



MEDICARE ADVANTAGE AUTHORIZATIONS

CareFirst BlueCross BlueShield

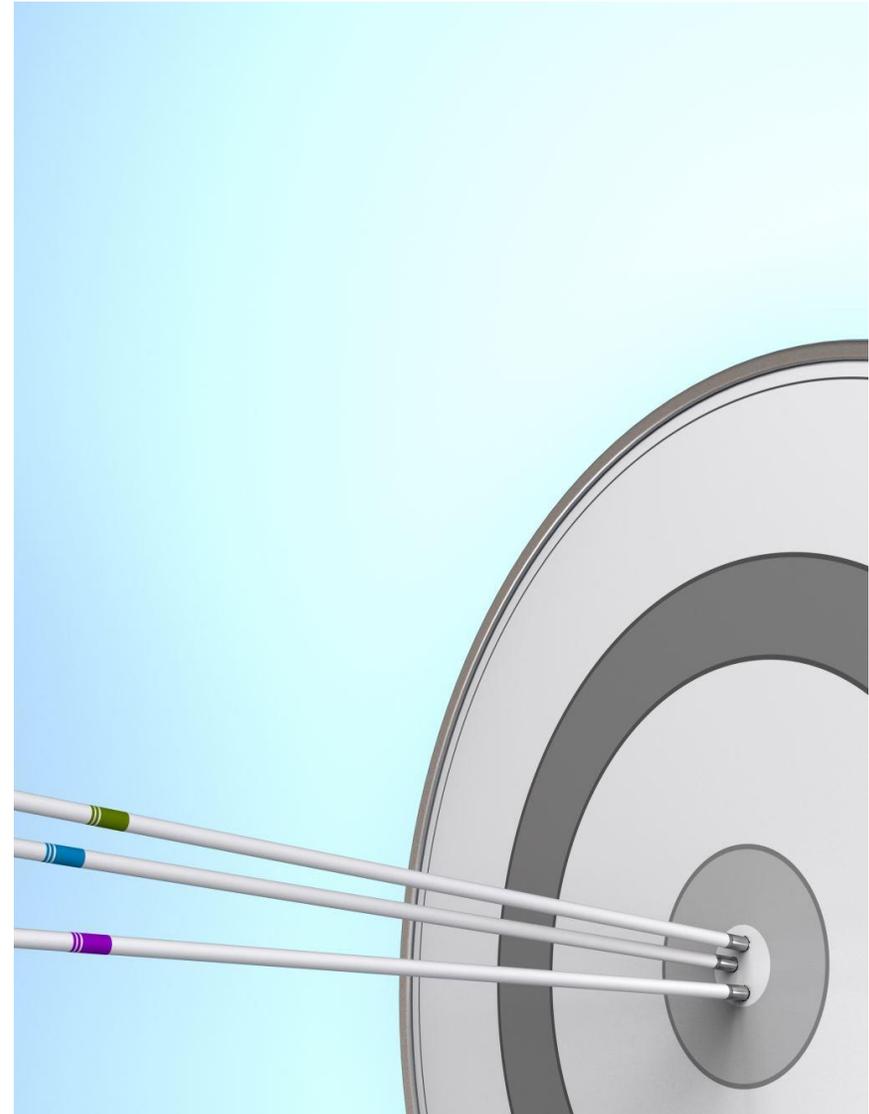
AGENDA

1. Introduction to Altruista Health
2. General Authorization Requirements
3. Accessing Authorization System
4. Entering Outpatient Authorizations
5. Requesting Outpatient Extensions
6. Withdrawing Pended Authorizations
7. Q&A
8. Wrap up

Learning Objectives

By the end of this training, participants will be able to:

- Enter outpatient authorizations
- Request outpatient extensions
- Access and respond to messages
- Withdraw pended authorizations
- Locate resources on provider.carefirst.com



Effective 1/1/2021

CareFirst is implementing a new entry system for Medicare Advantage authorizations called Altruista Health. This upgrade is being released throughout 2021 starting first with Medicare Advantage (MA) members in January and will be available for all members in mid-2021.

- Fully integrated with CareFirst Direct and does not require separate sign on
- Seamless user experience
- Much of the same functionality as current authorization entry system

System Requirements

- Browsers
 - Firefox 22.x+
 - Chrome 28.x+
 - Internet Explorer 11.x+
- Screen Resolution
 - 1366 x 768 pixels
- Disable Pop-up blockers





Timeout Feature

There is no autosave feature

Incomplete authorizations with no activity for 29 minutes **will be erased**

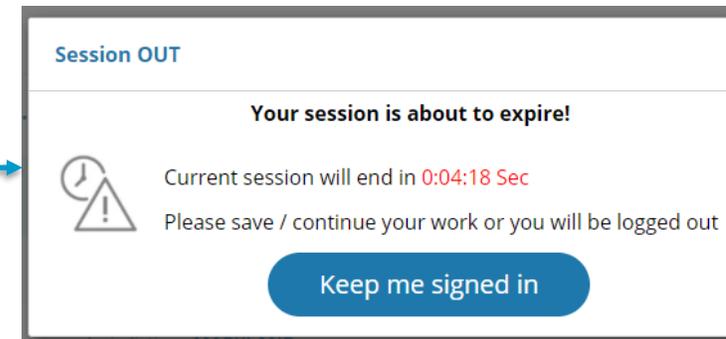
The system will prompt user that the session will expire if no activity is detected

Users must start over with a new auth request



Pop-up blockers

Disable each time you enter the system



* Referred By Provider Name Click 'Down Arrow' after entering first 3 characters to enable search

Provider Name

Diagnosis Description

Click 'Down Arrow' after entering first 3 characters to enable search.

When performing a Smart Search for:

- Providers
- Diagnosis Description
- Procedure Description

Type the first 3 letters and select the **Down Arrow** on the Keyboard



What Authorizations Can I View?

- 
- Authorizations you entered
 - Authorizations entered by others using the same NPI/TIN in the any of Provider fields

General Authorization Requirements

- Services must be covered under the Enrollee's benefit Plan
- Services must be medically necessary and appropriate
- Services must be performed in the appropriate setting
- Utilization Management Decisions are based on the following criteria:
 - The Modified Appropriateness Evaluation Protocol (AEP) Criteria, the Apollo Managed Care Physical Therapy, Occupational Therapy, and Rehabilitation Criteria
 - MCG Behavioral Health Care Guidelines 24nd edition
 - MCG Ambulatory Care Guidelines
 - MCG Inpatient and Surgical Guidelines
 - MCG Home Health Guidelines
 - MCG Medicare Compliance Guidelines
 - The American Society of Addiction Medicine (ASAM) criteria
 - CareFirst Medical Policy Reference Manual (available at www.carefirst.com).



Consult CareFirst's Medical Policy Manual, an electronic database that contains both medical policies and medical policy operating procedures on CareFirst Direct.

ENTERING OUTPATIENT AUTHORIZATIONS

System Demonstration

No Authorization Required For...



Participating Ambulatory Service Centers (ASC)

Lab Corp/Other Contracted Laboratories



Radiology/Lab Services at participating freestanding facilities

1

Verify Authorization Status to mitigate unnecessary calls to PreService Review or Precert

- Authorization Status is clearly designated in the system

2

Attach all supporting clinical information to your request to establish medical necessity

3

Submit an administrative/inquiry appeal for claims that deny for no authorization on file

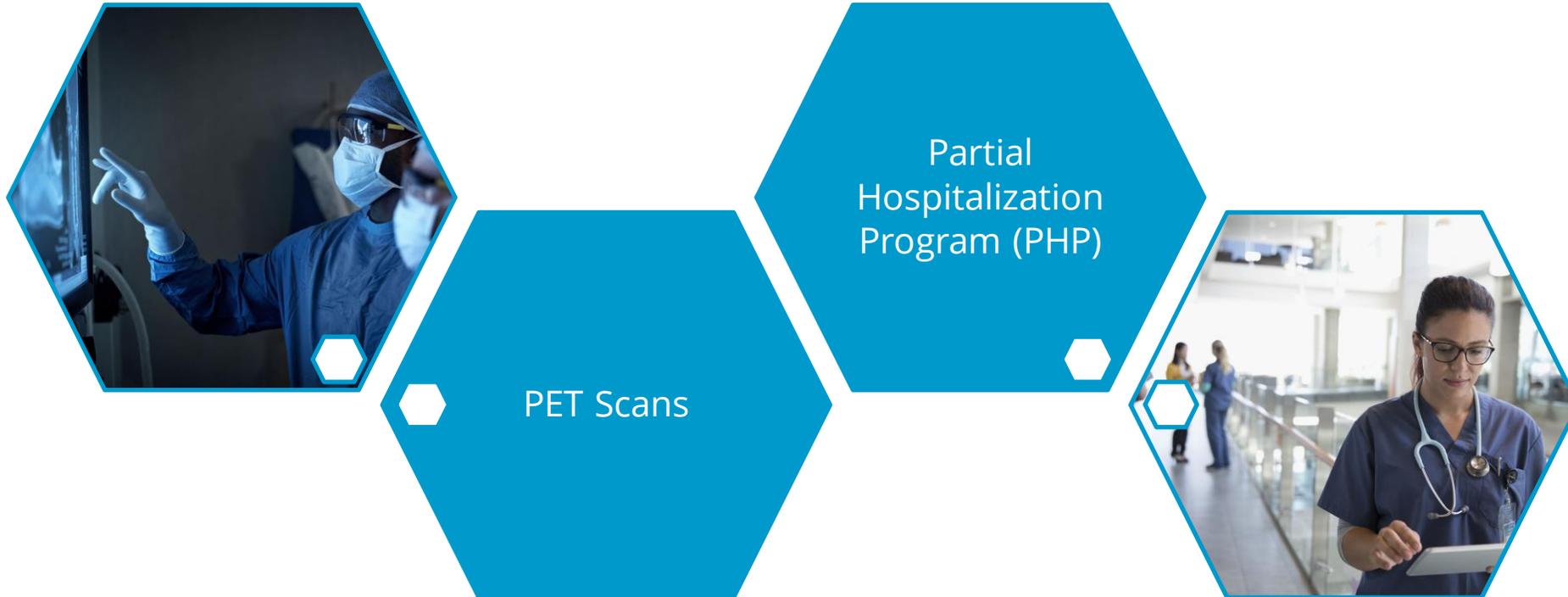
4

Encourage your patients to use participating free-standing Radiology Facilities and Lab Corp (commercial patients should use free-standing facilities)

5

Use actual dates for surgery/procedures rather than 'assumed dates' thereby eliminating the need for constant Date Of Service (DOS) changes or appeals (when the correct dates are not updated)

Several services will require authorization effective 1/1/2021 that do not currently require one:



ACCESSING AUTHORIZATION SYSTEM

CareFirst

Need Insurance? Members Employers Brokers **Providers**

HOME JOIN OUR NETWORKS PROGRAMS/SERVICES RESOURCES

Login

User ID [Forgot User ID](#)

Password [SHOW](#) [Reset Password](#)

CAREFIRST DIRECT

Verify eligibility, check claim status and more - online.

[Get Started](#)

Forgot your User Id?

- Click [Forgot User ID](#) and complete the steps to have it sent to your email.

Need to Reset your Password?

- Click [Reset Password](#) enter your User ID and check your email to complete the password reset. *Note: this must be completed within 24 hours or a new password reset must be initiated.*

Medical Policy

Find approved medical policies and operating procedures for all products offered by CareFirst in the online Medical Policy Reference Manual.

Electronic Claims

Get paid fast and save time - submit your claims online.

Electronic Data Interchange (EDI)

Stay Connected

Register for Provider Emails >

Find Your Provider Rep >

Provider Newsletters >

Find a Provider >

Quick Links

Pre-Cert/Pre-Auth >

Manuals & Guides >

Forms >

MD EHR Adoption Incentive >

Log in to the Provider Portal at provider.carefirst.com.

Forgot your User Id?

- Click [Forgot User ID](#) and complete the steps to have it sent to your email.

Need to Reset your Password?

- Click [Reset Password](#) enter your User ID and check your email to complete the password reset. *Note: this must be completed within 24 hours or a new password reset must be initiated.*

Once logged in, you will see the CareFirst Direct home page.

To begin the process of entering a Prior Authorization, click on '*Prior Auth/Notifications*' or perform a Member Search.

CareFirst Direct | Member Search

Eligibility / Benefits & Claims Status | Discontinuation / NOP

Member Search

Feb 11, 2019 at 11:14 AM

Find by Member ID

Member ID *

ABC123456789 ?

Date of Birth *

mm/dd/yyyy

Date Of Service *

02/11/2019

* Required

Next

News!

- Register today for the CareFirst Provider Engagement Expo
- Colleague, will you be in Cumberland on Oct. 2? Join us for a refresher course
- PCMH Quarter 3 Update: 2017 Performance Year Results, Reducing Admissions and More
- You Are Invited to Our Upcoming Provider Engagement Expo. Don't Wait to Register
- Updates to the ePA tool, BlueLink Tip and more in this issue of BlueLink
- Are you located in Rockville, MD or Fairfax, VA? We have a training for you
- Changes to Professional Fee Schedule Effective Dec. 1
- Join us for a refresher course in Owings Mills, MD or Arnold, MD

Quick Links

- Forms
- Manuals & Guides
- Help

If selecting Prior Auth/Notifications from the toolbar to submit a Medicare Advantage authorization, click *'Start Now'* in the *'Medical (Medicare Advantage)'* tile.

Prior Auth / Notifications

Medical (Commercial / FEP)

Inpatient Authorization (Inpatient Notification)
Outpatient Authorization (Medical Prior-Authorization)
Genetic Testing (FEP only)

[Start Now](#)

[Learn more...](#)

Medical (Medicare Advantage)

Inpatient Authorization (Inpatient Notification)
Outpatient Authorization (Medical Prior-Authorization)
Genetic Testing (Medicare Advantage only)

[Start Now](#)

[Learn more...](#)

What requires an Authorization?

Medical

[Medical Policy](#)
[Pre-Cert/Pre-Auth \(In-Network\)](#)
[Pre-Cert/Pre-Auth \(Out-of-Area\)](#)
[Medicare Advantage Procedure/Diagnosis Code List](#)

Pharmacy

[Pharmacy Exception Requests](#)
[Pharmacy Resources](#)
[Pharmacy Prior Authorization](#)

Other Resources

[Medical Forms](#)
[Medical News](#)
[On-demand Training](#)

Pharmacy (All Lines of Business)

Specialty Drug Authorization
Pharmaceutical Authorization

[Start Now](#)

[Step by Step](#)

[Learn more...](#)

Genetic Testing (Commercial)

[Start Now](#)

[Learn more...](#)

BlueCard (Out of Area)

Enter Prefix

[Start Now](#)

[Learn more...](#)

Accessing Authorizations from Member Search Results

Eligibility / Benefits & Claims Status | Remittance / NOP | Fee Schedules

< Back **Member Search Results**

You searched for

Member ID: _____ Date Of Birth: _____ Date: _____

Search Results

<input checked="" type="radio"/> LAST NAME, FIRST	Male
---	------

I would like to see

Eligibility / Benefits Claims Status **Prior Auth / Notification**

Prior Auth Type

- Select One
- Medical
- Pharmacy
- Genetic Testing

Back **Next**

If submitting authorization directly from the member search screen, locate the member and click the *Prior Auth/Notification* radio button.

Select the Prior Auth Type from the menu, and it will direct you to the appropriate authorization system based on the Member and Authorization type needed

Accessing Authorizations from the Eligibility Summary Page

[Back](#) Eligibility Summary

Date of Service

12/09/2020



Update



DOB: 02/04/1953 (67 yrs) Female

Member ID:

Medical
CF010000

Dental
CF010000

Vision
CF010000

Pharmacy
CF010000

Group
CAREFIRST ADVANTAGE, INC.

Status
Active Coverage
08/01/2020 - 12/31/9999

Relationship to Policy Holder
Self

more...

Coordination of Benefits No info on file

Primary Care Physician (PCP) No info on file

Medicare Advantage Supplemental Benefits ▼

Disclaimer

Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limits and

Insurance Type

HMO

Plan Description

Medicare Advantage Enhanced

Renewal Month ?

Contract: Every January

Benefit: Every January



Zoom In

You can start a prior authorization from the Eligibility Summary page.

From the drop down under *'I would like to'*, select *Prior Auth/Notification* and this will direct you to the appropriate authorization system based on the Member and Authorization type needed.

Enter a Benefit

[Manage Benefit Favorites](#)

I would like to

[View Claims](#)

Prior Auth/Notifications

Select One

Medical
Pharmacy
Genetic Testing



Accessing Authorizations from the Benefit Search Page

Eligibility / Benefits & Claims Status | Remittance / NOP | Fee Schedules

< Back **Benefit Details**

You Searched For

Date of Service: 12/09/2020 Service Type: Home Health Visits [Add to my Benefit Favorites](#)

DOB: 02/04/1953 (67 yrs) Female

Medical CF010000 CAREFIRST ADVANTAGE, INC.

In Network [Show Less](#)

	INDIVIDUAL	FAMILY
DEDUCTIBLE	N/A	N/A
OUT OF POCKET	N/A remaining of \$6,550.00	N/A remaining of N/A

	Professional	Institutional Outpatient	Institutional Inpatient
1000 -			
Benefit Description	Place Of Service	Copay Amount	Coinsurance
Durable Medical Equipment and Supplies (DC 1000)	Office	N/A	20% More
Durable Medical Equipment and Supplies (DC 1000)	Inpatient Hospital	N/A	20% More

You can start a prior authorization from the Benefit Search page.

Locate the benefit and click the *'more...'*

If the benefit requires authorization, click on the *'Authorization Required'* hyperlink to be taken to the appropriate authorization system for the Member and Authorization Type.

Benefit Details

You Searched for Dec 9, 2020 at 6:08 AM

Transaction ID: 4003530058

Service Type: Home Health Visits Date of Service: 12/09/2020 Network: Out of Network Provider Type: Professional
Benefit Details: Durable Medical Equipment and Supplies (DC 1000) Place of Service: Office

DOB: 02/04/1953(67 yrs)Female Member ID:

Medical CF010000 CAREFIRST ADVANTAGE, INC.

Coinsurance Details

20%
[Authorization Required](#)
Cost of Medicare-covered item

Disclaimer

Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limits and the member's status on the date of service. Accumulated amounts such as deductibles may change as additional claims are processed.

Close

Welcome
Provider Portal



Start a New Request

Authorizations in Progress



5 

Inpatient in Progress

[View All Inpatient Authorizations](#)



7 

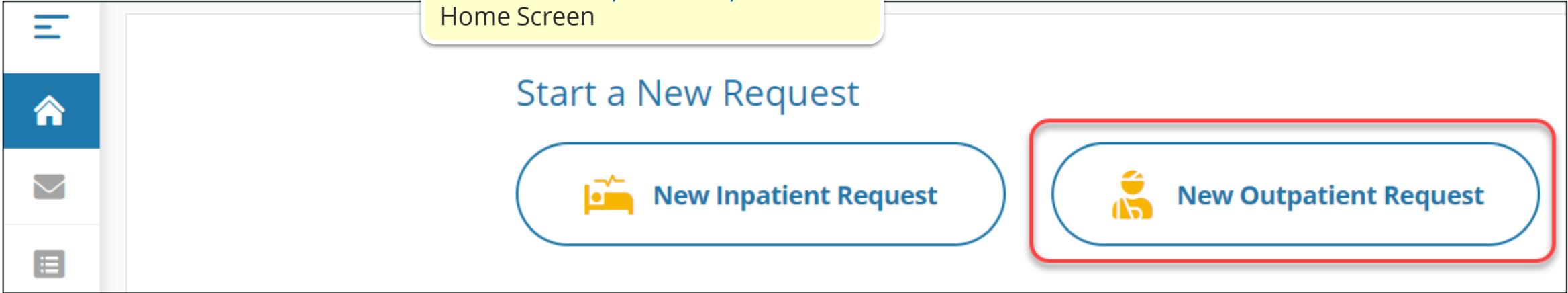
Outpatient in Progress

[View All Outpatient Authorizations](#)

 [Request to withdraw a pending Authorization](#)

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Select '*New Outpatient Request*' from Home Screen



The screenshot shows a mobile application interface. On the left is a vertical navigation menu with icons for a home screen, messages, and a list. The main content area is titled "Start a New Request" and contains two buttons: "New Inpatient Request" (with a bed icon) and "New Outpatient Request" (with a person icon). The "New Outpatient Request" button is highlighted with a red rectangular border.

1. Search for the Member, using First Name, Last Name and DOB *or* Member ID, no prefix is needed
2. Click 



Member Search



1 Member Search 2 Authorization Basics 3 Additional Details 4 Results



 Our records indicate this member may have another insurance policy. **Please verify primary insurance with member prior to submission.**



First Name	Last Name	Date of Birth	Member ID
<input type="text"/>	<input type="text"/>	MM/DD/YYYY	S0000065

1

2







Authorization Basics

1 Member Search > 2 Authorization Basics > 3 Additional Details > 4 Results

Olivia Sample19 • Female • 68 Years & 1 Months • DOB: 11/18/1952

Carrier Member ID : S00000019

1

2

Active Inactive

Eligibility

	Line Of Business Medicare Advantage Code MCAR	Status Active Start Date 1/1/2020 End Date 12/31/2099
	Privileged Access General Code NONE	Funding Type Risk Code R
	Legal Entity CAREFIRST ADVANTAGE Code 14	Account CAREFIRST ADVANTAGE, INC. Code 2013430
	Network Medicare Advantage Code A01	Jurisdiction MARYLAND Code M
		Product Medical Code 5
Additional Details		
BH Benefit Y	CMS Contract ID	
Eligibility ID S00000019	Eligibility Refere	
Grandfather Account N	Medicare Prima	

1. Confirm member via the **Demographic Ribbon**
2. Eligibility Status - It may be necessary to search inactive membership in order to enter an authorization request for a member who has termed eligibility. For example, a member is admitted to the hospital on their last day of active eligibility, and the health plan is not notified of the admission until the next day.
3. Scroll to search for Product Medical and click the *Eligibility Radio Button*

1. * Authorization Type: Home

2. * Auth Priority: Prospective Standard

3. Referred By Provider Name: Provider Name

Referred By Provider Name & Servicing Provider are same

Servicing Provider: Provider Name

Facility Provider Name: Provider Name

Authorization Priority Definitions

Concurrent Standard – continued stay review while hospitalized

Prospective Expedited – urgent preservice

Retrospective – post service or admission

Prospective Standard* – routine pre-service

Concurrent Expedited – continued stay review requiring urgent response such as moving patient to higher level of care

*Most used

1. Select Authorization Type
2. Select Auth Priority
3. Add Provider(s)
 - If ordering and servicing providers are the same, clicking the box next to the provider name will auto-populate the servicing provider
 - Click the little "i" to get detailed information on the provider

Note: Facility Provider is required for OP authorizations

*** Referred By Provider Name**

Provider Name  **2**

*** Servicing Provider**

Provider Name 

1 Click 'Down Arrow' after entering first 3 characters to enable search.

Two ways to search for a Provider:

1. Smart Search
Type the first 3 letters of the providers last name and press the **down arrow** on your keyboard will return matching providers.
2. Advanced Search
Click on the magnifying glass
Note: Do not use for MA authorizations as it populates providers in all networks

1. Enter first 3 characters
2. Click the *down arrow* on your keyboard
3. Hover over each entry to see full details
4. Click on provider's name to select

* Referred By Provider Name

Provider Name

Click 'Down Arrow' after entering first 3 characters to enable search.

Provider Name	Provider Type	Provider Code	Provider NPI	Tax ID	Network	Network Status	Address	Contract Start Date	Contract End Date
.. TEST	OPTO...				CAREFIR...	PAR		05/01/20...	12/31/20...
.. TEST	OPTO...				CAREFIR...	PAR		05/01/20...	12/31/20...
.. TEST	OPTO...				CAREFIR...	PAR		05/01/20...	12/31/20...
.. TEST	OPTO...				CAREFIR...	PAR		05/01/20...	12/31/20...
.. TEST	OPTO...				CAREFIR...	PAR		05/01/20...	12/31/20...
.. TEST	OPTO...				CAREFIR...	PAR		05/01/20...	12/31/20...
.. TEST	OPTO...				CAREFIR...	PAR		05/01/20...	12/31/20...
.. TEST	OPTO...				CAREFIR...	PAR		05/01/20...	12/31/20...
.. TEST	OPTO...				CAREFIR...	PAR		05/01/20...	12/31/20...
.. TEST	OPTO...				CAREFIR...	PAR		05/01/20...	12/31/20...

! (Warning icon)

'Please note that the above list include top 10 providers with active addresses. Please use advanced search for active and inactive providers.'

Advanced Provider Search- Non-MA Provider Search

Find Provider

Provider Information

1.

Specialty:

Provider Type:

Provider Code:

2.

Provider Name	Provider Type	Provider Code	Provider NPI	Tax ID	Address	Office Phone	Network	Network status	Contract Start Date	Contract End Date
<input type="radio"/> PROVIDER NAME	PHYSICIAN	XXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	ADDRESS	XXXXXXXXXX	BlueChoice Network	PAR	10/01/2019	12/31/2099
<input type="radio"/> PROVIDER NAME	PHYSICIAN	XXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	ADDRESS	XXXXXXXXXX	BlueChoice Network	PAR	10/01/2019	12/31/2099
<input type="radio"/> PROVIDER NAME										
<input type="radio"/> PROVIDER NAME										

3. [PROVIDER NAME](#)

4. [PROVIDER NAME](#)

! Notice the network is not CareFirst BlueCross BlueShield Medicare Advantage

1. Enter at least one of the attributes
You can scroll down the right side of the Provider Information column to view more attributes

2. Click 'Search'

3. Click the hyperlink to view provider details

4. Select from the list of returned Providers

Treatment Type, Place of Service, Diagnosis

1

1. Enter Treatment Type from dropdown
2. Enter Place of Service from dropdown
3. Enter diagnosis description or code
Remember: Use down arrow on keyboard to conduct Smart Search

* Treatment Type Outpatient Services		* Place Of Service 11 - Office	
Diagnosis Description Presence of right artificial knee joint	* Diagnosis Code Z96.651	<input checked="" type="radio"/> Primary Diagnosis <input type="radio"/> Primary Diagnosis	
Diagnosis Description Begin typing Code or Description	* Diagnosis Code		



- Primary Diagnosis must be selected.
- Providers may enter an unlimited number of diagnoses.
- If a diagnosis line is added it must be completed or deleted. If left empty, the user will get an error code alerting them to missing information.

The screenshot shows a medical form with the following fields and controls:

- 1:** A red box highlights the "Diagnosis Description" field containing "ACUTE RIGHT HEART FAILURE" and the "Diagnosis Code" field containing "I50.811". A radio button labeled "Primary Diagnosis" is selected.
- 2:** A red box highlights the "Procedure Description" field containing "CORONARY ARTERY BYP W/VEIN &ARTERY GRAFT 6 VEIN", the "Procedure Code" field containing "33523", and an empty "Modifier" field.
- 3:** A red box highlights the "From Date" field containing "10/13/2020" and the "To Date" field containing "10/15/2020".
- 4:** A red box highlights the "Unit Type" dropdown menu set to "Days" and the "Req." field containing the number "3".
- 5:** A red box highlights the "Next" button.

Other visible elements include a "+" button between the diagnosis and procedure sections, a "Primary Procedure" radio button, and "Reset" and "Cancel" buttons at the bottom right.

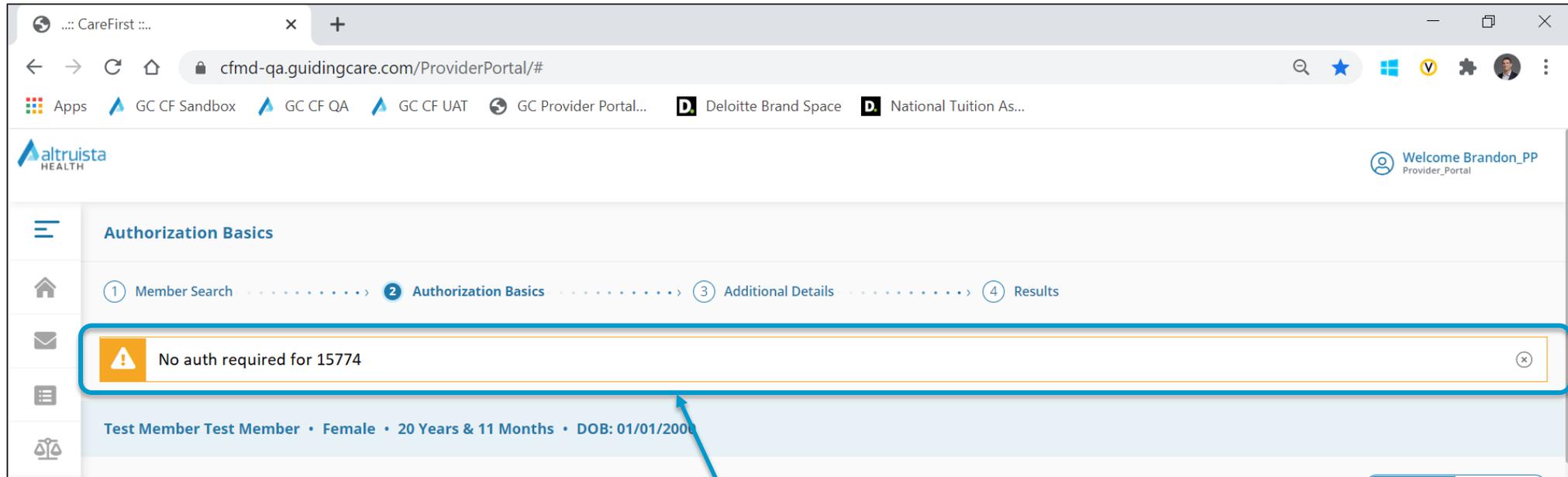
1. Enter Diagnosis Description
2. Enter Procedure Description
Note there are 2 procedure codes here, one for the evaluation and one for the actual treatments
Designate which is primary by clicking the radio button
3. Enter From Date/To Date
4. Enter Unit Type/Requested
Select the correct unit type
5. Click Next

Procedure Description	Procedure Code	Modifier	From Date	* To Date	Unit Type	Req.
<input type="text" value="Begin typing Code or Description"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<div style="border: 2px solid orange; padding: 5px;"><p>Select ▼</p><input type="text"/></div>	<input type="text"/>
<p>+ <input checked="" type="radio"/> Primary Procedure</p>						

Click Unit Type Drop Down

- Ensure that the Unit Type entered matches the service, OP Extension (if any) and claims submission

System Features - No Authorization Required



!

If there is no authorization necessary for a procedure code entered, a message will populate advising the user that no authorization is required.

Providers/Facilities must submit medical records with authorization requests.

* Add Note

Add clinical here or add attachment below

1

Add Attachments

Untitled Document.pdf x

2

3

Submit

Cancel

1. Add Clinical Notes
2. Upload documents, if available
3. Click Submit

MCG

Authorization Request



Patient : Name : DOB : 1/1/1940 Gender : Male

Authorization : EPS-00000056 Type : Outpatient Hospital Status : NoDecisionYet
Diagnosis Codes : F19.1(ICD-10 Diagnosis) *primary* Procedure Codes : 94.68(Other) *primary*

Geographic Regions All

Procedure Code: 94.68 (Other)

Requested Units: 1

Description : MISCELLANEOUS DIAGNOSTIC AND THERAPEUTIC PROCEDURES; PROCEDURES RELATED TO THE PSYCHE; ALCOHOL AND DRUG REHABILITATION AND DETOXIFICATION; COMBINED ALCOHOL AND DRUG DETOXIFICATION

1. Select the Provider's Geographic Region
2. Click on Document Clinical
3. Enter notes
4. Save document
5. Submit Request

MCG uses Evidence and analytics to proactively manage care, predict resource needs, and benchmark recovery progress. MCG care guidelines, interfaces seamless with the provider portal to reduce authorization time while maintaining decision quality.

Depending on the combination of diagnosis and procedure codes entered, providers may be required to enter additional information (like the current questionnaire). The authorization system will automatically trigger the mcg guidelines and require providers to complete the appropriate information. Once the information is completed and submitted, the system will automatically transfer back to the authorization platform.

Authorization Request

✓
Request Form

2
Document Clinical

3
Submit Request

Patient : **Name :** **DOB :** 1/1/1940 **Gender :** Male [▼ show more](#)

Authorization : EPS-00000059 **Type :** Outpatient Hospital **Status :** NoDecisionYet [▼ show more](#)

Diagnosis Codes : E84.0(ICD-9 Diagnosis) *primary*, E84.0(ICD-10 Diagnosis) **Procedure Codes :** 81220(CPT/HCPCS) *primary*

Geographic Regions Maryland Clear

Maryland

Procedure Code: 81220 (CPT/HCPCS)

Requested Units: 1

Description : CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)

Guideline Title	Product	Code	Action
Cystic Fibrosis - CFTR Gene and Mutation Panel	AC	A-0597	add
Pancreatitis, Hereditary - CFTR, CPA1, CTFC, PRSS1, and SPINK1 Genes	AC	A-0646	add
No Guideline Applies			add

1. Choose Guideline and complete clinical review

altruista HEALTH

Welcome Julie_PP
Provider_Portal

1 Member Search ... 2 Authorization Basics ... 3 Additional Details ... Results

Warning: Your request #1012MCYHZ has been pended. [Click to print](#)

Information: You will receive a Decision Status. Your authorization will be either Approve or Pend for Review.

altruista HEALTH

Violet Sample65 • FEMALE • 74 Years & 7 Months. **DOB** 03/23/1946
Primary Language ENGLISH

Auth ID #
Authoriz
Authoriz

This screen will allow you to view all the information you entered.

Scroll to bottom of page to see decision line

The number of actions and decisions made on the authorization will determine the number of decision lines displayed

Each decision line has a documented Decision Status

Authorization Guidelines

Decision 1

Procedure Code: 97163	Procedure Description: PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Unit Type: Visits
Decision Status: Pending	Appr. 0	Denied 0
Notification Date and time: 10/12/2020 2:05:10 PM	Treatment Type: Home Care	

Decision 2

Procedure Code: 97110	Procedure Description: THERAPEUTIC PX 1-> AREAS EACH 15 MIN EXERCISES	Unit Type: Visits
Decision Status: Pending	Appr. 0	Denied 0
Notification Date and time: 10/12/2020 2:05:10 PM	Treatment Type: Home Care	

1. Open Authorization from Auth List
2. Click to view auth, notes, docs, or letter

Auth Details

Primary Diagnosis **Reduced mobility** Referred By Provider Name

Notification Date 10/13/2020

Decision Date 10/13/2020

Carrier Member ID : S00000065

View & Print Auth View Notes View Docs View Letter View Guidelines View Discharge Plan View Extension Guidelines

[+ Discharge Information](#)

REQUESTING OUTPATIENT EXTENSIONS



Welcome
Provider Portal

- 
- 
- 
- 
- 



Start a New Request

 [New Inpatient Request](#)

 [New Outpatient Request](#)

Authorizations in Progress

5 

[Inpatient in Progress](#)

[View All Inpatient Authorizations](#)

7 

[Outpatient in Progress](#)

[View All Outpatient Authorizations](#)

 [Request to withdraw a pending Authorization](#)

Navigation Menu – Authorization List

Authorization List

Inpatient | Outpatient

Member Id Filters Download Results Choose Columns

Auth ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Next Review Date	Facility	Service Provider
1104W2QZH	Nov 04, 2020		Medicare Advantage	Nov 04, 2020	Skilled Nursing Facility	Pending	N/A		
1021WO6HO	Oct 21, 2020		Medicare Advantage	Oct 21, 2020	Skilled Nursing Facility	N/A	N/A		
1015TELPB	Oct 15, 2020		Medicare Advantage	Oct 15, 2020	Emergent Inpatient Hospital	Pending	N/A		
1015T8JOV	Oct 15, 2020		Medicare Advantage	Oct 15, 2020	Comprehensive Inpatient Rehabilitation Facility	Pending	N/A		
0904FJCYX	Sep 04, 2020		Medicare Advantage	Sep 04, 2020	Scheduled Inpatient Hospital	Pending	N/A		
0904F8RAS	Sep 04, 2020		Medicare Advantage	Sep 04, 2020	Long Term Acute Care	N/A	N/A		
0901TIRU6	Sep 01, 2020		Medicare Advantage	Sep 01, 2020	Scheduled Inpatient Hospital	Denied	N/A		

Make sure outpatient list is selected

Configuring the Authorization List

Choose Columns allows the User to add columns to the display

Authorization List

Inpatient | Outpatient | Pharmacy

Member Id

Auth ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Next Review Date	Service End Date	Facility
1014WASZ3	Oct 14, 2020		Medicare Advantage	Oct 14, 2020	Scheduled Inpatient Hospital	Approved	Oct 18, 2020	Oct 17, 2020	
1013T22RC	Oct 13, 2020		Medicare Advantage	Oct 13, 2020	Scheduled Inpatient Hospital	Pending	N/A	Oct 16, 2020	
1013TU8D7	Oct 13, 2020		Medicare Advantage	Oct 08, 2020	Scheduled Inpatient Hospital	Approved	Oct 10, 2020	Oct 09, 2020	
1013TW3C0	Oct 13, 2020		Medicare Advantage	Oct 13, 2020	Scheduled Inpatient Hospital	Pending			

Next Review Date

Referred By Provider

Service End Date

[Save](#)

You can choose columns to add to the display. You can add the following columns:

- Next Review Date
- Referred By Provider
- Service End Date

Filtering the Authorization List

1. Choose authorization type
2. Select search criteria
3. Close filter menu

The screenshot shows the 'Authorization List' interface. At the top left, there is a navigation menu with a home icon (1) and a filter icon. Below the navigation, there are tabs for 'Inpatient' and 'Outpatient'. The 'Inpatient' tab is selected. Below the tabs, there are search filters for 'Status' and 'Authorization Created Date', and a 'Clear All' button. The main area displays a table with columns: Auth ID #, Created Date, Member Name, and Plan Type. The table contains three rows of data. A filter menu is open over the table, showing sections for 'Status' (with 'Pending' selected), 'Authorization Created Date' (with 'From Date' and 'To Date' fields), 'Admission/ Service Date' (with 'From Date' and 'To Date' fields), and 'Type' (with several facility options). A 'Close' button (3) is located at the top right of the filter menu. At the bottom right of the filter menu, there are 'Download Results' and 'Choose Columns' buttons.

Auth ID #	Created Date	Member Name	Plan Type
1013T22RC	Oct 13, 2020		Medicare
1013TW3C0	Oct 13, 2020		Medicare
1013TE771	Oct 13, 2020		Medicare

1. View or Adjust filtering criteria
2. Select authorization

Authorization List

Inpatient Outpatient Pharmacy

Member Id Filters Download Results Choose Columns

1 Status Authorization Created Date Clear All

Auth ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Next Review Date	Service End Date	Facility	Service Provider
2 > 1013T22RC	Oct 13, 2020		Medicare Advantage	Oct 13, 2020	Scheduled Inpatient Hospital	Pending	N/A	Oct 16, 2020		
> 1013TW3C0	Oct 13, 2020		Medicare Advantage	Oct 13, 2020	Scheduled Inpatient Hospital	Pending	N/A	Oct 16, 2020		
> 1013TE771	Oct 13, 2020		Medicare Advantage	Oct 13, 2020	Scheduled Inpatient Hospital	Pending	N/A	Oct 16, 2020		

Requesting an Outpatient Extension

1. Locate the relevant auth in the Authorization List
2. Expand by clicking the down chevron
3. Click '+ Extension'

Authorization List

[Inpatient](#) [Outpatient](#)

Member Id Filters Download Results Choose Columns

Auth ID #	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Service End Date	Referred By Provider	Facility	Service Provider
1014WQFBR	Oct 14, 2020		Medicare Advantage	Oct 19, 2020	Office	Approved	Oct 31, 2020			

Auth Details

Primary Diagnosis Presence of right artificial knee joint 3

Notification Date 10/14/2020

Decision Date 10/14/2020

Member ID : S00000067 , Carrier Member ID : S00000067

[View & Print Auth](#) [View Notes](#) [View Docs](#) [View Letter](#) [View Guidelines](#) [View Discharge Plan](#) [View Extension Guidelines](#)

[+ Extension](#)

Requesting an Extension

Service Code	Service Description	Unit Type	Start Date	End Date	Approved Units	Denied Units	Treatment Type	Extend Start Date	Extend End Date	Total Extended Units
93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	Visits	10/19/2020	10/31/2020	13	0	Outpatient S...	11/01/2020	11/20/2020	21

1 Enter Treatment Type, Extend Start Date, Extend End Date, and Total Extended Units (must match initial unit type)

2 Enter clinical notes and or upload documents

3 Click 'Submit'

Enter Note
enter clinical here and/or upload attachments, below.
Add Attachments

! Dates in the extension should not overlap. Please enter a date after the original authorization end date as the start date for the extension. Please see example above.

Scroll to bottom of page to see decision lines

Decision 1

Procedure Code 93798	Procedure Description Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	Unit Type Visits
Decision Status Approved	Apr. 13	Denied 0
Decision Date Time 10/14/2020 3:28:19 PM	Notification Date and time 10/14/2020 3:23:15 PM	Treatment Type Outpatient Services

External Guidelines

Source MCG

Decision 2

Procedure Code 93798
Decision Status Pending
Notification Date and time 10/14/2020 4:03:5

Source MCG
Decision 2
Procedure Code 93798
Decision Status Approved
Decision Date Time 10/14/2020 4:10:20 PM

Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	Unit Type Visits
Denied 0	

Notice that there are two decision lines, but one procedure code. This is because there is a separate decision line for the extension.

WITHDRAWING PENDED AUTHORIZATIONS

Withdrawing Pended Authorizations

Authorizations in Progress

31 

Inpatient in Progress

[View All Inpatient Authorizations](#)

59 

Outpatient in Progress

[View All Outpatient Authorizations](#)

1  [Request to withdraw a pending Authorization](#)

1. Click "Request to withdraw a pending Authorization" at the bottom left of the home screen
2. Enter auth ID or other parameters
3. Click 'Find Authorization'
4. Click Radio button to the left of the authorization

 The authorization system allows providers to withdraw OP authorizations only when they are in a ***pended*** status

Withdraw Authorization Search

Authorization ID# 1014WJW8W Service Start Date MM/DD/YYYY Service End Date MM/DD/YYYY Member ID Enter Member Id Member Name Enter Member Name

2

3 [Find Authorization](#) [Clear](#)

Auth ID #	Created Date	Member Name	Plan Type	Type	Status	Facility	Service Provider
<input type="radio"/> 1014WJW8W	Oct 14, 2020		Medicare Advantage	Office	Pending	N/A	

4

Withdrawing Pended Authorizations

1. Click box by auth
2. Enter note or add attachment
3. Click Submit

<input checked="" type="checkbox"/>	Service Code	Service Description	Unit Type	Requested Units	Start Date	End Date	Status
<input checked="" type="checkbox"/>	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Visits	6	10/19/2020	10/30/2020	Pending

* Add Note
Enter clinical here or upload attachment, below

Add Attachments

Submit

Withdraw Request



Your withdrawal request has successfully submitted on authorization #1014WJW8W. [Click to print](#)

Authorization Guidelines

Decision 1

Procedure Code 97110

Procedure Description Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

Unit Type Visits

Decision Status Void

Appr. 0

Denied 0

Decision Date Time 10/14/2020 2:43:18 PM

Notification Date and time 10/14/2020 2:33:23 PM

Treatment Type Outpatient Serv

A message will appear that shows successful submission of the withdrawal request.

You can scroll to the bottom of confirmation page to see voided decision line.

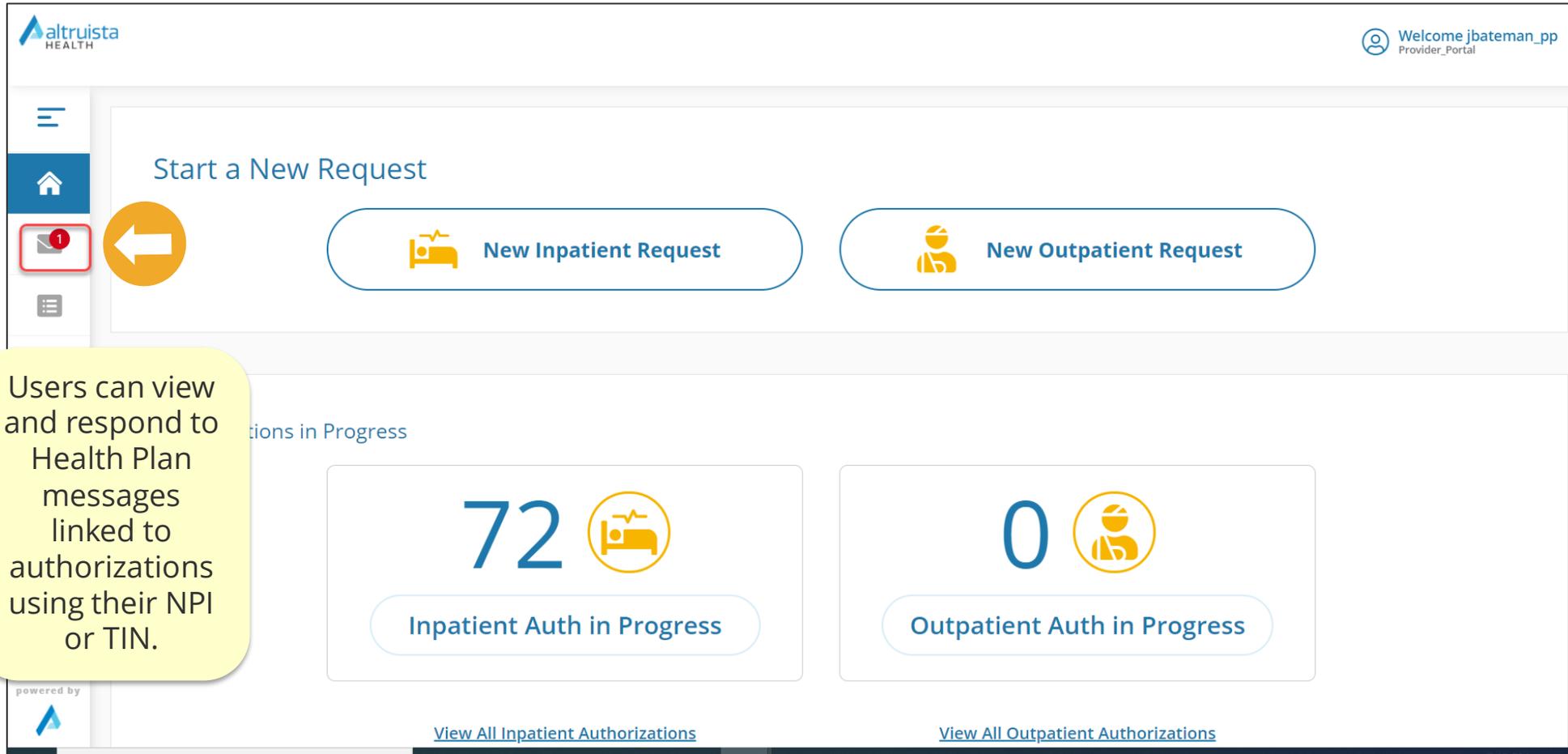
Notice the decision status displays "Void"

The withdrawn authorization now appears with an N/A status in the authorization list

Authorization List							
Inpatient		Outpatient					
Auth ID #	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	
1014WJW8W	Oct 14, 2020		Medicare Advantage	Oct 19, 2020	Office	N/A	

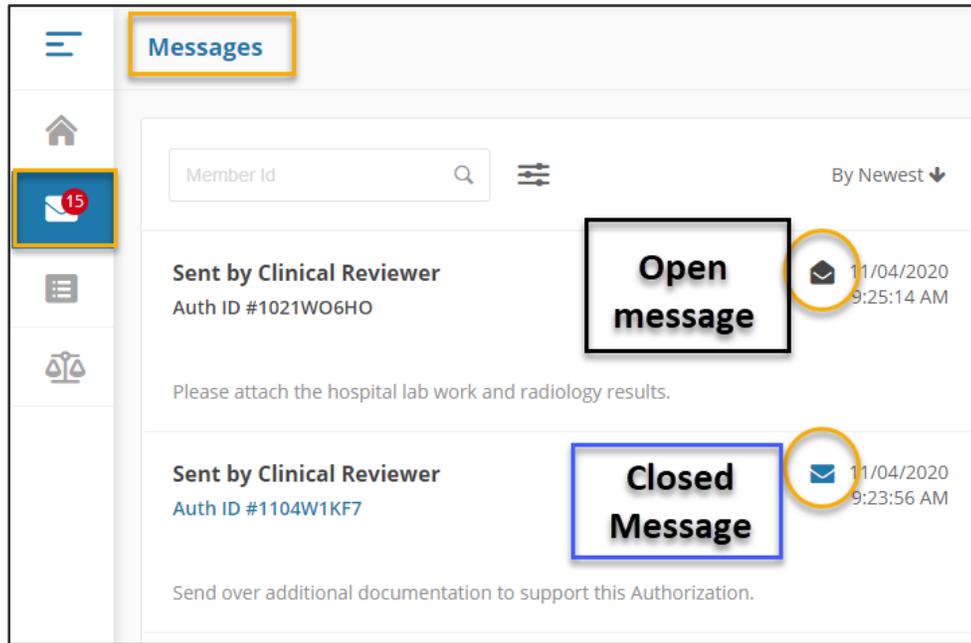
VIEWING AND RESPONDING TO MESSAGES

Accessing Messages from Dashboard



The screenshot shows the Altruista Health Provider Portal dashboard. At the top left is the Altruista Health logo. At the top right, it says "Welcome jbateman_pp Provider Portal". Below the header is a navigation sidebar with a home icon, a messages icon with a red notification bubble containing the number "1", and a calendar icon. A yellow callout bubble with a white arrow points to the messages icon. The main content area is titled "Start a New Request" and contains two buttons: "New Inpatient Request" with a hospital bed icon and "New Outpatient Request" with a person icon. Below this is a section titled "Authorizations in Progress" with two cards. The first card shows "72" with a hospital bed icon and a button "Inpatient Auth in Progress". The second card shows "0" with a person icon and a button "Outpatient Auth in Progress". At the bottom, there are two links: "View All Inpatient Authorizations" and "View All Outpatient Authorizations".

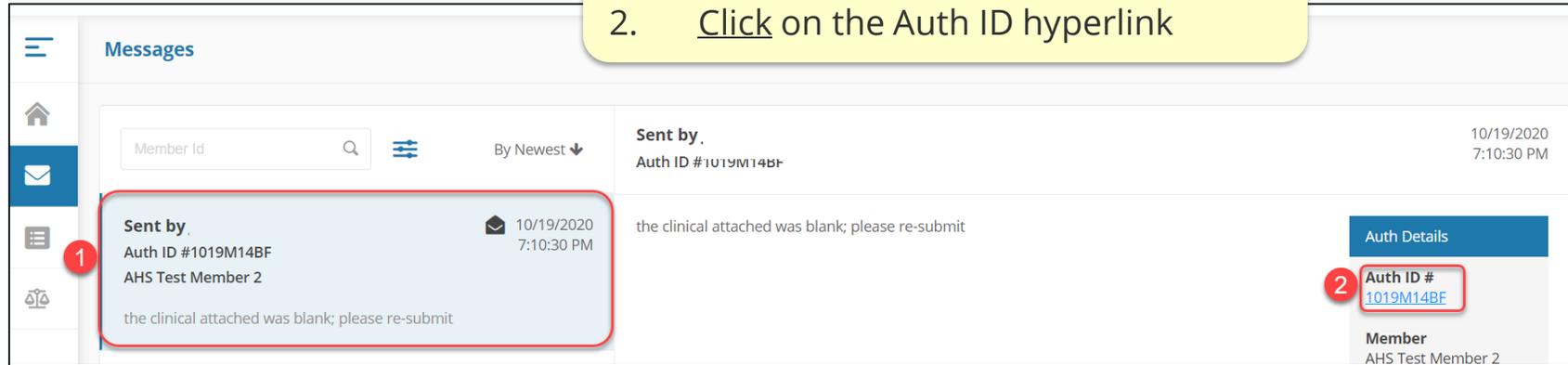
Users can view and respond to Health Plan messages linked to authorizations using their NPI or TIN.



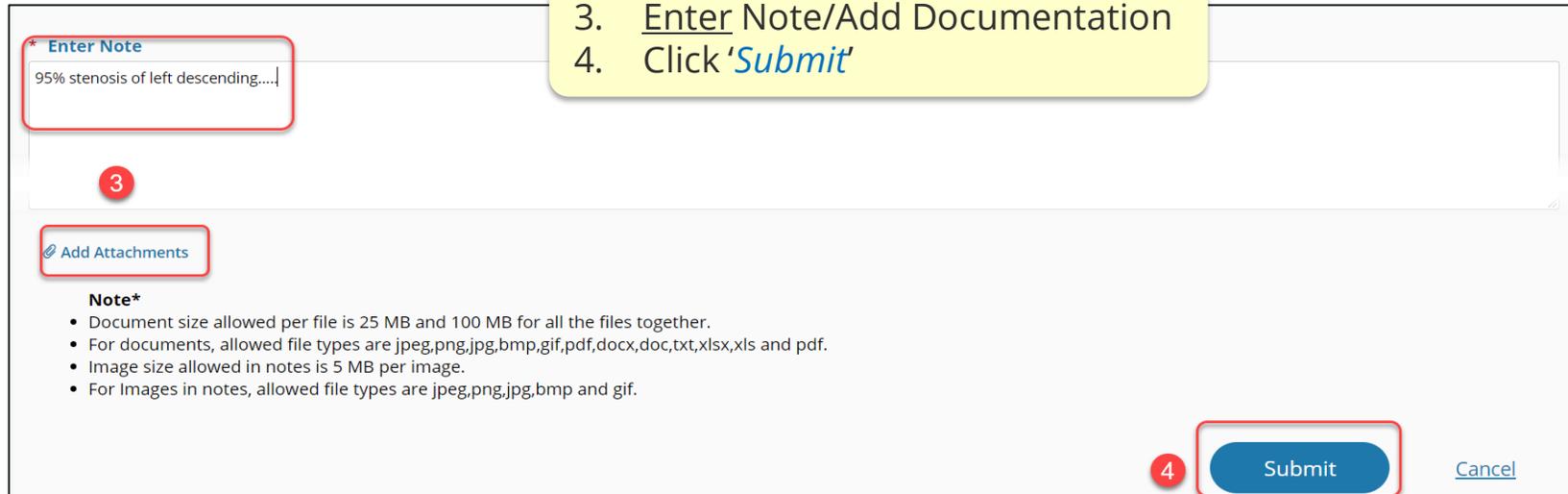
- Messages are sent to Providers via the Provider Portal Message tab
- Messages may be read by any user under the tax ID
- If a user opens a message and determines the message is not relevant to their work, they should **CLOSE** the message by clicking on the 'black open envelope'
- Once the message is re-closed, the message alert continues to display for the appropriate User to open and respond



1. Click on the message you wish to view
2. Click on the Auth ID hyperlink



3. Enter Note/Add Documentation
4. Click 'Submit'



RESOURCES

On-Demand training will be available in our Learning Library!

To access our Learning Library, go to provider.carefirst.com, hover over the *Resources* heading. Select 'The Center for Provider Education and Training' under News/Training. Once there click on "Learning Library" to access our on-demand training



Office Staff

The Learning Library is a collection of e-learning modules about various topics of interest to CareFirst providers and their office staff. Each module provides up-to-date information that will make working with CareFirst easier for you.

[Learning Library](#)

[Library FAQs](#)



Training resources will include video walkthroughs of prior authorization process

CareFirst

Log in Search

HOME JOIN OUR NETWORKS PROGRAMS/SERVICES RESOURCES MANUALS AND GUIDES

Learning Library

From this page, you can access all the CareFirst learning modules designed specifically for office staff.

Jump To:

[New Provider Training](#)

New Provider Training

- [New Provider Introduction](#)
- [CareFirst On Call](#)
- [CareFirst Direct Eligibility](#)
- [Claims Submission](#)
- [CareFirst Direct Claims Status](#)
- [Corrected Claims](#)

Quick Link

- [Suggest a Topic](#)

[Back to Top](#)

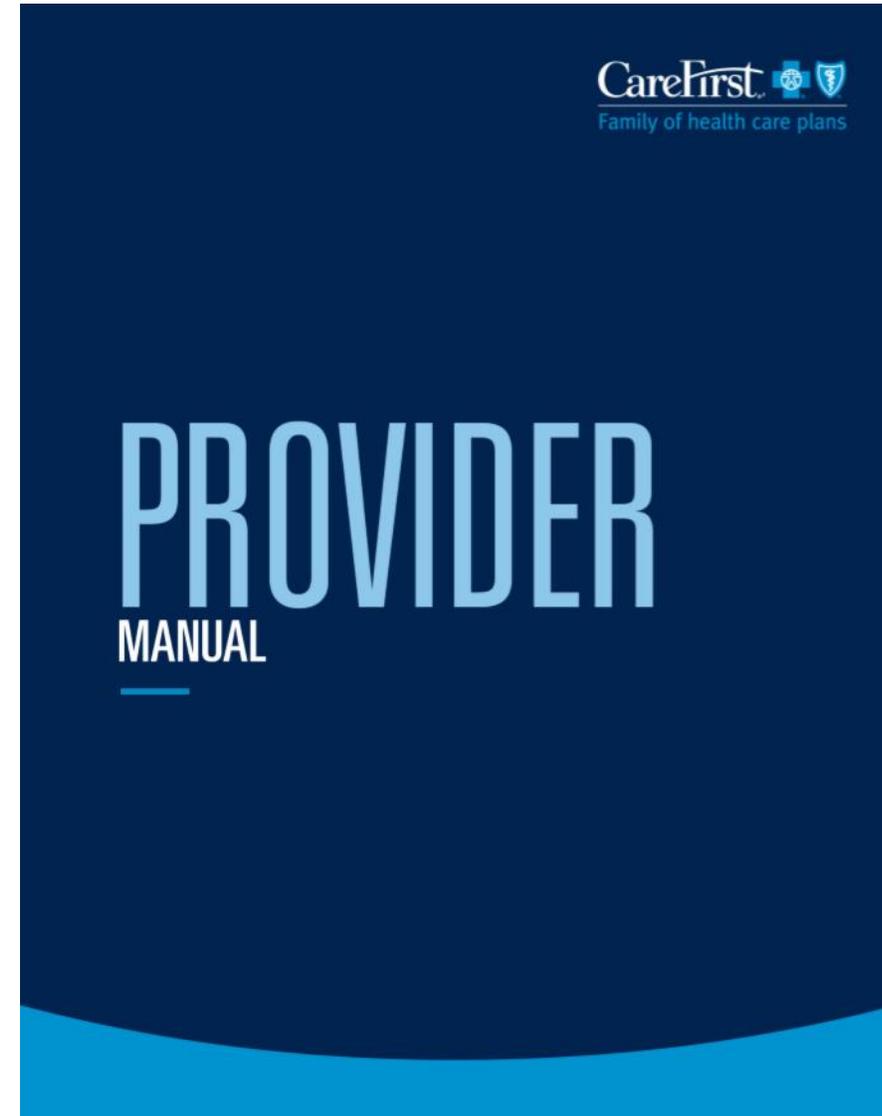
Direct Link to the Learning Library:
<https://provider.carefirst.com/providers/cpet/learning-library.page>



CareFirst has updated the provider manual to include information on our new Medicare Advantage product, which includes detailed information on Prior Authorizations.



To access the Medicare Advantage section of the provider manual, go to:
<https://provider.carefirst.com/carefirst-resources/provider/pdf/provider-manual-chapter-10-medicare-advantage.pdf>



Medicare Advantage Prior Auth Requirements List

- CareFirst Medicare Advantage requires notification/prior authorization of certain services. This [list](#) contains notification/prior authorization requirements for inpatient and outpatient services.
- [Medicare Advantage Prior Authorization Requirements \(carefirst.com\)](#)

Navigation menu items:

- HOME
- JOIN OUR NETWORKS
- PROGRAMS/SERVICES**
 - Medical
 - Dental
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 - Dental Electronic Capabilities
 - Dental NPI & Payer Codes
 - Dental Clinical Criteria
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 - Clinical Resources
 - Profile Score
 - Wellness/Incentives
 - Blue Rewards
- RESOURCES
- MANUALS AND GUIDES

Medicare Advantage Prior Authorization Requirements

This list contains prior authorization requirements for Medicare Advantage for inpatient and outpatient services.

Procedure/Service	Comments
Inpatient Hospital—Acute	
Residential Behavioral Health	
Skilled Nursing Facility	
Outpatient Rehabilitation—(PT/OT/ST, TMS, Electroconvulsive Therapy)	PT/OT/ST—No auth required for first 12 visits
Procedure/HCPCS Codes: 92507, 92508, 92521, 92522, 92523, 92524, 92597, 92607, 92608, 92609, 95992, 96105, 96110, 96112, 96113, 96125, 97012, 97014, 97016, 97018, 97022, 97024, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97150, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97530, 97533, 97535, 97537, 97542, 97750, 97755, 97760, 97761, 97763, 97799, G0283, 90867, 90868, 90869, 90870	
Partial Hospitalization	
Revenue Codes: 0912, 0913	
Home Health	No auth required for first 12 visits
Procedure/HCPCS Codes: G0179, G0180	
Revenue Codes: 0261, 0421, 0431, 0441, 0551, 0561, 0571, 0581	
Attended Sleep Studies	
Procedure/HCPCS Codes: 95782, 95783, 95805, 95807, 95808, 95810, 95811	
Podiatry Services	
Procedure/HCPCS Codes: 11055, 11056, 11057, 11719, 11720, 11721, G0127	



THANK YOU

For more information, contact

YOUR PROVIDER RELATIONS REPRESENTATIVE