## Outpatient authorization process FAQ

**What code should I use to submit authorization?**
The code (ex: CPT/HCPCS) should reflect the service that is being requested and billed for.

**Is there a list of services that require prior authorization?**
Your staff will have access to a new tool through the provider portal on 10/26/20 that allows you to search prior authorization requirements by code.

**Does medical nutrition counseling/therapy (97802 and 97803) require prior authorization?**
These codes do not require prior authorization. In the future, you will be able to confirm this in the code checker tool. You can also refer to AllWays Health Partners payment policy https://resources.allwayshealthpartners.org/Provider/PPG/MedicalNutritionalCounselingandDiabetes.pdf.

**Can I use homecare code S9123?**
Please refer to AllWays Health Partners payment policy for more information:
https://resources.allwayshealthpartners.org/Provider/PPG/HomeHealthCareAgency.pdf

**Can admin staff and clinical staff use this new tool to submit prior authorization?**
Yes. Both admin staff and clinical staff can submit prior authorizations. Please remember to have the clinical information available before you start.

**Can I use InterQual Connect for revising an authorization?**
At this time, using InterQual Connect to get instant approvals is only available for the initial prior authorization for outpatient services. Revisions will pend for additional review. We are working on adding this functionality in a later release.

**Should I use this tool to submit prior authorization for services that normally go to a vendor (ex: Evicore, CareCentrix, Optum or NovoLogix)?**
There are no changes to the prior authorization process for services that are processed through a vendor. Services that are currently submitted to a vendor should continue to be submitted to that vendor. This process is only for authorizations that are currently submitted through the AllWays Health Partners provider portal.

**What dates should I use on the prior authorization?**
Please enter the dates of service or date range that service will occur.

**Where can I submit office notes or clinical information?**
The process to submit clinical notes is the same as it is today. If the prior authorization pends, you will see an option to upload clinical information on the confirmation page once the request has been submitted.

**Does prior authorization expire within 24 hours?**
Depending on the type of service, the prior authorization will automatically generate a date span. The auth will expire at the noted end date of the authorization.

**Will we still have to do two authorizations if the client is getting Med Admin and Skilled services?**
Yes.

**Will all outpatient authorizations go through InterQual Connect?**
Yes.

**Will there be 2 approval numbers?**
There will be 2 approval numbers in some instances such as when a surgical day care is requested. An auth number will be generated for the facility and a different auth number will be generated for the surgeon.

**For outpatient PT/OT/ST, we usually submit authorization with 97110. Do we now need to specify all codes that will be used?**
You should request all of the codes you will be billing for.

**Is this process only for elective services? What about urgent admissions?**
Yes, currently this only includes elective services. There are no changes to the reviews for urgent admissions.

**Does this process include specialty referrals?**
No.

**Can we still submit a prior authorization without clinical information? We typically don't have the clinical information at the time of the initial request.**
Yes, however, it is recommended that you submit clinical at the time of your request in order to avoid any delays or administrative denials.