Priority Health

INPATIENT

Elective inpatient authorizations guide

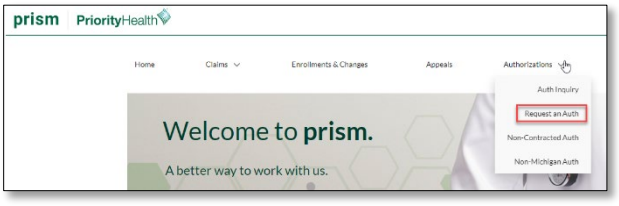
How to successfully request authorizations for your patients in GuidingCare

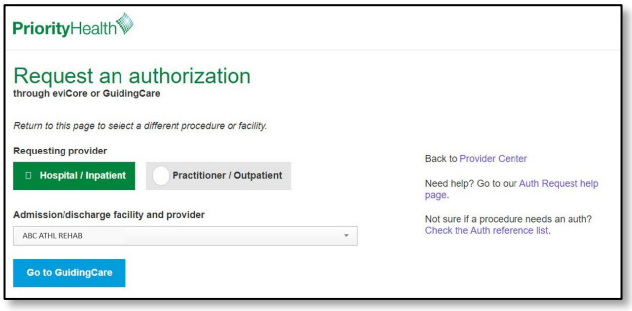
IN THIS GUIDE

Initiate your authorization request

From prism

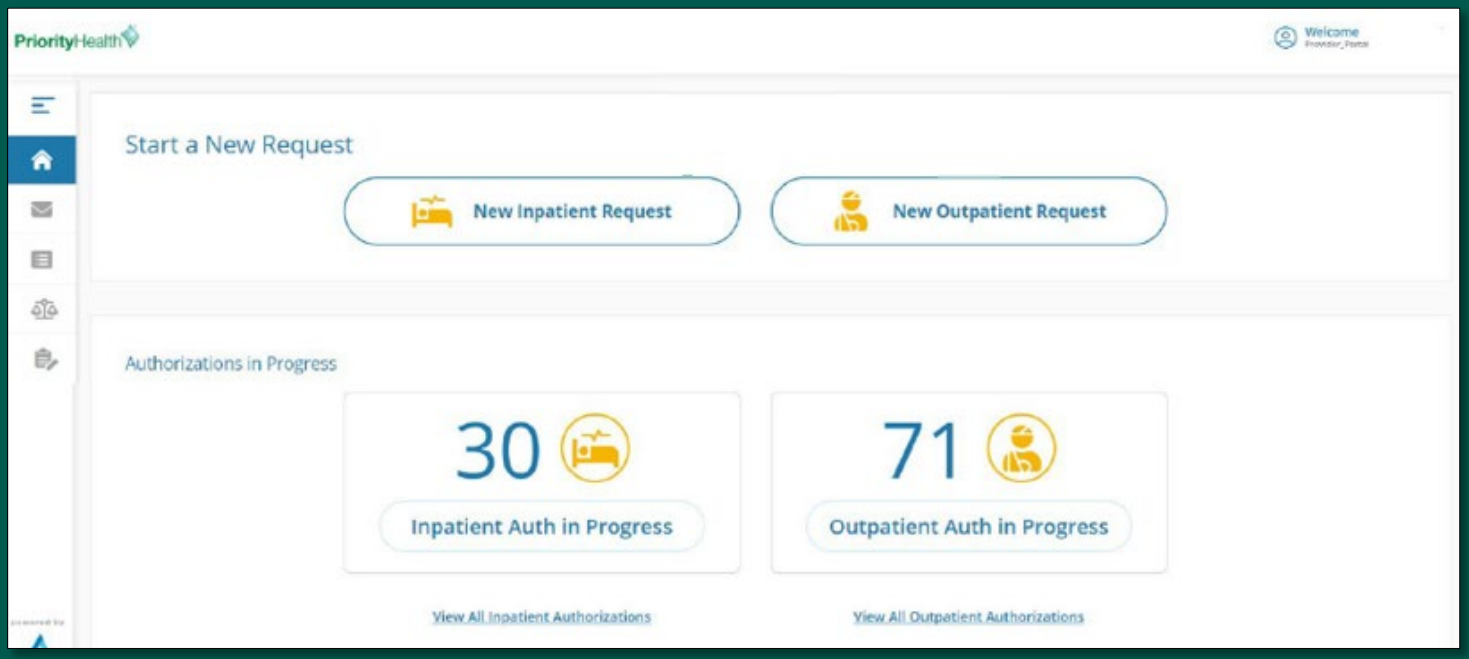
1. Open the **Authorizations** menu and click **Request an Auth**.
2. Select **Hospital / Inpatient** on the resulting screen.
3. Identify the **Admission / discharge facility and provider**. Select the facility you're requesting the authorization for from the field's drop-down menu. Or start typing the facility name into the field to populate a list of options in the drop-down menu.
4. Click **Go to GuidingCare**.



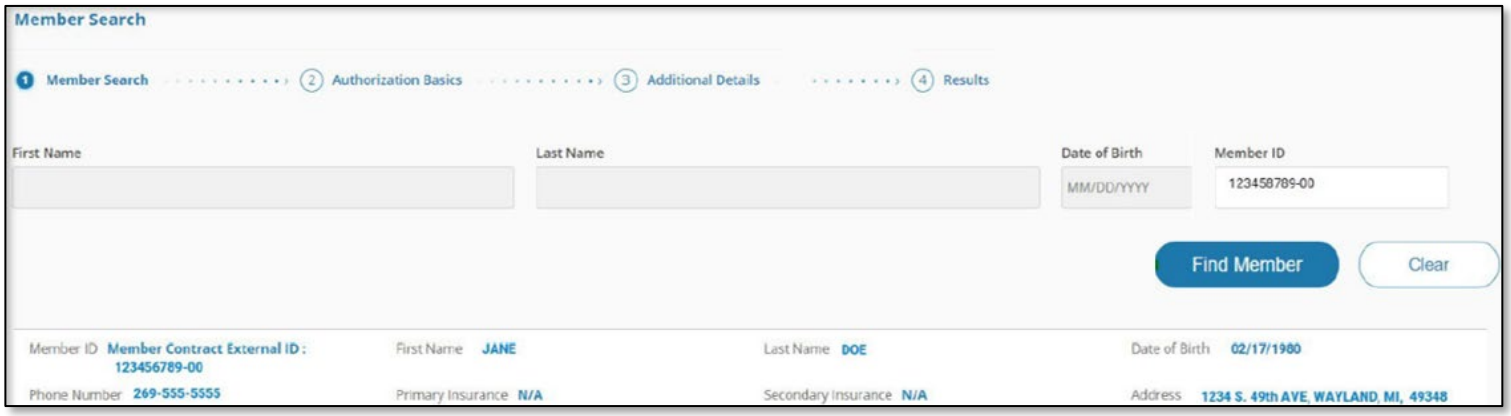


From GuidingCare

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



Complete member search



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

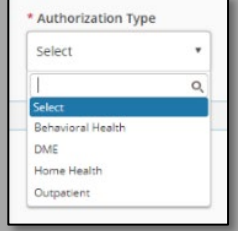
1. Review the member's coverage policies under **Eligibility**. All coverage policies – active and inactive – will appear. To filter by active only, click the **Show All** drop-down menu under the Member Contract External ID and select **Show Active**.
2. Click the **radio button** to the left of the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

Select the authorization type

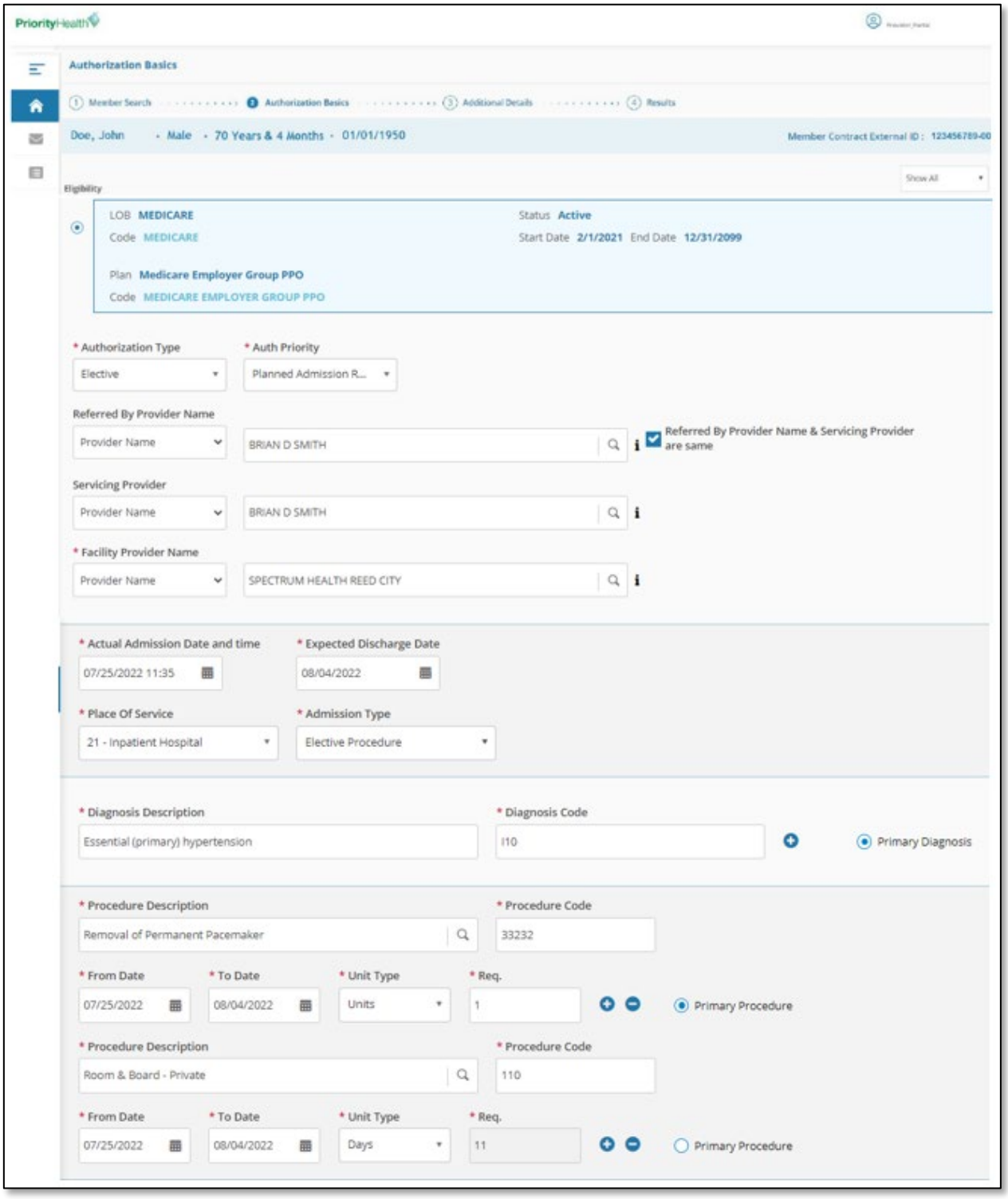
1. Once you've selected a coverage policy, use the dropdown menu to set the **Authorization Type** to Inpatient.
2. Click **Next**



Complete authorization basics

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

Line-by-line instructions start on the next page.



Field	Instructions
Authorization Type	Select Elective from the drop-down menu.
Authorization Priority	**Standard**: A non-urgent prior authorization. **Expedited**: Use when a delay in decision could seriously jeopardize the member's life, health or ability to regain maximum function. **Retrospective**: Non-Medicare authorization request for services already provided. For Medicare, follow the **Appeal process**.
Referred by Provider Name	**You know the exact provider name:** In the first field, choose your search criteria type from the drop-down menu. We recommend using Provider Code, NPI or Tax ID*. Type at least the first three characters of the facility name into the second field. Press the down arrow on your keyboard to initiate the search. Select the appropriate provider. *If using Provider Name, you may see multiple versions of the same name. Any that use the correct name and address will work. **You don't know the exact provider name:** There's also an advanced search option if needed – click the magnifying glass icon to the right of the search field. For complete details, see our **GuidingCare Quick Start Guide**.
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, follow the same steps as Referred By Provider Name above to enter the Servicing Provider.
Facility Provider	This is the facility for which you're requesting the authorization. Follow the same steps as described in Referred By Provider Name. Facility Codes for an elective admission should always begin with an 8.
Admission Date and Time	Select the member's admission date and time.
Expected Discharge Date	Select the member's expected discharge date.
Place of Service	Select "21 – Inpatient Hospital" from the drop-down menu.

Table continues on the next page.

Field	Instructions
Admission Type	Select “Elective Procedure”
Diagnosis Description	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. 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. 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.
Diagnosis Code	Auto populates based on your Diagnosis Description. If more diagnoses are needed, click the + next to the Diagnosis Code field and repeat the above step.
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	**You know the exact procedure name or code:** Enter at least the first three characters of a procedure name or code. Valid code types: CPT, HCPCS, Revenue Codes. Press the down arrow key on your keyboard. Select the correct procedure. This will auto populate the Procedure Code field. **You don’t know the exact procedure name or code:** There’s also an advanced search option if needed – click the magnifying glass icon to the right of the search field. For complete details, see our GuidingCare Quick Start Guide. Note: If you enter a Revenue Code that begins with a leading zero, and are unable to find the correct procedure, try entering the Revenue Code without the leading zero. If more procedures are needed, click the + next to the Procedure Code field and repeat the above step.
From Date	Select the procedure start date
To Date	Select the date the procedure will be completed

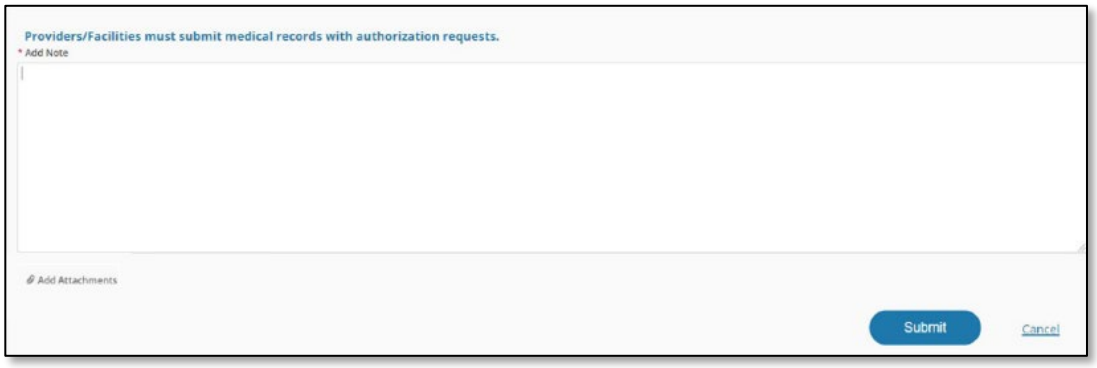
Table continues on the next page.

Field	Instructions
Unit Type	Select Units or Days
Req.	Enter the requested number of units or days
+	Click the + next to the Req. field to add a new line. Here you'll enter information for Room and Board. Repeat the Procedure Description step: • Enter Revenue Code 110 in the Procedure Code field • Enter the number of inpatient days in the Req. field • From Date: Enter the same date as you entered under Admission Date & Time earlier • To Date: Enter the same date as you entered under Expected Discharge Date minus one day. I.e., your Expected Discharge date is 9/4/2022; your To Date will be 9/3/2022.
Primary Procedure (radio button)	Select the radio button next to the non-Room and Board procedure.

Click the **Next** button.

Complete additional details

These fields are key. 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, including conversation dates and times from observation to inpatient or pertinent information which our Utilization Management team should pay close attention to. **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

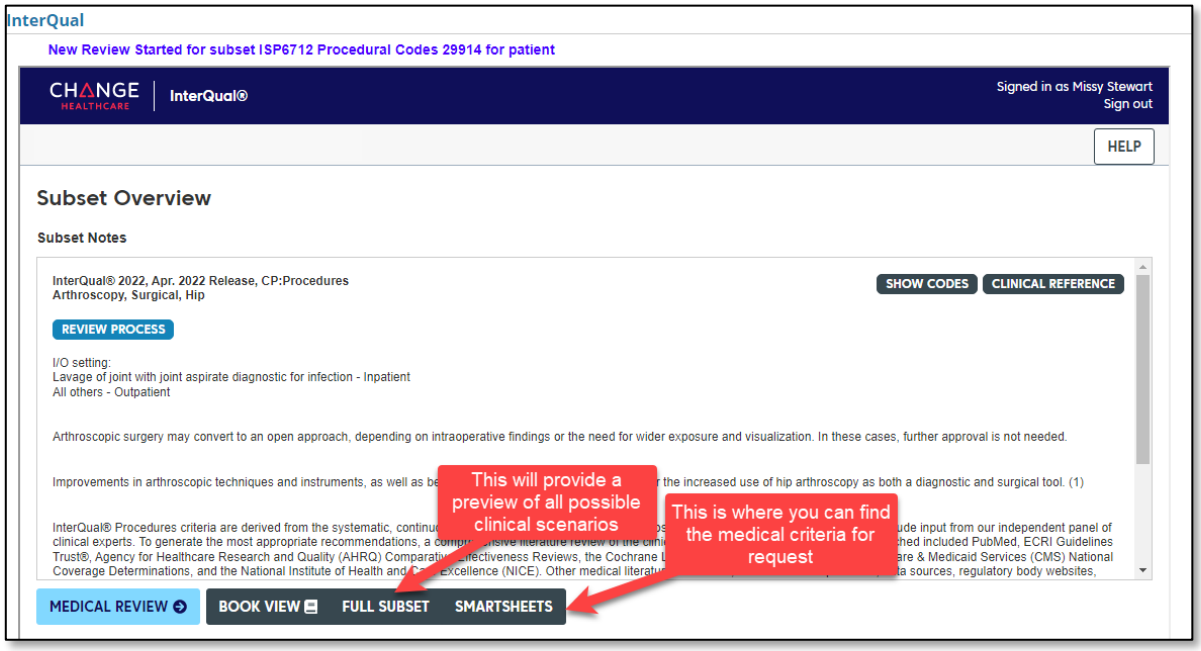
Examples of recommended documentation to include (this list isn't all inclusive):

- ✓ 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.



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

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 submitted authorization request will be immediately available in your GuidingCare Authorization List. Need help finding it? Open our GuidingCare Quick Start Guide.

Non-behavioral health inpatient matrix

This matrix includes only the most-used codes. Refer to your contract for more.

Admission is for	Auth type	Auth priority	Place of Service	Admission type	Procedure / Rev Code
Emergent: Inpatient care for an unexpected acute and emergent condition; or an outpatient or observation stay that has converted to inpatient	Acute	• Emergent Admission • Retrospective	21 – Inpatient Hospital	Emergent	110
Neonatal Intensive Care Unit: Inpatient care for newborns admitted to neonatal intensive care unit (NICU) that exceed 3 days	Acute	• Emergent Admission • Retrospective	21 – Inpatient Hospital	Emergent	170
Obstetric Delivery: Inpatient care for the birth and delivery of a child	Acute	• Emergent Admission • Planned Admission Expedited • Planned Admission Routine • Retrospective	21 – Inpatient Hospital	Obstetric Delivery	722
Obstetric Medical: Inpatient care for unexpected acute and emergent condition WITHOUT delivery of a child	Acute	• Emergent Admission • Planned Admission Expedited • Planned Admission Routine • Retrospective	21 – Inpatient Hospital	Obstetric Medical	110
Elective Procedure: Planned inpatient care for an elective, non-emergent surgery, procedure or treatment	Elective	• Planned Admission Expedited • Planned Admission Routine • Retrospective	21 – Inpatient Hospital	Elective Procedure	Specific CPT Code and 110 Revenue Code
Acute Rehabilitation: Inpatient intensive rehabilitation care	Post-Acute	• Planned Admission Expedited • Planned Admission Routine • Retrospective	61 – Comprehensive Inpatient Rehabilitation Facility	Acute Rehabilitation	128
Long-Term Acute Care Hospital: Inpatient care for patients needed extended hospitalization (LTAC)	Post-Acute	• Planned Admission Expedited • Planned Admission Routine • Retrospective	21 – Inpatient Hospital	Long Term Acute Care Hospital	120
Subacute Rehabilitation: Skilled nursing care and subacute rehabilitation in a Skilled Nursing Facility (SNF)	Post-Acute	• Planned Admission Expedited • Planned Admission Routine • Retrospective	31 – Skilled Nursing	Subacute Rehabilitation	192 or Revenue Code for a higher level of care bed, if desired