

Inpatient Authorization (OON) User Guide

Provider.MassGeneralBrighamHealthPlan.org

Table of Contents

Introduction.....	3
Helpful Hints.....	3
Authorization Status	4
Authorization Closure Reason Legend (most frequently used, not entire list).....	4
Creating an Admission Request.....	6
Response Screen.....	10

Introduction

Mass General Brigham Health Plan's online provider portal Provider.MassGeneralBrighamHealthPlan.org is a web-based tool used to submit referrals for specialist visits and authorization requests for specific services and to receive real updates on the status of these requests. To submit a referral or authorization request, the patient must have active Mass General Brigham Health Plan eligibility.

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

Provider.MassGeneralBrighamHealthPlan.org Referrals/PA Tab	Brief Description
Referral	Allows user to create and send a real-time referral request to Mass General Brigham Health Plan
Outpatient (Includes Observation and Surgical Day Care)	Allows user to create and send a real-time outpatient authorization request to Mass General Brigham Health Plan
Admission	Allows user to create and send a real-time admission certification request to Mass General Brigham Health Plan
Home Health Care	Allows user to create and send a real-time Home Health Care request to Mass General Brigham Health Plan

Helpful Hints

- Members and providers need to verify member's benefits and eligibility.
- There is a code checker tool so you can search by code to see authorization requirements.
- If a referral is required verify that one is in place before submitting the Prior Authorization request.
- Mass General Brigham Health Plan's 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.
- **Observation (OBV) or Surgical Day Care (SDC) that becomes an inpatient admission**, a separate authorization must be submitted. The provider must also indicate in the Remarks that the OBV or SDC has converted to an Inpatient Admission.
- If the **Revise Authorization** screen does not appear after clicking on **Revise Request**, user should **press Ctrl + F5** to refresh your browser.
- **Individual Consideration** - Service requests outside of the member's benefit plan.

- The following services should continue to be requested through Mass General Brigham Health Plan vendor sites:
 - Sleep Studies and Sleep DME: CareCentrix
 - Outpatient MRI's, CT, and PET imaging studies: Evicore

Authorization Status

Provider.MassGeneralBrighamHealthPlan.org	Edit Functionality
APPROVED	Yes
CLOSED	No
MEDREVIEW	Yes
PEND	No
DENIED	No

Authorization Closure Reason Legend (most frequently used, not entire list)

- **AC – Duplicate** – More than one request for same service. Go back to original auth for revision.
- **AC – Entered in Error** – Auth closed due to error (ie. Provider used incorrect portal)
- **AC – No Prior Authorization Required** – Auths will be closed when PA is not required.
- **AC – Provider Withdrew Request** – Auth closed as provider withdrew PA request
- **AC – Redirection** – Auth closed and redirected for review by designated party (ie. ACO)
- **AC – Requires both Referral and PA** – If no referral on file, PA is closed
- **AC – Revision of Existing Authorization Required** – Do not enter new auth, revise existing auth
- **AC – Secondary Insurance, No Auth Required** – Member has other, prime, insurance. Auth not needed as secondary payer – do not submit auth.
- **AC – Status Changed** – Used for level of care changes (ie. Observation to inpatient.)
- **AC – Submit to Evicore** – Auth must be submitted to eviCore for review and will be closed
- **AC – Submit to Optum** - Auth must be submitted to Optum for review and will be closed
- **AC – Template/Service Mismatch - See User Guide and Resubmit** – the service requested was placed on the wrong template and was closed. New auth needed.

Select Authorization/Referral Type:

Enter the member ID or name and then press the **Search** button to select an eligible member. This request cannot be submitted if you do not search for and select a member.

Patient Search (Member ID/Name) ●

Requesting Provider ●

Contact Name ●

Contact Phone ●

Requested Service ●

Servicing Facility (Name/NPI) ●

Contact Name ●

Contact Phone ●

Diagnosis ●

Procedure Code ●

Service start date ●

Service end date ●

Remarks (limited to 255 characters)

Required fields are denoted with this small sphere (●) next to the field name.

Creating an Admission Request

1. **Authorization/Referral Type:** select **Admission**.
2. **Patient Search:** Click **Search**.

Patient Search (Member ID/Name) 

A box will pop up. Enter the **Member ID** and **Last Name** and click **Search**. Click on the correct member under the **Member Search Results**.

Member ID Search ✕

Search By:

Member ID:
 

Last Name:
 



Member Search Results

Name	Date of Birth	Gender	Member ID	Valid From	Valid Until
LHASO, JOHN	1/1/1954	Male	1007010070	10/1/2022	12/31/2078

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

3. **Requesting Provider:** Enter the Requesting Provider NPI, Provider Name, Provider Address, Contact Name and Contact Phone Number (Area code is required).
4. **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.

Requested Service	Comments
Chemotherapy	Use for Inpatient Chemotherapy
Hospital at Home (HAH)/Hospital in the Home (HITH)	Use for Adult “inpatient” admission to Acute Hospital at Home. This authorization includes, but is not limited to, the following services: Transportation, DME, Oxygen, IV infusion, MD/RN services, etc. No additional authorization required
Obstetric	Authorization required for antepartum and/or postpartum complications (no PA required for routine vaginal or cesarean delivery)
Oral Surgery	
Sick Newborn (Commercial ONLY)	<p>If the newborn baby is not yet enrolled in Mass General Brigham Health Plan, please enter an auth for the newborn under mom’s ID (this acts as a placeholder for 30 days maximum, pending enrollment of newborn).</p> <p>Please include the following data in Remarks section: baby’s delivery date, weight, gestational age, delivery type, and sex.</p>
Sick Newborn (MassHealth ONLY)	<p>Once the newborn is enrolled with Mass General Brigham Health Plan, Provider submits SNB (Sick Newborn Baby) authorization under baby's ID.</p> <p>Authorization request should not be submitted under mom’s ID to act as a placeholder</p>
Rehabilitation	(if COVID related, search for applicable diagnosis/ICD 10 code)
Skilled Nursing Facility	<p>Please enter the following in Remarks:</p> <ul style="list-style-type: none"> • Level of Care for both initial and updates. • If request is a 20-day bed hold • When patient comes back to LTC facility from acute setting, LTC facility should continue to use the existing authorization.
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 required before you submit a request for the transplant (for entry of transplant eval auth, please refer to Outpatient User Guide).

5. **Servicing Facility/Provider:** Enter the Servicing Provider NPI, Provider Name, Provider Address, Contact Name and Contact Phone Number (Area code is required).
 - 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.
6. **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.
7. **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
Hospital at Home (HAH) /Hospital in the Home (HITH)	Revenue: 0161
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

8. **Units/Visits:** This field will appear after a procedure code has been selected.
9. **Start Date and End Date:** Enter requested date range.
10. **Remarks:** Use for brief clinical information, individual consideration requests, or other information (see below). There is a 255-character limit. If you are attaching or faxing clinical, in Provider.MassGeneralBrighamHealthPlan.org, please make a note in the remarks.

- a. For **Sick Newborn** authorizations, the following information is required by Mass General Brigham Health Plan 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.

11. 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 Provider.MassGeneralBrighamHealthPlan.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.

Authorizations & Referrals Viewer

This cannot be revised because the status is not MEDREVIEW or APPROVED

Authorizations/Referral Information

Authorization/Referral ID:	22348R00000	Member:	LHASO, JOHN
Member ID:	1007010070	Member Date Of Birth:	01/01/1954
Product:	MEDICARE ADVANTAGE	Member PCP:	
Referred By:	FAMILY CARE ASSOCIATES, LLC (1417969817)	Referred To:	BRIGHAM AND WOMEN'S HOSPITAL (1790717650)
Inpatient/Outpatient:	Inpatient	Pay To:	BRIGHAM AND WOMEN'S HOSPITAL (1790717650)
Diagnosis Code:	N50.82	Diagnosis Description:	Scrotal pain
Authorization/Referral Status:	PENDING A -General Medicine	Authorization/Referral Date:	12/14/2022
Service Start Date:	12/14/2022	Service End Date:	12/19/2022

Authorization/Referral Service Lines

Line	Status	Code	Code Type	Modifier	Description	Total Units	Used Units
1	PENDING				Inpatient Stay	5	0

Authorization/Referral Supporting Documentation

Description	Document	Size	Uploaded	
Clinicals	UserGuideInpatient_2.7.2022.pdf	896KB	12/14/2022 11:40:AM	Download



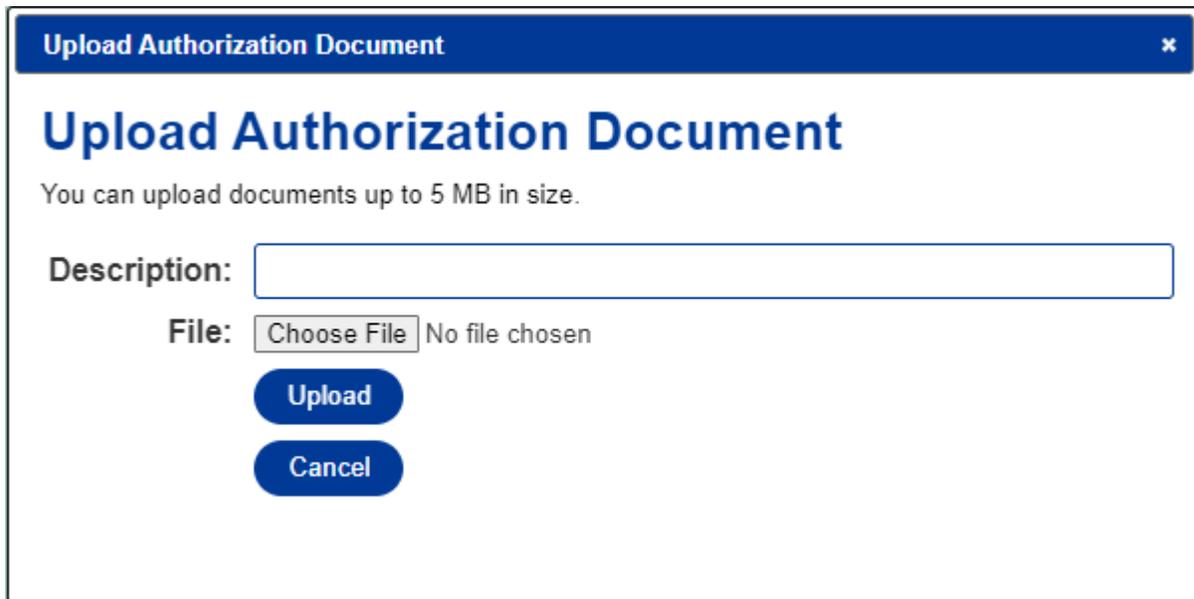






- Click on **Submit Document** button to upload clinical information.

- Click on **Choose File** to search and attach a file. Enter a description and click **Upload**.



Upload Authorization Document [X]

Upload Authorization Document

You can upload documents up to 5 MB in size.

Description:

File: No file chosen

- 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.

To: Mass General Brigham Health Plan
Fax Number: 617-586-1700
Auth Id: 22348R00000
From: Bill Nolan
Site: FAMILY CARE ASSOCIATES, LLC
NPI: 1417969817
Phone: 508-932-2383
Date: 12/14/2022



- 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:	22348R00000	Member:	LHASO, JOHN
Member ID:	1007010070	Member Date Of Birth:	01/01/1954
Product:	MEDICARE ADVANTAGE	Member PCP:	
Referred By:	FAMILY CARE ASSOCIATES, LLC (1417969817)	Referred To:	BRIGHAM AND WOMEN'S HOSPITAL (1790717650)
Inpatient/Outpatient:	Inpatient	Pay To:	BRIGHAM AND WOMEN'S HOSPITAL (1790717650)
Diagnosis Code:	N50.82	Diagnosis Description:	Scrotal pain
Authorization/Referral Status:	APPROVED A -General Medicine	Authorization/Referral Date:	12/14/2022
Service Start Date:	12/14/2022	Service End Date:	12/19/2022

Authorization/Referral Service Lines

Line	Status	Code	Code Type	Modifier	Description	Total Units	Used Units
1	APPROVED				Inpatient Stay	5	0

Authorization/Referral Supporting Documentation

Description	Document	Size	Uploaded	
Clinicals	UserGuideInpatient_2.7.2022.pdf	896KB	12/14/2022 11:40:AM	Download

Submit Document

Fax Document