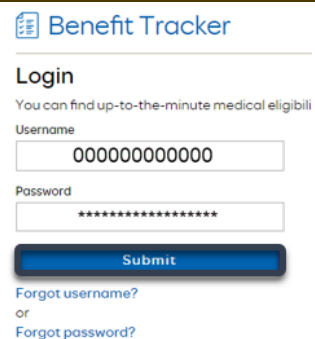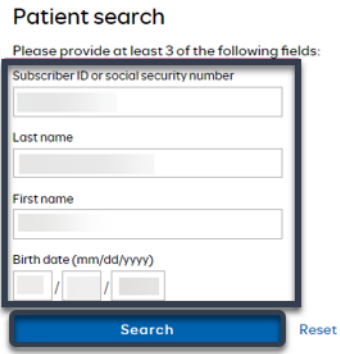Welcome to the **EOCCO Auto Auth Application How to Guide**! Please use the links below in the **Table of Contents** to navigate to the specific Guide you need. There is also a selection of **Frequently Asked Questions (FAQs)** included to help with any questions that might come up while using the Auto Auth Application. If you have a question that is not covered in the FAQ, please reach out to **Medical Customer Service** for further assistance toll free at **888-788-9821**.

Table of Contents

To access the Auto Auth Application, log in to Benefit Tracker • From your Benefit Tracker log in page, enter your credentials and click **Submit**.	📄 Benefit Tracker **Login** You can find up-to-the-minute medical eligibili Username 000000000000 Password ****************** **Submit** Forgot username? or Forgot password?
Complete a Patient Search • You will now be directed to the **Patient search** page. • Enter the subscriber's **ID** or **SSN**. • Enter the subscriber's **Last Name and First Name**. • Enter the subscriber's **Date of Birth** in mm/dd/yyyy format. • Verify information is entered correctly, then click **Search**.	Patient search Please provide at least 3 of the following fields: Subscriber ID or social security number Last name First name Birth date (mm/dd/yyyy) __ / __ / ____ **Search** Reset
Review Plan and Start PA • You will now see the **member's plan information** and available benefits. Review accordingly. • Once you have verified the member has coverage for the procedure needed, click on **Prior-Authorization** to access the Auto Auth Application. • When you are ready, return to the Table to Contents using the link below to continue entering your PA request.	Medical benefits Medical benefits | Pharmacy benefits | Claims | PCP history | Member handbook | Prior-Authorization ID number: Insurance type: Subscriber name: Group number: Network: Group name:

To begin a new Referral Request, follow the steps below:

- Once you have completed a search and located the member, scroll down to the **Referral Section** to see if a referral is required.

  o If a referral is not required for the member's plan, it will state "Referral is not required"

- If the member's plan requires a referral, click on the **Prior-Authorization** link.

- Click on **Create new request** to start the Referral Request.

Referrals: EOCCO Healthcare Services - Referrals:
- Phone: 503-265-2940
- Toll Free: 1-888-474-8540
- Fax: 503-243-5105

This plan does not require referrals for innet, above the line services, as of 1/1/14

Referrals: Referral is not required.

Medical benefits
Medical benefits | Vision benefits | Claims | Referrals | PCP history | Member handbook | Prior-Authorization

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.

📄 Medicaid prior authorization list

Create new request

Step 1- Enter Procedure Information
 	
• For **Referral** requests, choose the following under Procedure Information:
 	
    o **Procedure Type** - Outpatient Prior Authorization radio button.
 	
    o **Procedure Group** - must be chosen by the provider. Select **Consult and Diagnostics**.
 	
    o **Procedure group units** – Enter the number of units needed - recommended is "2" for referrals.
	## Step 1: Enter procedure information
	
	Enter procedure codes to check whether prior-authorization is required.
	
	Procedure information
	
	Procedure type
	
	○ Inpatient Prior Authorization
	
	○ Inpatient - Urgent/Emergent Prior Authorization
	
	◉ Outpatient Prior Authorization
	
	Procedure group
	
	Select a procedure group ⌄
	
	Select a procedure group
	Acupuncture
	Low Back Pain Management
	Chiropractic Services Only
	Consult and Diagnostics
	Home Health
	Hospice
	Occupational Therapy
	Physical Therapy Only
	Speech Therapy
	Transplant and Donor Services
	Not Applicable
	
	Procedure group units*
	
	2

- o **Place of Service** - must be chosen by the provider.

Note: Suggested place of service for referrals should be 'Office'

Place of service *

Select a place of service ▼

Select a place of service
Telehealth Provided Other than in Patient's Home
School
Office
Home
On Campus-Outpatient hospital
Emergency Room - Hospital
Ambulatory Surgical Center
Birthing Center
Hospice
Psychiatric Facility Partial Hospitalization
Non-residential Substance Abuse Treatment Facility
Comprehensive Outpatient Rehabilitation Facility
Independent Laboratory

- o **Type of Care** - must be chosen by the provider. Should always be **elective**.

Type of care *

Select... ▼

Select...
Elective
Emergency
Urgent
Newborn
Trauma

- o **Type of Service** - must be chosen by the provider. Should always be **Medical Care**.

Type of service *

Select a type of service ▼

Select a type of service
Medical Care
Surgical
Consultation
Diagnostic X-Ray
Diagnostic Lab
Radiation Therapy
Anesthesia
Surgical Assistance
Durable Medical Equipment Purchase
Durable Medical Equipment Rental
Second Surgical Opinion
Maxillofacial Prosthetics
Chiropractic
Chiropractic Office Visits
Dental Accident
Home Health Care
Home Health Visits
Hospice
Hospital - Inpatient

- **Procedure Codes -** This is a required field in order to continue. Enter the primary procedure code.

- You can enter additional procedure codes by clicking Add Procedure Code. **Note: there is a maximum of 10 codes allowed.**

- Continue until all CPT/HCPC codes are entered. When ready to advance, click on **Check procedures**.

Procedure codes

Please enter the primary procedure code first, then add the additional procedures by clicking 'Add procedure code'.

1. | 99214 - Office... ✕ | Primary procedure *

➕ Add procedure code

Procedure codes

Please enter the primary procedure code first, then add the additional procedures by clicking 'Add procedure code'.

1. | 99214 - Office... ✕ | Primary procedure *

2. | 99215 - Office... ✕ | 🗑 Remove

➕ Add procedure code

| Check procedures | Cancel

- **Procedure Units** – This is a required field in order to continue. Enter the number of units/visits needed. For referrals recommended units to enter is "2".

Procedure units

Please enter the number of units requested for each listed procedure.

Procedure	Units/Visits requested
99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate le	2
99215 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level	2

- **Medical request terms** –

  - **Standard** - for non-urgent requests
  - **Expedited** - for cases in which the standard time frame could seriously jeopardize the members' life or health or ability to attain, maintain or regain maximum function.

Note: If Expedited is chosen, you will need to click the attestation box to continue.

- **Diagnosis code** - is a required field to continue. Enter the primary diagnosis code.

  - The best practice is to enter all Diagnosis codes in ICD-10 format and include the decimal point. When you hit the "tab" key on your keyboard the box will auto populate, and you should see an ICD-10 description populate as well.

- You can enter additional diagnosis codes by clicking Add Diagnosis Code. **Note: there is a maximum of 10 codes allowed.**

Medical request terms

- Standard

- Expedited
  Choose ONLY if you are attesting that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.

Medical request terms

- Standard

- Expedited
  Choose ONLY if you are attesting that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.

☐ I attest that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy. *

Diagnosis code

Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.

1. G47.33 - Obstru... ✕
   Primary diagnosis *

+ Add diagnosis code

Additional Procedure Information **Date span Requested -** Start date of authorization request to end date of authorization (recommended to enter in a 6-month date range)	**Additional procedure information** Date span requested * 03/19/2024 - 09/19/2024

Entering Provider Information
 	
Requesting provider –
 	
Referrals must be submitted/requested by the Primary Care Physician on record.
 	
==*Member PCPs are stored at the clinic level. When entering requesting provider information, enter the NPI/TIN of the clinic (and not the practitioner)*==
 	
• It is recommended to always submit with NPI (National Provider ID) *and* TIN (Tax ID Number). Enter the following:
 	
    o **Requesting Provider NPI** in full (hit tab key).
 	
    o **Requesting Provider TIN** in full (hit tab key).
 	
    o The system will recognize and populate **Requesting Provider Name** automatically.
 	
• **Treating Provider Information -** Enter the specialist you are referring to.
 	
• **Facility Information –** Not applicable. We do not process referrals to facilities, clinics, departments, etc.
	Requesting provider information
	
	Requesting provider NPI *
	1122334455 - Medical Provider ✕
	
	Requesting provider TIN *
	667788990 - Medical Provider ✕
	
	Requesting provider name *
	Medical Provider
	
	Treating provider information
	
	☐ Same as requesting provider information
	
	Treating provider NPI *
	0987654321 - Jones, Pat C. ✕
	
	Treating provider TIN *
	123456789 - Jones, Pat C. ✕
	
	Treating provider name *
	Jones, Pat C.

Entering Contact Information
 	
• Now you will enter your Contact information. Under **Requestor contact information**, enter the following:
 	
    o **Contact name** (Required)
 	
    o **Contact phone Number** (Required)
 	
    o **Contact Fax Number** (Required)
 	
Click **Attach chart notes** to continue.
	Requestor contact information
	
	Contact name *
	
	Contact phone number *
	
	Contact fax number (optional)
	
	2. Attach chart notes > Cancel

Step 2- Attaching Chart Notes (Required) • Acceptable file formats (txt, docx, doc, pdf, jpg, gif). • The notes can be attached by either drag and drop function or you can browse your own files and upload directly.	**Step 2: Attach chart notes** Upload chart notes to attach to this request. **Chart Notes** Please ensure your submission includes notes for the associated patient. ⓘ Drag and drop files here or Browse files Most file types accepted. Maximum file size: 28 MB

• **Additional Comments (Optional)** - This box is optional but can be used to communicate additional details or additional information as needed. • When finished, click **Save and review**.	**Additional comments (Optional)** Type comments Maximum character limit: 4000 [**3. Save and review** >] Cancel
Step 3- Review before Submitting • This is the final stage prior to submission. Please be sure to review everything for accuracy.	**Step 3: Review before submitting** Review the information you've provided before submitting your request. **Procedures** Procedure type: Outpatient Procedure group: Consult and Diagnostics **Procedure code** — **Units/Visits requested** 99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate le — 2 99215 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level — 2 **Procedure Details** Request terms: Standard Place of service: Office Diagnosis codes: G47.33 - Obstructive sleep apnea (adult) (pediatric) Type of care: Elective Date span requested: 2024/03/19 - 2024/09/19 Type of service: Medical Care **Requesting provider information** **Treating provider information** Requesting provider NPI Treating provider NPI: Requesting provider TIN: Treating provider TIN: Requesting provider name: Treating provider name: **Facility information** **Request contact information** Facility NPI: Request contact name: tester Facility TIN: Request contact phone: (145) 151-5151 Facility name: Request contact fax: (503) 243-5105

• **If all information is accurate, Submit request -** Click **Submit request** to fully submit the prior authorization request. • **If there are errors that need correction, Cancel**. If **Cancel** is chosen, you will receive a final prompt and warning before the request is fully canceled.	

Request Submitted
 	
• After submitting the request, you will be directed back to provider authorization history for the member that is in focus and should see a confirmation message that the prior authorization request has been submitted successfully. The prior authorization request will show **Pending Decision** until the request has been determined. The status will update once a decision has been made.
 	
• The following information will be displayed:
 	
  ○ **Request ID**
 	
  ○ **Last Update Date**
 	
  ○ **Primary Procedure Code**
 	
  ○ **Procedure Description**
 	
  ○ **Date span**
 	
  ○ **Status**	

To begin a new PA request for Inpatient Elective Physical Health Procedures, follow the steps below:

- Review for plan coverage as necessary.

- Click on the **Medicaid Prior-Authorization List** to check if requesting CPT/HCPC requires a PA.

- Review your previous PA request history for the Member.

- You will only see prior authorization requests submitted through Benefit Tracker with your login information.

- To start a new PA, click **Create new request**.

Step 1- Enter Procedure Information

- For **Elective Inpatient Procedure** requests choose the following under **Procedure Information**:

  o **Procedure Type** – Click the **Inpatient Prior Authorization** radio button.

  o **Procedure Group** - must be chosen by the provider. Select **Inpatient Ancillary Charges** from the drop-down menu.

  o Once the procedure group is selected **procedure group units** will auto populate and cannot be edited further.

  o **Place of Service** - must be chosen by the provider. For elective inpatient procedures, the place of service should always be **Inpatient Hospital**.

Step 1: Enter procedure information

Enter procedure codes to check whether prior-authorization is required.

Procedure information

Procedure type

- ⦿ Inpatient Prior Authorization
- ○ Inpatient - Urgent/Emergent Hospital Admissions
- ○ Outpatient Prior Authorization

Procedure group

Inpatient Ancillary Charges

Procedure group units*

9999

Place of service *

Select a place of service

Select a place of service
Inpatient Hospital
Emergency Room - Hospital
Birthing Center
Skilled Nursing Facility
Hospice
Inpatient Psychiatric Facility
Residential Substance Abuse Treatment Facility
Psychiatric Residential Treatment Center
Comprehensive Inpatient Rehabilitation Facility

o **Type of Care** - must be chosen by the provider. Should always be **elective**.

Type of care *

Select...

Select...
Elective
Emergency
Urgent
Newborn
Trauma

o **Type of service** - must be chosen by the provider.

<mark>**Note: Suggested Type of service should be (depending on request type):**</mark>

- <mark>**Medical Care** – Non-surgical procedures</mark>
- <mark>**Surgical** – For surgical procedures</mark>

Type of service *

Select a type of service

Select a type of service
Medical Care
Surgical
Consultation
Diagnostic X-Ray
Diagnostic Lab
Radiation Therapy
Anesthesia
Surgical Assistance
Durable Medical Equipment Purchase
Durable Medical Equipment Rental
Second Surgical Opinion
Maxillofacial Prosthetics
Chiropractic
Chiropractic Office Visits
Dental Accident
Home Health Care
Home Health Visits
Hospice
Hospital - Inpatient

o **Procedure codes** - This is a required field in order to continue. Enter primary procedure CPT/HCPC code. After entering procedure code hit "tab" on keyboard for procedure description to populate.

Procedure codes

Please enter the primary procedure code first, then add the additional procedures by clicking 'Add procedure code'.

1. [43644 - Laparo... X]   Primary procedure *

+ Add proc   43644 - Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)

Check pr

o   To add additional CPT/HCPC codes, click on Add procedure code. Continue to add all necessary codes until all are entered.

- When you have finished entering CPT/HCPC codes, click on **Check procedures** to continue.

The screen will now expand with additional fields to complete. Enter the following:

- **Procedure Units -** This is a required field in order to continue. Enter the number of units/visits needed.

==Note: Suggested to enter 1, if bilateral procedure enter 2.==

- **Medical request terms** –

    o   **Standard** - for non-urgent requests.

    o   **Expedited** - for cases in which the standard time frame could seriously jeopardize the members' life or health or ability to attain, maintain or regain maximum function.

==Note: If expedited is chosen, you will need to click the attestation box to continue.==

Procedure codes

Please enter the primary procedure code first, then add the additional procedures by clicking 'Add procedure code'.

1.   43644 - Laparo... ✕   Primary procedure *

2.   [   ]   🗑 Remove

+ Add procedure code

[Check procedures]   Cancel

Procedure units

Please enter the number of units requested for each listed procedure.

Procedure	Units/Visits requested
29887 - Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	[ ]
29888 - Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	[ ]

Medical request terms

○ Standard

○ Expedited
Choose ONLY if you are attesting that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.

Medical request terms

○ Standard

⦿ Expedited
Choose ONLY if you are attesting that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.

☐ I attest that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy. *

- **Diagnosis code** - is a required field to continue. Enter the primary diagnosis code.

    - The best practice is to enter all Diagnosis codes in ICD-10 format and include the decimal point. When you hit the "tab" key on your keyboard the box will auto populate, and you should see an ICD-10 description populate as well.

- You can enter additional diagnosis codes by clicking Add Diagnosis Code.

Note: there is a maximum of 10 codes allowed.

Diagnosis code

Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.

1. G47.33 - Obstru... ✕

Primary diagnosis *

Diagnosis code

Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.

1. G47.33 - Obstru... ✕

Primary diagnosis *

+ Add diagnosis code

Diagnosis code

Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.

1. G47.33 - Obstru... ✕

Primary diagnosis *

2. 🗑 Remove

Under Additional Procedure Information

- **Date span Requested** - Start date of authorization to end date of authorization (recommended to enter in a 6-month date range).

- **Admit Date** - Date of the scheduled procedure. If the procedure has not yet been scheduled, enter in the start date of the authorization request.

- **Inpatient Nights requested** – Enter the number of nights being requested.

Additional procedure information

Date span requested *
03/04/2024 — 09/04/2024

Admit date *
03/15/2024

Inpatient nights requested *
2

Entering Provider Information

- **Requesting/Treating Provider Information** - It is recommended to always submit with NPI (National Provider ID) *and* TIN (Tax ID Number). Enter the following:

  o **Requesting Provider NPI** in full (hit tab key).

  o **Requesting Provider TIN** in full (hit tab key).

  o The system will recognize and populate **Requesting Provider Name** automatically.

  o You can click on the box under Treating provider information to auto populate the **Treating Provider** if it is the same as **Requesting**.

Requesting provider information

Requesting provider NPI *

Requesting provider TIN *

Requesting provider name *

Treating provider information

☐ Same as requesting provider information

Treating provider NPI *

Treating provider TIN *

Treating provider name *

o If the **Requesting** is different, fill out the **Treating** information using the steps above.

Example of fully filled in Requesting and Treating Provider Information

Requesting provider information

Requesting provider NPI *

| 1234567890 - Smith, Shawn B. ✕ |

Requesting provider TIN *

| 098765432 - Smith, Shawn B. ✕ |

Requesting provider name *

| Smith, Shawn B. |

Treating provider information

☑ Same as requesting provider information

Treating provider NPI *

| 1234567890 - Smith, Shawn B. ✕ |

Treating provider TIN *

| 098765432 - Smith, Shawn B. ✕ |

Treating provider name *

| Smith, Shawn B. |

- **Facility information** - Enter the information for the facility where the procedure will take place. Repeat steps above for entering NPI/TIN.

Facility information

Facility NPI *

Facility TIN *

Facility name *

Example of fully filled in Facility Information.

Facility information

Facility NPI *

1122334455 - Good Shepherd   ✕

Facility TIN *

667788990 - Good Shepherd   ✕

Facility name *

Good Shepherd

Entering Contact Information
 	
• Now you will enter your Contact information. Under **Requestor contact information**, enter the following:
 	
    o **Contact name** (Required)
 	
    o **Contact phone Number** (Required)
 	
    o **Contact Fax Number** (Required)
 	
Click **Attach chart notes** to continue.
	Requestor contact information
	
	Contact name *
	
	Contact phone number *
	
	Contact fax number *
	
	2. Attach chart notes > Cancel

Step 2- Attaching Chart Notes (Required) • Acceptable file formats (txt, docx, doc, pdf, jpg, gif). • The notes can be attached by either drag and drop function or you can browse your own files and upload directly. • **Additional Comments (Optional)** - This box is optional but can be used to communicate additional details or additional information as needed. • When finished, click **Save and review**.	Step 2: Attach chart notes Upload chart notes to attach to this request. **Chart Notes** Please ensure your submission includes notes for the associated patient. ⓘ Drag and drop files here or Browse files Most file types accepted. Maximum file size: 28 MB **Additional comments (Optional)** Type comments Maximum character limit: 4000 **3. Save and review >** Cancel

Step 3- Review before Submitting • This is the final stage prior to submission. Please be sure to review everything for accuracy.	**Step 3: Review before submitting** Review the information you've provided before submitting your request. **Procedures** Procedure type: Inpatient Procedure group: Inpatient Ancillary Charges **Procedure code** — **Units/Visits requested** 29887 - Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation — 1 29888 - Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction — 1 **Procedure Details** Request terms: Standard — Admit date: 2024/03/15 Diagnosis codes: M54.5 - Low back pain — Place of service: Inpatient Hospital Date span requested: 2024/03/04 - 2024/09/04 — Type of care: Elective Inpatient nights requested: 2 — Type of service: Medical Care **Requesting provider information** Requesting provider NPI Requesting provider TIN: Requesting provider name: **Treating provider information** Treating provider NPI: Treating provider TIN: Treating provider name: **Facility information** Facility NPI: Facility TIN: Facility name: **Request contact information** Request contact name: marina Request contact phone: (140) 080-1810 Request contact fax:
• **If all information is accurate, Submit request -** Click **Submit request** to fully submit the prior authorization request. • **If there are errors that need correction, Cancel.** If **Cancel** is chosen, you will receive a final prompt and warning before the request is fully canceled.	**Submit request** **Cancel**

Request Submitted

- After submitting the request, you will be directed back to provider authorization history for the member that is in focus and should see a confirmation message that the PA has been submitted successfully. The PA Request will show **Pending Decision** until the request has been determined. It will update once a decision has been made.

- The following information will be displayed:

    o **Request ID**

    o **Last Update Date**

    o **Primary Procedure Code**

    o **Procedure Description**

    o **Date span**

    o **Status**

Prior authorization requests

Request ID	Last update date ⌃⌄	Primary procedure code	Procedure description	Date span requested	Status
⊘ Prior authorization request successfully submitted					✕
P00001547	03/07/2024	29887	"Arthroscopy knee surgical; drilling for intact osteochondritis dissecans lesion with internal fixation"	03/04/2024 - 09/04/2024	Pending Decision

[Return to Table of Contents](#)

To begin a request for a new Inpatient Urgent/Emergent admission (patients admitting inpatient from the emergency department), follow the steps below:

- To start a new request, click **Create new request**.

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.

📄 Medicaid prior authorization list

Create new request

Step 1- Enter Procedure Information

- For **Inpatient Urgent/Emergent** requests (patients admitting inpatient from the emergency department), select the following under Procedure Information:

  o Procedure Type - **Inpatient-Urgent/Emergent Hospital Admissions** radio button.

  o The following fields will auto populate based on the Procedure type above and cannot be changed:

    ▪ **Procedure Group**

    ▪ **Procedure Group Units**

    ▪ **Place of Service**

    ▪ **Type of Care**

Step 1: Enter procedure information

●━━━━○━━━━○

Enter procedure codes to check whether prior-authorization is required.

Procedure information

Procedure type
○ Inpatient Prior Authorization
◉ Inpatient - Urgent/Emergent Hospital Admissions
○ Outpatient Prior Authorization

Procedure group
Inpatient Ancillary Charges ⌄

Procedure group units*
9999

Place of service *
Inpatient Hospital ⌄

Type of care *
Emergency ⌄

o **Type of Service** – This is a required field. The suggested type of service should be **Medical Care.**

Type of service *

Select a type of service

Select a type of service
Medical Care
Surgical
Consultation
Diagnostic X-Ray
Diagnostic Lab
Radiation Therapy

- **Procedure code** is optional and **not applicable** for Urgent/Emergent requests. This should be bypassed, click on **Check procedures** to continue.

Procedure codes

Please enter the primary procedure code first, then add the additional procedures by clicking 'Add procedure code'.

1. [   ]   Secondary procedure

+ Add procedure code

Check procedures   Cancel

The screen will now expand with additional fields to complete. Enter the following:

- **Medical request terms** – **Always** choose **Standard** for Urgent/Emergent Requests.

Medical request terms

◉ Standard

○ Expedited
Choose ONLY if you are attesting that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.

- **Diagnosis code** - is a required field to continue. Enter the primary diagnosis code.

  o The best practice is to enter all Diagnosis codes in ICD-10 format and include the decimal point. When you hit the "tab"

Diagnosis code

Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.

1. G47.33 - Obstru... X

Primary diagnosis *

key on your keyboard the box will auto populate, and you should see an ICD-10 description populate as well. • You can enter additional diagnosis codes by clicking Add Diagnosis Code. **Note: there is a maximum of 10 codes allowed.**	**Diagnosis code** Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'. 1. G47.33 - Obstru... ✕ Primary diagnosis * + Add diagnosis code **Diagnosis code** Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'. 1. G47.33 - Obstru... ✕ Primary diagnosis * 2. 🗑 Remove
Additional Procedure Information • **Date span requested** - Should reflect the admit date up to the first two nights. • **Admit date** - Date of inpatient admission. • **Inpatient Nights requested** – It is recommended to request no more than a **two-night** length of stay to ensure an auto approval.	**Additional procedure information** Date span requested * 03/04/2024 📅 - 03/06/2024 📅 Admit date * 03/04/2024 📅 ⓘ Inpatient nights requested * 2

Entering Provider Information

- **Requesting/Treating Provider Information** - For emergent admissions, insert the facility where the patient was admitted under requesting/treating/facility. Practitioner information is not needed.

  - **Requesting Provider NPI** in full (hit tab key).

  - **Requesting Provider TIN** in full (hit tab key).

  - The system will recognize and populate **Requesting Provider Name** automatically.

  - You can click on the box under Treating provider information to auto populate the **Treating Provider** if it is the same as **Requesting**.

  - If the **Requesting** is different, fill out the **Treating** information using the steps above.

Requesting provider information

Requesting provider NPI *

Requesting provider TIN *

Requesting provider name *

Treating provider information

☐ Same as requesting provider information

Treating provider NPI *

Treating provider TIN *

Treating provider name *

Facility information

- **Facility information** - Repeat the steps above to enter the facility information.

- The Facility NPI and Facility TIN should match the Requesting provider NPI and Requesting provider TIN.

Facility NPI *

Facility TIN *

Facility name *

Example of fully filled in Facility Information

Facility information

Facility NPI *

1122334455 - Good Shepherd   ✕

Facility TIN *

667788990 - Good Shepherd   ✕

Facility name *

Good Shepherd

Entering Contact Information

- Now you will enter your Contact information. Under **Requestor contact information**, enter the following:

    o **Contact name** (Required)

    o **Contact phone Number** (Required)

    o **Contact Fax Number** (Required)

- Click **Attach chart notes** to continue.

Requestor contact information

Contact name *

Contact phone number *

Contact fax number *

2. Attach chart notes   Cancel

Step 2- Attaching Chart Notes (Required)

- Acceptable file formats (txt, docx, doc, pdf, jpg, gif).

- The notes can be attached using either the drag and drop function by browsing your own files and upload directly.

- It is recommended to **always** include the **Admission Notification** if no other chart notes are available at the time of notification.

- **Additional Comments (Optional)** - This box is optional but can be used to communicate additional details or additional information as needed.

- When finished, click **Save and review**.

Step 2: Attach chart notes

Upload chart notes to attach to this request.

Chart Notes

Please ensure your submission includes notes for the associated patient. ⓘ

Drag and drop files here
or
Browse files

Most file types accepted.
Maximum file size: 28 MB

Additional comments (Optional)

Type comments

Maximum character limit: 4000

3. Save and review   Cancel

Step 3- Review before Submitting

- This is the final stage prior to submission. Please be sure to review everything for accuracy.

Step 3: Review before submitting

Review the information you've provided before submitting your request.

Procedures

Procedure type:	Urgent	Procedure group:	Inpatient Ancillary Charges

Procedure code	Units/Visits requested
-	

Procedure Details

Request terms:	Standard	Place of service:	Inpatient Hospital
Diagnosis codes:	G47.33 - Obstructive sleep apnea (adult) (pediatric)	Type of care:	Emergency
		Type of service:	Medical Care
Date span requested:	2024/03/04 - 2024/03/06		
Inpatient nights requested: 2			

Requesting provider information		Treating provider information	
Requesting provider NPI		Treating provider NPI:	
Requesting provider TIN:		Treating provider TIN:	
Requesting provider name:		Treating provider name:	

Facility information		Request contact information	
Facility NPI:		Request contact name:	Marina
Facility TIN:		Request contact phone:	(123) 456-7899

- **If all information is accurate, Submit request -** Click **Submit request** to fully submit the prior authorization request.

- **If there are errors that need correction, Cancel**. If **Cancel** is chosen, you will receive a final prompt and warning before the request is fully canceled.

Submit request   **Cancel**
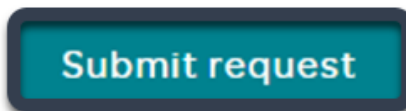
Request Submitted

- After submitting the request, you will be directed back to provider authorization history for the member that is in focus and should see a confirmation message that the request has been submitted successfully. If all criteria is met, a fully approved request will be granted.

- The following information will be displayed:

  o **Request ID**

  o **Last Update Date**

  o **Primary Procedure Code (ANC defines an IP Admission)**

  o **Procedure Description (Inpatient Admission for Urgent/Emergent Admissions)**

  o **Date span**

  o **Status**

Prior authorization
Medical benefits | Pharmacy benefits | Claims | PCP history | Member handbook | Prior-Authorization

Medical prior authorization

Patient information

Patient name:	Insurance Type:
Date of birth:	Group number:
Subscriber ID:	Group name:

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.

📄 Medicaid prior authorization list

Create new request

Prior authorization requests

Request ID	Last update date	Primary procedure code	Procedure description	Date span requested	Status
P00001537	03/04/2024	ANC	Inpatient Admission	03/01/2024 - 03/03/2024	Fully Approved
P00001278	03/04/2024	ANC	Inpatient Admission	02/21/2024 - 02/23/2024	Fully Approved

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To begin a new SNF/Swing Bed/LTACH PA, follow the steps below: • To start a new PA, click **Create new request**.	Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding. 📄 Medicaid prior authorization list **Create new request**

Step 1- Enter Procedure Information
 	
• For **Skilled Nursing/LTACH/Swing Bed/and Inpatient Rehab** requests choose the following under **Procedure Information**:
 	
    ○ **Procedure Type –** Click the **Inpatient Prior Authorization** radio button.
 	
    ○ **Procedure Group** - must be chosen by the provider. Select **Inpatient Ancillary Charges** from the drop-down menu.
 	
    ○ Once the procedure group is selected **procedure group units** will auto populate and cannot be edited further.
 	
    ○ **Place of Service** - must be chosen by the provider.
	Step 1: Enter procedure information
	
	Enter procedure codes to check whether prior-authorization is required.
	
	Procedure information
	
	Procedure type
	◉ Inpatient Prior Authorization
	○ Inpatient - Urgent/Emergent Prior Authorization
	○ Outpatient Prior Authorization
	
	Procedure group
	Select a procedure group ▾
	Select a procedure group
	Inpatient Ancillary Charges
	Chemical Dependency Inpatient
	Hospice
	Mental Health Inpatient
	
	Procedure group
	Inpatient Ancillary Charges ▾
	
	Procedure group units*
	9999

Note: Suggested Place of service should be (depending on request type):

Inpatient Hospital- Swing Bed, LTACH, and Inpatient Rehab requests

Skilled Nursing Facility- Skilled Nursing Requests

Place of service *

Select a place of service

- Select a place of service
- Inpatient Hospital
- Emergency Room - Hospital
- Birthing Center
- Skilled Nursing Facility
- Hospice
- Inpatient Psychiatric Facility
- Residential Substance Abuse Treatment Facility
- Psychiatric Residential Treatment Center
- Comprehensive Inpatient Rehabilitation Facility

o **Type of Care** - must be chosen by the provider. Should always be **elective**.

Type of care *

Select...

- Select...
- Elective
- Emergency
- Urgent
- Newborn
- Trauma

o **Type of service** - must be chosen by the provider.

Note: Suggested Type of service should be (depending on request type):

- **Rehabilitation - Inpatient-** Swing Bed, LTACH, and Inpatient Rehab requests
- **Skilled Nursing Care-** Skilled Nursing requests

Type of service *

Select a type of service

- In-vitro Fertilization
- Acupuncture
- Transplants
- Prosthetic Device
- Dialysis
- Allergy Testing
- Infertility
- Rehabilitation
- Rehabilitation - Inpatient
- Rehabilitation - Outpatient
- Occupational Therapy
- Speech Therapy
- Skilled Nursing Care
- Substance Abuse
- Massage Therapy
- Pulmonary Rehabilitation
- Cardiac Rehabilitation
- Mental Health
- Physical Therapy
- Neonatal Intensive Care

- o **Procedure code** is optional and **<u>not applicable</u>** for SNF/Swing Bed/LTACH/Inpatient Rehab requests. This should be bypassed. Click on **Check procedures** to continue.

The screen will now expand with additional fields to complete. Enter the following:

- **Medical request terms** –

  - o **Standard** - for non-urgent requests.

  - o **Expedited** - for cases in which the standard time frame could seriously jeopardize the members' life or health or ability to attain, maintain or regain maximum function.

Note: If Expedited is chosen, you will need to click the attestation box to continue.

Procedure codes

Please enter the primary procedure code first, then add the additional procedures by clicking 'Add procedure code'.

1. [   ]   Secondary procedure

+ Add procedure code

[Check procedures]   Cancel

Medical request terms

(●) Standard

( ) Expedited
Choose ONLY if you are attesting that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.

Medical request terms

( ) Standard

(●) Expedited
Choose ONLY if you are attesting that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.

[ ] I attest that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy. *

- **Diagnosis code** - is a required field to continue. Enter the primary diagnosis code.

  - The best practice is to enter all Diagnosis codes in ICD-10 format and include the decimal point. When you hit the "tab" key on your keyboard the box will auto populate, and you should see an ICD-10 description populate as well.

- You can enter additional diagnosis codes by clicking Add Diagnosis Code. **Note: there is a maximum of 10 codes allowed.**

Diagnosis code

Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.

1. G47.33 - Obstru... ✕

   Primary diagnosis *

Diagnosis code

Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.

1. G47.33 - Obstru... ✕

   Primary diagnosis *

+ Add diagnosis code

Diagnosis code

Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.

1. G47.33 - Obstru... ✕

   Primary diagnosis *

2. [   ]   🗑 Remove

Additional Procedure Information • **Date Span Requested** - Admit date up to first 7 nights. • **Admit Date** - Date of *possible/scheduled* admission. • **Inpatient Nights requested** – It is recommended to always request no more than a **7-day length of stay**. Our Concurrent team will review extended stays beyond the initial 7 nights.	

Entering Provider Information

- **Requesting/Treating Provider Information** - This should reflect the facility information where the member is scheduled to admit. Practitioner information is not needed.

  It is recommended to always submit with NPI (National Provider ID) *and* TIN (Tax ID Number). Enter the following:

  - **Requesting Provider NPI** in full (hit tab key).

  - **Requesting Provider TIN** in full (hit tab key).

  - The system will recognize and populate **Requesting Provider Name** automatically.

  - You can click on the box under Treating provider information to auto populate the **Treating Provider** if it is the same as **Requesting**.

  - If the **Requesting** is different, fill out the **Treating** information using the steps above.

Requesting provider information

Requesting provider NPI *

Requesting provider TIN *

Requesting provider name *

Treating provider information

☐ Same as requesting provider information

Treating provider NPI *

Treating provider TIN *

Treating provider name *

Facility information

- **Facility information** - It is recommended that the facility should match Treating/Requesting for SNF/Swing Bed/LTACH/and IP Rehab request. Repeat steps above for entering NPI/TIN for the Facility.

Facility NPI *

Facility TIN *

Facility name *

Example of fully filled in Facility Information

Facility information

Facility NPI *

1122334455 - Good Shepherd   ✕

Facility TIN *

667788990 - Good Shepherd   ✕

Facility name *

Good Shepherd

Entering Contact Information

- Now you will enter your Contact information. Under **Requestor contact information**, enter the following:

    o **Contact name** (Required)

    o **Contact phone Number** (Required)

    o **Contact Fax Number** (Required)

- Click **Attach chart notes** to continue.

Requestor contact information

Contact name *

Contact phone number *

Contact fax number *

2. Attach chart notes >   Cancel

Step 2- Attaching Chart Notes (Required)	Step 2: Attach chart notes
• Acceptable file formats (txt, docx, doc, pdf, jpg, gif). • The notes can be attached by either the drag and drop function or you can browse your own files and upload directly. • **Additional Comments (Optional)** - This box is optional but can be used to communicate additional details or additional information as needed. • When finished, click **Save and review**.	Upload chart notes to attach to this request. **Chart Notes** Please ensure your submission includes notes for the associated patient. ⓘ Drag and drop files here or Browse files Most file types accepted. Maximum file size: 28 MB **Additional comments (Optional)** Type comments Maximum character limit: 4000 [3. Save and review >] Cancel

Step 3- Review before Submitting	Step 3: Review before submitting
• This is the final stage prior to submission. Please be sure to review everything for accuracy.	Review the information you've provided before submitting your request.

Procedures

| Procedure type: | Inpatient | Procedure group: | Inpatient Ancillary Charges |

| **Procedure code** | **Units/Visits requested** |
| - | |

Procedure Details

Request terms:	Standard	Admit date:	2024/03/06
Diagnosis codes:	J96.01 - Acute respiratory failure with hypoxia	Place of service:	Skilled Nursing Facility
Date span requested:	2024/03/06 - 2024/03/13	Type of care:	Elective
Inpatient nights requested:7		Type of service:	Skilled Nursing Care

Requesting provider information

Requesting provider NPI
Requesting provider TIN:
Requesting provider name:

Treating provider information

Treating provider NPI:
Treating provider TIN:
Treating provider name:

Facility information

Facility NPI:
Facility TIN:
Facility name:

Request contact information

Request contact name: tester
Request contact phone: (115) 005-5050
Request contact fax: |
| • **If all information is accurate, Submit request -** Click **Submit request** to fully submit the prior authorization request.

• **If there are errors that need correction, Cancel**. If **Cancel** is chosen, you will receive a final prompt and warning before the request is fully canceled. | **Submit request**   Cancel |

Request Submitted	Medical prior authorization

• After submitting the request, you will be directed back to provider authorization history for the member that is in focus and should see a confirmation message that the PA request has been submitted successfully. The PA Request will show Pending Decision until the request has been determined. It will update once a decision has been made.
 	
• The following formation will be displayed:
 	
   o **Request ID**
 	
   o **Last Update Date**
 	
   o **Primary Procedure Code**
 	
   o **Procedure Description**
 	
   o **Date span**
 	
   o **Status**
	Patient information
	
	Patient name: Insurance Type:
	
	Date of birth: Group number:
	
	Subscriber ID: Group name:
	
	Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.
	📄 Medicaid prior authorization list
	
	Create new request
	
	Prior authorization requests
	
	Request ID ⇕ Last update date Primary procedure code Procedure description Date span requested Status
	
	✔ Prior authorization request successfully submitted ✕

To begin a new Outpatient PA request, follow the steps below:

- Review for plan coverage as necessary.

- Click on the **Medicaid prior authorization list** to check if the requested CPT/HCPC requires a PA.

- If the procedure is not on the prior authorization list, refer to the **OHA prioritized list** to check for line placement and diagnosis code line placement. If the code is on the prioritized list and the procedure code and diagnosis code pairs above the line, then no prior authorization is required.

- Review your previous PA request history for the subscriber. You will only see requests that have been submitted under your Benefit Tracker login.

- If no previous PAs exist, you will not see any history.

- Click on **Create new request** to continue the PA request.

Step 1- Enter Procedure Information

- For **Outpatient Procedure** requests choose the following under Procedure Information:

  - o **Procedure Type** - Outpatient Prior Authorization radio button.

  - o **Procedure Group** - must be chosen by the provider. Select the option that best applies. If there is not a best option, choose Not Applicable.

Note: If a procedure group is selected, procedure group units will appear.

- **Enter the amount of units needed.**
  - o **For outpatient surgical requests, the standard volume of units will be '4' or '8' if bilateral.**
  - o **For visit requests, the standard will equate to 1 unit per requested visit.**

If the procedure group is set to "not applicable" then procedure group units will NOT appear.

Here is an example with Procedure group units.

Step 1: Enter procedure information

Enter procedure codes to check whether prior-authorization is required.

Procedure information

Procedure type
- ○ Inpatient Prior Authorization
- ○ Inpatient - Urgent/Emergent Prior Authorization
- ◉ Outpatient Prior Authorization

Procedure group

Select a procedure group ▾

Select a procedure group
Acupuncture
Low Back Pain Management
Chiropractic Services Only
Consult and Diagnostics
Home Health
Hospice
Occupational Therapy
Physical Therapy Only
Rehab Services
Speech Therapy
Transplant and Donor Services
Not Applicable

Procedure group

Speech Therapy ▾

Procedure group units*

1

o **Place of Service** - must be chosen by the provider.

Note: Suggested place of service should be (depending on request type):

Office - Outpatient Office services/procedures

Home - Home Health requests or Durable Medical Equipment Requests

On Campus - Outpatient Hospital- Outpatient procedure performed in Hospital

Ambulatory Surgical Center - Outpatient procedure performed in Surgical Center

Hospice

o **Type of Care** - must be chosen by the provider. Should always be **elective**.

Place of service *

Select a place of service ▾

Select a place of service
Telehealth Provided Other than in Patient's Home
School
Office
Home
On Campus-Outpatient hospital
Emergency Room - Hospital
Ambulatory Surgical Center
Birthing Center
Hospice
Psychiatric Facility Partial Hospitalization
Non-residential Substance Abuse Treatment Facility
Comprehensive Outpatient Rehabilitation Facility
Independent Laboratory

Type of care *

Select... ▾

Select...
Elective
Emergency
Urgent
Newborn
Trauma

Type of service *

Select a type of service

Select a type of service
Medical Care
Surgical
Consultation
Diagnostic X-Ray
Diagnostic Lab
Radiation Therapy
Anesthesia
Surgical Assistance
Durable Medical Equipment Purchase
Durable Medical Equipment Rental
Second Surgical Opinion
Maxillofacial Prosthetics
Chiropractic
Chiropractic Office Visits
Dental Accident
Home Health Care
Home Health Visits
Hospice
Hospital - Inpatient

- o **Type of Service** - must be chosen by the provider. Select the option that applies best. If none apply, default to **Medical Care**.

- **Procedure Codes -** This is a required field in order to continue. Enter the primary procedure code.

Procedure codes

Please enter the primary procedure code first, then add the additional procedures by clicking 'Add procedure code'.

1. | 42820 - Tonsil... X | Primary procedure *

+ Add procedure code

- You can enter additional procedure codes by clicking Add Procedure Code. <mark>Note: there is a maximum of 10 codes allowed.</mark>

- Continue until all CPT/HCPC codes are entered. When ready to advance, click on **Check procedures**.

Procedure codes

Please enter the primary procedure code first, then add the additional procedures by clicking 'Add procedure code'.

1. | 42820 - Tonsil... X | Primary procedure *

2. | 42821 - Tonsil... X | 🗑 Remove

+ Add procedure code

Check procedures   Cancel

- **Procedure Units** – This is a required field in order to continue. Enter the number of units/visits needed.

Note: For outpatient surgical requests, the standard volume of units will be '4' or '8' if bilateral.

For visit requests, the standard will equate to 1 unit per requested visit.

For durable medical equipment, the recommended units to enter is 1 per month for rentals or based on the volume of units needed.

- **Medical request terms** –

   - **Standard** - for non-urgent requests.

   - **Expedited** - for cases in which the standard time frame could seriously jeopardize the members' life or health or ability to attain, maintain or regain maximum function.

Note: If expedited is chosen, you will need to click the attestation box to continue.

Procedure units

Please enter the number of units requested for each listed procedure.

Procedure	Units/Visits requested
42820 - Tonsillectomy and adenoidectomy; younger than age 12	
42821 - Tonsillectomy and adenoidectomy; age 12 or over	

Medical request terms

- ⦿ Standard

- ○ Expedited
  Choose ONLY if you are attesting that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.

Medical request terms

- ○ Standard

- ⦿ Expedited
  Choose ONLY if you are attesting that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.

☐ I attest that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy. *

- **Diagnosis code** - is a required field to continue. Enter the primary diagnosis code.

    o The best practice is to enter all Diagnosis codes in ICD-10 format and include the decimal point. When you hit the "tab" key on your keyboard the box will auto populate, and you should see an ICD-10 description populate as well.

- You can enter additional diagnosis codes by clicking Add Diagnosis Code. **Note: there is a maximum of 10 codes allowed.**

Diagnosis code

Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.

1. L02.2 - Cutane...   ✕
    Primary diagnosis *

Diagnosis code

Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.

1. L02.2 - Cutane...   ✕
    Primary diagnosis *

2. L03.3 - Cellul...   ✕   🗑 Remove

➕ Add diagnosis code

Additional Procedure Information

Date Span Requested - Start date of authorization request to end date of authorization (recommended to enter in a 6-month date range).

Additional procedure information

Date span requested *

04/01/2024   🗓   -   10/01/2024   🗓

Entering Provider Information

- **Requesting/Treating Provider Information** - It is recommended to always submit with NPI (National Provider ID) *and* TIN (Tax ID Number). Enter the following:

    o **Requesting Provider NPI** in full (hit tab key).

    o **Requesting Provider TIN** in full (hit tab key).

    o The system will recognize and populate **Requesting Provider Name** automatically.

    o You can click on the box under Treating provider information to auto populate the **Treating Provider** if it is the same as **Requesting**. If Treating is different, follow the steps above.

Requesting provider information

Requesting provider NPI *

Requesting provider TIN *

Requesting provider name *

Treating provider information

☐ Same as requesting provider information

Treating provider NPI *

Treating provider TIN *

Treating provider name *

Example of fully filled in Requesting and Treating Provider Information	**Requesting provider information** Requesting provider NPI * 1234567890 - Smith, Shawn B. ✕ Requesting provider TIN * 098765432 - Smith, Shawn B. ✕ Requesting provider name * Smith, Shawn B. **Treating provider information** ☐ Same as requesting provider information Treating provider NPI * 0987654321 - Jones, Pat C. ✕ Treating provider TIN * 123456789 - Jones, Pat C. ✕ Treating provider name * Jones, Pat C.
• **Facility information** - This is an optional field and *not necessary* for outpatient requests. Enter facility information for where the procedure will take place. Repeat steps above for entering NPI/TIN.	

Entering Contact Information
 	
• Now you will enter your Contact information. Under **Requestor contact information**, enter the following:
 	
    o **Contact name** (Required)
 	
    o **Contact phone Number** (Required)
 	
    o **Contact Fax Number** (Required)
 	
Click **Attach chart notes** to continue.
	Requestor contact information
	
	Contact name *
	
	Contact phone number *
	
	Contact fax number (optional)
	
	2. Attach chart notes > Cancel

Step 2- Attaching Chart Notes (Required) • Acceptable file formats (txt, docx, doc, pdf, jpg, gif). • The notes can be attached by using either drag and drop function or you can browse your own files and upload directly. • **Additional Comments (Optional)** - This box is optional but can be used to communicate additional details or additional information as needed. • When finished, click **Save and review**.	Step 2: Attach chart notes Upload chart notes to attach to this request. **Chart Notes** Please ensure your submission includes notes for the associated patient. ⓘ ⬆ Drag and drop files here or Browse files Most file types accepted. Maximum file size: 28 MB **Additional comments (Optional)** Type comments Maximum character limit: 4000 **3. Save and review >** Cancel

Step 3- Review before Submitting

- This is the final stage prior to submission. Please be sure to review everything for accuracy.

Step 3: Review before submitting

Review the information you've provided before submitting your request.

Procedures

| Procedure type: | Outpatient | Procedure group: | Not Applicable |

Procedure code	Units/Visits requested
42820 - Tonsillectomy and adenoidectomy; younger than age 12	4
42821 - Tonsillectomy and adenoidectomy; age 12 or over	4

Procedure Details

Request terms:	Standard	Place of service:	On Campus-Outpatient hospital
Diagnosis codes:	L02.2 - Cutaneous abscess, furuncle and carbuncle of trunk L03.3 - Cellulitis and acute lymphangitis of trunk	Type of care:	Elective
		Type of service:	Medical Care
Date span requested:	2024/04/01 - 2024/10/01		

Requesting provider information

Requesting provider NPI	
Requesting provider TIN:	
Requesting provider name:	

Treating provider information

Treating provider NPI:	
Treating provider TIN:	
Treating provider name:	

Facility information

Facility NPI:	
Facility TIN:	
Facility name:	

Request contact information

Request contact name:	tester
Request contact phone:	(105) 050-0515
Request contact fax:	(503) 243-5105

Submit request   **Cancel**

- **If all information is accurate, Submit request -** Click **Submit request** to fully submit the prior authorization request.

- **If there are errors that need correction, Cancel**. If **Cancel** is chosen, you will receive a final prompt and warning before the request is fully canceled.

Request Submitted

- After submitting the request, you will be directed back to the provider authorization history for the member that is in focus and should see a confirmation message that the PA request has been submitted successfully. The PA request will show **Pending Decision** until the request has been determined. It will update once a decision has been made.

- The following information will be displayed:

    o **Request ID**

    o **Last Update Date**

    o **Primary Procedure Code**

    o **Procedure Description**

    o **Date span**

    o **Status**

Prior authorization requests

Request ID	Last update date ⌄	Primary procedure code	Procedure description	Date span requested	Status
✓ Prior authorization request successfully submitted					✕
P00001547	03/07/2024	29887	"Arthroscopy knee surgical; drilling for intact osteochondritis dissecans lesion with internal fixation"	03/04/2024 - 09/04/2024	Pending Decision

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Auto Auth Application Frequently Asked Questions

- ❖ [What changes can be made to a case after the request has been submitted?](#)

- ❖ [Why does that application hard code various fields?](#)

- ❖ [What should I do if I receive a message deferring me to a vendor?](#)

- ❖ [How do I initiate requests for benefit exceptions?](#)

- ❖ [How do I initiate requests for in-network benefit exceptions and single case agreements?](#)

- ❖ [What do I do if I experience an error that prevents me from submitting an authorization request?](#)

- ❖ [When do I need to call Healthcare Services vs Customer Service?](#)

- ❖ [How do I fax an authorization request?](#)

What changes can be made to a case after the request has been submitted?

- o Changes cannot be made to cases after they are submitted. If you'd like to request a change, please contact Healthcare Services at the number listed at the bottom of this FAQ.

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Why does that application hard code various fields?

- o You may see various fields that are hard-coded when submitting your auth request. This is based on best practices to ensure there are no issues with claims processing.

   - If you have concerns, please contact our Healthcare Services or Behavioral Health department at the number listed at the bottom of this FAQ.

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What should I do if I receive a message deferring me to a vendor?

- o Follow the instructions and submit your authorization request to the vendor, as detailed in the message.

- o If you are unable to submit your request through the vendor portal or if you feel you have been deferred to the vendor in error, please contact Healthcare services at the phone number listed at the bottom of this FAQ.

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How do I initiate requests for benefit exceptions?

- The following benefit exception requests should be faxed to the number listed at the bottom of this page.

  - Requests for excluded services

  - Services over the max benefit limitation

    - Such as requests for PT/OT/SPT over the maximum benefit limitation, for head or spinal cord injuries

  - Pediatric therapies (PT/OT/SPT)

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How do I initiate requests for in-network benefit exceptions and single case agreements?

- If the request requires prior authorization, submit the requested code, and indicate in the comments that an in-network benefit exception or single case agreement is also being requested.

- If the request does not require prior authorization, submit with an office visit code, and indicate in the comments that an in-network benefit exception or single case agreement is also being requested.

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What do I do if I experience an error that prevents me from submitting an authorization request?

- Contact the appropriate Customer Service at the number listed below or fax your request to the number listed below.

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When do I need to call Healthcare Services vs Customer Service?

- o Healthcare Services for questions regarding physical health authorizations:

  - ▪ Eastern Oregon Coordinated Care Organization: 844-827-7467

- o Customer Service for claim and benefit-related inquiries, or questions on how to submit an authorization request through the auto-auth application:

  - ▪ EOCCO Medical Customer Service Toll-Free: 888-788-9821

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How do I fax an authorization request?

- ▪ EOCCO physical health requests: 833-949-1886

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