

## **INPATIENT**

# Acute inpatient & OB/GYN authorizations guide

How to successfully request authorizations  
for your patients in GuidingCare

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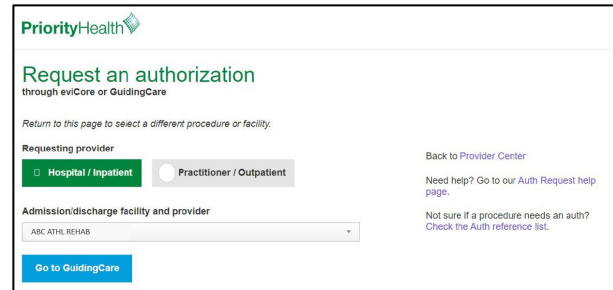
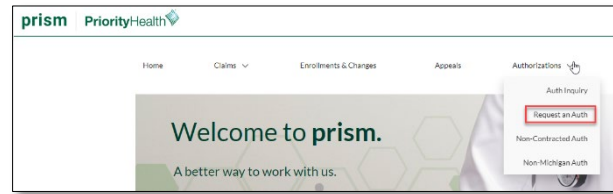
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**Non-behavioral health inpatient matrix**

# Initiate your authorization request

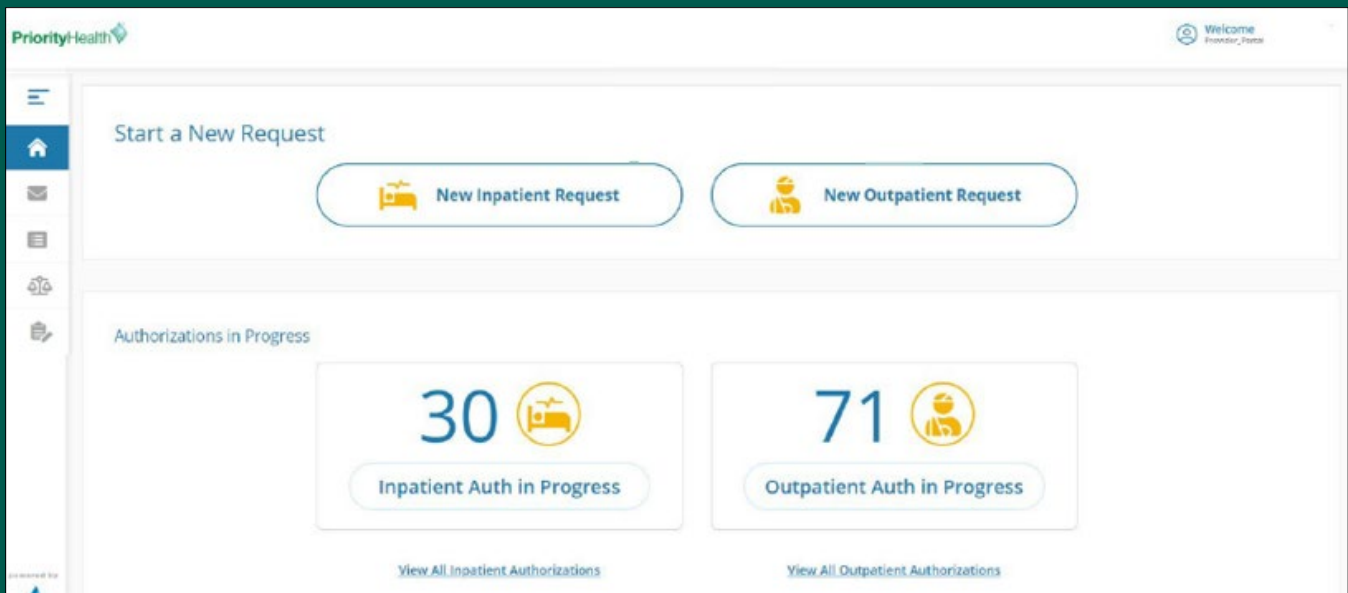
## From prism

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

Member Contract External ID :

First Name

Last Name

Date of Birth

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](#)

# 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 Search

2 Authorization Basics

3 Additional Details

4 Results

Doe, John

Male

70 Years & 4 Months

01/01/1950

Member Contract External ID : 123456789-00

Eligibility

Show All

LOB Name: MEDICARE

Benefit Plan Name: MEDICARE VALUE

Start Date: 01/01/2015

Status: Active

Benefit Plan Description: MEDICARE VALUE

End Date: 12/31/2199

\* Authorization Type

Acute

\* Auth Priority

Emergent Admission...

Facility Provider Name

Provider Name

SAINT JOSEPH MERCY LIVINGSTON HOSPITAL

\* Admission Date and time

05/05/2020 11:00 AM

Expected Discharge Date

05/08/2020 12:00 AM

Provider Contact Phone

5555555555

\* Place Of Service

21 - Inpatient Hospital

\* Admission Type

Emergent

\* Diagnosis Description

Embolism and thrombosis of abdominal aorta

\* Diagnosis Code

I82.C

Primary Diagnosis

\* Procedure/Rev Description

Room & Board - Private

\* Procedure Code

110

\* From Date

07/16/2020

\* To Date

07/19/2020

\* Unit Type

Days

\* Req.

3

Primary Procedure

powered by

Next

Reset

Cancel

Field	Instructions
Authorization Type	Select Acute from the dropdown menu  OB – Select Acute, even if the admission is planned
Authorization Priority	<b>Emergent Admission:</b> Presented to the hospital emergently or the patient was in Observation and is being admitted.  <b>Retrospective Admission:</b> Use when you’re requesting an Acute admission after discharge.  <b>Neonatal Intensive Care Unit (NICU):</b> Inpatient care for newborns admitted to the NICU for more than three days – choose either <b>Emergent</b> or <b>Retrospective</b> as described above.

Table continues on the next page.

	<p>Note: You can submit authorizations for newborns under the mother's authorization if the baby is a short stay (less than five days for most lines of business; less than four days for self-funded / ASOs). Newborns with longer stays will need their own ID and their own authorization for services.</p> <p><b>Obstetric Delivery:</b> Inpatient care for the birth and delivery of a child. Select Emergent Admission, Planned Admission Expedited, Planned Admission Routine, Retrospective Admission.</p> <p><b>Obstetric Medical:</b> Inpatient care for an unexpected acute and emergent condition without delivery of a child. Select Emergent Admission, Planned Admission Expedited, Planned Admission Routine, Retrospective Admission.</p>
Facility Provider	<p><b>You know the exact facility provider name:</b> 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.</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><b>You don't know the exact facility provider name:</b> 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 <a href="#">GuidingCare Quick Start Guide</a>.</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	Select 21 – Inpatient Hospital
Admission Type	<p><b>Emergent:</b> An unplanned, urgent admission or outpatient or observation admissions that convert to inpatient after admission</p> <p><b>Neonatal Intensive Care Unit:</b> A newborn admitted less than four days following birth</p> <p><b>Obstetric Delivery:</b> Labor and delivery of a newborn</p> <p><b>Obstetric Medical:</b> Admission of a pregnant woman without delivery</p> <p><b>Conversion ED Observation to Inpatient:</b> An inpatient admission that began as an observation stay and converted to inpatient on a subsequent day</p> <p><b>Conversion Outpatient Surgery to Inpatient:</b> An inpatient admission that began as a planned outpatient procedure and converted to inpatient post-operatively</p>

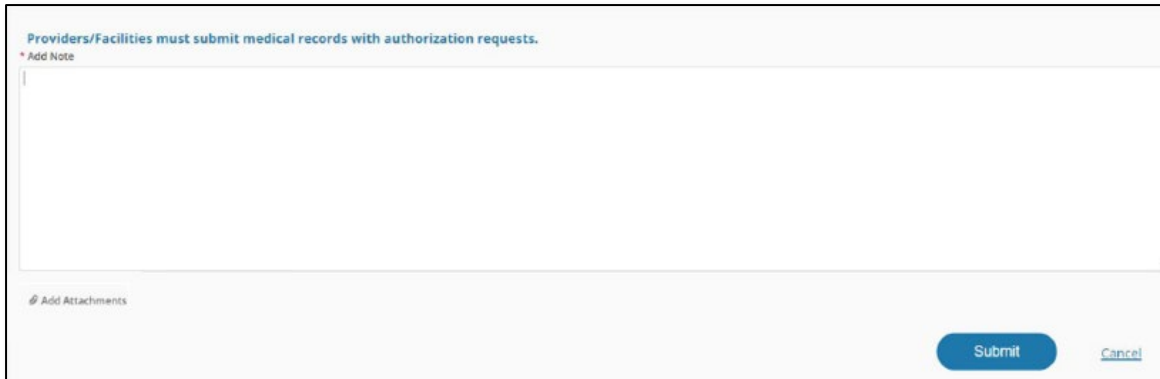
Table continues on the next page.

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>
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:            110: Inpatient adult or pediatric admission            170: Neonatal Intensive Care Unit admission            722: Obstetric delivery admission</p> <p>The Procedure/Rev Description will auto populate.</p> <p>Note: You should only include one procedure code for this type of authorization request.</p>
From Date	Select the inpatient admission date
To Date	Enter the target date before discharge. I.e., if the patient has an expected discharge date of 9/5/2022, enter 9/4/2022.
Unit Type	Defaults to Days. Skip.
Req.	Auto populates

Click the **Next** button.

# Complete additional details

**These fields are key.** We require actual medical record documentation to support medical necessity. An independent InterQual® review will be performed based on the documentation provided.

A screenshot of a web form titled "Providers/Facilities must submit medical records with authorization requests." The form has a large text area labeled "Add Note" and a button labeled "Add Attachments". At the bottom right, there are "Submit" and "Cancel" buttons.

## 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 fax 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.

### 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                 | ✓ Medication record  |
| ✓ Physician documentation              | ✓ Consultation notes                                       |
| ✓ Imaging results                      | ✓ Documentation to support your InterQual® criteria review |
| ✓ Lab values                           |  |
| ✓ Therapy notes from the past 48 hours |  |

Click **Submit**.

## 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 :0701F13IR. [Click to Continue](#)

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

# 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
<b>Emergent:</b> Inpatient care for an unexpected acute and emergent condition; or an outpatient or observation stay that has converted to inpatient	Acute	<ul style="list-style-type: none"> <li>Emergent Admission</li> <li>Retrospective</li> </ul>	21 – Inpatient Hospital	Emergent	110
<b>Neonatal Intensive Care Unit:</b> Inpatient care for newborns admitted to neonatal intensive care unit (NICU) that exceed 3 days	Acute	<ul style="list-style-type: none"> <li>Emergent Admission</li> <li>Retrospective</li> </ul>	21 – Inpatient Hospital	Emergent	170
<b>Obstetric Delivery:</b> Inpatient care for the birth and delivery of a child	Acute	<ul style="list-style-type: none"> <li>Emergent Admission</li> <li>Planned Admission Expedited</li> <li>Planned Admission Routine</li> <li>Retrospective</li> </ul>	21 – Inpatient Hospital	Obstetric Delivery	722
<b>Obstetric Medical:</b> Inpatient care for unexpected acute and emergent condition WITHOUT delivery of a child	Acute	<ul style="list-style-type: none"> <li>Emergent Admission</li> <li>Planned Admission Expedited</li> <li>Planned Admission Routine</li> <li>Retrospective</li> </ul>	21 – Inpatient Hospital	Obstetric Medical	110
<b>Elective Procedure:</b> Planned inpatient care for an elective, non-emergent surgery, procedure or treatment	Elective	<ul style="list-style-type: none"> <li>Planned Admission Expedited</li> <li>Planned Admission Routine</li> <li>Retrospective</li> </ul>	21 – Inpatient Hospital	Elective Procedure	Specific CPT Code and 110 Revenue Code
<b>Acute Rehabilitation:</b> Inpatient intensive rehabilitation care	Post-Acute	<ul style="list-style-type: none"> <li>Planned Admission Expedited</li> <li>Planned Admission Routine</li> <li>Retrospective</li> </ul>	61 – Comprehensive Inpatient Rehabilitation Facility	Acute Rehabilitation	128
<b>Long-Term Acute Care Hospital:</b> Inpatient care for patients needed extended hospitalization (LTAC)	Post-Acute	<ul style="list-style-type: none"> <li>Planned Admission Expedited</li> <li>Planned Admission Routine</li> <li>Retrospective</li> </ul>	21 – Inpatient Hospital	Long Term Acute Care Hospital	120
<b>Subacute Rehabilitation:</b> Skilled nursing care and subacute rehabilitation in a Skilled Nursing Facility (SNF)	Post-Acute	<ul style="list-style-type: none"> <li>Planned Admission Expedited</li> <li>Planned Admission Routine</li> <li>Retrospective</li> </ul>	31 – Skilled Nursing	Subacute Rehabilitation	192 or Revenue Code for a higher level of care bed, if desired