



# Inpatient Authorization User Guide

**Allwaysprovider.org**

AllWays Health Partners includes AllWays Health Partners, Inc.,  
and AllWays Health Partners Insurance Company



## Introduction

AllWays Health Partners online provider portal, AllwaysProvider.org is a web-based tool used to submit referrals for specialist visits and authorization requests specific services, and to receive real 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:

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

## 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:

| AllWaysProvider.org | Edit Functionality |
|---------------------|--------------------|
| APPROVED            | Yes                |
| CLOSED              | No                 |
| MEDREVIEW           | Yes                |
| PEND                | No                 |
| DENIED              | No                 |

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

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

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HEALTH PARTNERS

Welcome to Your Provider Portal  
you in every way

**AllWays Health Partners Resources For Providers**

On January 1, 2019, NHP became AllWays Health Partners. Learn more about AllWays Health Partners, as well as our Partners HealthCare Employee Plans.

[Provider Resources](#)

[Claims Information](#)

**Log in to the Provider Portal**

**Username** [Forgot Your Username?](#)

**Password** [Forgot Your Password?](#)

**Log In**

**Need an Account?**

If you currently have a login for NHPNet, those credentials will work here. There is no need to re-register.

If you meet the appropriate criteria and have read the instructions you may sign up for an account.

**Account Registration**

**Are you an Aetna Signature Administrators or Optum Provider?**

Find claims and contact information, and more.

**Learn more**

- 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](mailto: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:



- Home
- E-Business
- Reports
- User Admin
- PNM Admin
- Resources
- My Account

| News & Announcements   | Eligibility  | Authorizations & Referrals   |
|--|--|--|
| <p><a href="#">Backdating Referrals</a></p> <p>01/16/2019 10:14 AM</p> <input type="button" value="More"/> | <p>You can lookup a member by Member Id, Name or Date of Birth.</p> <p>Search By: <input type="text" value="Member Id"/></p> <p>Search For: <input type="text"/></p> <input type="button" value="Search"/> | <p>View/Edit Request</p> <p>Lookup By: <input type="text" value="Member Id"/></p> <p>Search For: <input type="text"/></p> <input type="button" value="Search"/> <p>To view all authorization/referrals for your site <a href="#">click here</a></p> <p>Authorization/Referral Guides</p> <input type="button" value="Submit new request"/> |



## Referrals and Authorizations

Fields marked with ● are required.

### Inpatient Authorization Instructions

Please follow the step-by-step instructions in the [Inpatient Authorization User Guide](#).

#### Admission

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   ●

11. Start Date  ●

    End Date  ●

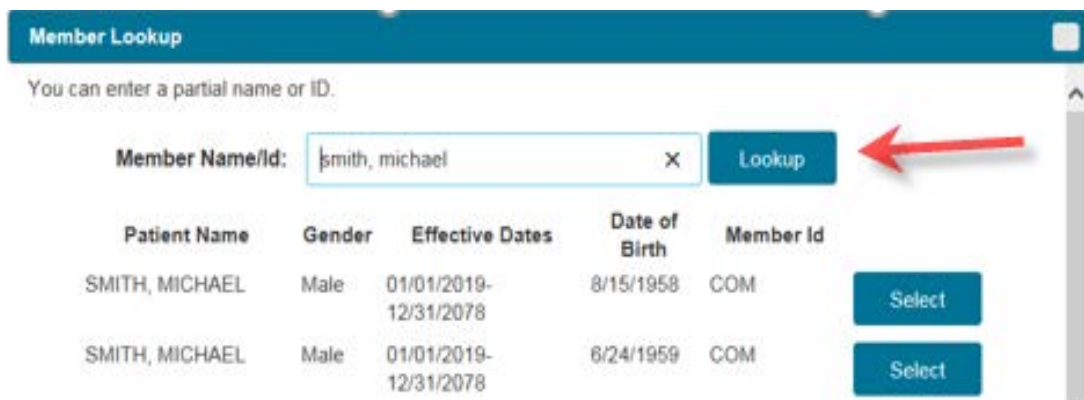
12. Remarks (limited to 255 characters)

13.

**\*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.



\*Effective dates in **red** indicate member is termed.

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.

| Requested Service        | Comments   |
|--------------------------|--|
| Acute Inpatient          | 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.   |
| Chemotherapy             | Use for Inpatient Chemotherapy   |
| Hospice Services         | Please see AllWaysProvider.org Online user Guide for Hospice   |
| Obstetric                | Please enter the following data in the Remarks section for newborn: baby’s delivery date, weight, gestational age, delivery type, and sex.   |
| Oral Surgery             |  |
| Sick Newborn             | 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 |
| Rehabilitation           | Please enter the following in Remarks: <ul style="list-style-type: none"> <li>- Level of Care for both initial and updates.</li> <li>- If request is a 20-day bed hold</li> </ul>                        |
| Skilled Nursing Facility | <ul style="list-style-type: none"> <li>- When patient comes back to LTC facility from acute setting, LTC facility should continue to use the existing authorization.</li> </ul>                          |

|            |  |
|------------|--|
| Surgical   | Please note a referral to the Specialist is also required before you submit a request for the surgery.   |
| Transplant | Please note an outpatient evaluation authorization is also required before you submit a request for the transplant (for entry of transplant eval auth, please refer to Outpatient User Guide). |

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, 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).

| Inpatient Service Type               | Code Requirements  |
|--------------------------------------|--|
| Acute Inpatient (Adult & Pediatrics) | Revenue: 0121 – 0129 or 0130 - 0139  |
| Chemotherapy                         | Revenue: 0121  |
| 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  |

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
    - 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.*

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Go

Home E-Business Reports Resources My Account

### Authorization & Referrals Viewer

You may upload supporting documentation now if needed.  
For Pending requests, please check your authorization referral status at a later time (generally 4 hours or by the following morning).

Authorization/Referral ID:  
Member:  
Member ID:  
Member Date of Birth:  
Authorization/Referral Status:  
Refer From:  
Refer To:  
Service Start:  
Service End:  
Type of Request:  
Units/Visits:  
Message:

Submit Document Fax Document

#### Authorization Documents

| Description                | Document | Size | Uploaded |
|----------------------------|----------|------|----------|
| No data available in table |          |      |          |

**CONTACT US**  
Customer Service - [1-855-444-4647](tel:1-855-444-4647)  
Email - [prweb@allwayshealth.org](mailto:prweb@allwayshealth.org)

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- 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** □

## Upload Authorization Document

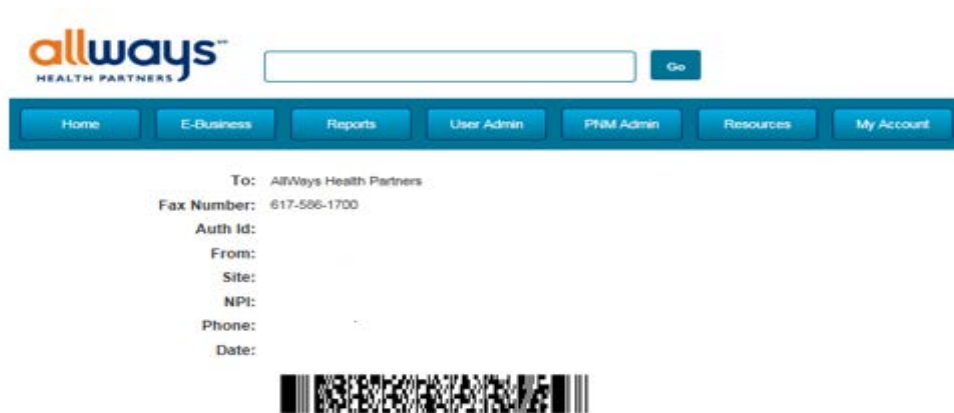
You can upload documents up to 5 MB in size.

**Description:**

**File:**  Browse...

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.



**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 617-772-5500 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

Revise Request

### Authorizations/Referral Information

|                                |                                       |                              |   |
|--------------------------------|---------------------------------------|------------------------------|---|
| Authorization/Referral ID:     | 19164R00145                           | Member:                      |   |
| Member ID:                     |                                       | Member Date Of Birth:        |   |
| Product:                       | ASO                                   | Member PCP:                  | TEPPERBERG, SARA A. (1104816123)<br>CODMAN SQUARE HEALTH CENTER |
| Referred By:                   | BOSTON MEDICAL CENTER<br>(1346218294) | Referred To:                 | BOSTON MEDICAL CENTER (1346218294)                              |
| Inpatient/Outpatient:          | Inpatient                             | Pay To:                      | BOSTON MEDICAL CENTER (1346218294)                              |
| Diagnosis Code:                | S82.891B                              | Diagnosis Description:       | OTH FX RT LOWER LEG INIT ENC OPEN<br>FX TYPE III                |
| Authorization/Referral Status: | APPROVED<br>A -General Medicine       | Authorization/Referral Date: | 08/13/2019  |
| Service Start Date:            | 08/12/2019                            | Service End Date:            | 08/15/2019  |

### Authorization/Referral Service Lines

| Line | Status   | Code | Code Type | Modifier | Description    | Total Units | Used Units |
|------|----------|------|-----------|----------|----------------|-------------|------------|
| 1    | APPROVED |      |           |          | Inpatient Stay | 3           | 0          |

### Authorization/Referral Supporting Documentation



| Description                          | Document          | Size  | Uploaded               |          |
|--------------------------------------|-------------------|-------|------------------------|----------|
| Clinical information rcvd 08/13/2019 | 19164R00145-1.pdf | 349KB | 08/13/2019<br>01:49:PM | Download |
| Clinical information rcvd 08/13/2019 | 19164R00145.pdf   | 228KB | 08/13/2019<br>10:30:AM | Download |

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**.

The screenshot shows the 'Authorizations & Referrals' section of the AllWays Provider Online Authorization User Guide. It features a search interface with a 'Lookup By' dropdown menu set to 'Member ID'. A red circle highlights the 'View/Edit Request' link, and a red arrow points to the 'Member ID' option in the dropdown. Below the search fields is a 'Search' button and a 'Submit new request' button.

- If **Member ID** is selected, choose the specific authorization number you want to revise and click **View**.

### Authorizations & Referrals

Submit new request

---

View Authorizations & Referrals By:

OR [View Authorizations & Referrals for This Site](#)

Enter Member ID or [Lookup member ID](#)

Show Authorizations/Referrals:


Diagnosis Code:

#### Quick Summary for COM

Click on View to open up Authorization/Referral detail.

|                      | Auth/Referral ID | Request Type | Created    | Diagnosis Code | Status   | Service Start Date | Service End Date |
|----------------------|------------------|--------------|------------|----------------|----------|--------------------|------------------|
| <a href="#">View</a> | 19164R00145      | Prior Auth   | 06/13/2019 | S82.891B       | APPROVED | 06/12/2019         | 06/15/2019       |

- If **Authorization/Referral ID** is selected, type in the authorization number and click on **Search**, it will automatically bring you to the authorization.

| Eligibility   | Authorizations & Referrals  |
|---|---|
| <p>You can lookup a member by Member ID, Name or Date of Birth.</p> <p>Search By: <input type="text" value="Member ID"/></p> <p>Search For: <input type="text"/></p> <p><input type="button" value="Search"/></p> | <p>View/Edit Request</p> <p>Lookup By: <input type="text" value="Authorization/f"/></p> <p>Search For: <input type="text" value="19164R00148 X"/></p> <p> <input type="button" value="Search"/></p> <p>To view all authorization/referrals for your site <a href="#">click here</a></p> <p><a href="#">Authorization/Referral Guides</a></p> <p><input type="button" value="Submit new request"/></p> |

- 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 

### Authorizations/Referral Information

|                                |                                       |                              |   |
|--------------------------------|---------------------------------------|------------------------------|---|
| Authorization/Referral ID:     | 19164R00148                           | Member:                      |   |
| Member ID:                     |                                       | Member Date Of Birth:        |   |
| Product:                       | ASO GIC                               | Member PCP:                  | MANASSEH, CHRISTOPHER S.<br>(1407820673)<br>BOSTON UNIVERSITY FAMILY<br>MEDICINE, INC |
| Referred By:                   | BOSTON MEDICAL CENTER<br>(1346218294) | Referred To:                 | BOSTON MEDICAL CENTER<br>(1346218294)   |
| Inpatient/Outpatient:          | Inpatient                             | Pay To:                      | BOSTON MEDICAL CENTER<br>(1346218294)   |
| Diagnosis Code:                | N17.9                                 | Diagnosis Description:       | ACUTE KIDNEY FAILURE<br>UNSPECIFIED   |
| Authorization/Referral Status: | APPROVED<br>A -General Medicine       | Authorization/Referral Date: | 06/13/2019  |
| Service Start Date:            | 06/12/2019                            | Service End Date:            | 06/15/2019  |

### Authorization/Referral Service Lines

| Line | Status   | Code | Code Type | Modifier | Description    | Total Units | Used Units |
|------|----------|------|-----------|----------|----------------|-------------|------------|
| 1    | APPROVED |      |           |          | Inpatient Stay | 3           | 0          |

### Authorization/Referral Supporting Documentation

| Description                          | Document        | Size  | Uploaded               |                          |
|--------------------------------------|-----------------|-------|------------------------|--------------------------|
| Clinical information rcvd 06/13/2019 | 19164R00148.pdf | 255KB | 06/13/2019<br>11:20:AM | <a href="#">Download</a> |

[Submit Document](#)

[Fax Document](#)

- Enter additional requested units, add a procedure or enter remarks.
- Click on **Submit Revision Request**.

Revise Authorization

## Revise Authorization

19164R00148

Add Units

0121 Room & Board - SEMI-2BD Med/Surg/Gyn Units/Visits 0

Add Procedures

Procedure Lookup

Remarks:

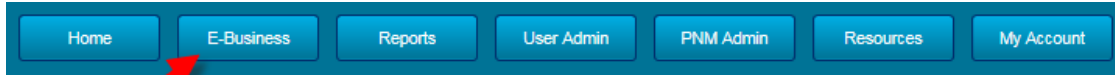
Submit Revision Request

### 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.

## View Authorizations

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



### Authorizations & Referrals

Submit new request

---

View Authorizations & Referrals By:

Enter Member ID or [Lookup member ID](#)

Show Authorizations/Referrals:

Diagnosis Code:

**User may view an authorization by:**

- Authorization or Referral ID.
- Viewing Authorization and Referrals for a member.
- Viewing Authorization and Referrals for this site.