Inpatient Authorization User Guide
Introduction

AllWays Health Partners online provider portal, AllwaysProvider.org, is a web-based tool used to submit referrals for specialist visits and authorization requests for specific services, and to receive real-time updates on the status of these requests. To submit a referral or authorization request, the AllWays Health Partners user must have the appropriate provider permissions and the patient must have active AllWays Health Partners’ eligibility.

The following table shows referral/authorizations that can be created in AllwaysProvider.org, with a brief description:

<table>
<thead>
<tr>
<th>AllWaysProvider.org Referrals/PA Tab</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral</td>
<td>Allows user to create and send a real-time referral request to AllWays Health Partners.</td>
</tr>
<tr>
<td>Outpatient (includes Observations and Surgical Day Care)</td>
<td>Allows user to create and send a real-time outpatient authorization request to AllWays Health Partners.</td>
</tr>
<tr>
<td>Admission</td>
<td>Allows user to create and send a real-time admission certification request to AllWays Health Partners.</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>Allows user to create and send a real-time Home Health Care request to AllWays Health Partners.</td>
</tr>
</tbody>
</table>

Helpful Hints

- Members and providers need to verify member’s benefits and eligibility.
- If a referral is required verify that one is in place before submitting the Prior Authorization request.
- AllWays Health Partners’ systems are updated for maintenance on the third weekend of every month starting Friday at 5:00pm until Monday morning. You will be able to enter Referrals or Authorizations during this time, but you will not receive a status report until Monday morning.
- Please contact your site User Administrator if you need access to submit authorizations.
- Error notification: If required fields have not been entered, one or more error messages will show immediately after hitting the Submit button. You will be able to return to the original screen and complete the fields.
- If the Revise Authorization screen does not appear after clicking on Revise Request, user should press Ctrl + F5 to refresh their browser.
- The following services remain fax requests (617-586-1700):
  - Individual Consideration (Service requests outside of the member’s benefit plan)

Authorization Status:
Logging into AllWaysProvider.org to Submit Inpatient Authorization Requests:

- Log onto the AllWays Health Partners Provider Portal - https://allwaysprovider.org

If you encounter issues with login, searching for an authorization or attaching a file in AllwaysProvider.org, please contact AllWays Health Partners’ Provider Customer Service department at prweb@allwayshealth.org

Single-site access or multi-site access exists. Users with multi-site access may update the site for which they are submitting the request by selecting it from the current site drop down.

Click on the Submit new request button:
Referrals and Authorizations
Fields marked with • are required.

Inpatient Authorization Instructions

1. Select Authorization/Referral Type: Admission

2. Patient Search (Member Id/Name)

3. Requesting Provider
   Contact Name

4. Contact Phone

5. Requested Service

6. Servicing Facility (Name/NPI)
   Contact Name

7. Contact Phone

8. Diagnosis

9. Procedure Code

10. Start Date: 02/25/2019

11. End Date: 05/26/2019

12. Remarks (limited to 255 characters)

13. Submit

*Required fields are denoted with small orange sphere (•)
Steps to create an Admission Request:

1. **Authorization/Referral Type:** select Admission.
2. **Patient search:** Enter member’s AllWays Health Partners’ ID or last Name in the patient search and click **Lookup.**
   a. Click select to choose the correct member.

3. **Requesting provider:** Will auto populate with **Current Site** name. Users with access to multiple sites can update selection in the Current Site fields at the top of the page.
4. **Contact Name and Phone Number:** Will auto populate based on user login, however, both fields can be edited.
5. **Requested Service:** Select appropriate service type from drop down.

<table>
<thead>
<tr>
<th>Requested Service</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Inpatient</td>
<td>Use for Adult and Pediatrics. If service type changes (i.e. Inpatient to SDC or Observation) a new request must be submitted under the correct service type. (if COVID related, search for applicable diagnosis/ICD 10 code),</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>Use for Inpatient Chemotherapy</td>
</tr>
<tr>
<td>Hospice Services</td>
<td>Please see AllWaysProvider.org Online user Guide for Hospice</td>
</tr>
<tr>
<td>Obstetric</td>
<td>Please enter the following data in the Remarks section for newborn: baby’s delivery date, weight, gestational age, delivery type, and sex.</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td></td>
</tr>
<tr>
<td>Sick Newborn</td>
<td>Enter under mom’s ID if baby is not yet enrolled in AllWays Health Partners. Please include the following data in Remarks section: baby’s delivery date, weight, gestational age, delivery type, and sex</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>(if COVID related, search for applicable diagnosis/ICD 10 code) Please enter the following in Remarks:</td>
</tr>
<tr>
<td></td>
<td>- Level of Care for both initial and updates.</td>
</tr>
<tr>
<td></td>
<td>- If request is a 20-day bed hold</td>
</tr>
</tbody>
</table>
6. **Servicing Facility/Provider**: Enter the name or NPI of the facility where the services are being rendered and click **Search**. Click **Select** next to the appropriate facility.
   a. **Servicing Surgeon**: Will only appear when requesting service type is equal to surgical. Enter the **Individual doctor, Group or NPI** and click **Search**. Click **Select** next to the appropriate provider. If the individual provider is associated with more than one group, be sure to select the correct provider site to ensure claims payment.

7. **Contact name and phone number**: Enter contact information. (Area code is required).

8. **Diagnosis**: Enter description or ICD10 code (if COVID related, search for applicable diagnosis/ICD 10 code), click **Search**, and select appropriate diagnosis from the list. Up to six diagnoses can be entered, however, the primary diagnosis should be entered first.

9. **Procedure code**: If service type = surgical, enter CPT code and click search. Click **Select** next to the appropriate procedure. For all other service types enter the appropriate revenue code (see table below).

10. **Units/Visits**: This field will appear after a procedure code has been selected.

11. **Start Date and End date**: Enter requested date range.

12. **Remarks**: Use for brief clinical or other information (see below). There is a 255-character limit. If you are attaching or faxing clinical, in AllwaysProvider.org, please make a note in the remarks.
   a. For **Obstetrical and Sick Newborn** authorizations, the following information is required by AllWays Health Partners and should be entered in the Remarks section:
      i. Baby delivery date

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**Inpatient Service Type** | **Code Requirements**
--- | ---
Acute Inpatient (Adult & Pediatrics) | Revenue: 0121 – 0129 or 0130 - 0139
Chemotherapy (inpatient) | CPT or HCPCS Code
Obstetrical* | Revenue: 0122, 0132, 0152, or 0720 - 0729
Oral Surgery (Inpatient) | CPT or HCPCS Code (i.e., D7140, D7210, D7230, D7240, D9220, D9220, D9241, D9242
Rehabilitation | Revenue: 0128, 0138, 0158
Sick Newborn | Revenue: 0174, 0175
Skilled Nursing Facility | Revenue: 0129
Surgical Inpatient | CPT Code only
Transplant (Inpatient) | Revenue Code only
ii. Weight of baby
iii. Weeks of gestation
iv. Delivery type (Vaginal or Cesarean)
v. Sex

b. For **Skilled Nursing Facility/Rehabilitation** enter the following as appropriate:
   i. Level of Care for both initial and updates
   ii. 20-day bed hold (Skilled Nursing Facility ONLY)
   iii. When patient comes back to LTC facility from acute setting, LTC facility should continue to use the existing authorization.

13. **Submit.**

**Response Screen**

- Once you complete an authorization, you will receive a real-time response. **Note:** For **Surgical inpatient Requests**, the immediate response will generate an authorization to
one of the providers and populate the second authorization number in the remarks. Both authorizations will be in AllWaysProvider.org after the overnight update.

If your submission request doesn’t provide a real-time response, the following message will be displayed:

Your request has been received and will be processed at a later time. Please check back in 4 hours or by the following morning to see your updated status. In the interim, you can fax your clinical notes to us at 617-586-1700. Please include the date/time of your online submission on your fax cover sheet. Otherwise, you can wait until the request is in our system and upload clinical notes at that time.

Click on Submit Documentation button to upload clinical information.
■ Click on **Browse** to search and attach a file. Enter a description and click **Submit Document**.

![Upload Authorization Document](image)

**Upload Authorization Document**

You can upload documents up to 5 MB in size.

**Description:**

**File:**

[Browser]

[Upload]

[Cancel]

■ Click on **fax Document** if you are unable to submit your documentation electronically. This will generate a fax cover sheet referencing the corresponding authorization number of your request and other pertinent information. You will need to print this cover sheet and include this as part of your fax.

![Fax Document](image)

**Notice of Confidentiality:**

This transmission is intended only for the addressee listed above and may contain information that is confidential and/or legally privileged. If you are not the addressee, any use, disclosure, copying or communication of the contents of this transmission is prohibited. If this message was received in error, please telephone us immediately at 617-773-0500 and we will arrange for the return to us of the original document at no cost to you.

■ Once a document is attached, it will appear at the bottom of the authorization viewscreen. More documents may be attached at any time.
- **Please note:** When submitting clinical information via fax (selecting the fax document button) the upload will be automatically named with the Auth ID#, Date and Time.

## Authorizations & Referrals Viewer

### Authorizations/Referral Information

<table>
<thead>
<tr>
<th>Authorization/Referral ID:</th>
<th>19164R00145</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member ID:</td>
<td></td>
</tr>
<tr>
<td>Member:</td>
<td></td>
</tr>
<tr>
<td>Member Date Of Birth:</td>
<td></td>
</tr>
<tr>
<td>Product:</td>
<td>ASO</td>
</tr>
<tr>
<td>Member PCP:</td>
<td>TEPPERBERG, SARAA (1104818123) CODMAN SQUARE HEALTH CENTER</td>
</tr>
<tr>
<td>Referred By:</td>
<td>BOSTON MEDICAL CENTER (1340218294)</td>
</tr>
<tr>
<td>Referred To:</td>
<td>BOSTON MEDICAL CENTER (1340218294)</td>
</tr>
<tr>
<td>Inpatient/Outpatient:</td>
<td>Inpatient</td>
</tr>
<tr>
<td>Pay To:</td>
<td>BOSTON MEDICAL CENTER (1340218294)</td>
</tr>
<tr>
<td>Diagnosis Codes:</td>
<td>$82.89/B</td>
</tr>
<tr>
<td>Diagnosis Description:</td>
<td>OTH FX RT LOWER LEG INIT ENC OPEN FX TYPE I/II</td>
</tr>
<tr>
<td>Authorization/Referral Status:</td>
<td>APPROVED A.-General Medicine</td>
</tr>
<tr>
<td>Authorization/Referral Date:</td>
<td>08/13/2019</td>
</tr>
<tr>
<td>Service Start Date:</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>Service End Date:</td>
<td>08/15/2019</td>
</tr>
</tbody>
</table>

### Authorization/Referral Service Lines

<table>
<thead>
<tr>
<th>Line</th>
<th>Status</th>
<th>Code</th>
<th>Code Type</th>
<th>Modifier</th>
<th>Description</th>
<th>Total Units</th>
<th>Used Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>APPROVED</td>
<td></td>
<td></td>
<td></td>
<td>Inpatient Stay</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

### Authorization/Referral Supporting Documentation

<table>
<thead>
<tr>
<th>Description</th>
<th>Document</th>
<th>Size</th>
<th>Uploaded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical information rovd 06/13/2019</td>
<td>19164R00145-1.pdf</td>
<td>349KB</td>
<td>06/13/2019 01:42 PM</td>
</tr>
<tr>
<td>Clinical information rovd 06/13/2019</td>
<td>19164R00145.pdf</td>
<td>223KB</td>
<td>06/13/2019 10:32 AM</td>
</tr>
</tbody>
</table>

[Submit Document] [Fax Document]
Revisions

Edit an Existing Service Request (Use for Concurrent Review)

- A Service request may only be edited when the referral or authorization is in the Approved or Medreview status.
- On the main AllwaysProvider.org screen, use the Authorization/Referral ID or Member ID in ‘lookup by’ field and click Search.

- If Member ID is selected, choose the specific authorization number you want to revise and click View.
If Authorization/Referral ID is selected, type in the authorization number and click on Search, it will automatically bring you to the authorization.
- Click **View** on the authorization you want to revise.
- Click on **Revise Request**. If the **Revise Authorization** screen does not appear, user should press **Ctrl + F5** to refresh the browser.

### Authorizations & Referrals Viewer

**Revise Request**

<table>
<thead>
<tr>
<th>Authorization/Referral ID</th>
<th>Member ID</th>
<th>Member Date Of Birth</th>
<th>Product</th>
<th>Member PCP</th>
<th>Referral ID</th>
<th>Referred By</th>
<th>Referral ID</th>
<th>Pay To</th>
<th>Diagnosis Code</th>
<th>Diagnosis Description</th>
<th>Authorization/Referral Status</th>
<th>Authorization/Referral Date</th>
<th>Service Start Date</th>
<th>Service End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>19164R00148</td>
<td></td>
<td></td>
<td>ASO G/C</td>
<td>MANASSEH, CHRISTOPHER S. (1407562361)</td>
<td>BOSTON MEDICAL CENTER (1346218284)</td>
<td>BOSTON MEDICAL CENTER (1346218284)</td>
<td>BOSTON MEDICAL CENTER (1346218284)</td>
<td>BOSTON MEDICAL CENTER (1346218284)</td>
<td>N17.9</td>
<td>ACUTE KIDNEY FAILURE UNSPECIFIED</td>
<td>APPROVED</td>
<td>06/13/2019</td>
<td>06/12/2019</td>
<td>06/15/2019</td>
</tr>
</tbody>
</table>

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<tr>
<th>Description</th>
<th>Document</th>
<th>Size</th>
<th>Uploaded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical information revd 06/13/2019</td>
<td>19164R00148.pdf</td>
<td>255KB</td>
<td>06/13/2019 11:20 AM</td>
</tr>
</tbody>
</table>
Enter additional requested units, add a procedure or enter remarks.

Click on **Submit Revision Request**.

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**Authorization Revision (Concurrent Review) Rules**

**Incorrect Service Request Type Submitted**: If incorrect Service Type was requested (example: Rehabilitation vs Skilled Nursing Facility), user will need to enter a new authorization and enter the following in the remarks section:

- “Incorrect Service type in authorization # __. Please close this auth.”
- AllWays Health Partners will close the incorrect authorization and process new request.

**Requesting a date extension**: enter the date in the remarks section.

**Requesting a date change for Inpatient surgery**: enter the date in the remarks section.

**Requesting additional procedures**: Click on procedure lookup, choose procedure and add requested units.

- AllWays Health Partners will not accept corrected procedure codes through AllWaysProvider.org. Please submit a revision and put the corrected code in the remarks.

**Remarks**: Use for status change, clinical information, Level of Care change, corrected procedure code, corrected dates, etc.

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**View Authorizations**

www.AllWaysProvider.org
Click on **E-Business** and choose **Authorizations and Referrals** from the drop down.

User may view an authorization by:
- Authorization or Referral ID.
- Viewing Authorization and Referrals for a member.
- Viewing Authorization and Referrals for this site.