

INPATIENT

Post-acute inpatient authorizations guide

How to successfully request authorizations
for your patients in GuidingCare

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Helpful resources

Click on the boxes below to access webpages and PDF documents to help you accomplish your authorization needs.

prism resources

To access our Authorizations Tool, you need a **prism** account. We've developed a webpage with detailed information and video tutorials to help you sign up for and use prism, including:

- ✓ Account registration
- ✓ Managing your group or facility
- ✓ Submitting appeals
- ✓ Making provider changes
- ✓ And more

[Access prism resources](#)

GuidingCare 101

Our GuidingCare Quick Start Guide includes information everyone using the tool needs to know, regardless of authorization type, including:

- ✓ Navigating GuidingCare
- ✓ Using search fields & advanced search
- ✓ Viewing messages
- ✓ Changing or withdrawing a pending authorization
- ✓ Requesting a Peer Review
- ✓ Using the Drafts feature
- ✓ Requesting an extension
- ✓ Entering inpatient discharge information
- ✓ And more

[Download the guide](#)

Authorizations basics

Bookmark our Provider Manual's Authorizations section for quick access to information on:

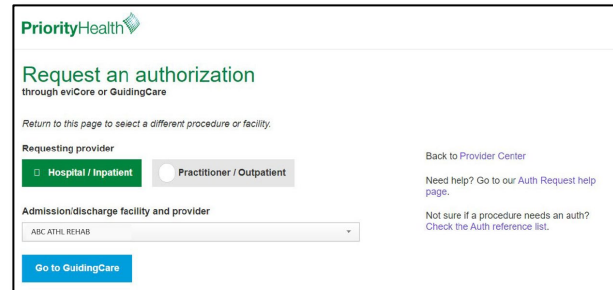
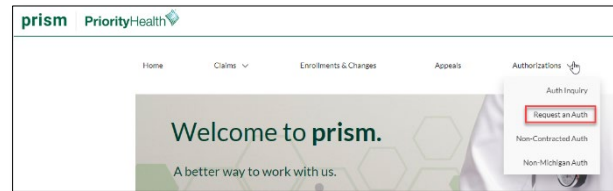
- ✓ Our authorization quick reference list
- ✓ How to make authorization changes
- ✓ Medical necessity criteria
- ✓ Urgent & emergency authorizations
- ✓ Retrospective authorizations
- ✓ Behavioral health authorizations
- ✓ Medicare non-coverage
- ✓ Musculoskeletal & spine services authorizations
- ✓ Authorizations news

[Open the webpage](#)

Initiate your authorization request

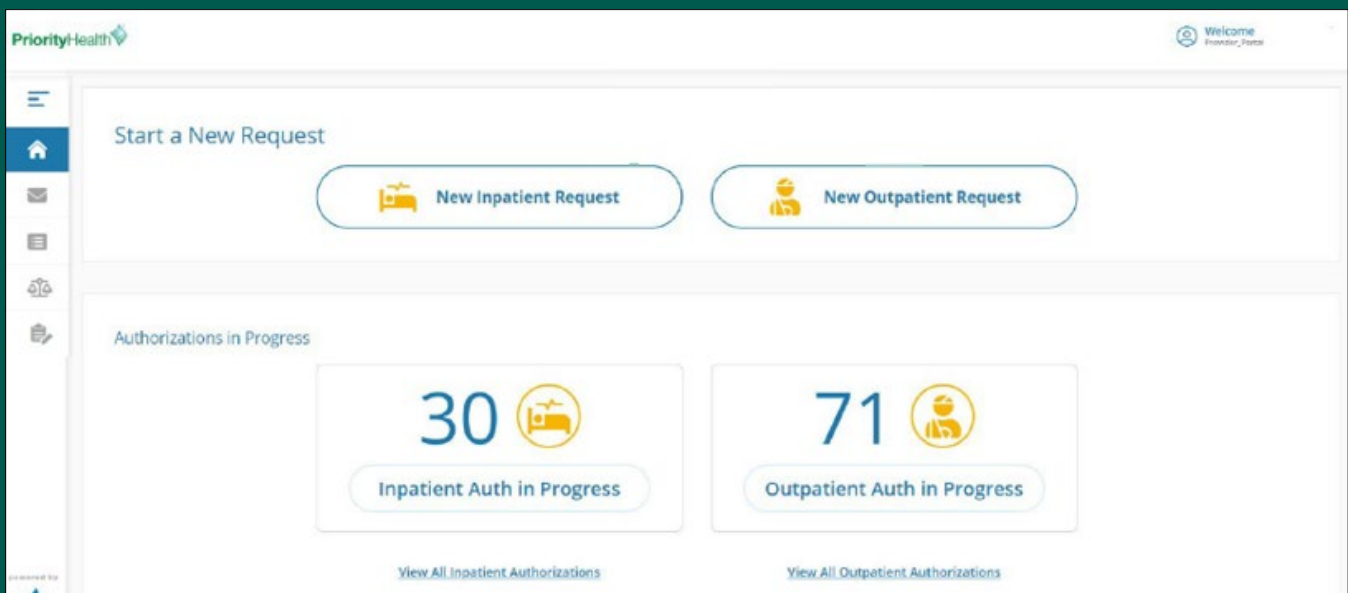
From prism

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

Member Search

1 Member Search 2 Authorization Basics 3 Additional Details 4 Results

First Name Last Name Date of Birth Member ID

MM/DD/YYYY 123456789-00

Find Member Clear

Member ID **123456789-00** Member Contract External ID : **123456789-00** First Name **JANE** Last Name **DOE** Date of Birth **02/17/1980**

Phone Number **269-555-5555** Primary Insurance **N/A** Secondary Insurance **N/A** Address **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](#)

Complete authorization basics

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

PriorityHealth

Welcome
Provider Portal

Authorization Basics

1 Member Search2 Authorization Basics3 Additional Details4 Results

Doe, JaneFemale40 Years & 3 Months2/17/1900Member Contract External ID : 123456789-00

Eligibility

LOB Name: FULLY FUNDED HMOBenefit Plan Name: FULLY FUNDED HMOStart Date: 01/01/2019Status: ActiveBenefit Plan Description: FULLY FUNDED HMOEnd Date: 12/31/2199

* Authorization Type

Post-Acute

* Auth Priority

Planned Admission Ex...

Servicing Provider

Provider Name: DONALD C. JONES

Facility Provider Name

Provider Code: ORTHOSPORT PT ATHL REHAB

* Admission Date and time

07/16/2020 12:00 AM

Expected Discharge Date

08/01/2020 12:00 AM

Provider Contact Phone

5555555555

* Place Of Service

31 - Skilled Nursing Facility

* Admission Type

Subacute Rehabilitation

* Diagnosis Description

Diabetes mellitus due to underlying condition

* Diagnosis Code

E08

Primary Diagnosis

* Procedure Description

Subacute Care - Level III (comprehensive care)

* Procedure Code

192

* From Date

07/16/2020

* To Date

08/01/2020

* Unit Type

Days

* Req.

17

Primary Procedure

Next

Reset

Cancel

Field	Instructions
Authorization Type	Select Post-Acute from the dropdown menu
Authorization Priority	Planned Admission Routine Retrospective – Requesting the authorization after discharge

Table with instructions continues on the next page.

Field	Instructions
Servicing Provider	<p>This is the same as the current facility. If unknown, skip.</p> <p>You know the exact servicing 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. Note: Servicing provider codes should start with an 8.</p> <p>*If using Provider Name, you may see multiple versions of the same name. Any that use the correct name and address will work.</p> <p>You don't know the exact servicing 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.</p>
Facility Provider	<p>This is the facility you're requesting the authorization for. Follow the steps for Servicing Provider.</p> <p>Facility Provider Codes should always start with an 8.</p> <p>If you see the message, <i>Provider outside of member's narrow/tiered network</i>, you can still submit requests to us in GuidingCare if they participate with another plan. However, note that the member may not have coverage. Your request will pend for review, and if there is care available in-plan the request may be denied.</p> <p>If the provider participates with the plan and you're receiving this message, call our Provider Services team to have the account updated.</p>
Admission Date and Time	Select the member's admission date and time
Expected Discharge Date	Select the member's expected discharge date and time
Place of Service	<p>Acute Rehabilitation: 61 – Comprehensive Inpatient Rehabilitation Facility</p> <p>Long-Term Acute Care: 21 – Inpatient Hospital</p> <p>Subacute Rehabilitation: 31 – Skilled Nursing Facility</p>

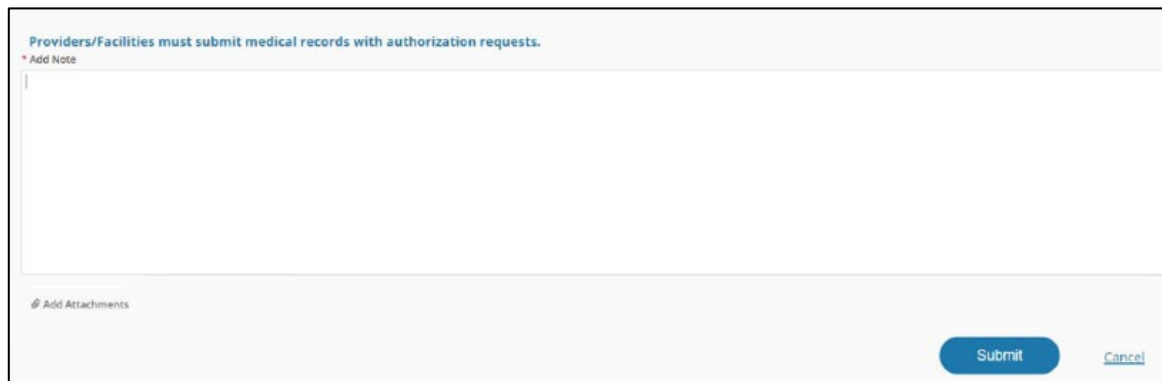
Table with instructions continues on the next page.

Field	Instructions
Admission Type	Select either Acute Rehabilitation, Long Term Acute Care Hospital or Subacute Rehabilitation based on your Place of Service selection.
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>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	<p>Auto populates based on your Diagnosis Description selection.</p> <p>If more diagnoses are needed, click the + next to the Diagnosis Code field and repeat the above step.</p>
Primary Diagnosis (radio button)	<p>If you added only 1 diagnosis, this field won't appear.</p> <p>If you added more than one diagnosis, select the Primary Diagnosis radio button to indicate the primary reason for treatment.</p>
Procedure Code	<p>Enter the appropriate Revenue Code, then press the down arrow on your keyboard:</p> <ul style="list-style-type: none"> • 120: Long-term acute care hospital • 128: Acute rehabilitation • 192: Subacute Rehabilitation (SAR) / Skilled Nursing Facility (SNF) – Commercial and Medicaid members • 193: Subacute Rehabilitation (SAR) / Skilled Nursing Facility – Medicare members <p>The Procedure/Rev Description will auto populate.</p>
From Date	Select the expected or actual admission date
To Date	Enter the last covered day. This should be the day before the Expected Discharge Date entered earlier. I.e., the patient's Expected Discharge Date is 9/4/2022, the To Date is 9/3/2022.
Unit Type	Defaults to Days. Skip.
Req.	Auto populates

Click **Next**.

Complete additional details

These fields are key. We require documentation to support medical necessity and will be making an independent decision based solely upon what you submit with this authorization request.

A screenshot of a web form for submitting authorization requests. At the top, a blue header bar contains the text "Providers/Facilities must submit medical records with authorization requests." Below this, there is a section labeled "Add Note" with a large text area for input. At the bottom left, there is a button labeled "Add Attachments" with a paperclip icon. At the bottom right, there are two buttons: "Submit" (blue) and "Cancel" (light blue).

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 necessary 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.

Pre-service documentation

- ✓ Facility contact and contact number
- ✓ Recent H&P
- ✓ Current orders
- ✓ IV medications, including start / stop dates and frequency of administration
- ✓ Wound care, including type, location, age, measurements, treatment and frequency
- ✓ Parental nutrition must include route, start / stop dates
- ✓ Enteral feeding must include start date formula, rate, goal rate, percentage of daily caloric requirements provided, daily fluid
- ✓ Oxygen measurement, including delivery system and equipment, flow rate, O2 stats, neb treatments
- ✓ Documentation of patient / caregiver education
- ✓ Therapy evaluations must include prior level of function and prior living
- ✓ Updated therapy progress notes are required if evals are > 48 hours old

Extension documentation

- ✓ Admission date, facility contact and contact number
- ✓ Current Orders
- ✓ IV medications-must include: start/ stop date and frequency of administration
- ✓ Wound care must include type, location, age, measurements, treatment, and frequency
- ✓ Parental nutrition must include route, start date, stop date
- ✓ Enteral feeding must include start date formula, rate, goal rate, the percentage of daily caloric requirements being provided by enteral nutrition and the fluid amounts provided daily
- ✓ Oxygen management must include delivery system and equipment (NC, type of mask, trach etc), flow rate, O2 sats, plans to wean, neb treatments
- ✓ Documentation of patient (member)/ care giver education
- ✓ Therapy evaluations- which must be completed within 48 hours of admission
- ✓ Nursing progress notes

Click **Submit**.

Requesting an auth change?

Treatment location changes and admission delays greater than 48 hours require an auth change request. See our [GuidingCare Quick Start Guide](#) for details.

Confirmation


The following message confirms your authorization request has been submitted to the Priority Health team for consideration.

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

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.](#)

Do you see the message below instead?

 Authorization(s) exists within 90 days or in the next 90 days. Authorization ID's :0701F131R. [Click to Continue](#)

Click **Click to Continue** to complete your request.

Enter discharge information

The full process for entering inpatient discharge information is available in our [Quick Start Guide](#). Below are details we need specific to your post-acute patients:

Field	Instructions
Discharge Date	Day after last covered day if remaining in the facility for any reason
Discharge Location	<div>Options:</div> <ul style="list-style-type: none">Discharge/transfer to another type of health care institution not defined elsewhere in the code listDischarged against medical adviceDischarged to home self-careDischarged to skill nursing facilityDischarged, reason not defined at a state levelDischarged/Transferred to an inpatient rehab facilityDischarged/Transferred to another institution for outpatient servicesExpired place unknown <div>Hospice Medical Facility Note: There maybe additional options available depending on the type of authorization your updating.</div>

Inpatient matrix

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

Admission is for	Auth type	Auth priority	Place of Service	Admission type	Procedure / Rev Code
Acute Rehabilitation: Inpatient intensive rehabilitation care	Post-Acute	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Planned Admission Routine Retrospective 	31 – Skilled Nursing	Subacute Rehabilitation	192 (for Commercial and Medicaid members), 193 (for Medicare members) or Revenue Code for a higher level of care bed, if desired