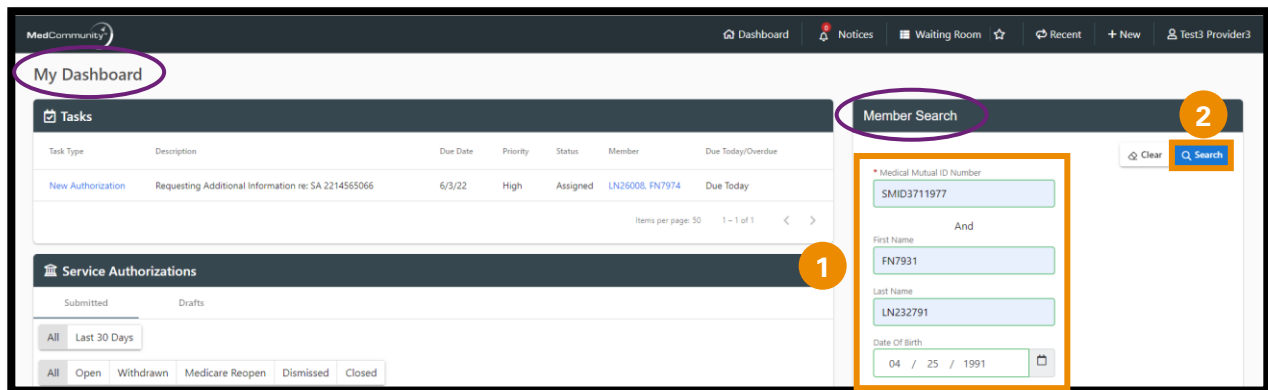


MedCommunity Reference Guide:

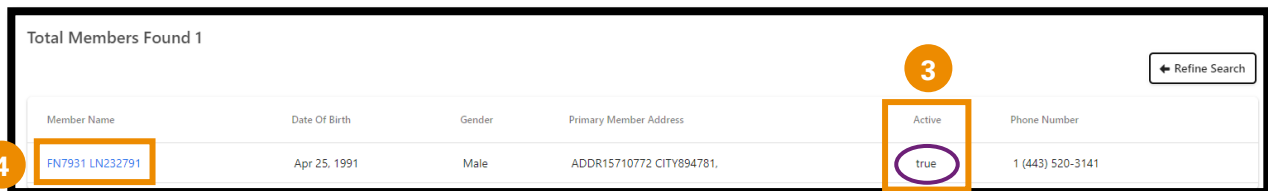
Creating a Service Authorization Draft

Submitting a Service Authorization From a Draft

STEP 1 – Search for Member on My Dashboard



- Under Member Search, complete all fields with Subscribers information. (1)
 - **Note:** Medical Mutual ID Number, First Name, Last Name, DOB are all required fields to begin Member search.
- Click Search. (2)



Member Name	Date Of Birth	Gender	Primary Member Address	Active	Phone Number
FN7931 LN232791	Apr 25, 1991	Male	ADDR15710772 CITY894781.	true	1 (443) 520-3141

- Review Active column for Subscribers active eligibility: (3)
 - True = active eligibility
 - False = no active eligibility
 - Please contact Customer Care (located on Subscriber's Medical Mutual ID card) with question and to verify eligibility.
- Click Member Name [blue](#) hyperlink (4) to be directed to the Coverage Verification screen.

STEP 2 – Verify Member’s Coverage:

MedCommunity

Dashboard Notices Waiting Room Recent + New Test3 Provider3

Coverage Verification Back

FN7931 LN232791

Date Of Birth	Age	Gender	Current Primary Address	Current Phone Number
Apr 25, 1991	31y	Male	ADDR15710772 CITY894781, ZIP887929	(443) 520-3141

Disclaimer: Coverage for services is not guaranteed. Providers should contact the member's primary Carrier to determine if coverage is still/currently in force.

Current Active Coverage

Effective Date	Termination Date	Subscriber ID	Subscriber Name	Line of Business	Plan	Group
Jan 1, 2020	N/A	SMID1680767	SN9259226	Fully Insured - Commercial	Mars Electric	MARS ELECTRIC

is available for this member (click to create a new service auth):

Inpatient

- Review Member’s Current Active Coverage. (1)
 - **Note:** Member must have had active coverage on the day of admission.
- Click Inpatient button (2) to begin the Service Authorization.

STEP 3 – Complete Service Auth Tab

The screenshot displays the 'Service Auth' tab interface. On the left, a sidebar contains navigation options: Service Auth (selected), Provider(s), Procedure(s), Diagnosis, Documents, and Summary. The main content area is divided into several sections. At the top, there are dropdown menus for 'Authorization Status' (Open) and 'Status Detail' (Initial Clinical Review). Below these are input fields for 'Status Date' (06 / 04 / 2023) and 'Status Time' (08 : 29 PM). The 'Eligibility' field is highlighted with a red box and a '2', showing 'MEDICARE ADVANTAGE PPO NET'. The 'Intake Method' is set to 'Web/Portal'. The 'Admit/Effective Date' field is highlighted with a red box and a '3', showing '06 / 04 / 2023'. Below this is the 'Auth Category' dropdown, currently set to '- Select -'. The 'Requesting Provider Details' section is highlighted with a red box and a '4', containing a 'Provider Type' dropdown set to 'Servicing/Requesting' and a 'Provider' field with a magnifying glass icon highlighted by a red box and a '5'. At the bottom right, there are 'Submit' and 'Save as Draft' buttons, with the latter highlighted by a red box and a '1'. On the far right, a 'Member' sidebar displays details: ID: SMID2804001, Name: FN5047 LN6100844, DOB: Mar 19, 1946, Age: 77y, Gender: Male, and Eligibility: Medicare Advantage.

- You will note the tabs along the left side of the screen, which require completion prior to submitting a Service Authorization request.
- Under the Service Authorization tab, there are several fields that are grayed out. These fields are auto-filled and are not available for editing.
- All fields with a red asterisk must be completed before moving to the next tab.
- Though the Save as Draft button is available on the Service Auth tab (1), **in order to Save your Draft you must complete the Service Auth tab.**
- Confirm eligibility field (2) matches Member's current active coverage from the Coverage Verification screen.
- Complete the Admit/Effective Date field. (3)
- Under Requesting Provider Details, complete the Provider Type field.
 - Provider Type = Servicing/Requesting. (4)
 - **Note:** The Institutional (Facility) Provider will always be entered on this tab.
 - **Note:** Each Service Authorization submission must have an Institutional Provider.
- Complete the Institutional Provider field.
 - To search for the Institutional Provider, click the magnifying glass icon to be directed to the Provider Search screen. (5)

- **Note:** Temporary Providers MAY NOT be added as the Institutional Provider.

The screenshot shows the 'Provider Search' interface. It has two main sections: 'Narrow by Location' and 'Narrow by Organization Details'. The 'Narrow by Location' section includes fields for Zip, Distance, Area Served - State, Area Served - County, and Area Served - Location. The 'Narrow by Organization Details' section includes fields for Organization Name, Last Name, First Name, Organizational Affiliation, Provider Id, NPI, Federal Tax Id, Phone Number, City, State, and Zip. There is also a 'By Type, ISP, Network or LOB' section with dropdown menus for Provider Type and Specialty. A toggle for 'Include Non-Par and Inactive Providers' is set to 'Yes'. At the bottom right, there are 'Close', 'Clear', and 'Search' buttons.

- Verify the toggle to the left is moved to Yes (6) to to include Non-Participating (Non-Par) and Inactive Providers.
- Delete the Zip field. (7)
- Click Search (8) to view a complete list of Institutional Providers that are associated with your Submitter Group.

The screenshot shows the 'Provider Search' results table. The table has columns for Provider Name, NPI, Provider Id, Provider Type, Specialty, Address, Provider Contract: Line of Business, Provider Contract: PAR Status, Provider Contract Effective Date, Service, and Distance. The 'Provider Name' column is highlighted with an orange box and a '9' in a circle. The 'SOUTH POINTE HOSPITAL' row is highlighted with an orange box.

Provider Name	NPI	Provider Id	Provider Type	Specialty	Address	Provider Contract: Line of Business	Provider Contract: PAR Status	Provider Contract Effective Date	Service	Distance
UNION HOSPITAL	1528217015	340714771003	Facility	ACUTE CARE FACILITY - REHAB	659 BOULEVARD ST, DOVER, OH, 44622					
UNION HOSPITAL	1871606921	340714771025	Facility	ACUTE CARE FACILITY	659 BOULEVARD ST, DOVER, OH, 44622					
SUMMA BARBERTON CITIZENS HOSP	1396765681	340714755045	Facility	ACUTE CARE FACILITY	155 5TH ST NE, BARBERTON, OH, 44203					
SOUTH POINTE HOSPITAL	1235183542	340714593039	Facility	ACUTE CARE FACILITY	20000 HARVARD AVE, WARRENSVL HTS, OH, 44122					
MERIDIA EUCLID SUBACUTE CARE	1962456269	340714593010	Facility	SKILLED NURSING FAC	18901 LAKE SHORE BLVD, CLEVELAND, OH, 44119					
MERCY MEDICAL CENTER	1366433195	341893439002	Facility	ACUTE CARE FACILITY	1320 MERCY DR NW, CANTON, OH, 44708					
MERCY MEDICAL CENTER	1487605978	341893439003	Facility	ACUTE CARE FACILITY - REHAB	1320 MERCY DR NW, CANTON, OH, 44708					
MEDINA GENERAL HOSPITAL	1083696710	340733166031	Facility	ACUTE CARE FACILITY	1000 E WASHINGTON ST, MEDINA, OH, 44256					
MARYMOUNT HOSPITAL	1942248737	340714458133	Facility	ACUTE CARE FACILITY	12300 MCCracken RD, GARFIELD HTS, OH, 44125					

- Locate the correct Institutional Provider.
- Click Facility [blue](#) hyperlink (9) to add the Institutional Provider.
 - **Note:** Make sure to choose an Institutional Provider with a listed address

- **Note:** Hover next to the column headers (**10**) to sort list by preference.

The screenshot shows a web interface for service authorization. On the left, a vertical navigation menu contains the following items: Service Auth, Provider(s), Procedure(s), Diagnosis, Documents, and Summary. The 'Provider(s)' item is highlighted with an orange border and a callout bubble containing the number '11'. The main content area is divided into several sections:

- Authorization Number:** N/A
- Auth Type:** Inpatient
- Date Received:** 06 / 04 / 2023
- Time Received:** 08 : 29 PM
- Authorization Status:** Open
- Status Detail:** Initial Clinical Review
- Status Date:** 06 / 04 / 2023
- Status Time:** 08 : 29 PM
- Eligibility:** MEDICARE ADVANTAGE PPO NET
- Intake Method:** Web/Portal
- Discharge Date:** mm / dd / yyyy
- Admit/Effective Date:** 06 / 04 / 2023
- Auth Category:** - Select -

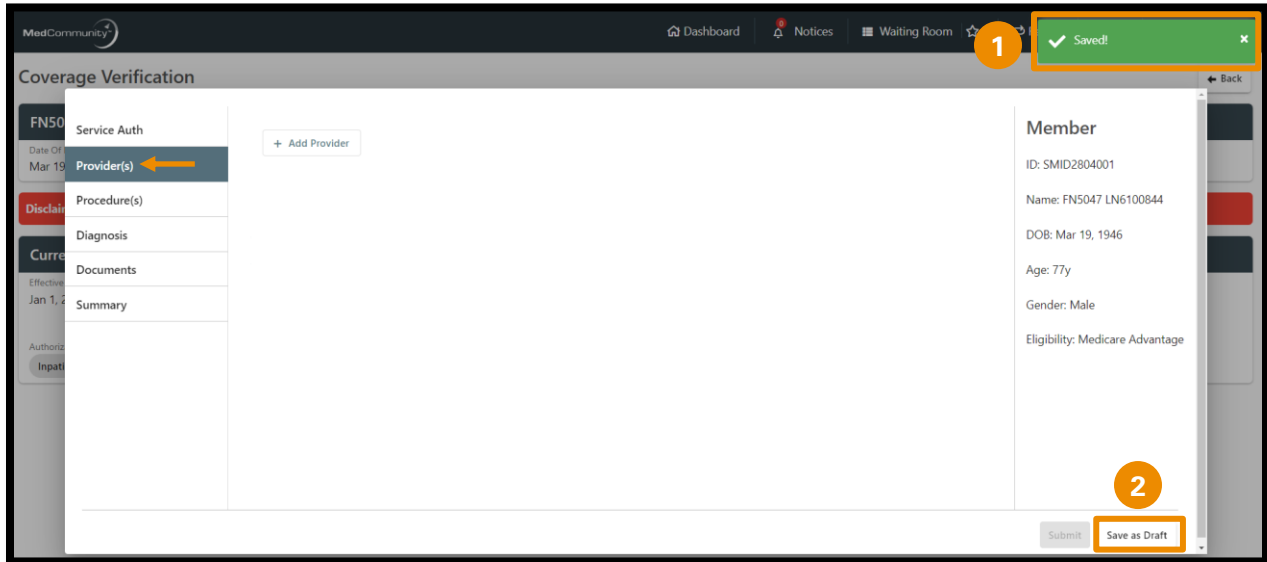
Requesting Provider Details

- Provider Type:** Servicing/Requesting
- Provider:** SOUTH POINTE HOSPITAL

At the bottom right, there are two buttons: 'Submit' and 'Save as Draft'.

- After reviewing all information, click Providers tab. (**11**)

STEP 4 – Save to Draft



- A pop-up notification (1) will appear indicating that the information on the previous tab has been saved.
- Though the Save as Draft button is available on the Service Auth tab, **in order to Save your Draft you must complete the Service Auth tab.**
- Once you move from the Service Auth tab to the Provider(s) tab, you may now use the Save as Draft button (2) at any time during the submission process to complete the Service Authorization later.
 - **Note:** When the Save as Draft button is clicked, the Service Authorization is saved in draft format until all fields are completed.
 - **Note:** A Service Authorization in draft status is not visible to Medical Mutual.

MedCommunity

Dashboard Notices Waiting Room ☆

Coverage Verification

FN5047 LN6100844

Date Of Birth	Age	Gender	Current Primary Address	Current Phone Number
Mar 19, 1946	77y	Male	ADDR15442347 CITY894946, ZIP887594	(440) 506-6001

Disclaimer: Coverage for services is not guaranteed. Providers should contact the member's primary Carrier to determine if coverage is still/currently in force.

Current Active Coverage

Effective Date	Termination Date	Subscriber ID	Subscriber Name	Line of Business	Plan	Group
Jan 1, 2019	N/A	SMID2773200	SN8619949	Medicare Advantage	MEDICARE ADVANTAGE PPO NETWORK	IGRPN15216480

Authorization types available for this member (click to create a new service auth):

Inpatient

- After clicking the Save as Draft button you will be directed back to the Coverage Verification screen.
 - **Note:** A pop-up notification (3) will appear indicating that the information on the previous tab has been saved.
- Click Dashboard to return to My Dashboard. (4)
 - **Note:** Service authorization requests that are left in Draft status will need ALL appropriate fields completed prior to submitting your request to Medical Mutual.
- When you are ready to return to your Draft to complete the inpatient service auth information for submission, proceed to Step 5.

STEP 5 – Locate Service Authorization in Drafts Folder

My Dashboard

Tasks
No Records found

Service Authorizations ← 1

Submitted Drafts 2

All Last 30 Days

Filter:

Auth Number	Member Name	Member ID	Auth Category	Authorization Status	Auth Type	Status Detail	Received Date	Admit/Effective Date	Action
2315685562	FN5047 LN6100844	SMID2804001		Open	Inpatient	Pending Submission	Jun 4, 2023	Jun 4, 2023	Edit
2309685541	FN9077 LN6101993	SMID3833028	Acute Rehab - Physical Med	Open	Inpatient	Pending Submission	Apr 6, 2023	Apr 7, 2023	Edit

Member Search

Medical Mutual ID Number

First Name

Last Name

Date Of Birth
mm / dd / yyyy

Subscriber Id

- On My Dashboard, scroll down to the Service Authorizations section. (1)
- Click “Drafts” (2) under the Service Authorization tab.

My Dashboard

Tasks
No Records found

Service Authorizations ←

Submitted Drafts

All Last 30 Days

Filter: SMID2804001 | Clear

Auth Number	Member Name	Member ID	Auth Category	Authorization Status	Auth Type	Status Detail	Received Date	Admit/Effective Date	Action
2315685562	FN5047 LN6100844	SMID2804001		Open	Inpatient	Pending Submission	Jun 4, 2023	Jun 4, 2023	Edit

- In the Filter field, free text either the Service Auth number, the Member First Name, the member Last Name or the Member MMO ID. (3)
 - **Note:** If searching by Last Name, use an asterisk before free texting. Example: *Jones

MedCommunity Dashboard 0 Notices

My Dashboard

Tasks

No Records found

Service Authorizations

Submitted Drafts

All Last 30 Days

Filter: SMID2804001 Clear

Auth Number	Member Name	Member ID	Auth Category	Authorization Status	Auth Type	Status Detail	Received Date	Admit/Effective Date	Action
2315685562	FN5047 LN6100844	SMID2804001	Open	Pending Submission	Inpatient	Pending Submission	Jun 4, 2023	Jun 4, 2023	Edit

- The system will locate the service authorization that is currently in Draft status. (4)
- You may use the sort feature to sort the order of the information in any column.
 - **Note:** To sort columns, hover on the column title and use the pop-up arrow to change sort preference. (5)
- Click Edit to be directed to the service authorization submission screen. (6)

STEP 6 – Review/Complete Service Auth Tab

Service Auth ←

3 Provider(s)

Procedure(s)

Diagnosis

Documents

Summary

Authorization Number: 2315685562

Auth Type: Inpatient

Date Received: 06 / 04 / 2023

Time Received: 08 : 29 PM

Authorization Status: Open

Status Detail: - Select -

Status Date: 06 / 04 / 2023

Status Time: 08 : 29 PM

Eligibility: MEDICARE ADVANTAGE PPO NET

Intake Method: Web/Portal

Discharge Date: mm / dd / yyyy

Admit/Effective Date: 06 / 04 / 2023

Auth Category: - Select -

Requesting Provider Details

Provider Type: Servicing/Requesting

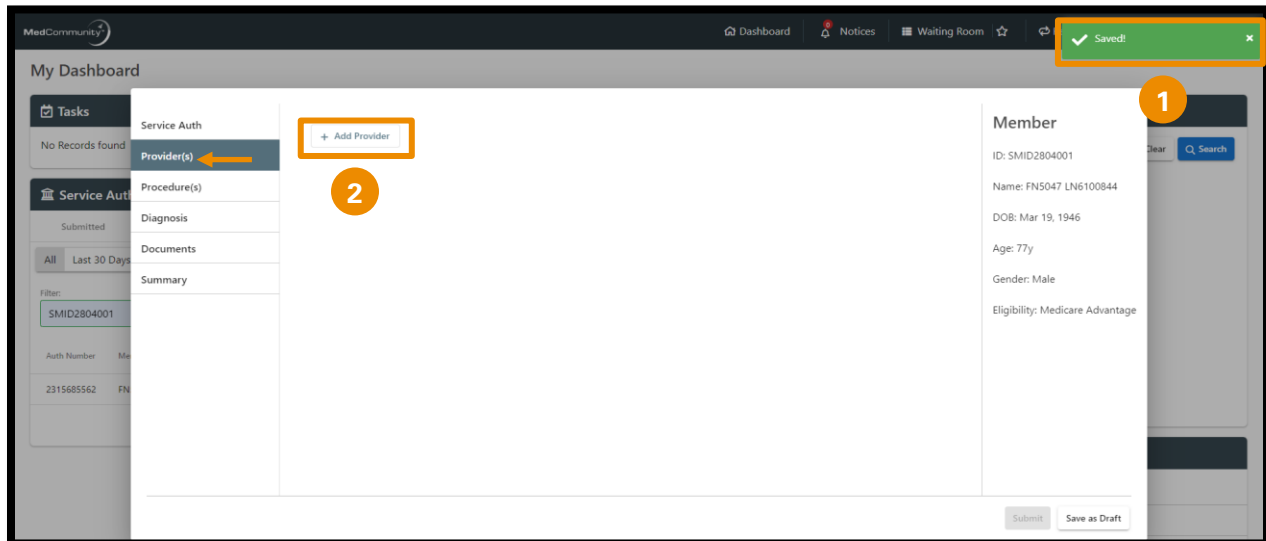
Provider: SOUTH POINTE HOSPITAL

Member

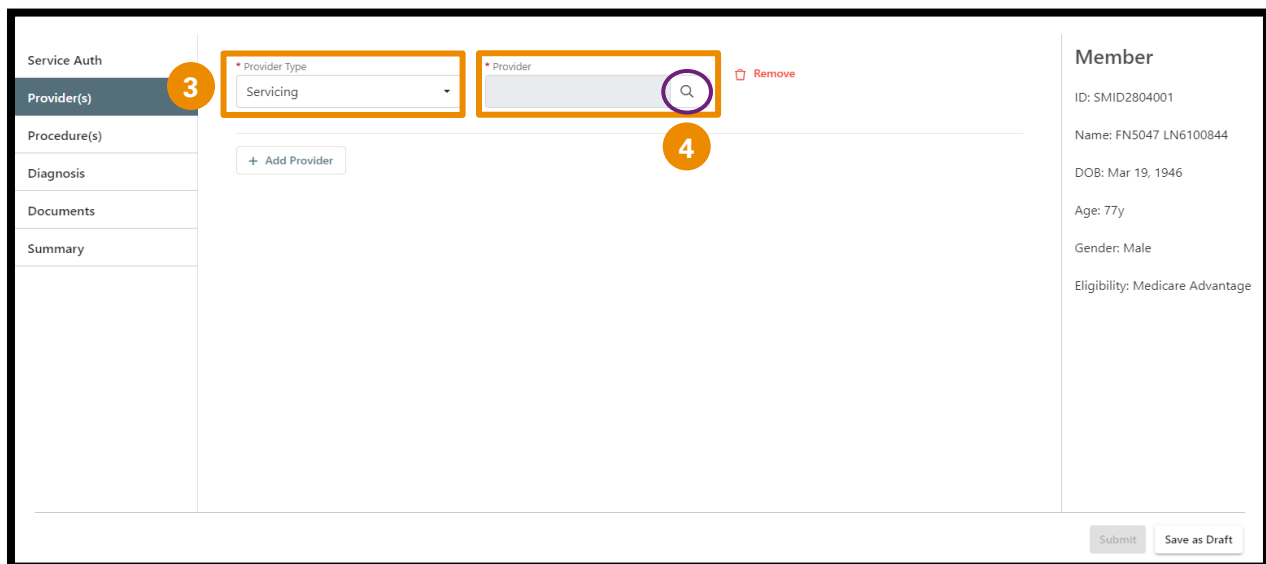
Submit Save as Draft

- On the Service Auth tab, confirm that all information previously added remains correct. Make appropriate changes to the Admit/Effective Date (1) and/or the Facility Provider (2) as needed.
- After reviewing/completing the information on the Service Auth tab, click the Providers tab. (3)

STEP 7 – Review/Complete Providers Tab



- A pop-up notification (1) will appear indicating that the information on the previous tab has been saved.
- On this tab, you will add the Professional (Physician) Provider(s) associated with the member's inpatient stay.
- Click "+Add Provider" to add the Physician. (2)



- Use the dropdown in the Provider Type field to select "Servicing". (3)
- To locate the Physician, click the spyglass in the Provider field (4) to be directed to the Provider Search screen.
 - **Note:** Every service authorization submission MUST HAVE at least one Professional (Physician) Provider.

- Remove the Member's zip code from the Zip field. (5)
- Verify the toggle to the left is moved to Yes to include Non-Participating (Non-Par) and Inactive Providers. (6)
- Add the Professional Provider's Name (Last Name, First Name fields) -or- enter NPI or provider ID number. (7)
- Click Search (8) to view a list of all Physician's that match your search criteria.

Provider Name	NPI	Provider Id	Provider Type	Specialty	Address	Provider Contract: Line of Business	Provider Contract: PAR Status	Provider Contract Effective Date	Service	Distance
RAJESH AGARWALA, MD	1679893234	167989323002	Practitioner	NEPHROLOGY, UNSPECIFIED PROVIDER	21644 STATE ROAD 7, BOCA RATON, FL 33428					
RAJESH AGARWALA, MD	1285618579	272988040011	Practitioner	INTERNAL MEDICINE	6770 MAYFIELD RD STE 425, CLEVELAND, OH, 44124					
RAJESH AGARWALA, MD	1285618579	272988040018	Practitioner	INTERNAL MEDICINE	20050 HARVARD AVE STE 300, WARRENSVL HTS, OH, 44122					
RAJESH AGARWALA, MD	1285618579	272988040003	Practitioner	INTERNAL MEDICINE	27100 CEDAR RD, BEACHWOOD, OH, 44122					

- Several Physician results may display.
 - **Note:** To sort columns, hover over the column title to display an arrow that allows sorting of information. (9)
 - **Note:** If the list displays multiple results, click the blue hyperlink on the Provider that is associated with the Member's inpatient stay and displays the correct address. (10)

- Click the + Add Provider button (11) to add additional Professional Providers.
- If needed, you may remove any Providers that have been added. (12)
- After adding all Professional Providers, click the Procedure(s) tab. (13)

If Professional Provider Does Not Display in Search Results

- In the Provider Type field, use the dropdown menu to select Servicing. (A)
- In the Provider field, click on the magnifying glass icon (B) to be directed to the Provider Search screen.

The screenshot shows the 'Provider Search' interface. At the top, 'Provider Search' is circled in purple. Below it are 'Search' and 'Map Search' tabs. The interface is divided into two main sections: 'Narrow by Location' and 'Narrow by Organization Details'. In the 'Narrow by Location' section, the 'Zip' field contains 'ZIP88' and is circled in orange with a 'D'. Below it are dropdown menus for 'Distance', 'Area Served - State', 'Area Served - County', and 'Area Served - Location'. A toggle for 'Include Non-Par and Inactive Providers' is set to 'Yes' and is circled in orange with a 'C'. In the 'Narrow by Organization Details' section, the 'Last Name' field contains 'Provider' (circled in orange with 'E') and the 'First Name' field contains 'Temporary' (circled in orange with 'F'). Below these are fields for 'Organizational Affiliation', 'Provider Id', 'NPI', 'Federal Tax Id', 'Phone Number', 'City', 'State', and 'Zip'. At the bottom, there are 'By Type, ISP, Network or LOB' filters for 'Provider Type' and 'Specialty'. A 'Search' button is circled in orange with a 'G'. At the bottom right, there are 'Close', 'Clear', and 'Search' buttons.

- Verify the toggle to the left is moved to Yes (C) to to include Non-Participating (Non-Par) and Inactive Providers.
- Delete the Zip field. (D)
- Last Name = Provider (E)
- First Name = Temporary (F)
- Click Search. (G)

The screenshot shows the results of the search. At the top, 'Provider Search' is circled in purple. Below it are 'Search' and 'Map Search' tabs. A table displays the search results. The first row is circled in orange with a 'H' and contains the following data:

Provider Name	NPI	Provider Id	Provider Type	Specialty	Address	Provider Contract: Line of Business	Provider Contract: PAR Status	Provider Contract Effective Date	Service	Distance
Temporary Provider		999999999999	Practitioner							

At the bottom right, there is a footer that reads 'Items per page: 50 1 - 1 of 1'.

- Click **blue** hyperlink (H) to add Temporary Provider to the Providers tab.
 - **Note:** If Temporary Provider was populated on the Providers tab, add information related to the Provider you searched for in the Comments section on the Procedures tab. (ex: Provider name, address, NPI, etc.)

STEP 8 – Review/Complete Procedures Tab

My Dashboard

Service Auth

Provider(s)

Procedure(s) ←

Diagnosis

Documents

Summary

Request Received On: 06 / 04 / 2023

Request Received Time: 08 : 33 PM

Request Type: Concurrent

Priority: Standard/Non-Urgent

Place of Service: Inpatient Hospital

Requestor-Contact Name

Contact Phone: +1

Requestor Faiback: +1

Service Type: ATTENTION!!! SELECT A VALUE

Revenue Code: 000

Request Start Date: 06 / 04 / 2023

Request Start Time: 12 : 00 AM

Procedure Code Type: Revenue Code

Procedure Code: 000

Procedure Description: Room & Board

Member

ID: SMID2804001

Name: FN5047 LN6100844

DOB: Mar 19, 1946

Age: 77y

Gender: Male

Eligibility: Medicare Advantage

- A pop-up notification (1) will appear indicating that the information on the previous tab has been saved.
- There are several fields that are grayed out. These fields are auto-filled and are not available for editing.
- All fields with a red asterisk must be completed before moving to the next tab.
- Complete the Requestor-Contact Name and Contact Phone/FAX fields. (2)

- Select -

Acute Rehab - Physical Med

Acute Rehab - Substance Abuse/Alcohol

Detox

Elective Medical

Elective Surgical

Emergency

LTAC

NICU

Observation

Psychiatric

Residential Psychiatric

Residential Substance Abuse

SNF

Transplant

Use dropdown (3) to complete Service Type field.

- **Note:** For a successful service authorization submission, this field **MUST** be populated with the Service Type you are requesting.

The screenshot shows a web-based form for a Service Authorization request. On the left is a sidebar with tabs: Service Auth, Provider(s), Procedure(s), Diagnosis (highlighted with callout 6), Documents, and Summary. The main form area contains several sections:

- Top: Service Type (Emergency), Requestor-Contact Name (Sally), Contact Phone (+1 (216) 555-1234), and Requestor Faxback.
- Procedure Code section: Procedure Code Type (Revenue Code), Procedure Code (000), and Procedure Description (Room & Board). Callout 4 points to the Revenue Code field.
- Request Start Date (06 / 04 / 2023) and Request Start Time (12 : 00 AM).
- End Date and End Time fields.
- Comments section: A text area containing the text "Relevant Clinical Information is Added Here -or- free text "see attachments"". Callout 5 points to this text area.
- Bottom: A "Save and Add Another" button. Callout 7 points to this button.

 On the right side, there is a "Member" information panel showing ID: SMID2804001, Name: FN5047 LN6100844, DOB: Mar 19, 1946, Age: 77y, Gender: Male, and Eligibility: Medicare Advantage. At the bottom right are "Submit" and "Save as Draft" buttons.

- Every inpatient submission must have a Room & Board revenue code.
 - **Note:** These fields will auto-populate. **DO NOT** edit any information in the Revenue Code fields. (4)
- Type or copy/paste relevant clinical information into the Comments section. (5)
 - **Note:** Relevant clinical documentation is required to support the Service Authorization request and must be added prior to submission.
 - Send only information that is relevant to your submission.
 - Sending extra information may cause a delay in processing your request.
 - **Note:** Clinical information may be added to the Comments section and/or attached on the Documents tab.
 - If the clinical information will be attached only, please type “See Attachments” in the Comments section.
 - See Step # 10 to attach documents to the Service Authorization request.
 - **Note:** If Temporary Provider was populated on the Providers tab, add information related to Provider you searched for in the Comments section. (ex: Provider name, address, NPI, etc.)
 - **Note:** Comment field allows a maximum of 3000 characters.
- If there are no medical/surgical procedures to add, click the Diagnosis tab and proceed to Step 9. (6)
- To add medical/surgical procedures (CPT codes), click Save and Add Another button (7) and proceed to next page.

Adding a CPT Code

The screenshot shows a medical procedure form. At the top, there is a 'Revenue Code' field with the value '000' and a 'Room & Board' field. A red box labeled 'A' highlights the 'Revenue Code' field, and a red box labeled 'B' highlights the 'Procedure Code Type' field, which also contains '000'. A red box labeled 'Do Not Edit this Room & Board Code' is positioned over the 'Room & Board' field. The form includes various other fields such as 'Request Start Date', 'Request Received On', 'Request Received Time', 'Request Type', 'Priority', 'Place of Service', 'Requestor-Contact Name', 'Contact Phone', and 'Requestor Faxback'. A 'Member' sidebar on the right contains patient information like ID, Name, DOB, Age, Gender, and Eligibility. At the bottom right, there are 'Submit' and 'Save as Draft' buttons.

- After clicking Save and Add Another button, a **duplicate** procedure screen will display.
 - **Note:** DO NOT Edit the Room & Board Revenue code that is listed on top of the duplicate screen. (A)
 - **Note:** The **ONLY** fields that you will edit on this **duplicate** procedure screen are the Procedure Code Type and Procedure Code fields. (B)

This screenshot shows the same medical procedure form as above, but with a dropdown menu open for the 'Procedure Code Type' field. The dropdown menu is highlighted with a red box labeled 'C' and contains the following options: 'Revenue Code', 'CPT Procedure Codes', 'HCPCS/CDT', 'ICD 10 Procedure Code', 'Revenue Code', and 'Service Code'. The 'CPT Procedure Codes' option is selected. A red box labeled 'D' highlights the 'Procedure Code' field, which contains '000'. A red box labeled 'E' highlights the 'Room & Board' field. The 'Request Received On' field is highlighted with a red box labeled 'F'. The 'Member' sidebar and 'Submit'/'Save as Draft' buttons are also visible.

- In the Procedure Code Type field, use dropdown to select CPT Procedure Code Type. (C)

- In the Procedure Code field:
 - Free type procedure code if *known*. (D)
 - If procedure code is *unknown*, click on the magnifying glass (E) to search for a procedure code and follow the steps beginning on next page.
- The Comments field will display a **duplicate** of the comments added previously. (F) Additional comments are not needed.

The screenshot shows a web-based form for entering procedure information. On the left, a navigation menu has the 'Diagnosis' tab highlighted with an orange box and labeled with a circled 'I'. The main form area includes fields for 'Requestor-Contact Name' (Sally), 'Contact Phone' (+1 (216) 555-1234), and 'Requestor Faxback' (+1). The 'Service Type' is set to 'Emergency'. The 'Procedure Code Type' is 'CPT Procedure Codes' and the 'Procedure Code' is '31615', with a magnifying glass icon (E) next to it. The 'Request Start Date' is '10 / 06 / 2022' and the 'Request Start Time' is '12 : 00 AM'. The 'End Date' and 'End Time' fields are empty. The 'Comments' field contains the text 'Relevant clinical information is added here.' and has a 'Remove' button (H) next to it. At the bottom left, the 'Save and Add Another' button is highlighted with an orange box and labeled with a circled 'G'. On the right side, a 'Member' sidebar displays patient information: ID: SMID3711977, Name: FN7931 LN232791, DOB: Apr 25, 1991, Age: 31y, Gender: Male, and Eligibility: Fully Insured - Commercial. At the bottom right, there are 'Submit' and 'Save as Draft' buttons.

- Click Save and Add Another button (G) to add additional medical/surgical procedures.
- If needed, you may remove any of the medical/surgical procedure codes that you added. (H)
 - *** **NOTE: DO NOT REMOVE the Room & Board code.*****
- After all required information is completed on the Procedure(s) tab, click the Diagnosis tab (I) and proceed to Step 9.

To Search for Procedures

CPT QUERY

If you enter a Procedure Code or Procedure Description you cannot search for a Service Group. If you enter a Service Group, you cannot search by Procedure Code or Procedure Description. Use the Clear button if you need to remove a value from any field.

* Procedure Type: CPT Procedure Codes

Procedure Code:

Description: **A**

Service Group Code:

Service Group Name:

B

Close Clear **Search**

- In the Description field, type an asterisk (*) followed by the procedure description. **(A)**
- Click Search **(B)** to view CPT code list.

CPT QUERY

Procedure Code	Procedure Code	DrgGlos	DrgGALos	DrgRelWts	DrgMdc
31615	TRACHEOBRNCHSC THRU EST TRACHS INC				
31614	TRACHEOSTOMA REVJ CPLX W/FLAP ROTATION				
31613	TRACHEOSTOMA REVJ SMPL W/O FLAP ROTATION				
31612	TRACHEAL PNXR PRQ W/TRANSTRACHEAL ASPIR&/NIX				
31611	CONSTJ TRACHEOESOPHGL FSTL&INSJ SP PROSTH				
31610	TRACHEOSTOMY FENESTRATION W/SKIN FLAPS				

Items per page: 50 1 - 6 of 6 < >

Close Back to Search

- If the list displays multiple results, click the [blue](#) hyperlink **(C)** on the correct procedure.
 - **Note:** You can use the sort arrows **(D)** next to the column headers to sort list by preference.

Adding Procedures That Require Prior Authorization

Note: If you add a procedure code that required Prior Authorization, you will receive a pop-up notification that Prior Authorization was required.



Inbox > Message

Procedure Prior-Auth Required
5/16/22, 9:02 PM

! This message was sent with High importance.
FN7931 LN232791 > [Service Authorization Line](#)

From
MedCompass InruleActionAPI

To
Test3 Provider3

Attachments

- The “Prior-Auth Required” notification can be found in your Inbox.
- Note Medical Mutual response in body of notification.

The procedure 43881 for member FN7931 LN232791 indicates prior authorization is required. If prior authorization is not on file, your request will be returned with no decision until prior authorization approval is obtained.

STEP 9 – Review/Complete Diagnosis Tab

Service Auth

Provider(s)

Procedure(s)

Diagnosis ←

Documents

Summary

Code: j44.

Diagnosis Description

J44.1 - CHRONIC OBSTRU...

J44.9 - CHRONIC OBSTRU...

J44.0 - Chr obstructive pul...

Member

Submit Save as Draft

- A pop-up notification (1) will appear indicating that the information on the previous tab has been saved.
- If diagnosis code is *known*, enter the code with the decimal point. (2) Similar codes will auto-display. Click appropriate diagnosis code.
- If the diagnosis code is *not known*, click the magnifying glass (3) to search for diagnosis and follow the directions beginning on the next page.

Service Auth

Provider(s)

Procedure(s)

Diagnosis ←

Documents

Summary

Code: J44.9

Diagnosis Description: CHRONIC OBSTRUCTIVE PULMONARY

+ Add Another Diagnosis

Member

ID: SMID2804001

Name: FN5047 LN6100844

DOB: Mar 19, 1946

Age: 77y

Gender: Male

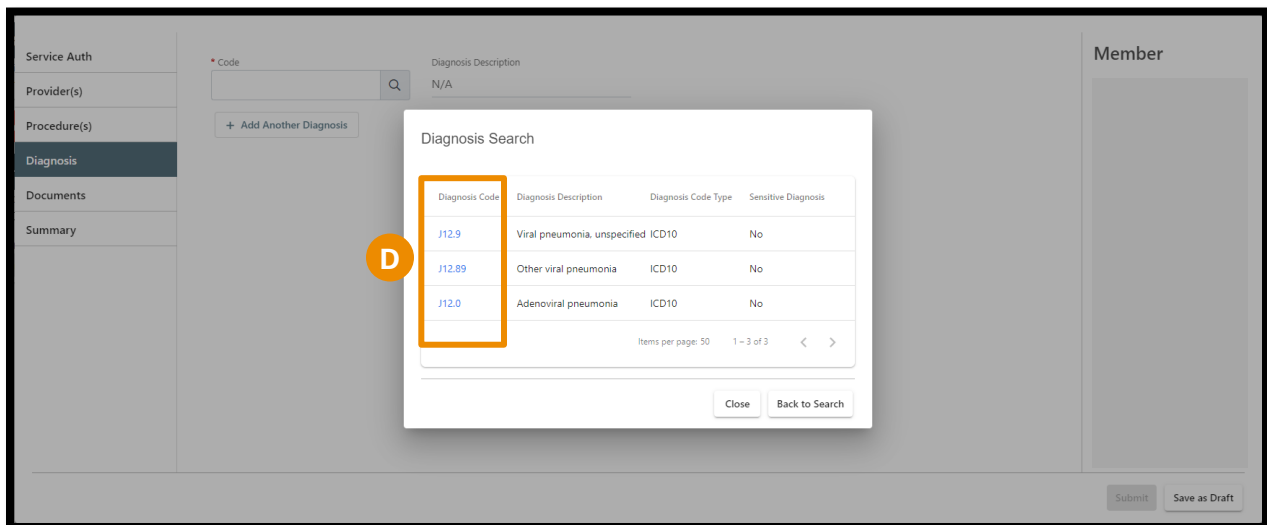
Eligibility: Medicare Advantage

- Click “+Add Another Diagnosis” button (4) to add additional diagnoses.

- Click Remove to delete any incorrect diagnosis codes. (5)
- After all diagnoses are added, click the Documents tab. (6)

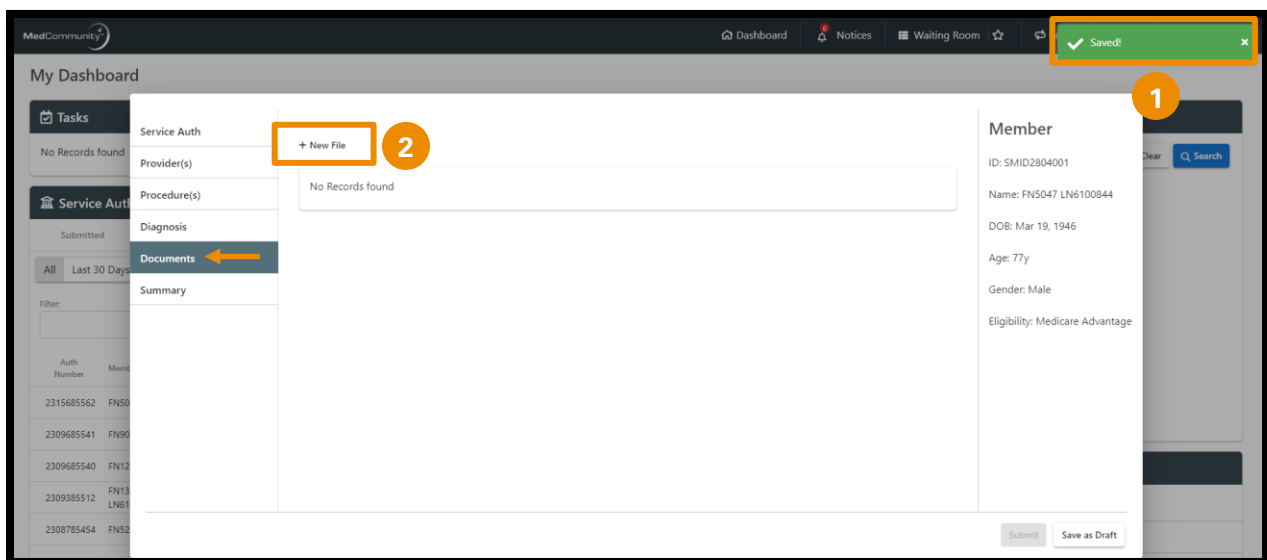
To Search for Diagnosis

- First, select the Diagnosis Code Type from the dropdown. (A)
- Next, in the Diagnosis Description field add an asterisk followed by the diagnosis description. (B)
- Click Search (C) to display search results.

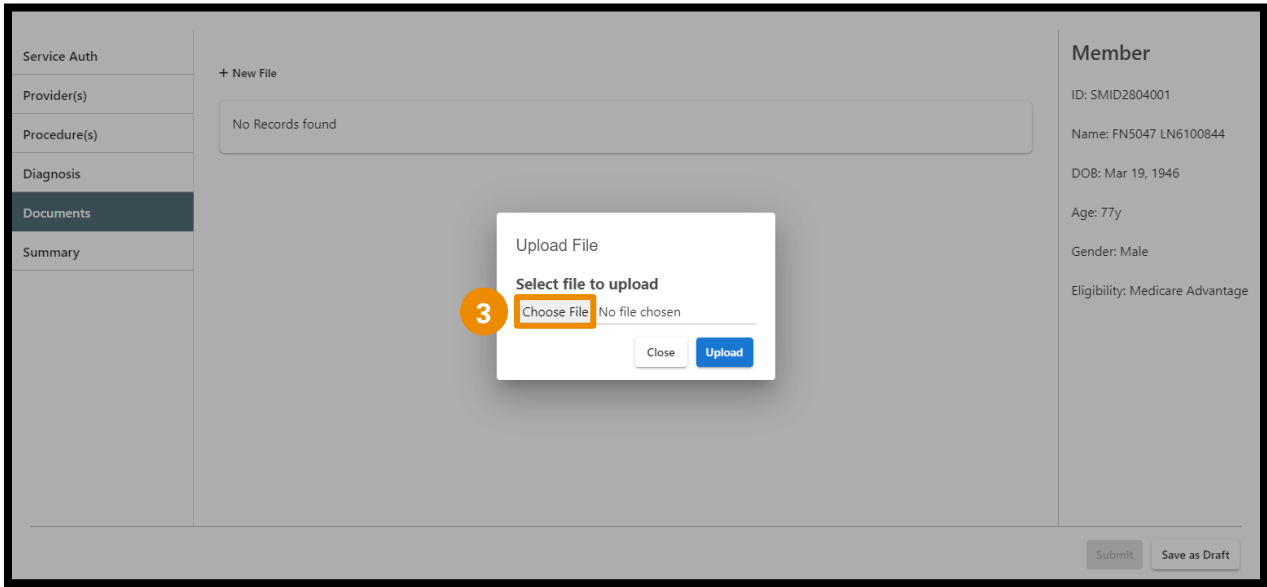


- Click [blue hyperlink \(D\)](#) on correct diagnosis to populate Code field.

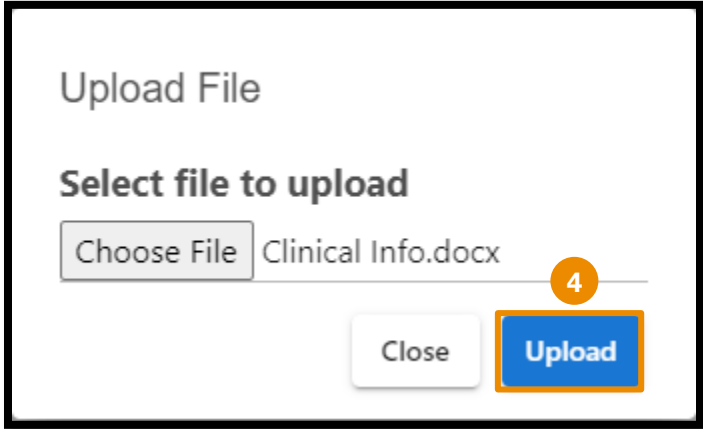
STEP 10 – **Optional** - Upload Documents



- A pop-up notification (1) will appear indicating that the information on the previous tab has been saved.
- Click + New File (2) to upload a relevant clinical document.
 - **Note:** Attaching documentation is not required if you added clinical information in the Comments section on the Procedure(s) tab.



- Click Choose File (3) to select and upload a document from your computer.



- After choosing the file, click Upload (4) to upload your document.

Service Auth

Provider(s)

Procedure(s)

Diagnosis

Documents

Summary

+ New File

Document Title	Created By	Created On
Clinical info.docx	TEST1 PROVIDER1	JUN 6, 2023

Member

ID: SMID2804001

Name: FN5047 LN6100844

DOB: Mar 19, 1946

Age: 77y

Gender: Male

Eligibility: Medicare Advantage

Submit Save as Draft

- Click + New File (5) to add *additional relevant* clinical documents.
- After all documents have added, click the Summary tab. (6)

STEP 11 – Review Summary Tab

3

1

2

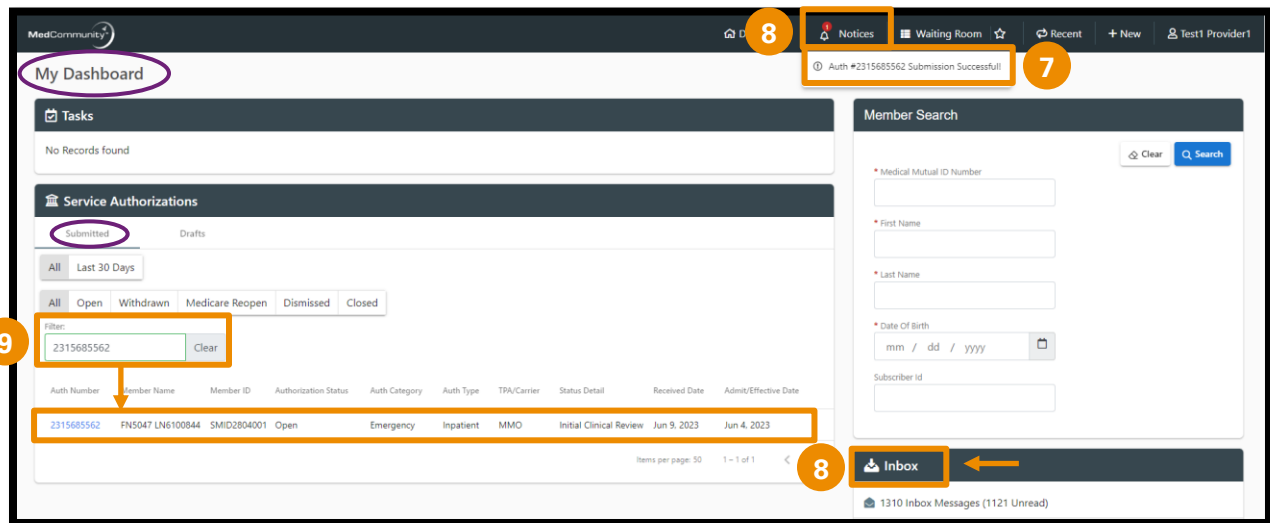
5

4

- The assigned Authorization Number will display on the Summary tab. (1)
- Use scroll bar (2) to review all fields in the Summary tab.
- If changes are needed to any fields, click appropriate left hand tab to correct appropriate field. (3)
- If your information is incomplete, or you need to come back to it later, click the Save as Draft button (4) to complete submission at a later time.
- If your service authorization request is complete, click Submit. (5)



- After submitting your service authorization, return to My Dashboard.
 - **Note:** You may click Dashboard icon in the Global Navigation Bar to return to My Dashboard from any screen. (6)



- A pop-up notification will appear (7) to advise that service authorization submission was successful.
 - **Note:** Submission notification may be accessed in Notices (8) on the global navigation bar or in the Provider’s Inbox. (8)
- To locate any service authorization that has been successfully submitted, use the Filter field under the Submitted folder to search. (9)
 - **Note:** With the Shared Provider Dashboard feature, you may access any service authorization that was submitted by you or any other user in your Submitter Group.