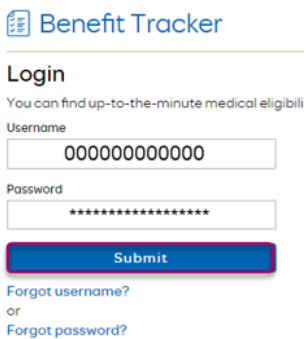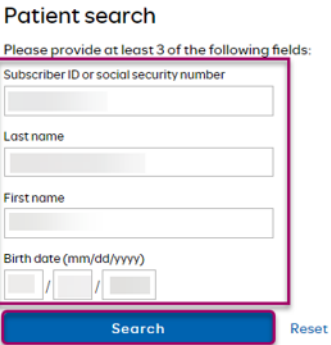Welcome to the **Moda Health Auto Auth Application How to Guide**! Please use the links below in the **Table of Contents** to navigate to the specific Guide you need. There is also a selection of **Frequently Asked Questions (FAQs)** included to help with any questions that might come up while using 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 **888-217-2363**.

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.	**Medical benefits** Medical benefits	Pharmacy benefits	Claims	PCP history	Member handbook	Prior-Authorization ID number: Insurance type: Subscriber name: Group number: Network: Group name:

Return to Table of Contents

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 **Commercial Prior-Authorization List** to check if requesting CPT/HCPC requires a PA.

Note: If you have coverage and benefit questions, please contact Moda Medical Customer Service at 888-217-2363.

- 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 request, click **Create new request**.

Medical prior authorization

Patient information

Patient name:
Date of birth:
Subscriber ID:

Insurance Type:
Group number:
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.
📄 Commercial prior authorization list

Create new request

Prior authorization requests

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

Medical prior authorization

Patient information

Patient name:
Date of birth:
Subscriber ID:

Insurance Type:
Group number:
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.
📄 Commercial prior authorization list

Create new request

Prior authorization requests

Request ID	Last update date	Primary procedure code	Procedure description	Date span requested	Status

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

Create new request

Step 1- Enter Procedure Information	Step 1: Enter procedure information
• For **Elective Inpatient Procedure requests** choose the following under **Procedure Information**:	Enter procedure codes to check whether prior-authorization is required.
	Procedure information
o **Procedure Type** – Click the **Inpatient Prior Authorization** radio button.	Procedure type ◉ Inpatient Prior Authorization ○ Inpatient - Urgent/Emergent Hospital Admissions ○ Outpatient Prior Authorization
o **Procedure Group** - must be chosen by the provider. Select **Inpatient Ancillary Charges** from the drop-down menu.	Procedure group [Select a procedure group ▾] Select a procedure group Inpatient Ancillary Charges Chemical Dependency Inpatient Chemical Dependency Residential Treatment Hospice Mental Health Inpatient Mental Health Residential Treatment Travel Benefit
o Once the procedure group is selected **procedure group units** will auto populate and cannot be edited further.	Procedure group [Inpatient Ancillary Charges ▾] Procedure group units* [9999]
o **Place of Service** - must be chosen by the provider. For elective inpatient procedures, the place of service should always be **Inpatient Hospital**.	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

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

Type of care *

Select...

Select...
Elective
Emergency
Urgent
Newborn
Trauma

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

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

- **Medical Care** – Non-surgical procedures
- **Surgical** – For surgical procedures

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 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... ✕   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

- 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
43644 - Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	[ ]
43645 - Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	[ ]

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. If the detail does not match what is reflected in our system, the provider's name will show 'Medical Provider'
 	
   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

- **Facility information** - Enter the information for the facility where the procedure will take place. Repeat steps above for entering NPI/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 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** **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: (140) 080-1810 Facility name: 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 the 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 new Inpatient Urgent/Emergent authorization request *(to be used for patients who admit 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.

📄 Commercial 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**

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** – For physical health request, select **Medical Care**.

Type of service *

Medical Care ⌄

Select a type of service
Medical Care
Mental Health

• **Procedure code** is **not applicable** for Urgent/Emergent requests and should not be entered. 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** – **Always** choose **Standard** for Urgent/Emergent Request.

• **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.

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.

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

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

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 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.
  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**.

  o 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 *

Here is an example of a 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

Facility NPI *

| |

Facility TIN *

| |

Facility name *

| |

- **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.

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
Date span requested:	2024/03/04 - 2024/03/06	Type of service:	Medical Care
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**
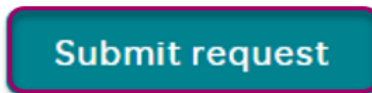
Request Submitted

- 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 PA has been submitted successfully. If all criteria is met, an initial authorization will be approved for a two-night length of stay. Concurrent review will be conducted for extensions needed beyond the initial two-night length of stay.

- 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
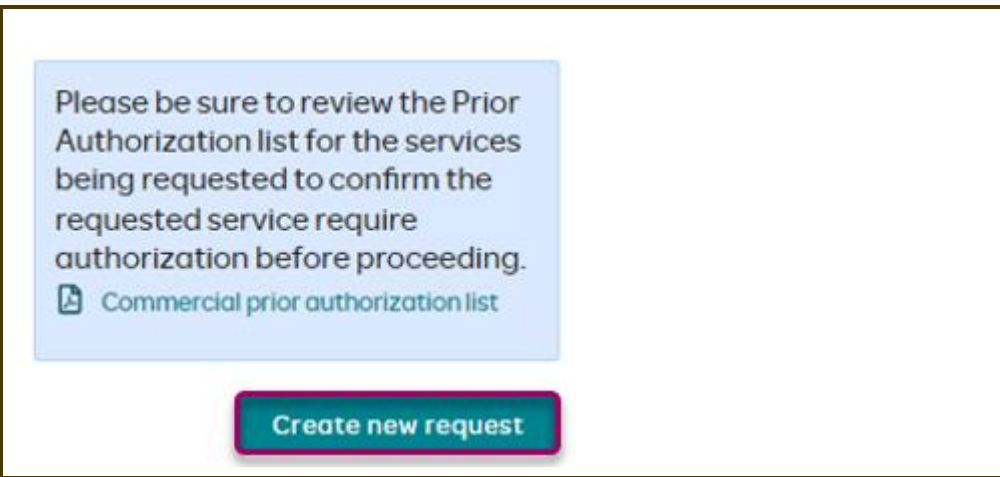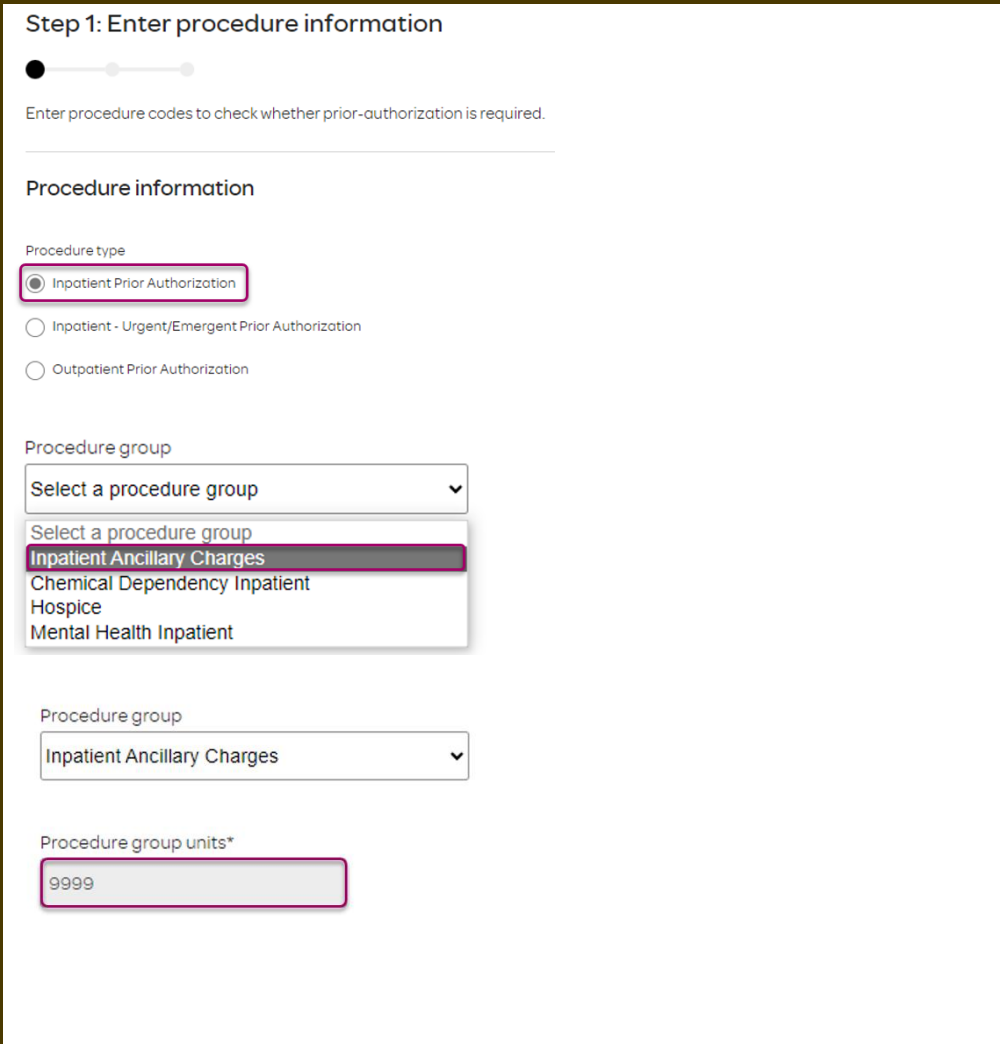
Patient information

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.

📄 Commercial 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

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. 📄 Commercial 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**:
 	
    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.
	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

Procedure codes

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

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

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

- **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.

⦿ 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.

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 *

- 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** - 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.	## Additional procedure information Date span requested * 03/06/2024 - 03/13/2024 Admit date * 03/06/2024 ⓘ Inpatient nights requested * 7

Entering Provider Information

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

  o 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 *

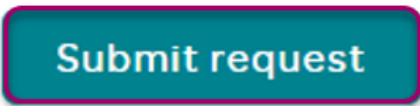Treating provider name *

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:

  - **Contact name** (Required)

  - **Contact phone Number** (Required)

  - **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 the 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: 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 Type of service: Skilled Nursing Care Inpatient nights requested:7 **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: (115) 005-5050 Facility name: Request contact fax: **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 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**

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.

📄 Medicare 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 ✕

Return to Table of Contents

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

- Review for plan coverage as necessary.

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

Note: If you have coverage and benefit questions, please contact Moda Medical Customer Service at 888-217-2363.

- Review your previous PA request history for the member. You will only see requests submitted electronically with your Benefit Tracker login.

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

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

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.
📄 Commercial prior authorization list

Create new request

Prior authorization requests

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

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.
📄 Commercial prior authorization list

Create new request

Prior authorization requests

Request ID	Last update date ⇅	Primary procedure code	Procedure description	Date span requested	Status

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

Create new 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 number 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
Applied Behavioral Analysis
Acupuncture
Chemical Dependency Outpatient Visits
Chiropractic Services Only
Dental Services
Hospice
Infertility, All Services
Mental Health Outpatient Visits
Occupational Therapy
Physical Therapy Only
Speech Therapy
Transplant and Donor Services
Travel Benefit
Not Applicable

Procedure group

Occupational Therapy ⌄

Procedure group units*

10

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

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

Office – Outpatient Office procedures/services

Home – Most Durable Medical Equipment

On Campus-Outpatient Hospital – Outpatient procedure performed in Hospital

Ambulatory Surgical Center – Outpatient procedure performed in Surgical Center

Independent Laboratory – Laboratory billed services

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

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

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

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

  - The best practice is to enter all procedure codes. When you hit the "tab" key on your keyboard the box will auto populate, and you should see an CPT/HCPCS description populate as well.

- 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**.

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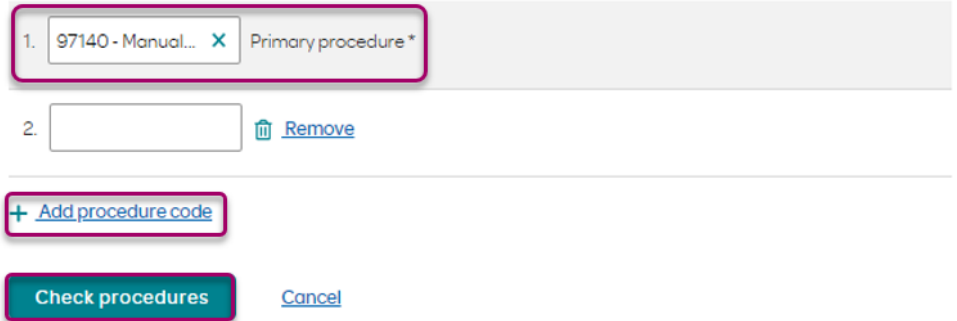
<mark>Note: For outpatient surgical requests, the standard volume of units will be '4' or '8' if bilateral.</mark>

<mark>For visit requests, the standard will equate to 1 unit per requested visit.</mark>

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

1. 97140 - Manual... ✕   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
E0470 - Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device w	3

- **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.

- **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.

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 *

2. R06.83 - Snoring ✕   🗑 Remove

✚ Add diagnosis code

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).	**Additional procedure information** Date span requested * 03/08/2024 — 09/08/2024

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:
 	
   ○ **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 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 *

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. Once the upload is complete, you will see the file above the Drag and Drop field.

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

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

TEST CLINICALS.docx ✕

Drag and drop files here
or
Browse files

• **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: Not Applicable **Procedure code** — **Units/Visits requested** E0470 - Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device w — 3 **Procedure Details** Request terms: Standard Place of service: Home Diagnosis codes: G47.33 - Obstructive sleep apnea (adult) (pediatric) Type of care: Elective R06.83 - Snoring Type of service: Medical Care Date span requested: 2024/03/08 - 2024/06/08 **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: JOHN DOE Facility TIN: Request contact phone: (503) 222-1111 Facility name: Request contact fax: **Additional comments** BiPAP Trial requested **Chart Notes** TEST CLINICALS.docx

• **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 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					✕
P00001570	03/08/2024	E0470	"Respiratory assist device bi-level pressure capability without backup rate feature used with noninvasive interface e.g. nasal or facial mask (intermittent assist device w"	03/08/2024 - 03/08/2024	Pending Decision

To begin a new Behavioral Health Inpatient PA, follow the steps below:

- Review for plan coverage as necessary.

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

Note: If you have coverage and benefit questions, please contact Moda Medical Customer Service at 888-217-2363.

- Review your previous PA request history for the member. You will only see authorization requests submitted under your Benefit Tracker login.

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

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

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.

📄 Commercial prior authorization list

Create new request

Prior authorization requests

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

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.
📄 Commercial prior authorization list

Create new request

Prior authorization requests

Request ID	Last update date	Primary procedure code	Procedure description	Date span requested	Status

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

Create new request

Step 1- Enter Procedure Information
 	
• For **Inpatient Procedure** 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 one of the following Procedure groups from the dropdown list:
 	
        ▪ **Chemical Dependency Inpatient** **Note: Chemical Dependency Inpatient is Detoxification.**
 	
        ▪ **Chemical Dependency Residential Treatment**
 	
        ▪ **Mental Health Inpatient**
 	
        ▪ **Mental Health Residential Treatment**
 	
• Refer to the **BH IP AUTHORIZATIONS ADDENDUM** section using any of the links above for further help with these Procedure Groups.
	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
	[Chemical Dependency Inpatient ⌄]
	
	Procedure group
	[Chemical Dependency Residential Treatment ⌄]
	
	Procedure group
	[Mental Health Inpatient ⌄]
	
	Procedure group
	[Mental Health Residential Treatment ⌄]

==Note: If the Mental Health Inpatient admission is an emergency admission, do not use the Procedure type Inpatient Prior Authorization. Use Inpatient – Urgent/Emergent Prior Authorization. Please defer to the Behavioral Health Urgent/Emergent section for further instructions.==

- **Procedure code** is optional. This can be bypassed, click on **Check procedures** to continue.

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

- **Medical request terms** – Choose **Standard**.

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

    o The best practice is to enter all Diagnosis codes in DSM-5 format and include the decimal point. When you hit the "tab" key on your keyboard the box will auto populate, and you should see a description populate as well.

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

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.

Diagnosis code

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

| 1. | F33.2 - Major ...   X |
Primary diagnosis *

+ Add diagnosis code

Additional Procedure Information • **Date span requested** – Enter the dates requested. • **Admit date** - Date of IP admission. • **Inpatient Nights requested** – Enter the number of nights requested.	**Additional procedure information** Date span requested * 03/04/2024 — 03/07/2024 Admit date * 03/04/2024 ⓘ Inpatient nights requested * 3

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**.
 	
    o 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** - Repeat the steps above to enter the facility information.	**Facility information** Facility NPI * Facility TIN * Facility name *

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.	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. • **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.	Procedures Procedure type: Inpatient Procedure group: Mental Health Inpatient **Procedure code** **Units/Visits requested** - Procedure Details Request terms: Standard Admit date: 2024/03/04 Diagnosis codes: F33.2 - Major depressive disorder, recurrent severe without psychotic features Place of service: Inpatient Psychiatric Facility Type of care: Emergency Date span requested: 2024/03/04 - 2024/03/07 Type of service: Mental Health Inpatient nights requested: 3 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: Jill Facility TIN: Request contact phone: (503) 789-9632 Facility name: Request contact fax: (503) 896-3214 Additional comments Chart Notes testing auth request.pdf **Submit request** Cancel

Request Submitted	Prior authorization requests
• 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.	**Prior authorization requests**

Request ID / Last update date / Primary procedure code / Procedure description / Date span requested / Status

⊘ Prior authorization request successfully submitted ✕ |

[Return to Table of Contents](#)

BEHAVIORAL HEALTH INPATIENT AUTHORIZATION ADDENDUMS

CHEMICAL DEPENDENCY INPATIENT (DETOXIFICATION)

- Select **Chemical Dependency Inpatient** for Procedure group from the dropdown list.

- For **Procedure group units**, enter the number of nights you are requesting.

- **Place of Service** - From the dropdown list select either:
  - Inpatient Hospital
  - Residential Substance Abuse Treatment Facility

- Other fields will auto-populate.

Click here to return to the BH IP Guide

Procedure group

Chemical Dependency Inpatient ⌄

Procedure group units*

1

Place of service *

Residential Substance Abuse Treatment Facility ⌄

Type of care *

Elective ⌄

Type of service *

Substance Abuse ⌄

CHEMICAL DEPENDENCY RESIDENTIAL TREATMENT

- Select **Chemical Dependency Residential Treatment** for Procedure group from the dropdown list.

- For **Procedure group units**, enter the number of nights you are requesting.

- The other fields will auto-populate.

Click here to return to the BH IP Guide

Procedure group

Chemical Dependency Residential Treatment ⌄

Procedure group units*

7

Place of service *

Residential Substance Abuse Treatment Facility ⌄

Type of care *

Elective ⌄

Type of service *

Substance Abuse ⌄

MENTAL HEALTH INPATIENT (NOT AN EMERGENCY ADMISSION)

- Select **Mental Health Inpatient** for Procedure group from the dropdown list.

- For **Procedure group units**, enter the number of nights you are requesting.

- The **Place of service** will auto-populate.

- **Type of Care** - Select **Elective**.

Note: If admission is an emergency, re-enter authorization request as Inpatient – Urgent/Emergent Prior Authorization.

- **Type of Service** - Select **Mental Health**.

Click here to return to the BH IP Guide

Procedure group

| Mental Health Inpatient | ⌄ |

Procedure group units*

| 3 |

Place of service *

| Inpatient Psychiatric Facility | ⌄ |

Type of care *

| Elective | ⌄ |

Type of service *

| Mental Health | ⌄ |

MENTAL HEALTH RESIDENTIAL TREATMENT

- Select **Mental Health Residential Treatment** for Procedure group from the dropdown list.

- For **Procedure group units**, enter the number of nights you are requesting.

- The other fields will auto-populate.

Click here to return to the BH IP Guide

Procedure group

Mental Health Residential Treatment

Procedure group units*

7

Place of service *

Psychiatric Residential Treatment Center

Type of care *

Elective

Type of service *

Mental Health

To begin a new Behavioral Health Urgent/Emergent authorization request, follow the steps below:

<mark>**Note: If you have coverage and benefit questions, please contact Moda Medical Customer Service at 888-217-2363.**</mark>

- Review your previous PA request history for the member. You will only see authorization requests submitted under your Benefit Tracker login.

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

- 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.

📄 Commercial prior authorization list

Create new request

Step 1- Enter Procedure Information

- For Urgent/Emergent request, select **Inpatient-Urgent/Emergent Prior Authorization** under **Procedure Information.**

- You will see information auto populated. To obtain a mental health inpatient authorization, select 'Mental Health' under 'Type of Service'

- 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**

Procedure information

Procedure type

◯ Inpatient Prior Authorization

⦿ Inpatient - Urgent/Emergent Prior Authorization

◯ Outpatient Prior Authorization

Procedure group

Mental Health Inpatient

Procedure group units*

9999

Place of service *

Inpatient Hospital

Type of care *

Emergency

Type of service *

Mental Health

- **Procedure code** is optional and <u>not applicable</u> for Urgent/Emergent 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** – **Always** choose **Standard** for Urgent/Emergent Request.

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

    o The best practice is to enter all Diagnosis codes in DSM-5 format and include the decimal point. When you hit the "tab" key on your keyboard the box will auto populate, and you should see a description populate as well.

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

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.

Diagnosis code

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

| 1. | F33.2 - Major ... ✕ |
Primary diagnosis *

+ Add diagnosis code

Additional Procedure Information

- **Date span requested** - Should be admit 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 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** - It is recommended to always submit with NPI (National Provider ID) *and* TIN (Tax ID Number).
Practitioner information is not necessary for emergent inpatient requests. Enter the information for the facility where the member is currently admitted.
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

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 *

information to auto populate the **Treating Provider** if it is the same as **Requesting**.

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

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

Facility information

Facility NPI *

Facility TIN *

Facility name *

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.

- 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.

Procedures

Procedure type:	Urgent	Procedure group:	Mental Health Inpatient

Procedure code	**Units/Visits requested**
-	

Procedure Details

Request terms:	Standard	Place of service:	Inpatient Hospital
Diagnosis codes:	F33.2 - Major depressive disorder, recurrent severe without psychotic features	Type of care:	Emergency
		Type of service:	Mental Health
Date span requested:	2024/03/04 - 2024/03/06		
Inpatient nights requested:	2		

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:	Brenda
Request contact phone:	(503) 963-2587
Request contact fax:	(503) 236-5412

Additional comments

Chart Notes
CCA test notes.pdf

- **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	Prior authorization requests
• 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. If all criteria is met, a fully approved ER Admit will be granted.	(See image below)

Request ID	Last update date	Primary procedure code	Procedure description	Date span requested	Status
⊘ Prior authorization request successfully submitted					✕

Return to Table of Contents

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

- Review for plan coverage as necessary.

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

Note: If you have coverage and benefit questions, please contact Moda Medical Customer Service at 888-217-2363.

- Review your previous PA request history for the member. You will only see authorization requests submitted under your Benefit Tracker login.

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

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

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.
📄 Commercial prior authorization list

[Create new request]

Prior authorization requests

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

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.
📄 Commercial prior authorization list

[Create new request]

Prior authorization requests

Request ID	Last update date	Primary procedure code	Procedure description	Date span requested	Status

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

[Create new 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:

    1. Applied Behavior Analysis

    2. Chemical Dependency Outpatient Visits

    3. Mental Health Outpatient Visits

CHEMICAL DEPENDENCY OUTPATIENT VISITS INCLUDE – Chemical Dependency Partial Hospitalization

MENTAL HEALTH OUTPATIENT VISITS INCLUDE - Mental Health Partial Hospitalization, Mental Health Intensive Outpatient, Transcranial Magnetic Stimulation, Nutritional Therapy for eating disorder diagnoses, ACT, EASA, IIBHT, IOSS, Disease Management Program for Pain

Nutritional Therapy for diagnoses other than eating disorders should be submitted as 'Not Applicable'. This will route to Medical for review.

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 ▾

o **Procedure group units** - Enter number of days/units/visits being requested.

o **Place of service** - Choose relevant place of service from the dropdown list.

o **Type of care** – Choose **Elective**.

o **Type of service** – Choose either **Mental Health** or **Substance Abuse**.

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

  o The best practice is to enter all procedure codes. When you hit the "tab" key on your keyboard the box will auto populate, and you should see a description populate as well.

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

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

Procedure group units*

`1`

Place of service *

`Select a place of service`

Type of care *

`Select...`

Type of service *

`Select a type of service`

Procedure codes

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

1. `S9480`   Primary procedure *

+ Add procedure code

Check procedures   Cancel

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 days/units/visits needed. • **Medical request terms** – Choose **Standard**. • **Diagnosis code** - is a required field to continue. Enter the primary diagnosis code. o The best practice is to enter all Diagnosis codes in DSM-5 format and include the decimal point. When you hit the "tab" key on your keyboard the box will auto populate, and you should see a description populate as well. You can enter additional diagnosis codes by clicking Add Diagnosis Code. <mark>**Note: there is a maximum of 10 codes allowed.**</mark>	**Procedure units** Please enter the number of units requested for each listed procedure. | Procedure	Units/Visits requested
S9480 - Intensive outpatient psychiatric services, per diem	| **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** Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'. 1. F33.2 - Major ... ✕ Primary diagnosis * ➕ Add diagnosis code
Additional Procedure Information • **Date span requested** – Enter the dates requested.	**Additional procedure information** Date span requested * mm/dd/yyyy 📅 - mm/dd/yyyy 📅

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**.

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

- **Facility information** – Not required on Outpatient. If Facility information is applicable, repeat the steps above to enter the facility information.

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 NPI *

Facility TIN *

Facility name *

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.

Procedures

Procedure type:	Outpatient	Procedure group:	Mental Health Outpatient Visits

Procedure code	Units/Visits requested
S9480 - Intensive outpatient psychiatric services, per diem	10

Procedure Details

Request terms:	Standard	Place of service:	Psychiatric Facility Partial Hospitalization
Diagnosis codes:	F33.2 - Major depressive disorder, recurrent severe without psychotic features	Type of care:	Elective
		Type of service:	Mental Health
Date span requested:	2024/03/04 - 2024/03/15		

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:	Ben
Request contact phone:	(541) 523-9632
Request contact fax:	(541) 236-9854

Additional comments

Chart Notes
CCA test notes.pdf

- **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					✕
P00001570	03/04/2024	S9480	Intensive outpatient psychiatric services, per diem	03/04/2024 - 03/15/2024	Pending Decision

Return to Table of Contents

- ❖ [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.

Return to FAQ Table of Contents

Why does the application hard code options in various fields?

- o You may see various fields that are hard-coded when submitting your prior 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.

Return to FAQ Table of Contents

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.

Return to FAQ Table of Contents

How do I initiate requests for benefit exceptions?

- o 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)

Return to FAQ Table of Contents

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

- o 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.

- o 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.

Return to FAQ Table of Contents

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

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

Return to FAQ Table of Contents

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

- o Healthcare Services for questions regarding physical health authorizations:

  - ▪ Commercial: 800-592-8283

- o Behavioral Health for questions regarding behavioral health authorizations:

  - ▪ Commercial: 855-294-1665

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

  - ▪ Commercial Medical Customer Service Toll-Free: 888-217-2363

Return to FAQ Table of Contents

How can I fax in an authorization request?

- Commercial physical health requests: 503-243-5105

- Behavioral Health requests: 503-488-3674

Return to FAQ Table of Contents