s)*
Procedure Description	Type the appropriate custom code or revenue code for the service • **Independent Therapy Provider:** **PT:** INPTI, INPTR **OT:** INOTI, INOTR **ST:** INSTI, INSTR • **Rehab Clinics:** **PT:** RCPTI, RCPTR **OT:** RCOTI, RCOTR **ST:** RCSTI, RCSTR • **Hospital outpatient setting:** type the revenue code as appropriate • **Chiropractic:** type appropriate code as per fee schedule
Procedure Code	Auto-populated from description selection
From Date	Start date
To Date	End date (not to exceed 90 days)
Unit Type	Visits (for hospitals) or Units (independent providers and rehab clinics)
Req.	Number of visits/units requested
Visits - Frequency/Hours	Select as appropriate: • *1 per week* (use this for evaluations) • *2 per week* • *3 or more per week*
Notes & Attachments	
Enter any notes or pertinent information	
Attach all clinical documents needed to determine medical necessity (i.e., physician's notes)	
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

Authorization Request Steps

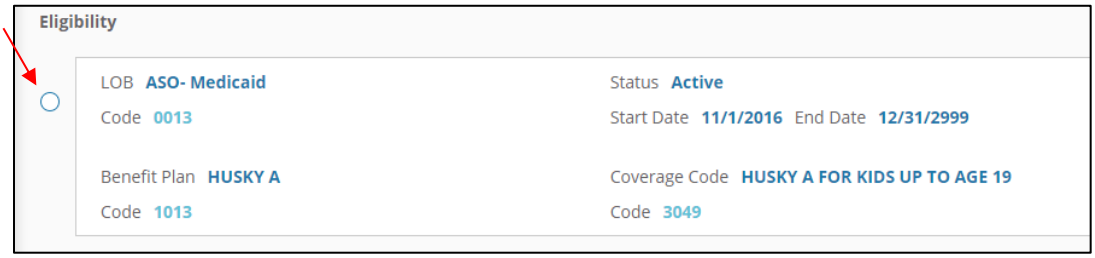
1. Log in:
    a. Users MUST log in with the correct billing **CMAP ID** for the provider/vendor they are requesting services, to be able to see authorizations submitted under that provider
2. Click on the "Home" tab
3. Click on the "Start New Outpatient Request" icon

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



5. Select member by clicking on member's box

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



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

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. *2nd Evaluation*: use for second evaluation for therapy services
    b. *1st 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***

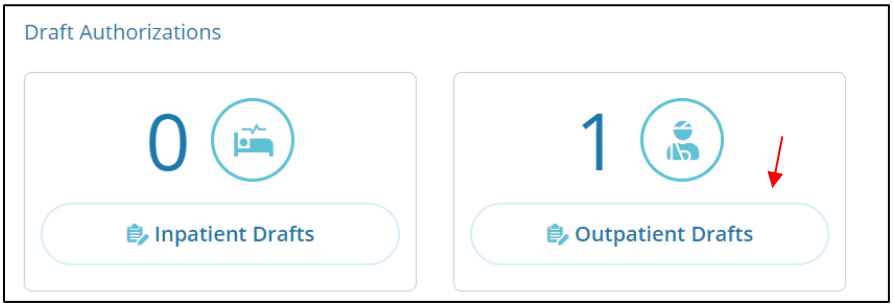
13. Click **Next** to proceed with authorization:
    a. **Option to Save as Draft**

    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

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

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

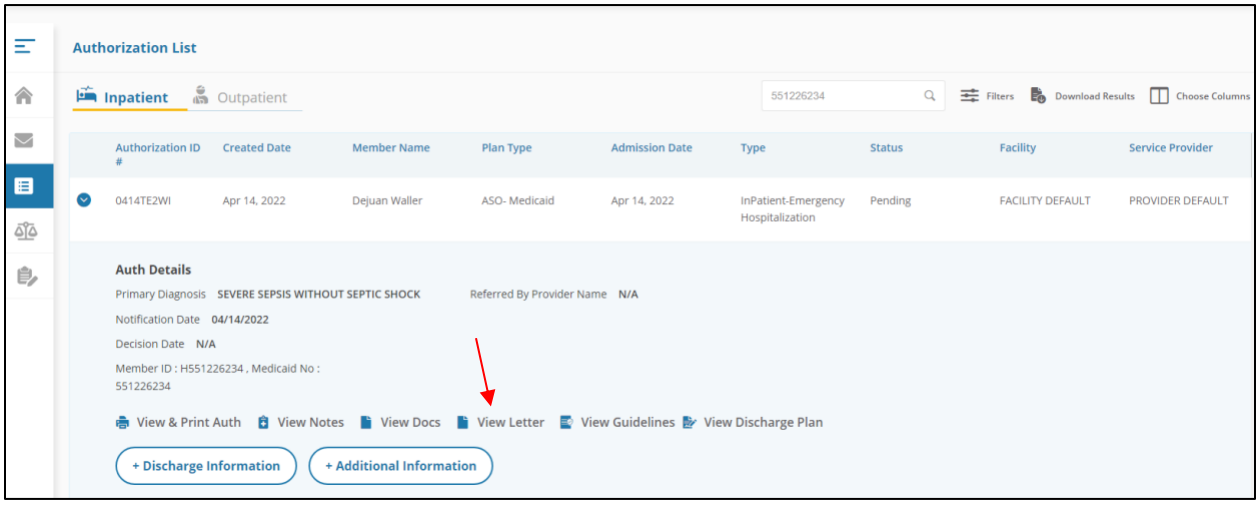
The option to view and print the authorization summary is available immediately after submitting a request. An informational message shows the authorization reference number and link to print the authorization summary.

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***

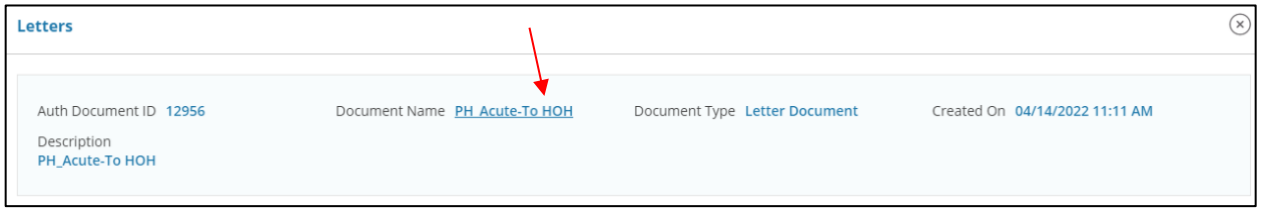
3. To print the Authorization Summary, select "Click to print"
   a. Note: the Authorization Summary may open on a new tab in your browser

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"



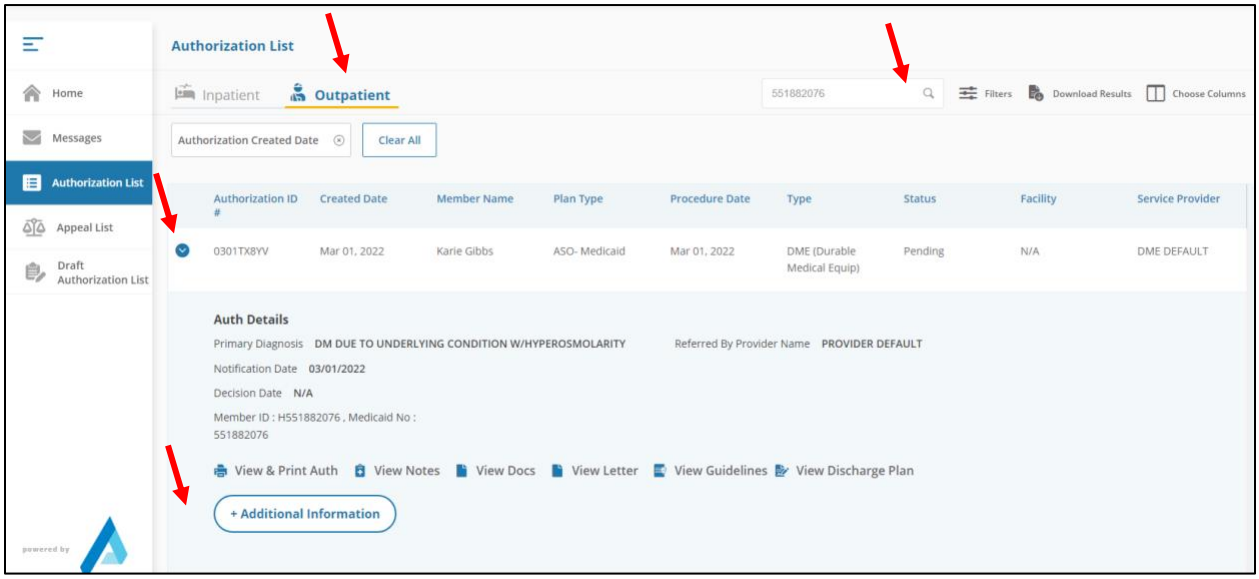
6. Click on the link next to Document Name to download or print the letter



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**

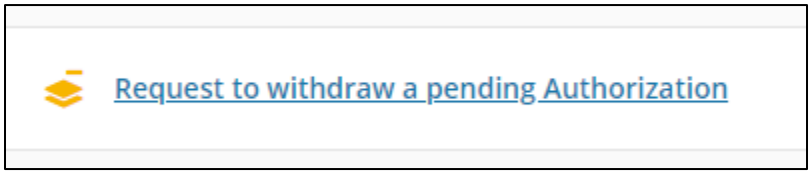


6. Proceed to enter a note and add attachments (both sections are required)
7. Click "Submit"

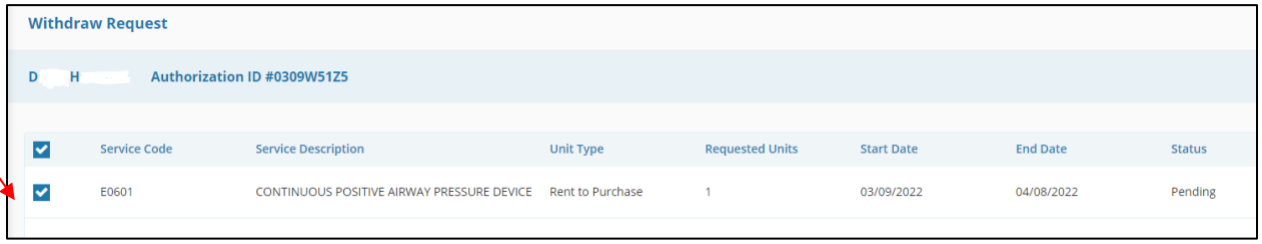
Cancel a Pending Authorization Request

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

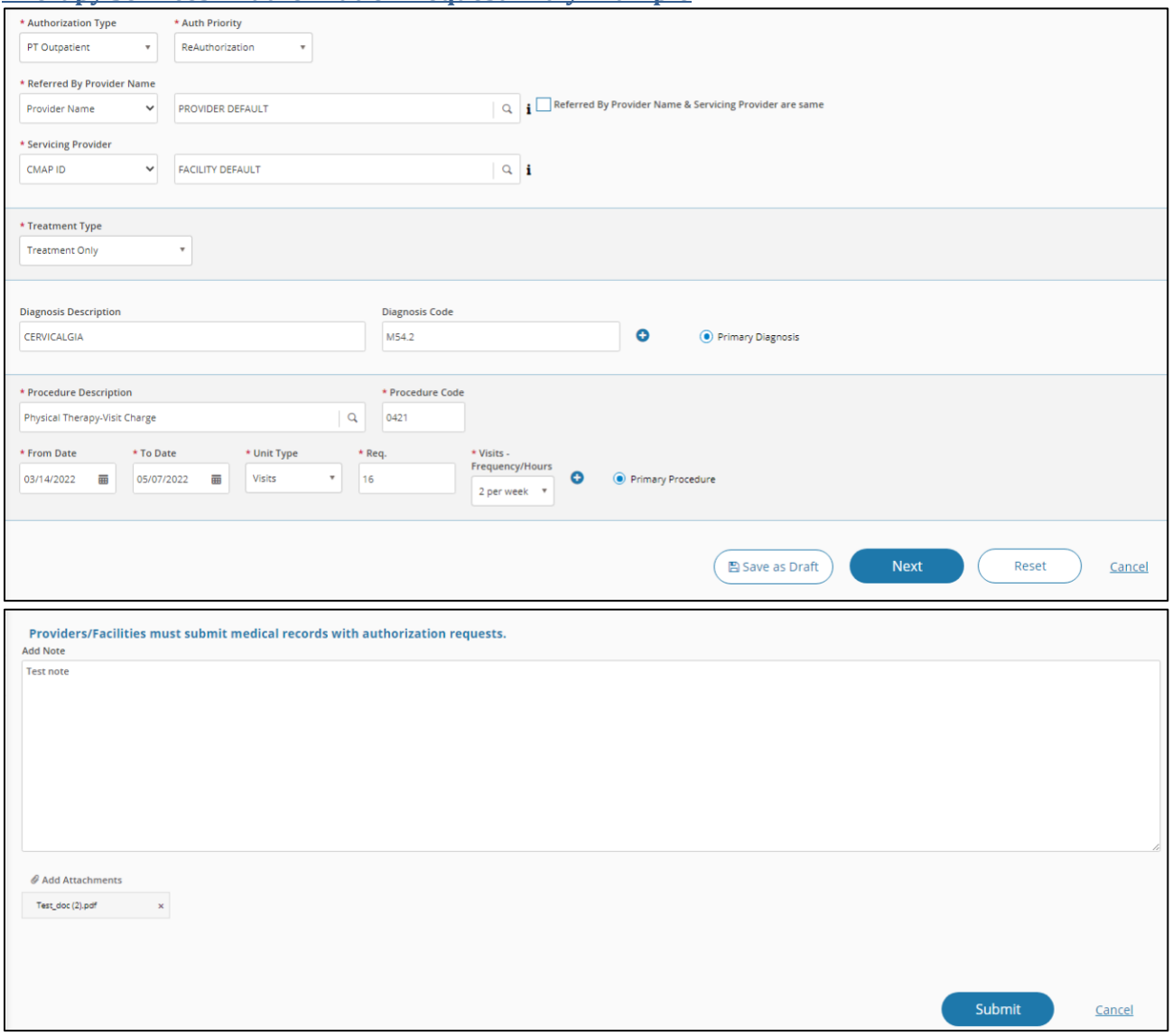
Important Information

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

- *Messages*
- *Extensions*
- *Appeals*
- *Peer to Peer Reviews*

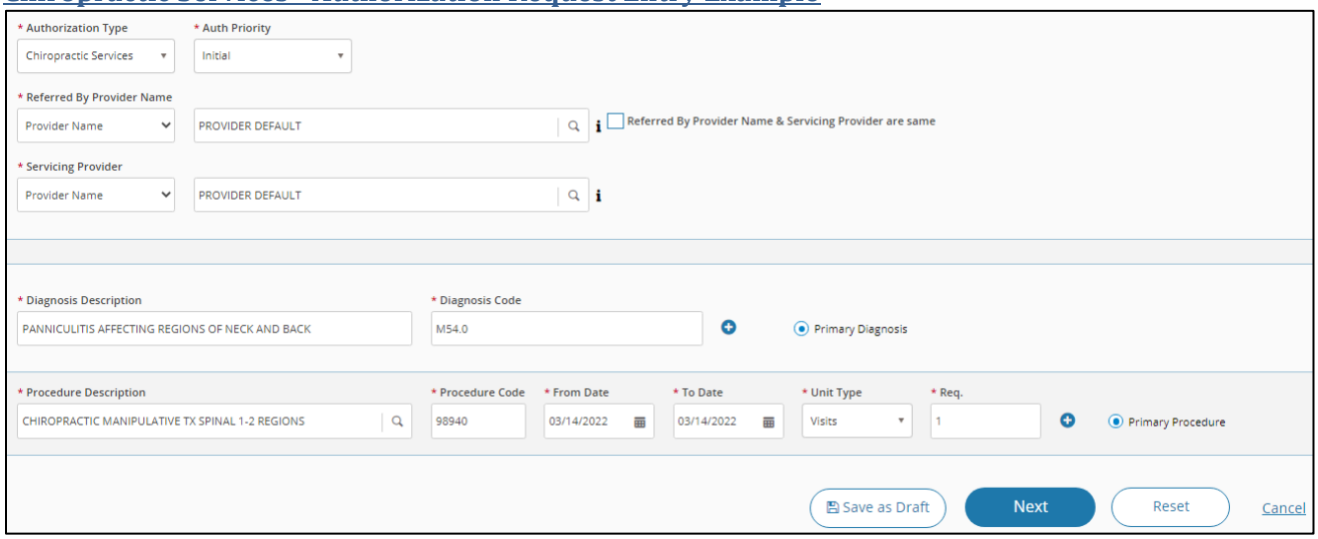
Please contact the Prior Authorization unit for additional information, modification requests, or questions at **1.800.440.5071**.

Therapy Services - Authorization Request Entry Example



Asterisk (*) denotes a mandatory field

Chiropractic Services - Authorization Request Entry Example



Asterisk (*) denotes a mandatory field