

Outpatient

authorizations guide

How to successfully request authorizations
for your patients in GuidingCare

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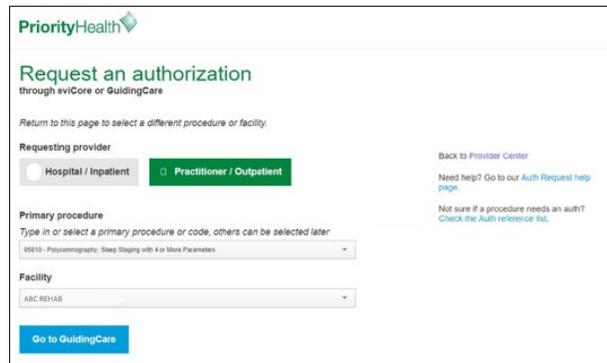
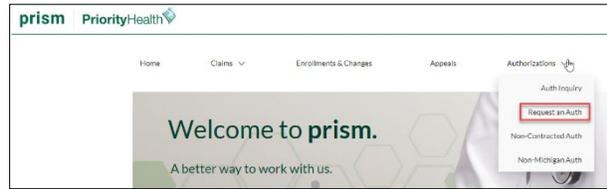
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Complete additional details

Initiate your authorization request

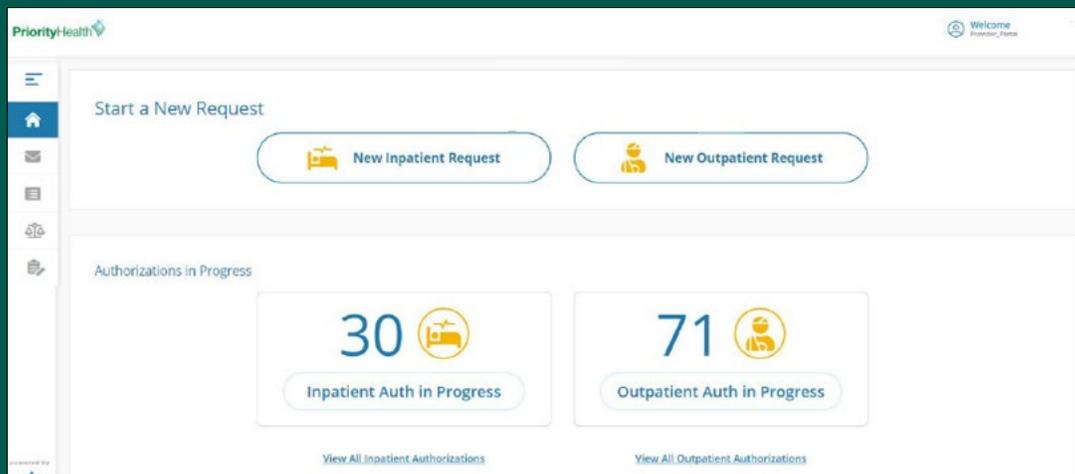
From prism

1. Open the **Authorizations** menu and click **Request an Auth.**
2. Select **Practitioner / Outpatient** on the resulting screen.
3. Identify the **Primary procedure**. Enter the appropriate CPT or HCPCS code. Once you know the correct code, either type it into the **Primary procedure** box and choose the appropriate search result or click the **Primary procedure** box to scroll through a menu of options.
4. Identify the **Facility**. Either start typing the facility name into the Facility box and choose the appropriate search result or click the Facility box and scroll through a menu of options. If the service will take place in an office, leave the Facility box blank.
5. Click **Go to GuidingCare.**



From GuidingCare

1. Click the **Home** icon in the navigation menu to open the screen below
2. Click **New Outpatient Request.**



Complete member search

The screenshot shows a 'Member Search' form with a progress indicator at the top: 1 Member Search, 2 Authorization Basics, 3 Additional Details, 4 Results. The search criteria are: First Name (empty), Last Name (empty), Date of Birth (MM/DD/YYYY), and Member ID (123456789-00). There are 'Find Member' and 'Clear' buttons. Below the form, the search results are displayed in a table-like format:

Member ID	Member Contract External ID:	First Name	Last Name	Date of Birth
123456789-00	123456789-00	JANE	DOE	02/17/1980
Phone Number	Primary Insurance	Secondary Insurance	Address	
269-555-5555	N/A	N/A	1234 S. 49th AVE, WAYLAND, MI, 49348	

Search for the member



1. Enter your search criteria, either:
 - a. First Name, Last Name & DOB, or
 - b. Member ID with hyphen
2. Click **Find Member**
3. Click the **correct member record** displayed

Select the member's policy



1. Review the member's coverage policies under **Eligibility**. All coverage policies – active and inactive – will appear. To filter by active only, click the **Show All** drop-down menu under the Member Contract External ID and select **Show Active**.
2. Click the **radio button** to the left of the correct coverage policy*.

*If the member has both primary and secondary coverage policies, always choose primary.

*If the member has Priority Health for secondary only, you'll see this alert message:

Alert Missing Primary Insurance Please verify primary insurance with member prior to submission. [Click to continue](#)

Select the authorization type



1. Once you've selected a coverage policy, use the dropdown menu to set the **Authorization Type** to Outpatient.
2. Click **Next**

The screenshot shows a dropdown menu titled '* Authorization Type'. The menu is open, showing a search bar and a list of options: Select, Behavioral Health, DME, Home Health, and Outpatient. The 'Outpatient' option is highlighted.

Complete authorization basics

Once you've selected the appropriate coverage policy for the member in question, you **must complete all fields** on this screen.

Field	Instructions
Authorization Type	Select Outpatient from the dropdown menu
Authorization Priority	<p>Standard: A non-urgent prior authorization.</p> <p>Expedited: Use when a delay in decision could seriously jeopardize the member's life, health or ability to regain maximum function.</p> <p>Retrospective: Non-Medicare authorization request for services already provided. For Medicare, follow the Appeal process.</p>

Table continues on the next page.

Field	Instructions
Referred by Provider Name	This should be populated. If not, choose from the drop-down menu how you want to identify the provider. Provider Code, NPI and Tax ID are preferred.
Requesting & Servicing Providers are same (check box)	If yes, check the box. If no, skip to Servicing Provider.
Servicing Provider	If you checked the box above, this will be auto populated. If you didn't check the box above, choose from the drop-down menu how you want to identify the provider. Provider Code, NPI and Tax ID are preferred. Enter your search criteria and press the down arrow on your keyboard to initiate the search. Select the correct provider. If using Provider Name for your search, make sure to choose a search result with the correct address. There's also an advanced search option if needed – click the magnifying glass icon to the right of the search field.
Facility Provider	Follow the same steps as Servicing Provider above.
Place of Service	<ul style="list-style-type: none"> 02 - Telehealth 05 - Indian Health Service Free Standing 06 - Indian Health Service Provider-Based Facility 07 - Tribal 638 Free- standing Facility 08 - Tribal 638 Provider Based Facility 11 - Office 12 - Home 13 - Assisted Living Facility (ALF) 17 - Walk-in Retail Health Clinic 18 - Place of Employment 19 - Off Campus Outpatient Hospital 20 - Urgent Care Facility 22 - On Campus- Outpatient Hospital 24 - Ambulatory Surgical Center 25 - Birthing Center 26 - Military Treatment Facility 31 - Skilled Nursing Facility (SNF) 41 – Ambulance - Land 42 - Ambulance – Air or Water 49 - Independent Clinic 60 - Mass Immunization Center 62 - Comprehensive Inpatient Rehab Facility 65 - End-stage Renal Disease Treatment Facility 71 - Public Health Clinic 72 - Rural Health Clinic 81 - Independent Lab 99 - Other place of service

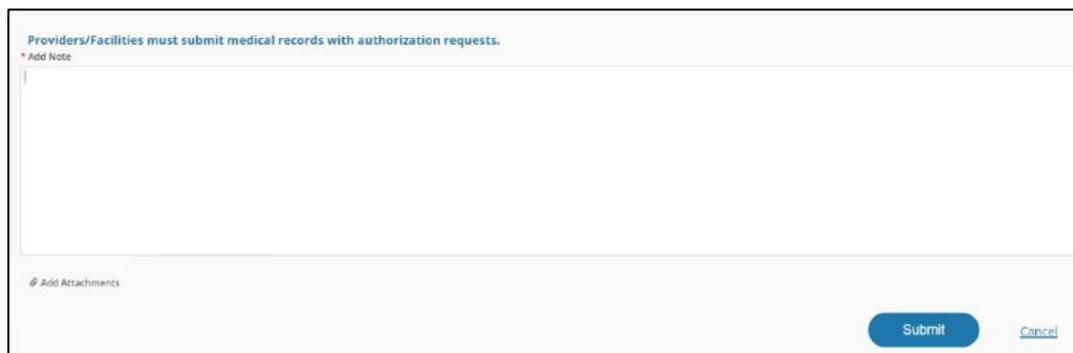
Table continues on the next page.

Field	Instructions
Diagnosis Description	<p>Enter at least the first three characters of a diagnosis name or the ICD-10 code. Press the down arrow on your keyboard to initiate the search. Select the correct diagnosis.</p> <p>If additional diagnoses are needed, click the + next to the Diagnosis Code field to add a new line. Repeat these steps as many times as necessary.</p> <p>Note: Medical necessity will be determined based upon the supporting documentation; not necessarily by the diagnosis entered as the primary diagnosis for purposes of requesting an authorization.</p>
Diagnosis Code	Auto populates based on your Diagnosis Description.
Primary Diagnosis (radio button)	If you added more than one diagnosis, select the Primary Diagnosis radio button to indicate the primary reason for treatment.
Procedure Description	<p>You know the exact procedure name or code: Enter the first three digits of the procedure name or code (CPT, HCPCS). Press the down arrow on your keyboard to search. Select the correct procedure from the pop-up window. GuidingCare will auto-populate the Procedure Code field.</p> <p>You don't know the exact procedure code: Click the magnifying glass icon in the Procedure Description search bar to open Service Codes Search. There you can select the code category and enter your search criteria. Click the radio button to the left of the correct procedure code to select it.</p> <p>If additional procedures are needed, click the + next to the Req. field to add a new line. Repeat the steps below (From Date, To Date, Unit Type, Req.) as many times as necessary.</p>
From Date	Select the date when services are to begin
To Date	Select the date when services are to end
Unit Type	Select the appropriate unit type from the drop-down menu
Req.	Enter the requested number of units
Primary Procedure (radio button)	If you added more than one procedure, select the Primary Procedure radio button to indicate which procedure is the primary treatment.

Click the **Next** button.

Complete additional details

These fields are key. The Priority Health team uses the information provided here to make a determination on your authorization request. We require documentation to support medical necessity and will make an independent decision based solely upon what you submit with your authorization request.



Fill out the Add Note field

Add any relevant information here. **You must include the first name, last name and phone number of the individual at your office who is managing this case.** The Priority Health team uses this information in case of questions about the authorization request.

Add Attachments

Use the **Add Attachments** button to upload any required documentation. It's important that you attach clinical documentation to ensure the Priority Health team can make a determination on the request. Failure to upload clinical documentation will cause processing delays and/or denial.

Upload criteria

- File type is jpeg, png, jpg, bmp, gif, pdf, docx, doc, txt, xlsx, xls or pdf
- Document size is 25MB max per file
- Image size limit is 5MB per image file
- Total uploads cannot exceed 100MB

Examples of recommended documentation to include (this list isn't all inclusive):

- ✓ History and physical
- ✓ Physician documentation
- ✓ Imaging results in ACR format
- ✓ Lab values
- ✓ Therapy notes
- ✓ Medication record
- ✓ Consultation note

Click **Submit**.

InterQual® review

If InterQual review is required for the requested procedure, the window below will open on your screen.

InterQual

New Review Started for subset ISP6712 Procedural Codes 29914 for patient

CHANGE HEALTHCARE | InterQual®

Signed in as Missy Stewart
Sign out

HELP

Subset Overview

Subset Notes

InterQual® 2022, Apr. 2022 Release, CP:Procedures
Arthroscopy, Surgical, Hip

SHOW CODES CLINICAL REFERENCE

REVIEW PROCESS

I/O setting:
Lavage of joint with joint aspirate diagnostic for infection - Inpatient
All others - Outpatient

Arthroscopic surgery may convert to an open approach, depending on intraoperative findings or the need for wider exposure and visualization. In these cases, further approval is not needed.

Improvements in arthroscopic techniques and instruments, as well as the increased use of hip arthroscopy as both a diagnostic and surgical tool. (1)

InterQual® Procedures criteria are derived from the systematic, continuous review of clinical experts. To generate the most appropriate recommendations, a comprehensive literature review of the current literature is conducted. Sources include PubMed, ECRI Guidelines Trust®, Agency for Healthcare Research and Quality (AHRQ) Comparative Effectiveness Reviews, the Cochrane Collaboration, Coverage Determinations, and the National Institute of Health and Care Excellence (NICE). Other medical literature sources include input from our independent panel of clinical experts and regulatory body websites, such as Medicare and Medicaid Services (CMS) National Coverage Determinations, and regulatory body websites.

MEDICAL REVIEW BOOK VIEW FULL SUBSET SMARTSHEETS

Click Medical Review to begin the InterQual review process. Follow the prompts to complete the review. We recommend you don't choose "Other" or use free text during this process as either will end the InterQual review.

Confirmation

Once your authorization request is complete, you'll see one of the following messages:

Automatic approval

✔ Your request #0722F7A4A has been approved. [Click to print](#)

Pending review

The following message confirms your authorization request has been submitted to the Priority Health team for consideration. A Priority Health clinician will review your request and will contact you via phone or GuidingCare message should we need additional information.

⚠ Your request #0608M5015 is pending review. [Click to print](#)

Your submitted authorization request will be immediately available in your GuidingCare Authorization List. Need help finding it? [Download our GuidingCare Quick Start Guide.](#)