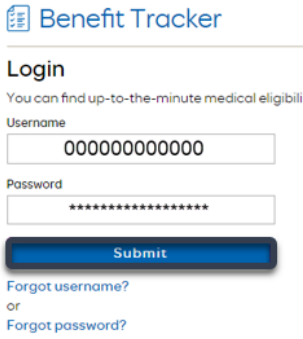
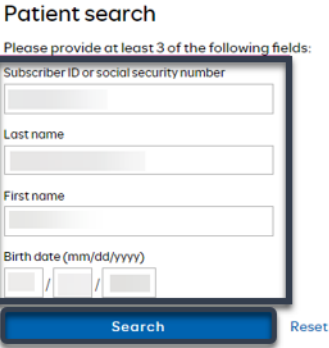





Welcome to the **Summit Health Auto Auth Application How to Guide!** Please use the links below in the **Table of Contents** to navigate to the specific Guide you need. There is also a selection of **Frequently Asked Questions (FAQs)** included to help with any questions that might come up while using 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 **844-827-2355**.

Table of Contents

How to Access Benefit Tracker	2
Inpatient Elective Procedures	3
Inpatient Urgent/Emergent	14
SNF/Swing Bed/LTACH	24
Outpatient	35
Behavioral Health Inpatient	45
Behavioral Health Inpatient Urgent/Emergent	56
Behavioral Health Outpatient	65
Frequently Asked Questions (FAQs)	73

<p>To access the Auto Auth Application, log in to Benefit Tracker</p> <ul style="list-style-type: none"> From your Benefit Tracker log in page, enter your credentials and click Submit. 	 <p>The screenshot shows the 'Benefit Tracker' login page. It includes a 'Login' section with a sub-header 'You can find up-to-the-minute medical eligibili'. There are input fields for 'Username' (containing '000000000000') and 'Password' (containing '*****'). A blue 'Submit' button is below the fields. At the bottom, there are links for 'Forgot username?' or 'Forgot password?'.</p>
<p>Complete a Patient Search</p> <ul style="list-style-type: none"> 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. 	 <p>The screenshot shows the 'Patient search' page. It prompts the user to 'Please provide at least 3 of the following fields:'. There are four input fields: 'Subscriber ID or social security number', 'Last name', 'First name', and 'Birth date (mm/dd/yyyy)'. Below the fields are 'Search' and 'Reset' buttons.</p>
<p>Review Plan and Start PA</p> <ul style="list-style-type: none"> 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. 	 <p>The screenshot shows the 'Medical benefits' page. It has a navigation bar with links for 'Medical benefits', 'Pharmacy benefits', 'Claims', 'PCP history', 'Member handbook', and 'Prior-Authorization' (which is highlighted with a red box). Below the navigation bar, there are labels for 'ID number:', 'Subscriber name:', and 'Network:' on the left, and 'Insurance type:', 'Group number:', and 'Group name:' on the right. Each label is followed by a grey rectangular placeholder.</p>

[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 **Medicare Prior-Authorization List** to check if requesting CPT/HCPC requires a PA.
- Review your previous PA request history for the subscriber.
- You will only see prior authorization requests submitted through Benefit Tracker with your login information.
- 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.
[Summit Health Medicare Advantage prior authorization list](#)

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.

[Summit Health Medicare Advantage prior authorization list](#)

Create new request

Step 1- Enter Procedure Information

- For **Elective 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 **Inpatient Ancillary Charges** from the drop-down menu.
 - Once the procedure group is selected **procedure group units** will auto populate and cannot be edited further.
 - **Place of Service** - must be chosen by the provider. For elective inpatient procedures, the place of service should always be **Inpatient Hospital**.

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

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.

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

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

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

- **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... X 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.

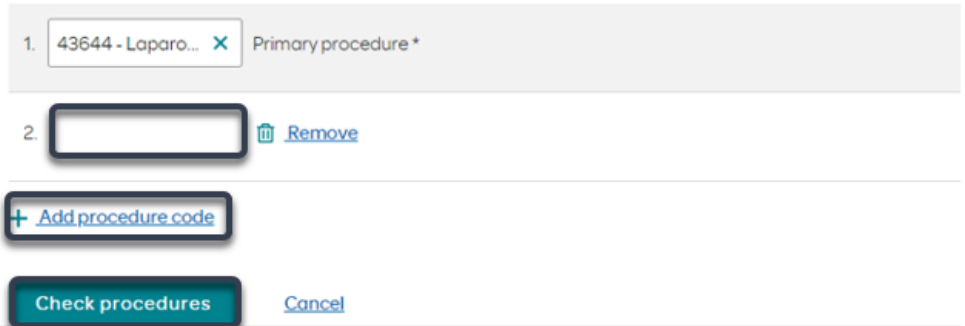
Note: Suggested to enter 1, if bilateral procedure enter 2.

- **Medical request terms** –
 - **Standard** - for non-urgent requests.
 - **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'.



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)	<input type="text"/>
43645 - Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	<input type="text"/>

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. ✕
 Primary diagnosis *

Diagnosis code

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

1. ✕
 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. ✕
 Primary diagnosis *

2. [Remove](#)

<p>Under Additional Procedure Information</p> <ul style="list-style-type: none"> • 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. 	<p>Additional procedure information</p> <p>Date span requested * 03/04/2024 - 09/04/2024</p> <p>Admit date * 03/15/2024</p> <p>Inpatient nights requested * 2</p>
<p>Entering Provider Information</p> <ul style="list-style-type: none"> • Requesting/Treating Provider Information - It is recommended to always submit with NPI (National Provider ID) <i>and</i> TIN (Tax ID Number). Enter the following: <ul style="list-style-type: none"> ○ 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. If the detail does not match what is reflected in our system, the provider name will show 'Medical Provider' ○ You can click on the box under Treating provider information to auto populate the Treating Provider if it is the same as Requesting. 	<p>Requesting provider information</p> <p>Requesting provider NPI *</p> <p>Requesting provider TIN *</p> <p>Requesting provider name *</p> <p>Treating provider information</p> <p><input type="checkbox"/> Same as requesting provider information</p> <p>Treating provider NPI *</p> <p>Treating provider TIN *</p> <p>Treating provider name *</p>

- 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** - Enter the information for the facility where the procedure will take place. Repeat steps above for entering NPI/TIN.

Example of fully filled in Facility Information.

Facility information

Facility NPI *

Facility TIN *

Facility name *

Facility information

Facility NPI *

 X

Facility TIN *

 X

Facility name *

<p>Entering Contact Information</p> <ul style="list-style-type: none"> Now you will enter your Contact information. Under Requestor contact information, enter the following: <ul style="list-style-type: none"> Contact name (Required) Contact phone Number (Required) Contact Fax Number (Required) <p>Click Attach chart notes to continue.</p>	<p>Requestor contact information</p> <p>Contact name *</p> <p>Contact phone number *</p> <p>Contact fax number *</p> <p>2. Attach chart notes > Cancel</p>
<p>Step 2- Attaching Chart Notes (Required)</p> <ul style="list-style-type: none"> 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. 	<p>Step 2: Attach chart notes</p> <p>Upload chart notes to attach to this request.</p> <p>Chart Notes</p> <p>Please ensure your submission includes notes for the associated patient. ⓘ</p> <p>Drag and drop files here or Browse files</p> <p>Most file types accepted Maximum file size: 20 MB</p> <p>Additional comments (Optional)</p> <p>Type comments</p> <p>Maximum character limit: 4000</p> <p>3. Save and review > Cancel</p>

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.

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

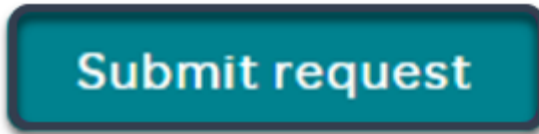
Request terms:	Standard	Admit date:	2024/03/15
Diagnosis codes:	M54.5 - Low back pain	Place of service:	Inpatient Hospital
Date span requested:	2024/03/04 - 2024/09/04	Type of care:	Elective
Inpatient nights requested:	2	Type of service:	Medical Care

Requesting provider information

 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: marina
 Request contact phone: (140) 080-1810
 Request contact fax:


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:
 - **Request ID**
 - **Last Update Date**
 - **Primary Procedure Code**
 - **Procedure Description**
 - **Date span**
 - **Status**

Prior authorization requests


Request ID	Last update date	Primary procedure code	Procedure description	Date span requested	Status
<div style="border: 1px solid green; padding: 5px; display: flex; justify-content: space-between; align-items: center;"> ✓ Prior authorization request successfully submitted ✕ </div>					
P00001547	03/07/2024	29887	*Arthroscopy knee surgical; drilling for intact osteochondritis dissecans lesion with internal fixation*	03/04/2024 - 09/04/2024	<div style="border: 1px solid blue; padding: 2px 5px; display: inline-block;">Pending Decision</div>

[Return to Table of Contents](#)

To begin a new Inpatient Urgent/Emergent 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.

 [Summit Health Medicare Advantage prior authorization list](#)

Create new request

Step 1- Enter Procedure Information

- For **Inpatient Urgent/Emergent** requests, select the following under Procedure Information:
 - Procedure Type - **Inpatient-Urgent/Emergent Prior Authorization** radio button.
 - 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**

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

Inpatient Ancillary Charges ▾

Procedure group units*

9999

Place of service*

Inpatient Hospital ▾

Type of care*

Emergency ▾

<ul style="list-style-type: none"> ○ Type of Service – This is a required field. The suggested type of service should be Medical Care. 	<p>Type of service *</p> <div style="border: 1px solid #ccc; padding: 5px;"> Select a type of service ▼ </div> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> Select a type of service Medical Care Mental Health </div>
<ul style="list-style-type: none"> • Procedure code is optional and not applicable for Urgent/Emergent requests. This should be bypassed, click on Check procedures to continue. <p>The screen will now expand with additional fields to complete. Enter the following:</p> <ul style="list-style-type: none"> • Medical request terms – Always choose Standard for Urgent/Emergent Request. • Diagnosis code - is a required field to continue. Enter the primary diagnosis code. <ul style="list-style-type: none"> ○ 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. 	<p>Procedure codes</p> <p>Please enter the primary procedure code first, then add the additional procedures by clicking 'Add procedure code'.</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> 1. <input type="text"/> Secondary procedure </div> <p>+ Add procedure code</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Check procedures Cancel </div> <p>Medical request terms</p> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <input checked="" type="radio"/> Standard </div> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <input type="radio"/> Expedited <small>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.</small> </div> <p>Diagnosis code</p> <p>Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.</p> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> 1. G47.33 - Obstru... X </div> <p style="margin-left: 20px;">Primary diagnosis *</p>

<ul style="list-style-type: none"> You can enter additional diagnosis codes by clicking Add Diagnosis Code. Note: there is a maximum of 10 codes allowed. 	<p>Diagnosis code</p> <p>Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> 1. <input type="text" value="G47.33 - Obstru..."/> ✕ Primary diagnosis * </div> <p style="text-align: center;">+ Add diagnosis code</p> <p>Diagnosis code</p> <p>Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> 1. <input type="text" value="G47.33 - Obstru..."/> ✕ Primary diagnosis * </div> <div style="border: 1px solid #ccc; padding: 5px;"> 2. <input type="text" value=""/> Remove </div>
<p>Additional Procedure Information</p> <ul style="list-style-type: none"> Date span requested - Should be 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. 	<p>Additional procedure information</p> <div style="border: 1px solid #007bff; border-radius: 10px; padding: 5px; margin-bottom: 10px;"> <p>Date span requested *</p> <input type="text" value="03/04/2024"/> 📅 - <input type="text" value="03/06/2024"/> 📅 </div> <div style="border: 1px solid #007bff; border-radius: 10px; padding: 5px; margin-bottom: 10px;"> <p>Admit date *</p> <input type="text" value="03/04/2024"/> 📅 ℹ️ </div> <div style="border: 1px solid #007bff; border-radius: 10px; padding: 5px;"> <p>Inpatient nights requested *</p> <input type="text" value="2"/> </div>

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:
 - **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 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.

<p>Example of fully filled in Facility Information</p>	<h3>Facility information</h3> <p>Facility NPI *</p> <input type="text" value="1122334455 - Good Shepherd"/> <p>Facility TIN *</p> <input type="text" value="667788990 - Good Shepherd"/> <p>Facility name *</p> <input type="text" value="Good Shepherd"/>
<h3>Entering Contact Information</h3> <ul style="list-style-type: none"> Now you will enter your Contact information. Under Requestor contact information, enter the following: <ul style="list-style-type: none"> Contact name (Required) Contact phone Number (Required) Contact Fax Number (Required) Click Attach chart notes to continue. 	<h3>Requestor contact information</h3> <input type="text" value="Contact name *"/> <input type="text" value="Contact phone number *"/> <input type="text" value="Contact fax number *"/> <p>2. Attach chart notes > Cancel</p>

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.

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

Requesting provider NPI:	<input type="text"/>
Requesting provider TIN:	<input type="text"/>
Requesting provider name:	<input type="text"/>

Treating provider information

Treating provider NPI:	<input type="text"/>
Treating provider TIN:	<input type="text"/>
Treating provider name:	<input type="text"/>

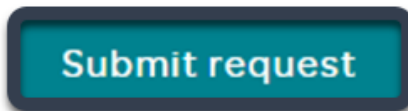
Facility information

Facility NPI:	<input type="text"/>
Facility TIN:	<input type="text"/>

Request contact information

Request contact name:	Marina
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.



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:
 - **Request ID**
 - **Last Update Date**
 - **Primary Procedure Code (ANC defines an IP Admission)**
 - **Procedure Description (Inpatient Admission for Urgent/Emergent Admissions)**
 - **Date span**
 - **Status**

Medical prior authorization

Patient information

Patient name:	<input type="text"/>	Insurance Type:	<input type="text"/>
Date of birth:	<input type="text"/>	Group number:	<input type="text"/>
Subscriber ID:	<input type="text"/>	Group name:	<input type="text"/>


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

[Summit Health Medicare Advantage prior authorization list](#)

[Create new request](#)

Prior authorization requests					
Request ID	Last update date ↕	Primary procedure code	Procedure description	Date span requested	Status
<div style="background-color: #e0f2f1; padding: 5px; border: 1px solid black; display: flex; justify-content: space-between; align-items: center;"> ✓ Prior authorization request successfully submitted ✕ </div>					

[Return to Table of Contents](#)

<p>To begin a new SNF/Swing Bed/LTACH PA, follow the steps below:</p> <ul style="list-style-type: none"> To start a new PA, click Create new request. 	<div style="border: 1px solid #ccc; padding: 10px; background-color: #e6f2ff;"> <p>Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.</p> <p> Medicare prior authorization list</p> </div> <div style="text-align: center; margin-top: 10px;"> <div style="background-color: #00728f; color: white; padding: 5px 15px; border-radius: 5px; display: inline-block; cursor: pointer;"> Create new request </div> </div>
<p>Step 1- Enter Procedure Information</p> <ul style="list-style-type: none"> For Skilled Nursing/LTACH/Swing Bed/and Inpatient Rehab requests choose the following under Procedure Information: <ul style="list-style-type: none"> Procedure Type – Click the Inpatient Prior Authorization radio button. Procedure Group - must be chosen by the provider. Select Inpatient Ancillary Charges from the drop-down menu. Once the procedure group is selected procedure group units will auto populate and cannot be edited further. Place of Service - must be chosen by the provider. 	<p>Step 1: Enter procedure information</p> <p>● — ○ — ○</p> <p>Enter procedure codes to check whether prior-authorization is required.</p> <hr/> <p>Procedure information</p> <p>Procedure type</p> <p><input checked="" type="radio"/> Inpatient Prior Authorization</p> <p><input type="radio"/> Inpatient - Urgent/Emergent Prior Authorization</p> <p><input type="radio"/> Outpatient Prior Authorization</p> <p>Procedure group</p> <p>Select a procedure group ▼</p> <p>Select a procedure group</p> <p>Inpatient Ancillary Charges</p> <p>Chemical Dependency Inpatient</p> <p>Hospice</p> <p>Mental Health Inpatient</p> <p>Procedure group</p> <p>Inpatient Ancillary Charges ▼</p> <p>Procedure group units*</p> <p>9999</p>

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

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

- **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

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 *

Select...

Select...

Elective
 Emergency
 Urgent
 Newborn
 Trauma

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 code** is optional and **not applicable** for SNF/Swing Bed/LTACH/Inpatient Rehab 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 –**
 - **Standard** - for non-urgent requests.
 - **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. 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.

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. X

Primary diagnosis *

<ul style="list-style-type: none"> • Diagnosis code - is a required field to continue. Enter the primary diagnosis code. <ul style="list-style-type: none"> ○ 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. 	<p>Diagnosis code</p> <p>Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>1. <input type="text" value="G47.33 - Obstru..."/> ✕</p> <p>Primary diagnosis *</p> <p style="text-align: center;">+ Add diagnosis code</p> </div> <p>Diagnosis code</p> <p>Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking 'Add diagnosis code'.</p> <div style="border: 1px solid #ccc; padding: 5px;"> <p>1. <input type="text" value="G47.33 - Obstru..."/> ✕</p> <p>Primary diagnosis *</p> <hr/> <p>2. <input type="text"/> Remove</p> </div>
<p>Additional Procedure Information</p> <ul style="list-style-type: none"> • Date span Requested – Admit date up to first 7 nights. • Admit Date - Date of <i>possible/scheduled</i> 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. 	<p>Additional procedure information</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Date span requested *</p> <p><input type="text" value="03/06/2024"/> 📅 - <input type="text" value="03/13/2024"/> 📅</p> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Admit date *</p> <p><input type="text" value="03/06/2024"/> 📅 ℹ️</p> </div> <div style="border: 1px solid #ccc; padding: 5px;"> <p>Inpatient nights requested *</p> <p><input type="text" value="7"/></p> </div>

Entering Provider Information

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

<p>Example of fully filled in Facility Information</p>	<h3>Facility information</h3> <p>Facility NPI *</p> <input type="text" value="1122334455 - Good Shepherd"/> <p>Facility TIN *</p> <input type="text" value="667788990 - Good Shepherd"/> <p>Facility name *</p> <input type="text" value="Good Shepherd"/>
<h3>Entering Contact Information</h3> <ul style="list-style-type: none"> Now you will enter your Contact information. Under Requestor contact information, enter the following: <ul style="list-style-type: none"> Contact name (Required) Contact phone Number (Required) Contact Fax Number (Required) Click Attach chart notes to continue. 	<h3>Requestor contact information</h3> <input type="text"/> <input type="text"/> <input type="text"/> <p>2. Attach chart notes > Cancel</p>

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
-	

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
Inpatient nights requested:	7	Type of service:	Skilled Nursing Care

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:

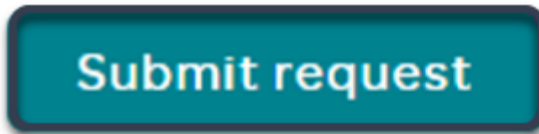
Request contact information

Request contact name: tester

Request contact phone: (115) 005-5050

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.



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 formation will be displayed:
 - **Request ID**
 - **Last Update Date**
 - **Primary Procedure Code**
 - **Procedure Description**
 - **Date span**
 - **Status**

Medical prior authorization

Patient information

Patient name:	<input type="text"/>	Insurance Type:	<input type="text"/>
Date of birth:	<input type="text"/>	Group number:	<input type="text"/>
Subscriber ID:	<input type="text"/>	Group name:	<input type="text"/>

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

[Summit Health Medicare Advantage prior authorization list](#)

[Create new request](#)

Prior authorization requests					
Request ID	Last update date ↕	Primary procedure code	Procedure description	Date span requested	Status
<div style="background-color: #e0f2f1; padding: 5px; border: 1px solid black; display: flex; justify-content: space-between; align-items: center;"> ✔ Prior authorization request successfully submitted ✕ </div>					

[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 **Medicare prior authorization list** to check if requesting CPT/HCPC requires a PA.
- If CPT/HCPC is not on the PA list, this means no PA is required.
- Review your previous PA request history for the subscriber. You will only see requests submitted electronically with your Benefit Tracker login.
- If no previous PAs exist, you will not see any history.
- Click on **Create new request** to continue the PA request.

Medical prior authorization

Patient information

	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.

[Summit Health Medicare Advantage prior authorization list](#)

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

[Summit Health Medicare Advantage prior authorization list](#)

Create new request

Step 1- Enter Procedure Information

- For **Outpatient Procedure** requests choose the following under Procedure Information:
 - **Procedure Type** - Outpatient Prior Authorization radio button.
 - **Procedure Group** - must be chosen by the provider. Select the option that best applies. If there is not a best option, choose Not Applicable.

Screenshot

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

Note: If a procedure group is selected, procedure group units will appear.

- **Enter the amount of units needed.**
 - **For outpatient surgical requests, the standard volume of units will be '4' or '8' if bilateral.**
 - **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.

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

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

Office- Procedures performed in an office visit setting (standard for most non-surgical requests).

Home- Home Health requests or Durable Medical Equipment Requests

On Campus- Outpatient Hospital- procedures performed in hospital

Ambulatory Surgical Center - Outpatient procedure performed in Surgical Center (non hospital setting)

Hospice

Procedure group

Select a procedure group

Select a procedure group

Acupuncture
 Low Back Pain Management
 Chiropractic Services Only
 Consult and Diagnostics
 Home Health
 Hospice
 Occupational Therapy
 Physical Therapy Only
 Rehab Services
 Speech Therapy
 Transplant and Donor Services
 Not Applicable

Procedure group

Speech Therapy

Procedure group units*

1

Place of service *

Select a place of service

Select a place of service

Telehealth Provided Other than in Patient's Home
 School
 Office
 Home
 On Campus-Outpatient hospital
 Emergency Room - Hospital
 Ambulatory Surgical Center
 Birthing Center
 Hospice
 Psychiatric Facility Partial Hospitalization
 Non-residential Substance Abuse Treatment Facility
 Comprehensive Outpatient Rehabilitation Facility
 Independent Laboratory

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

Type of care *

- Select...
- Elective**
- Emergency
- Urgent
- Newborn
- Trauma

- **Type of Service** - must be chosen by the provider. Select the option that applies best. If none apply, default to **Medical Care**.

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 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 diagnosis codes by clicking Add Procedure Code. **Note: there is a maximum of 10 codes allowed.**

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

Procedure codes

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

1. 42820 - Tonsil... X Primary procedure *

+ [Add procedure code](#)

Procedure codes

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

1. 42820 - Tonsil... X Primary procedure *

2. 42821 - Tonsil... X [Remove](#)

+ [Add procedure code](#)

[Check procedures](#) [Cancel](#)

- **Procedure Units** – This is a required field in order to continue. Enter the number of units/visits needed.
 - For outpatient surgical requests, the standard volume of units will be ‘4’ or ‘8’ if bilateral.
 - For visit requests, the standard will equate to 1 unit per requested visit.

Note: For outpatient procedures recommended units to enter is “4”

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

- **Medical request terms** –
 - **Standard** - for non-urgent requests.
 - **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 units

Please enter the number of units requested for each listed procedure.

Procedure	Units/Visits requested
42820 - Tonsillectomy and adenoidectomy; younger than age 12	<input type="text"/>
42821 - Tonsillectomy and adenoidectomy; age 12 or over	<input type="text"/>

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. *

<ul style="list-style-type: none"> • Diagnosis code - is a required field to continue. Enter the primary diagnosis code. <ul style="list-style-type: none"> ○ 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. <p>Note: there is a maximum of 10 codes allowed.</p> 	<p>Diagnosis code</p> <p>Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking ‘Add diagnosis code’.</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>1. L02.2 - Cutane... X</p> <p>Primary diagnosis *</p> </div> <p>Diagnosis code</p> <p>Please enter the primary diagnosis code first, then add the additional diagnosis codes by clicking ‘Add diagnosis code’.</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>1. L02.2 - Cutane... X</p> <p>Primary diagnosis *</p> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>2. L03.3 - Cellul... X Remove</p> </div> <p>+ Add diagnosis code</p>
<p>Additional Procedure Information</p> <ul style="list-style-type: none"> • Date span Requested - Start date of authorization request to end date of authorization (recommended to enter in a 6-month date range). 	<p>Additional procedure information</p> <p>Date span requested *</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center; gap: 5px;"> 04/01/2024 📅 </div> - <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center; gap: 5px;"> 10/01/2024 📅 </div> </div>

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.

Example of fully filled in Requesting and Treating Provider 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 *

Requesting provider information

Requesting provider NPI *

Requesting provider TIN *

Requesting provider name *

<ul style="list-style-type: none"> Facility Information – This is an optional field. Enter facility information for where the procedure will take place. Repeat steps above for entering NPI/TIN. 	<h3>Treating provider information</h3> <p><input type="checkbox"/> Same as requesting provider information</p> <p>Treating provider NPI *</p> <input type="text" value="0987654321 - Jones, Pat C."/> <p>Treating provider TIN *</p> <input type="text" value="123456789 - Jones, Pat C."/> <p>Treating provider name *</p> <input type="text" value="Jones, Pat C."/>
<h3>Entering Contact Information</h3> <ul style="list-style-type: none"> Now you will enter your Contact information. Under Requestor contact information, enter the following: <ul style="list-style-type: none"> Contact name (Required) Contact phone Number (Required) Contact Fax Number (Required) <p>Click Attach chart notes to continue.</p>	<h3>Requestor contact information</h3> <input type="text"/> <p>Contact name *</p> <input type="text"/> <p>Contact phone number *</p> <input type="text"/> <p>Contact fax number (optional)</p> <input type="text"/> <p> <input type="button" value="2. Attach chart notes >"/> <input type="button" value="Cancel"/> </p>

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.
- **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.

- 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.

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		
42820 - Tonsillectomy and adenoidectomy; younger than age 12	4		
42821 - Tonsillectomy and adenoidectomy; age 12 or over	4		

Procedure Details

Request terms:	Standard	Place of service:	On Campus-Outpatient hospital
Diagnosis codes:	L02.2 - Cutaneous abscess, furuncle and carbuncle of trunk L03.3 - Cellulitis and acute lymphangitis of trunk	Type of care:	Elective
Date span requested:	2024/04/01 - 2024/10/01	Type of service:	Medical Care

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: tester
 Request contact phone: (105) 050-0515
 Request contact fax: (503) 243-5105

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:
 - **Request ID**
 - **Last Update Date**
 - **Primary Procedure Code**
 - **Procedure Description**
 - **Date span**
 - **Status**

Prior authorization requests					
Request ID	Last update date	Primary procedure code	Procedure description	Date span requested	Status
<div style="border: 1px solid #ccc; padding: 5px; background-color: #e6f2e6;"> ✔ Prior authorization request successfully submitted ✕ </div>					
P00001547	03/07/2024	29887	"Arthroscopy knee surgical; drilling for intact osteochondritis dissecans lesion with internal fixation"	03/04/2024 - 09/04/2024	<div style="border: 1px solid #ccc; padding: 2px 5px; display: inline-block;">Pending Decision</div>

[Return to Table of Contents](#)

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

- Review for plan coverage as necessary.
- Click on the **Medicare Prior-Authorization List** to check if requesting CPT/HCPC requires a PA.

Note: If you have coverage and benefit questions, please contact Summit Health Medical Customer Service at 844-827-2355.

- 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

Insurance Type:	<input type="text"/>
Group number:	<input type="text"/>
Group name:	<input type="text"/>

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

[Summit Health Medicare Advantage prior authorization list](#)

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

[Summit Health Medicare Advantage 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:

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

- [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](#) guide for further help with these Procedure Groups.

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 group

Chemical Dependency Inpatient

Procedure group

Chemical Dependency Residential Treatment

Procedure group

Mental Health Inpatient

Procedure group

Mental Health Residential Treatment

- 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.
 - 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. [×](#)
Primary diagnosis *

[+ Add diagnosis code](#)

<p>Additional Procedure Information</p> <ul style="list-style-type: none"> • Date span requested – Enter the dates requested. • Admit date - Date of IP admission. • Inpatient Nights requested – Enter the number of nights requested. 	<p>Additional procedure information</p> <p>Date span requested *</p> <p>03/04/2024 - 03/07/2024</p> <p>Admit date *</p> <p>03/04/2024 ⓘ</p> <p>Inpatient nights requested *</p> <p>3</p>
<p>Entering Provider Information</p> <ul style="list-style-type: none"> • Requesting/Treating Provider Information - It is recommended to always submit with NPI (National Provider ID) <i>and</i> TIN (Tax ID Number). Enter the following: <ul style="list-style-type: none"> ○ 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 the Requesting is different, fill out the Treating information using the steps above. 	<p>Requesting provider information</p> <p>Requesting provider NPI *</p> <p>Requesting provider TIN *</p> <p>Requesting provider name *</p> <p>Treating provider information</p> <p><input type="checkbox"/> Same as requesting provider information</p> <p>Treating provider NPI *</p> <p>Treating provider TIN *</p> <p>Treating provider name *</p>

<ul style="list-style-type: none"> • Facility information - Repeat the steps above to enter the facility information. 	<p>Facility information</p> <p>Facility NPI *</p> <p>Facility TIN *</p> <p>Facility name *</p>
<p>Entering Contact Information</p> <ul style="list-style-type: none"> • Now you will enter your Contact information. Under Requestor contact information, enter the following: <ul style="list-style-type: none"> ○ Contact name (Required) ○ Contact phone Number (Required) ○ Contact Fax Number (Required) • Click Attach chart notes to continue. 	<p>Requestor contact information</p> <p>Contact name *</p> <p>Contact phone number *</p> <p>Contact fax number *</p> <p>2. Attach chart notes > Cancel</p>
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<p>Step 3- Review before Submitting</p> <ul style="list-style-type: none"> • 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. 	<p>Procedures</p> <p>Procedure type: Inpatient Procedure group: Mental Health Inpatient</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #333; color: white;"> <th style="text-align: left;">Procedure code</th> <th style="text-align: right;">Units/Visits requested</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">-</td> </tr> </tbody> </table> <p>Procedure Details</p> <table style="width: 100%;"> <tr> <td>Request terms:</td> <td>Standard</td> <td>Admit date:</td> <td>2024/03/04</td> </tr> <tr> <td>Diagnosis codes:</td> <td>F33.2 - Major depressive disorder, recurrent severe without psychotic features</td> <td>Place of service:</td> <td>Inpatient Psychiatric Facility</td> </tr> <tr> <td>Date span requested:</td> <td>2024/03/04 - 2024/03/07</td> <td>Type of care:</td> <td>Emergency</td> </tr> <tr> <td>Inpatient nights requested:</td> <td>3</td> <td>Type of service:</td> <td>Mental Health</td> </tr> </table> <table style="width: 100%;"> <tr> <td>Requesting provider information</td> <td>Treating provider information</td> </tr> <tr> <td>Requesting provider NPI: <input type="text"/></td> <td>Treating provider NPI: <input type="text"/></td> </tr> <tr> <td>Requesting provider TIN: <input type="text"/></td> <td>Treating provider TIN: <input type="text"/></td> </tr> <tr> <td>Requesting provider name: <input type="text"/></td> <td>Treating provider name: <input type="text"/></td> </tr> </table> <table style="width: 100%;"> <tr> <td>Facility information</td> <td>Request contact information</td> </tr> <tr> <td>Facility NPI: <input type="text"/></td> <td>Request contact name: Jill</td> </tr> <tr> <td>Facility TIN: <input type="text"/></td> <td>Request contact phone: (503) 789-9632</td> </tr> <tr> <td>Facility name: <input type="text"/></td> <td>Request contact fax: (503) 896-3214</td> </tr> </table> <p>Additional comments</p> <hr/> <p>Chart Notes</p> <p>testing auth request.pdf</p> <p style="text-align: center;"> Submit request Cancel </p>	Procedure code	Units/Visits requested	-		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	Date span requested:	2024/03/04 - 2024/03/07	Type of care:	Emergency	Inpatient nights requested:	3	Type of service:	Mental Health	Requesting provider information	Treating provider information	Requesting provider NPI: <input type="text"/>	Treating provider NPI: <input type="text"/>	Requesting provider TIN: <input type="text"/>	Treating provider TIN: <input type="text"/>	Requesting provider name: <input type="text"/>	Treating provider name: <input type="text"/>	Facility information	Request contact information	Facility NPI: <input type="text"/>	Request contact name: Jill	Facility TIN: <input type="text"/>	Request contact phone: (503) 789-9632	Facility name: <input type="text"/>	Request contact fax: (503) 896-3214
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<div style="background-color: #e0f2f1; padding: 5px; border: 1px solid #ccc;"> ✔ Prior authorization request successfully submitted ✕ </div>																			

[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 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 PA, follow the steps below:

Note: If you have coverage and benefit questions, please contact Summit Health Medical Customer Service at 844-827-2355.

- 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.

 [Summit Health Medicare Advantage 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 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 not applicable 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.
 - 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

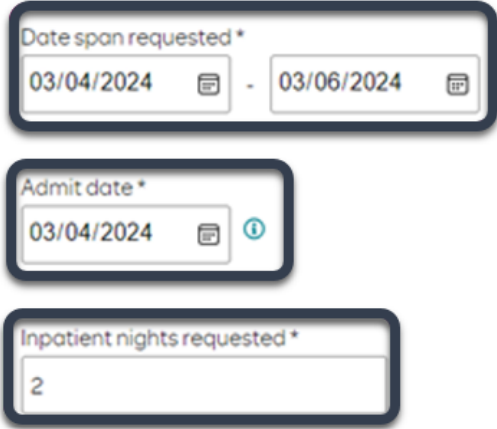
Choose ONLY if you are attesting that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.

Diagnosis code

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

1. [×](#)
Primary diagnosis *

[+ Add diagnosis code](#)

Additional Procedure Information	Additional procedure information
<ul style="list-style-type: none"> • 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 an auto approval. 	 <p>The screenshot displays three input fields with blue borders:</p> <ul style="list-style-type: none"> Date span requested *: A date range selector showing 03/04/2024 and 03/06/2024 with calendar icons. Admit date *: A date selector showing 03/04/2024 with a calendar icon and an information icon. Inpatient nights requested *: A text input field containing the number 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:
 - **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 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 *

<ul style="list-style-type: none"> • Facility information - Repeat the steps above to enter the facility information. 	<p>Facility information</p> <p>Facility NPI *</p> <input type="text"/> <p>Facility TIN *</p> <input type="text"/> <p>Facility name *</p> <input type="text"/>
<p>Entering Contact Information</p> <ul style="list-style-type: none"> • Now you will enter your Contact information. Under Requestor contact information, enter the following: <ul style="list-style-type: none"> ○ Contact name (Required) ○ Contact phone Number (Required) ○ Contact Fax Number (Required) • Click Attach chart notes to continue. 	<p>Requestor contact information</p> <p>Contact name *</p> <input type="text"/> <p>Contact phone number *</p> <input type="text"/> <p>Contact fax number *</p> <input type="text"/> <p>2. Attach chart notes > Cancel</p>

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: 20 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
Date span requested:	2024/03/04 - 2024/03/06	Type of service:	Mental Health
Inpatient nights requested:	2		

Requesting provider information

 Requesting provider NPI:
 Requesting provider TIN:
 Requesting provider name:
Treating provider information

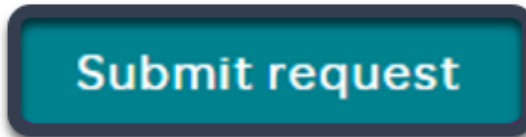
 Treating provider NPI:
 Treating provider TIN:
 Treating provider name:
Facility information

 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.** There is no way to go back and edit previous entries so you will need to cancel and start over. 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 has been submitted successfully. If all criteria is met, a fully approved ER Admit will be granted.
- The following information will be displayed:
 - **Request ID**
 - **Last Update Date**
 - **Primary Procedure Code (ANC defines an IP Admission)**
 - **Procedure Description (Inpatient Admission for Urgent/Emergent Admissions)**
 - **Date span**
 - **Status**

Prior authorization requests					
Request ID	Last update date ↕	Primary procedure code	Procedure description	Date span requested	Status
<div style="display: flex; align-items: center; justify-content: space-between;"> ✓ Prior authorization request successfully submitted ✕ </div>					
P00001635	04/08/2024	ANC	Inpatient Admission	04/08/2024 - 04/10/2024	Fully Approved

[Return to Table of Contents](#)

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

- Review for plan coverage as necessary.
- Click on the **Summit Health Medicare Prior-Authorization List** to check if requesting CPT/HCPC requires a PA.

Note: If you have coverage and benefit questions, please contact Summit Health Medical Customer Service at 844-827-2355.

- 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

	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.

[Summit Health Medicare Advantage prior authorization list](#)

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

[Summit Health Medicare Advantage prior authorization list](#)

Create new request

Step 1- Enter Procedure Information

- For **Outpatient Procedure** requests choose the following under **Procedure Information**:
 - Procedure Type - Outpatient Prior Authorization radio button.
 - **Procedure Group** - must be chosen by the provider. Select the option that best applies:
 - Applied Behavior Analysis
 - Chemical Dependency Outpatient Visits
 - 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

- **Procedure group units** - Enter number of days/units/visits being requested.
- **Place of service** - Choose relevant place of service from the dropdown list.
- **Type of care** – Choose **Elective**.
- **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.
 - 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*

Place of service *

Type of care *

Type of service *

Procedure codes

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

1. Primary procedure *

[+ Add procedure code](#)

[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.
 - 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 units

Please enter the number of units requested for each listed procedure.

Procedure	Units/Visits requested
S9480 - Intensive outpatient psychiatric services, per diem	<input type="text"/>

Procedure units

Please enter the number of units requested for each listed procedure.

Procedure	Units/Visits requested
S9480 - Intensive outpatient psychiatric services, per diem	<input type="text"/>

Diagnosis code

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

1. <input type="text" value="F33.2 - Major ..."/>	<input type="button" value="X"/>
Primary diagnosis*	

<p>Additional Procedure Information</p> <ul style="list-style-type: none"> • Date span requested – Enter the dates requested. 	<p>Additional procedure information</p> <p>Date span requested *</p> <p>mm/dd/yyyy - mm/dd/yyyy</p>
<p>Entering Provider Information</p> <ul style="list-style-type: none"> • Requesting/Treating Provider Information - It is recommended to always submit with NPI (National Provider ID) <i>and</i> TIN (Tax ID Number). Enter the following: <ul style="list-style-type: none"> ○ 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 the Requesting is different, fill out the Treating information using the steps above. 	<p>Requesting provider information</p> <p>Requesting provider NPI *</p> <p>Requesting provider TIN *</p> <p>Requesting provider name *</p> <p>Treating provider information</p> <p><input type="checkbox"/> Same as requesting provider information</p> <p>Treating provider NPI *</p> <p>Treating provider TIN *</p> <p>Treating provider name *</p>

<ul style="list-style-type: none"> • Facility information – Not required on Outpatient. If Facility information is applicable, repeat the steps above to enter the facility information. 	<p>Facility information</p> <p>Facility NPI *</p> <p>Facility TIN *</p> <p>Facility name *</p>
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<p>Step 2- Attaching Chart Notes (Required)</p> <ul style="list-style-type: none"> • 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. 	<p>Step 2: Attach chart notes</p> <p>Upload chart notes to attach to this request.</p> <p>Chart Notes</p> <p>Please ensure your submission includes notes for the associated patient. ⓘ</p> <p>Drag and drop files here or Browse files</p> <p><small>Most file types accepted. Maximum file size: 28 MB</small></p>

<ul style="list-style-type: none"> • 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. 	<p>Additional comments (Optional)</p> <p>Type comments</p> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> <p>Maximum character limit: 4000</p> <p>3. Save and review > Cancel</p>																																
<p>Step 3- Review before Submitting</p> <ul style="list-style-type: none"> • 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. 	<p>Procedures</p> <p>Procedure type: Outpatient Procedure group: Mental Health Outpatient Visits</p> <table border="1"> <thead> <tr> <th>Procedure code</th> <th>Units/Visits requested</th> </tr> </thead> <tbody> <tr> <td>S9480 - Intensive outpatient psychiatric services, per diem</td> <td>10</td> </tr> </tbody> </table> <p>Procedure Details</p> <table border="0"> <tr> <td>Request terms:</td> <td>Standard</td> <td>Place of service:</td> <td>Psychiatric Facility Partial Hospitalization</td> </tr> <tr> <td>Diagnosis codes:</td> <td>F33.2 - Major depressive disorder, recurrent severe without psychotic features</td> <td>Type of care:</td> <td>Elective</td> </tr> <tr> <td>Date span requested:</td> <td>2024/03/04 - 2024/03/15</td> <td>Type of service:</td> <td>Mental Health</td> </tr> </table> <table border="0"> <tr> <td>Requesting provider information</td> <td>Treating provider information</td> </tr> <tr> <td>Requesting provider NPI: <input type="text"/></td> <td>Treating provider NPI: <input type="text"/></td> </tr> <tr> <td>Requesting provider TIN: <input type="text"/></td> <td>Treating provider TIN: <input type="text"/></td> </tr> <tr> <td>Requesting provider name: <input type="text"/></td> <td>Treating provider name: <input type="text"/></td> </tr> </table> <table border="0"> <tr> <td>Facility information</td> <td>Request contact information</td> </tr> <tr> <td>Facility NPI: --</td> <td>Request contact name: Ben</td> </tr> <tr> <td>Facility TIN: --</td> <td>Request contact phone: (541) 523-9632</td> </tr> <tr> <td>Facility name: --</td> <td>Request contact fax: (541) 236-9854</td> </tr> </table> <p>Additional comments</p> <hr/> <p>Chart Notes</p> <p>CCA test notes.pdf</p> <p>Submit request Cancel</p>	Procedure code	Units/Visits requested	S9480 - Intensive outpatient psychiatric services, per diem	10	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	Date span requested:	2024/03/04 - 2024/03/15	Type of service:	Mental Health	Requesting provider information	Treating provider information	Requesting provider NPI: <input type="text"/>	Treating provider NPI: <input type="text"/>	Requesting provider TIN: <input type="text"/>	Treating provider TIN: <input type="text"/>	Requesting provider name: <input type="text"/>	Treating provider name: <input type="text"/>	Facility information	Request contact information	Facility NPI: --	Request contact name: Ben	Facility TIN: --	Request contact phone: (541) 523-9632	Facility name: --	Request contact fax: (541) 236-9854
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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:
 - **Request ID**
 - **Last Update Date**
 - **Primary Procedure Code**
 - **Procedure Description**
 - **Date span**
 - **Status**

Prior authorization requests					
Request ID	Last update date ↕	Primary procedure code	Procedure description	Date span requested	Status
<div style="border: 1px solid green; padding: 2px; display: flex; align-items: center;"> ✔ Prior authorization request successfully submitted ✕ </div>					
P00001570	03/04/2024	S9480	Intensive outpatient psychiatric services, per diem	03/04/2024 - 03/15/2024	<div style="border: 1px solid blue; padding: 2px; display: inline-block; font-size: 0.8em;">Pending Decision</div>

[Return to Table of Contents](#)

Auto Auth Application Frequently Asked Questions

- ❖ [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?

- 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 that application hard code various fields?

- 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?

- Follow the instructions and submit your authorization request to the vendor, as detailed in the message.
- 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?

- The following benefit exception requests should be faxed to the number listed at the bottom of this FAQ.
 - 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

[Return to FAQ Table of Contents](#)

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

- 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.
- 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?

- 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?

- Healthcare Services for questions regarding physical health authorizations:
 - Summit Health: 800-592-8283
- Behavioral Health for questions regarding behavioral health authorizations:
 - Summit Health Medicare Advantage: 833-460-0445
- Customer Service for claim and benefit-related inquiries, or questions on how to submit an authorization request through the auto-auth application:
 - Summit Health Customer Service Toll-Free: 844-827-2355

[Return to FAQ Table of Contents](#)



How to Use the Auto Auth Application

Reference Guide

How do I fax an authorization request?

- Summit Health physical health requests: 855-637-2666
- Behavioral Health requests: 503-670-8349

[Return to FAQ Table of Contents](#)