



# Outpatient Authorization User Guide

[allwaysprovider.org](http://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 for 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:

Referrals/PA Types	Brief Description
<b>Referral</b>	Allows user to create and send a real-time referral request to AllWays Health Partners.
<b>Outpatient (includes Observations and Surgical)</b>	Allows user to create and send a real-time outpatient authorization request to AllWays Health Partners.
<b>Admission</b>	Allows user to create and send a real-time admission certification request to AllWays Health Partners.
<b>Home Health Care</b>	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.
- 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 their browser. This only needs to be done once.
- The following services remain fax requests (**617-586-1700**):
  - **Individual Consideration** (Services beyond the members benefit)

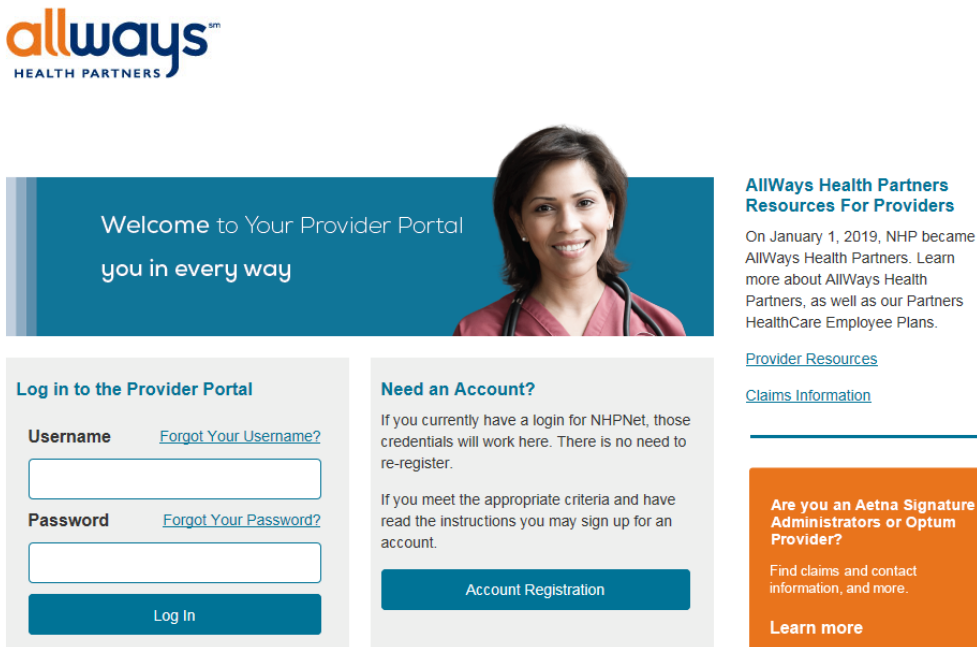
**Authorization Status:**

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

- The following services should continue to be requested through AllWays Health Partners vendor sites:
  - **Sleep Studies:** CareCentrix
  - **Outpatient MRI’s, CT, and PET imaging studies:** eviCore

**Logging into AllwaysProvider.org to Submit Outpatient 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](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:



Go

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News & Announcements

[Backdating Referrals](#)

01/16/2019 10:14 AM

More

Eligibility

You can lookup a member by Member Id, Name or Date of Birth.

Search By:

Member Id

Search For:

Search

Authorizations & Referrals

View/Edit Request

Lookup By:

Member Id

Search For:

Search

To view all authorization/referrals for your site [click here](#)

[Authorization/Referral Guides](#)

Submit new request



## Referrals and Authorizations















Fields marked with  are required.

**Outpatient Authorization Instructions**

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

- For Surgical, the facility and the surgeon must both be entered in the Servicing Provider field.
- For Chiropractic, Oral Surgery and Transplant, enter the individual in the servicing provider field. If the individual provider is associated with more than one group, be sure to choose the correct provider option to ensure claims payment.
- For DME requests the servicing provider must be the DME provider.

**Outpatient Service**

1. Select Authorization/Referral Type:  
2. Patient Search (Member Id/Name)   
3. Requesting Provider  
4. Contact Name  
4. Contact Phone  
5. Requested Service   
6. Servicing Facility (Name/NPI)   
7. Contact Name  
7. Contact Phone  
8. Diagnosis   
9. Procedure Code   
11. Start Date  
11. End Date  
12. Remarks (limited to 255 characters)
13.

**\* Required fields are denoted with a small orange sphere (●)**

## Steps to Create an Outpatient Request:

1. **Authorization/Referral Type:** select **Outpatient**.
2. **Patient search:** Enter member’s AllWays Health Partners ID or last Name in the patient Search and click **Lookup**.
  - o 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
Acupuncture	Prior Authorization is required for greater than 20 visits for certain My Care Family (MVACO) members ONLY
Chiropractic	AllWays Health Partners Commercial and Qualified Health Plans with an unlimited chiropractic visit benefit will require prior authorization for visits beyond 20 visits. My Care Family (MVACO) members ONLY will continue to have a benefit limit of 20 chiropractic visits within the benefit period
Dental Accident	
DME Purchase	<ul style="list-style-type: none"> <li>• Enter modifiers in the Remarks of the authorization.</li> <li>• Attachment of physician prescription and clinical documentation to AllWays Health Partners authorization is required.</li> <li>• Enteral product requests require the completed Combined MassHealth Managed Care (MCO) Medical Necessity Review</li> </ul>

	Form be attached to the authorization in AllWays Health Partners once an authorization number has been received.
DME Rental	<ul style="list-style-type: none"> <li>• Enter rental modifiers in the Remarks of the authorization.</li> <li>• Attachment of physician prescription and clinical documentation to AllWays Health Partners.</li> </ul>
Infertility	Includes In-Vitro Fertilization
Non-Emergent Transportation	
Observation	
Occupational/Physical Therapy	<ul style="list-style-type: none"> <li>• <b>My Care Family (MVACO) members – PA Required</b></li> <li>• <b>Commercial members beyond the benefit limit – Requests are considered individual considerations and must be faxed to 617-586-1700.</b></li> </ul> <p><b>Evaluation:</b> Add 1 visit to total visits requested and note in Remarks “1 Visit”</p>
Other Medical	Includes but is not limited to Botox, Dermatology, Genetic testing, Heart Monitor, Hyperbaric Oxygen Therapy, Neuropsych (Medical), Ophthalmology, Urology, Vascular, Weight management, Wound care.
Oral Surgery	
Orthotics/ Prosthetic device	
Outpatient Infusion	
Pain Management	Office visits require a Referral and Actual treatment requires a prior Authorization.
Speech Therapy	<ul style="list-style-type: none"> <li>• <b>My Care Family (MVACO) members – PA Required</b></li> <li>• <b>Commercial members beyond the benefit limit – Requests are considered individual considerations and must be faxed to 617-586-1700.</b></li> </ul> <p><b>Evaluation:</b> Add 1 visit to total visits requested and note in Remarks “1 Visit”</p>

Surgical	<ul style="list-style-type: none"> <li>• Use for SDC (Surgical Day Care)</li> <li>• Please note, a referral to the specialist is also required before you submit a request for the surgery.</li> <li>• For a list of Surgical Procedures that require PA, please refer to Prior Authorization Guidelines on the AllWays Health Partners Health Partners’ Provider Site.</li> <li>• SDC: If a patient remains in observation beyond eight hours, an observation auth must be submitted.</li> <li>• If SDC becomes an admission, a separate authorization must be submitted. Provider must also indicate in the Remarks section that the SDC converted to inpatient stay and include the SDC PA number.</li> <li>• If the date for the SDC changes but is within the 90 day date span of auth, no action is required by the provider.</li> </ul>
Transplant	Evaluation and Management

6. **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/provider name.
  - **Servicing Surgeon:** Will only appear when requesting service type is equal to surgical. Enter the **Individual Physician, 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.
  - **For DME requests,** the servicing provider must be the DME vendor.
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:** Enter code and click **search**. Click **select** next to the appropriate procedure. (Refer to the table below for specific coding requirements).

Outpatient Service Type	Code Requirements
Acupuncture	CPT/ HCPCS Code
Chiropractic	CPT/ HCPCS Code
Dental Accident	CPT Code
DME Purchase	HCPCS codes (add modifiers in remarks section)
DME Rental	HCPCS codes (add modifiers in remarks section)
Infertility/In-Vitro Fertilization	CPT/ HCPCS Code
Non-Emergent Transportation	CPT/ HCPCS Code
Observation	Rev code – OBV use 0762; OB OBV use 0729



Occupational/Physical Therapy – (My Care Family (MVACO) members ONLY)	CPT Code (Only 1 code is required) Example 97110
Oral Surgery	CPT/ HCPCS Code
Orthotic/Prosthetic Device	HCPCS codes (Orthotics L0112 – L4631 and Prosthetics L5000 – L8699)
Other Medical	Submit appropriate procedure code.
Outpatient Infusion	CPT/ HCPCS Code
Pain Management	CPT/ HCPCS Code
Speech Therapy – (My Care Family (MVACO) members ONLY)	CPT Code (Only 1 code is required) Example 92507
Surgical (Use for SDC)	CPT Code <b>Note:</b> For a list of Surgical Procedures that require PA, please refer to Prior Authorization Guidelines on the AllWays Health Partners Health Partners' Provider Site.
Transplant	Use Evaluation & Management CPT Codes (99201 – 99215)

10. **Units/Visits:** this field will appear after a procedure code has been selected.
  - For OT/PT Evaluation: Add 1 visit to total visits request and note in remarks “1 visit for Evaluation.”
  
11. **Start Date and End date:** Enter requested date range.
  
12. **Remarks:** Use for brief clinical, modifiers, and other information. There is a 255-character limit. If you are attaching or faxing clinical, in AllwaysProvider.org, please indicate so in the remarks section.
  
13. **Submit.**

## Response Screen

- Once you complete an authorization, you will receive a real-time response. **Note:** *For Surgical Day Care 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.*

The screenshot shows the AllWays Health Partners website interface. At the top left is the logo for AllWays Health Partners. To its right is a search bar with a 'Go' button. Below the logo is a navigation bar with buttons for Home, E-Business, Reports, Resources, and My Account. The main heading is 'Authorization & Referrals Viewer'. Below this heading are two lines of red text: 'You may upload supporting documentation now if needed.' and 'For Pending requests, please check your authorization referral status at a later time (generally 4 hours or by the following morning)'. A list of labels for authorization details follows: 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, and Message. Below these labels are two buttons: 'Submit Document' and 'Fax Document'. Underneath is a section titled 'Authorization Documents' with a table. The table has columns for Description, Document, Size, and Uploaded, and a message 'No data available in table'. At the bottom is a 'CONTACT US' section with contact information: Customer Service - 1-855-444-4647, Email - [prweb@allwayshealth.org](mailto:prweb@allwayshealth.org), and a copyright notice for © 2019 AllWays Health Partners.

- 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:**

- 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.

**allways**  
HEALTH PARTNERS

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

To: AllWays Health Partners

Fax Number:

Auth Id:


From:

Site:

NPI:

Phone:

Date:



**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 be 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. (1104818123) CODMAN SQUARE HEALTH CENTER
Referred By:	BOSTON MEDICAL CENTER (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 FX TYPE III
Authorization/Referral Status:	APPROVED 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	19164R00145-1.pdf	349KB	06/13/2019 01:49:PM	<a href="#">Download</a>
Clinical information rcvd 06/13/2019	19164R00145.pdf	228KB	06/13/2019 10:30:AM	<a href="#">Download</a>

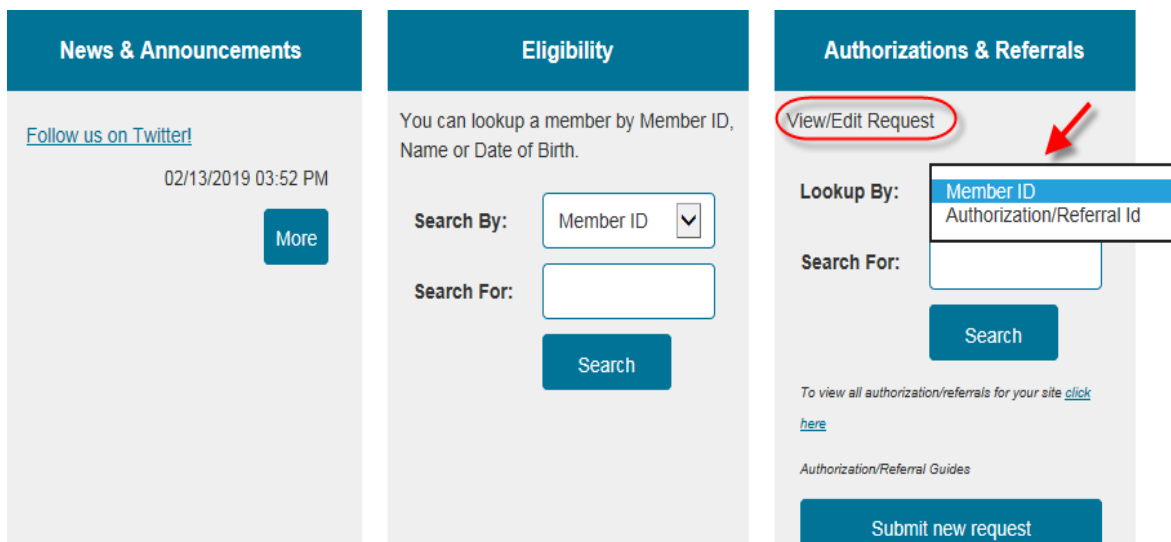
Submit Document

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 lookup field and click **Search**.



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

## Authorizations & Referrals

[Submit new request](#)

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**View Authorizations & Referrals By:**

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

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

**Show Authorizations/Referrals:**

**Diagnosis Code:**

[Go](#)

### 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.

The image displays two side-by-side screenshots of the AllWays Health Partners web interface. The left screenshot, titled "Eligibility", shows a search form with the instruction "You can lookup a member by Member ID, Name or Date of Birth." The "Search By:" dropdown menu is set to "Member ID". Below it is an empty "Search For:" text box and a "Search" button. The right screenshot, titled "Authorizations & Referrals", shows a "View/Edit Request" section. The "Lookup By:" dropdown menu is set to "Authorization/f". The "Search For:" text box contains the value "19164R00148" with a clear 'X' icon. A red arrow points to the "Search" button. Below the search fields, there is a link: "To view all authorization/referrals for your site [click here](#)". At the bottom of this section is a "Submit new request" button.

- 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



### Authorizations/Referral Information

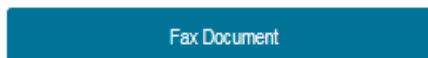
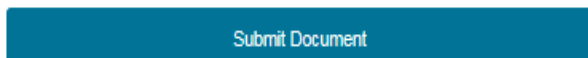
Authorization/Referral ID:	19164R00148	Member:	
Member ID:		Member Date Of Birth:	
Product:	ASO GIC	Member PCP:	MANASSEH, CHRISTOPHER S. (1407820673) BOSTON UNIVERSITY FAMILY MEDICINE, INC
Referred By:	BOSTON MEDICAL CENTER (1346218294)	Referred To:	BOSTON MEDICAL CENTER (1346218294)
Inpatient/Outpatient:	Inpatient	Pay To:	BOSTON MEDICAL CENTER (1346218294)
Diagnosis Code:	N17.9	Diagnosis Description:	ACUTE KIDNEY FAILURE UNSPECIFIED
Authorization/Referral Status:	APPROVED 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 11:20:AM	<a href="#">Download</a>



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

**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: Occupational/ Physical therapy vs Speech therapy), 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:** 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, corrected procedure code, corrected dates, date extensions, etc.



## View Authorizations

- Click on **E-Business** and choose **Authorizations and Referrals**.

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

### Authorizations & Referrals

Submit new request

View Authorizations & Referrals By: Member ID Authorization/Referral Id

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

Show Authorizations/Referrals: All Approved/Active

Diagnosis Code:

Go

### User may view an authorization by:

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