myPRES Prior Authorization
User Manual

PPC062111

Table of Contents

How to Use This Manual

This user manual is a resource for essential information about the prior authorization (PA) tools that are available on the PA dashboard that is accessible through the "Authorization" tab on the myPRES Provider Portal. It guides providers through all the functions of the PA dashboard, including:

1. Determining if a PA request is reqired
2. Submitting a PA request
3. Checking the status of a PA request

For guidance on a specific function, click on function title within the table of contents and you will be immediately directed to the corresponding page.

Last Updated: 8/30/23

How to Access Prior Authorization Tools

1. Log in to the myPRES Provider Portal account and click on the “Authorizations” tab from the navigation menu at the top of the homepage. (Figure 1)

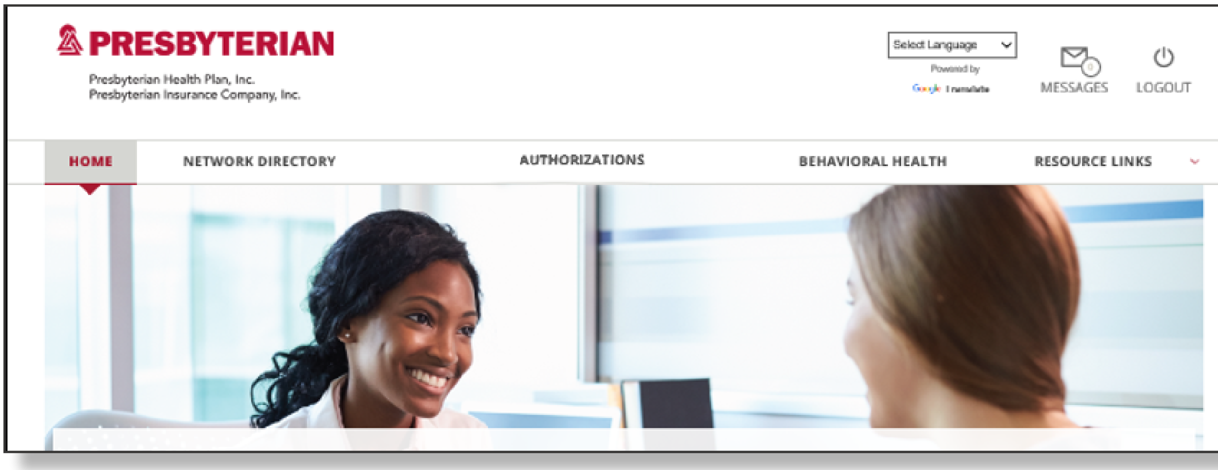


Figure 1

2. Click the “Submit an Electronic Authorizations Request” button inside the “Behavioral Health” box or inside the “Request All Other Medical Authorizations” box to access the PA dashboard tools. (Figure 2)

   a. Please submit advanced imaging, cardiac imaging and spine surgery request to National Imaging Associates (NIA) using the information provided in Figure 2.

   b. Please submit pharmacy requests to Presbyterian Pharmacy Services using the contact information

Note: Behavioral health providers can only submit electronic PAs through the myPRES Provider Portal for Centennial Care (Medicaid) services. All other behavioral health requests must be submitted to Magellan Healthcare using the contact information provided in Figure 2.

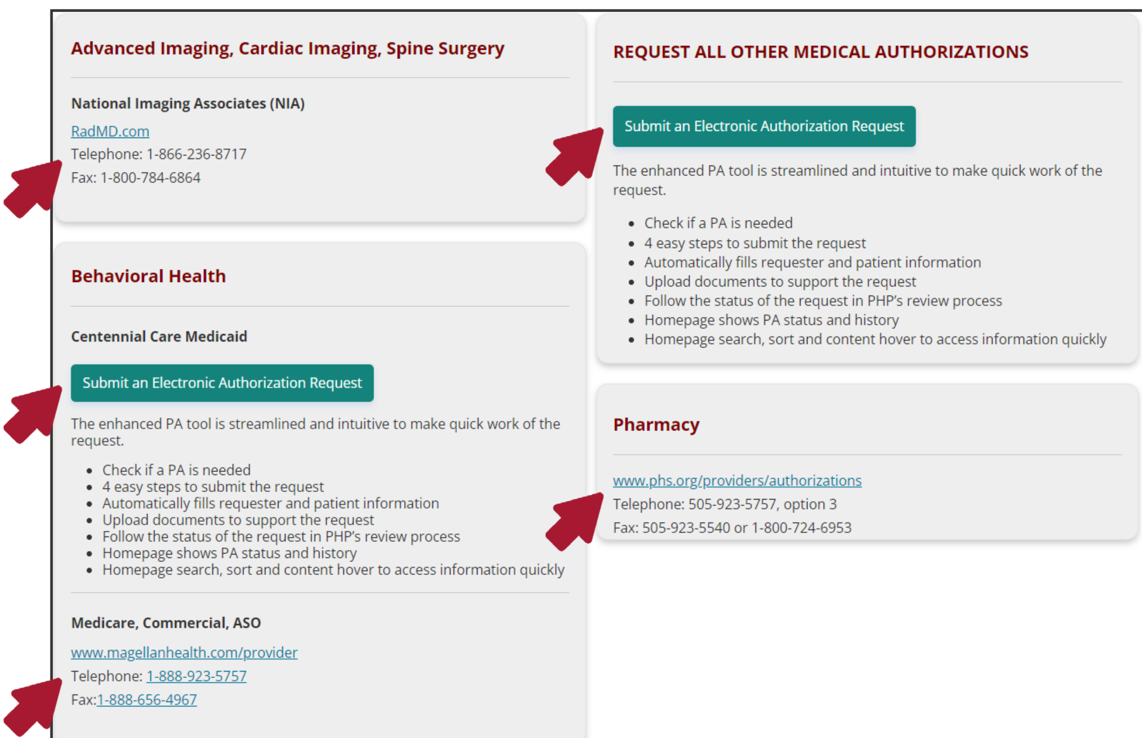


Figure 2

How to Access Prior Authorization Tools

The PA dashboard (Figure 3) displays current and previous PA requests. Users can also:

1. Determine if a PA is required
2. Submit a PA request
3. Check the status of a PA request

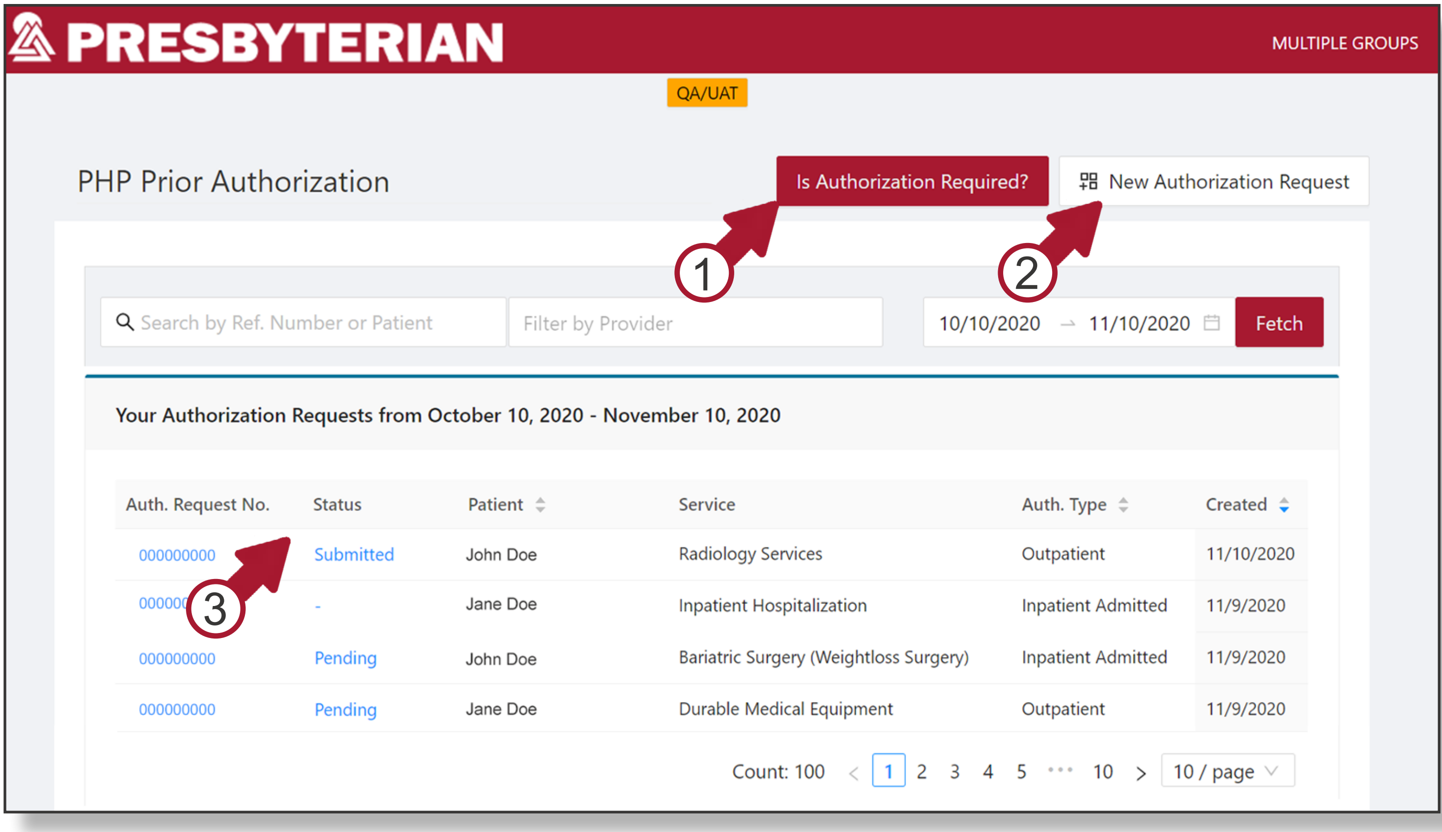


Figure 3

Is Prior Authorization Required?

1. Click on the “Is Authorization Required?” button at the top of the page. (Figure 4)

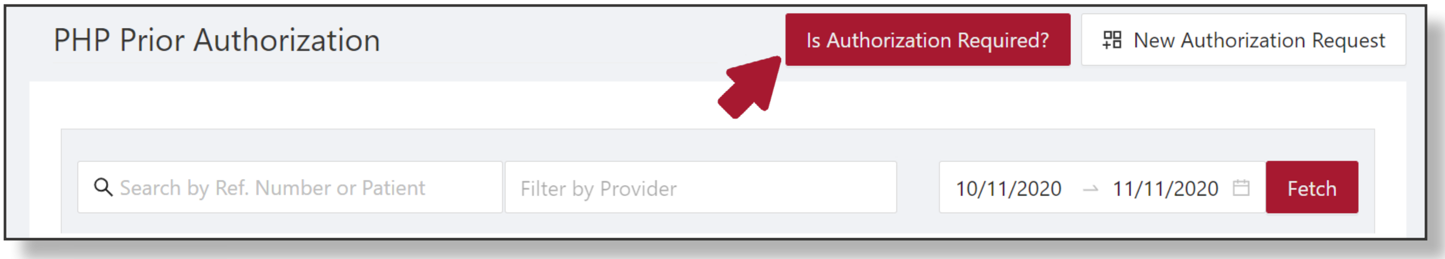


Figure 4

2. Enter a Common Procedural Terminology (CPT) or a Healthcare Common Procedure Coding System (HCPCS) code in the search bar in the pop-up box that appears to see whether a PA is required. (Figure 5, 6, 7)

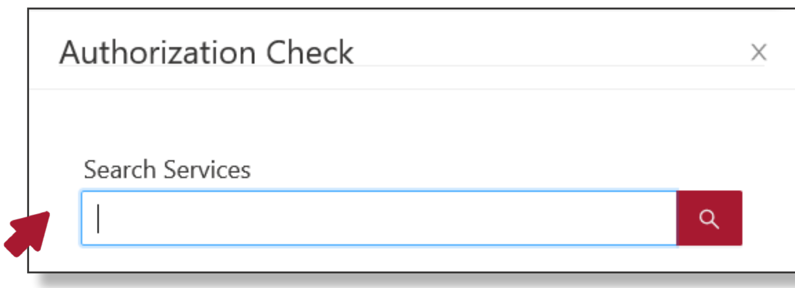


Figure 5

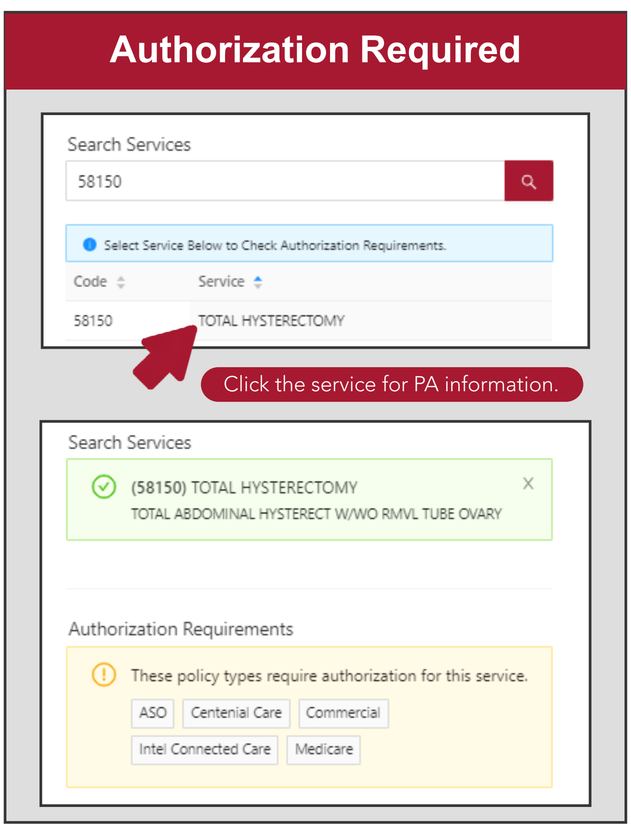


Figure 6

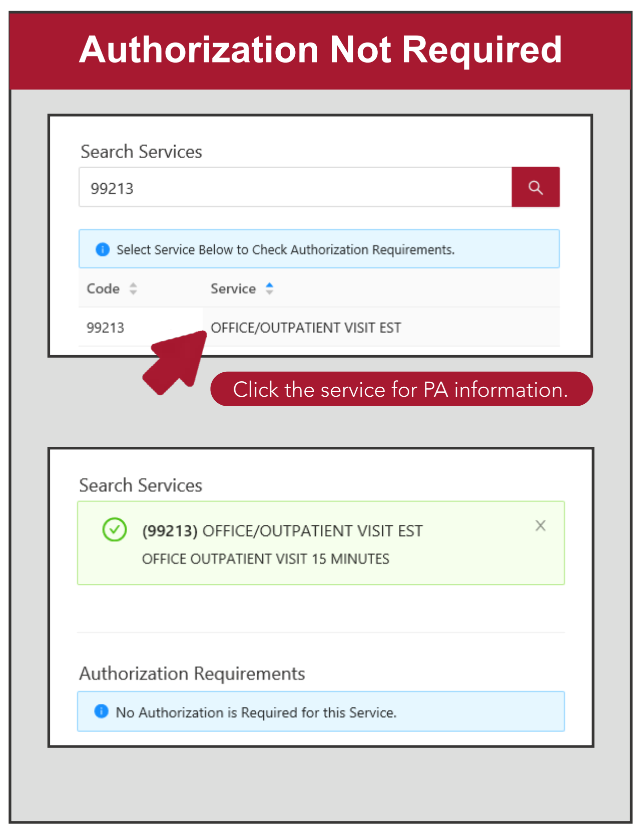


Figure 7

How to Submit New Requests

1. Enter the provider's first and last name in the "Filter by Provider" field and then click the "New Authorization Request" button. (Figure 8)

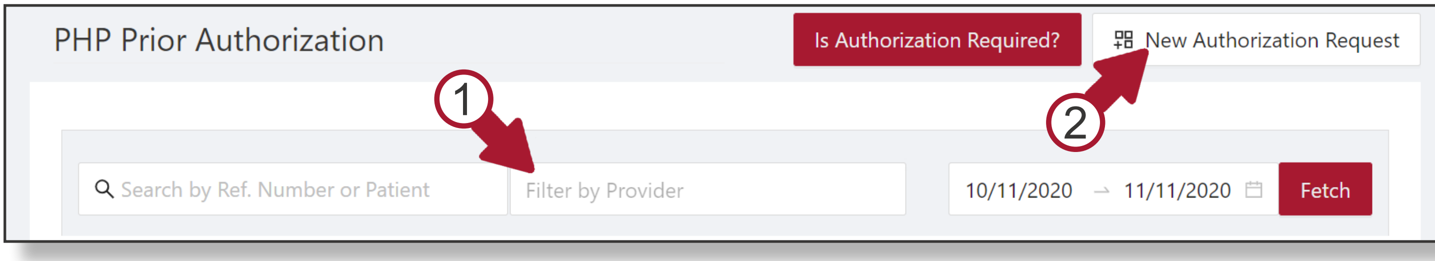


Figure 8

2. Follow the next five to six steps (step six is optional) to complete your request.

Step 1: Authorization Types

A. Indicate whether the authorization is for medical or behavior health, and then select the appropriate authorization type for the medical or behavior health request. (Figure 9)

Note: If you need to change the authorization type later, then navigate back to this screen to update your selection.

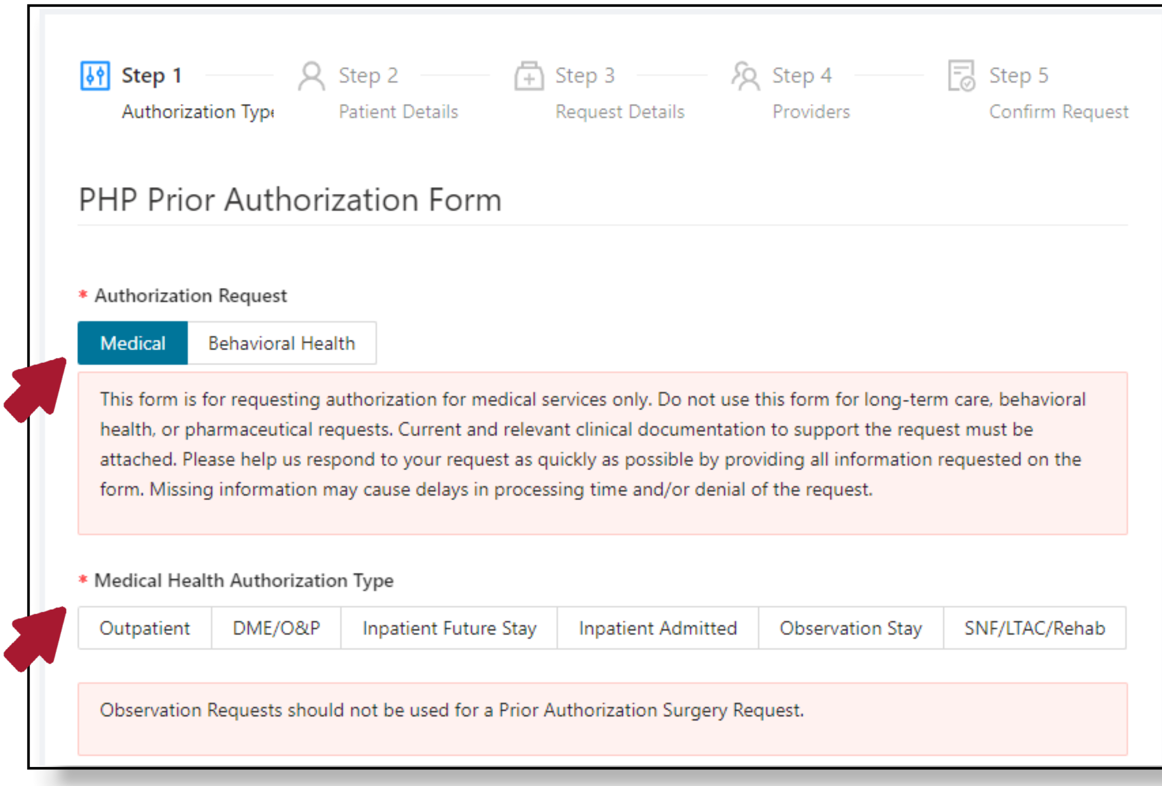


Figure 9

How to Submit New Requests

B. Indicate whether this is a standard request (Figure 10) or expedited/urgent request (Figure 11).

Standard Requests (Default)

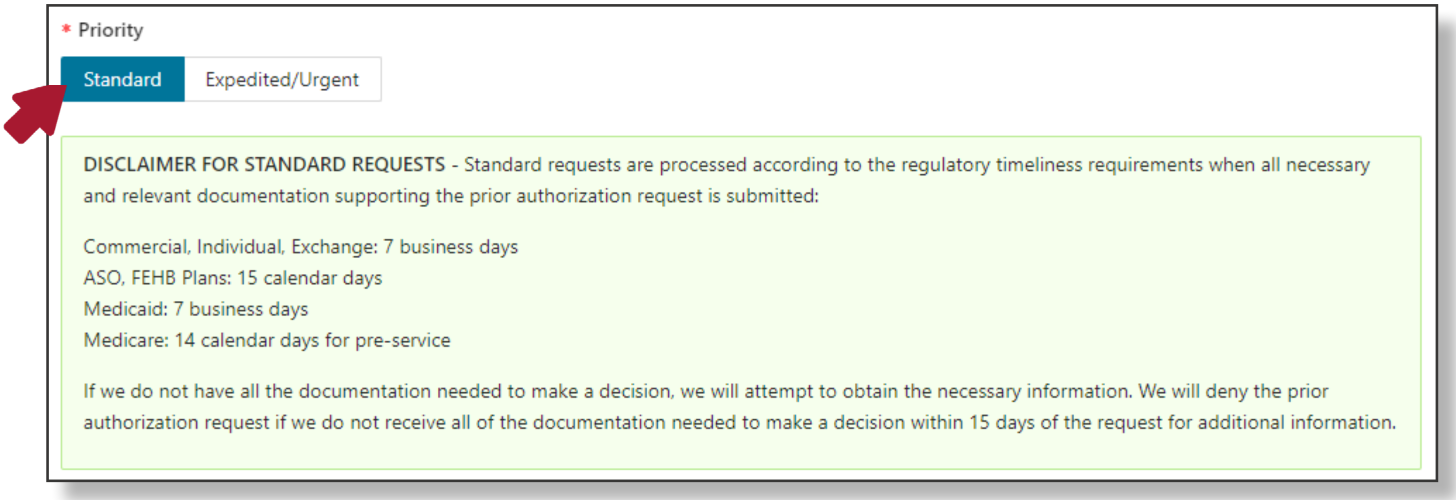


Figure 10

Expedited/Urgent Requests

Figure 11

C. Enter the requestor's name, phone number, fax number and then click the "Save & Next Step" button. (Figure 12)

Figure 12

How to Submit New Requests

Step 2: Patient Details

Name and Date of Birth

A. Enter the patient's last name and date of birth in MM/DD/YYYY format. (Figure 13)

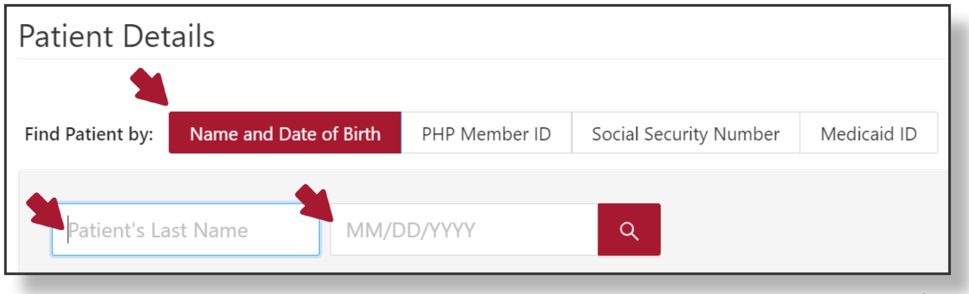


Figure 13

PHP Member ID

B. Enter the patient's full Presbyterian member ID. (Figure 14)

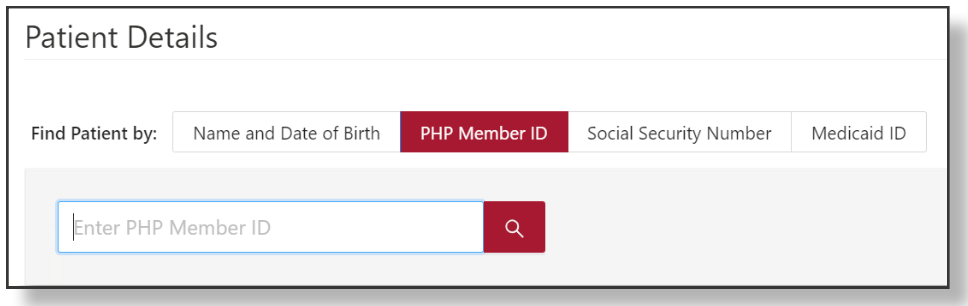


Figure 14

Social Security Number

C. Enter the patient's full Social Security number. (Figure 15)

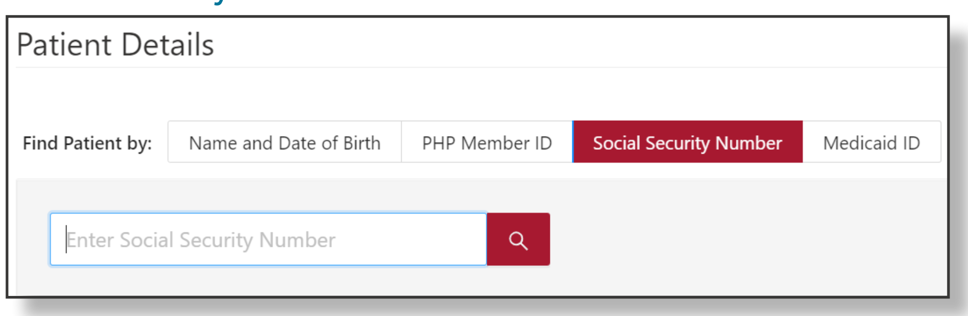


Figure 15

Medicaid ID

D. Enter the patient's full Medicaid ID number. (Figure 16)

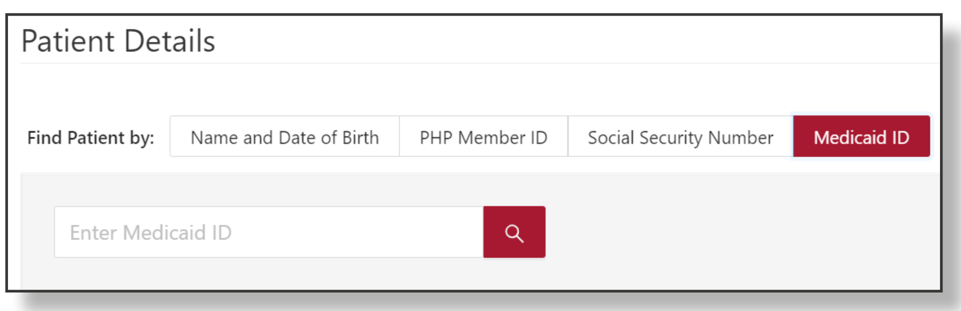


Figure 16

How to Submit New Requests

E. Click on the patient's name in the information that appears after providing the patient details. (Figure 17)

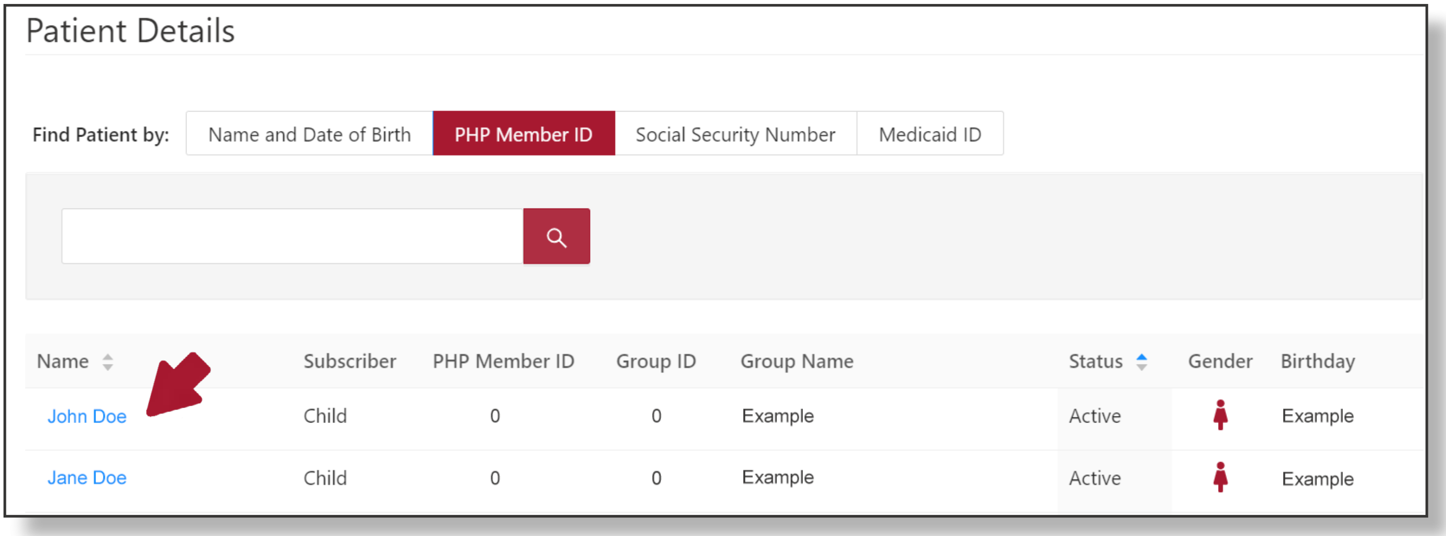


Figure 17

F. Verify the information that appears is accurate or correct information as needed. (Figure 18)

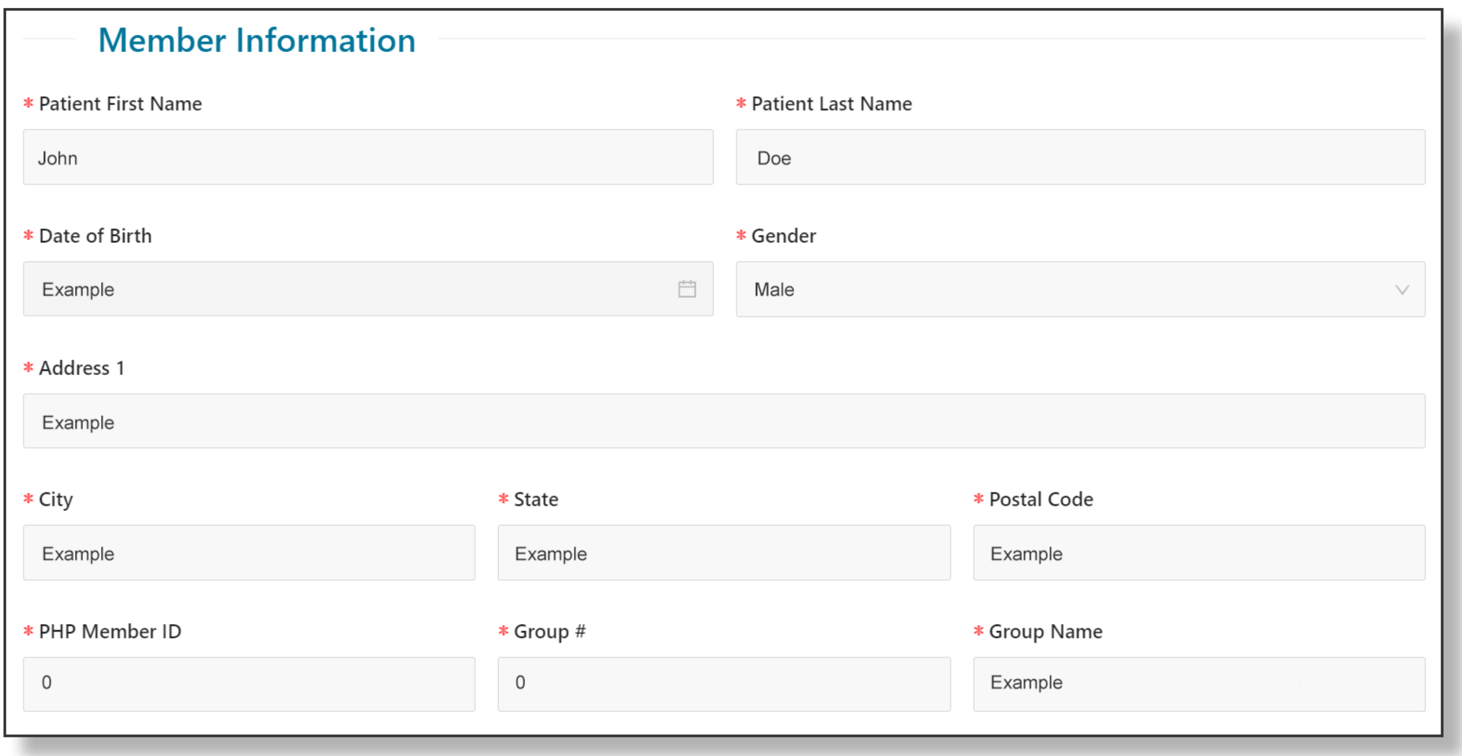


Figure 18

G. Click the "Save & Next Step" button. (Figure 19)

Figure 19

How to Submit New Requests

Step 3: Request Details

A. Diagnoses Information

1. Click the "Add Diagnosis" button to provide diagnosis information. (Figure 20)

Figure 20

2. Enter a diagnosis in the "Add Diagnosis" box when it appears. Users can search by diagnosis name or ICD-10 code. When users enter and search for a diagnosis, the system will generate all related diagnoses and ICD-10 codes.

3. Click on the appropriate primary diagnosis from the menu. (Figure 21)

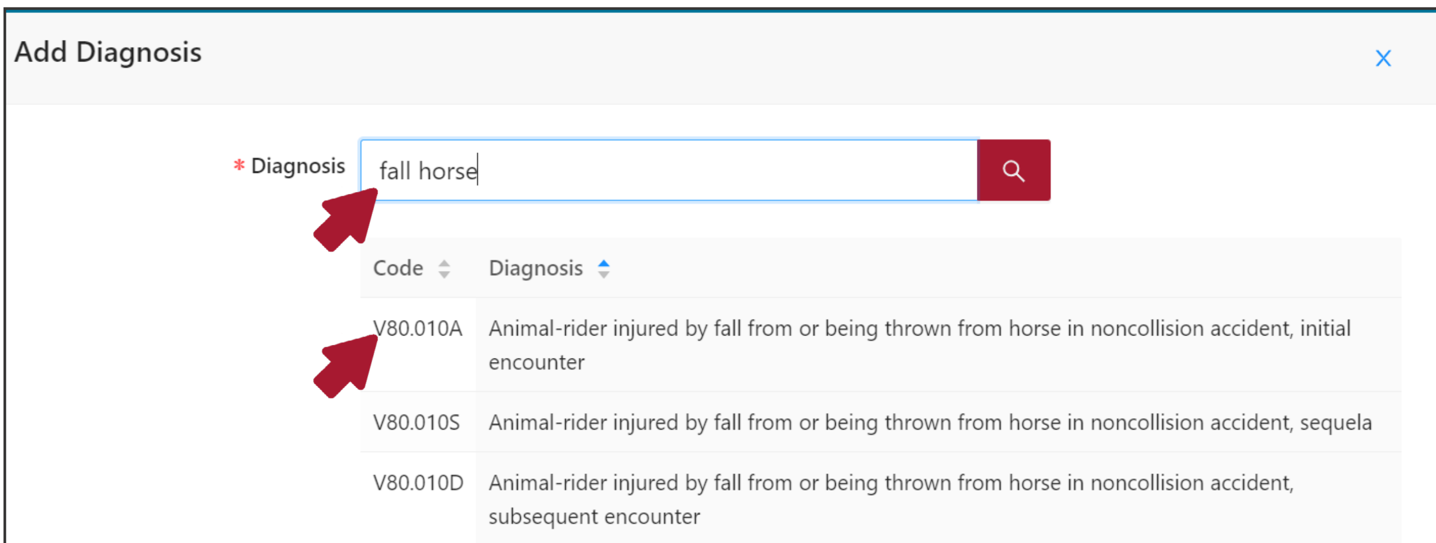


Figure 21

4. Verify the diagnosis in the blue box is correct and then click the "Save" button. (Figure 22)

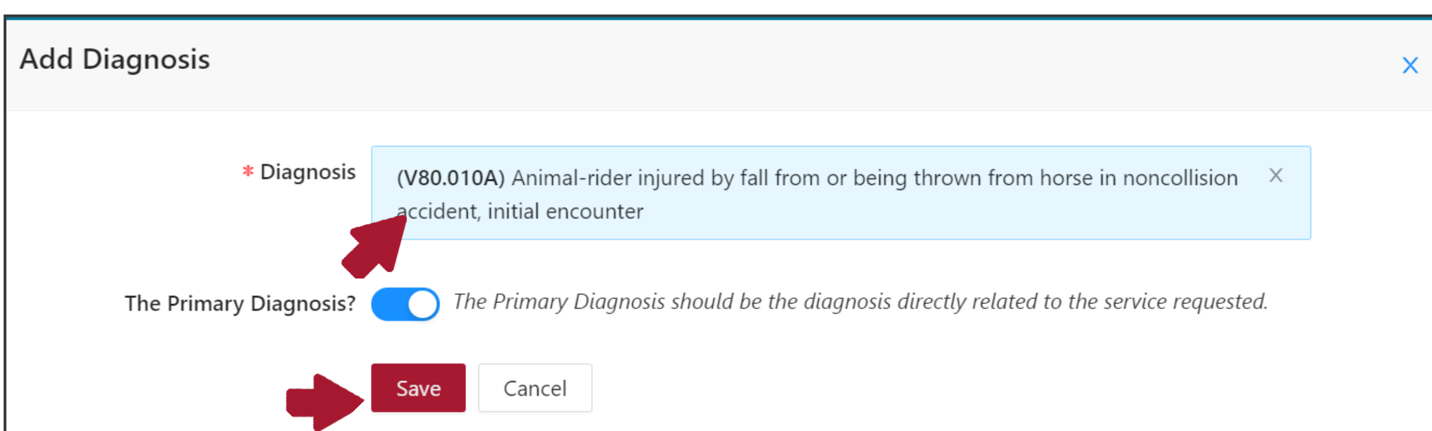


Figure 22

How to Submit New Requests

3. Add additional primary diagnoses by repeating steps B - D.

4. Add any secondary diagnoses by repeating steps B - D and unselecting "The Primary Diagnosis?" button. (Figure 23)

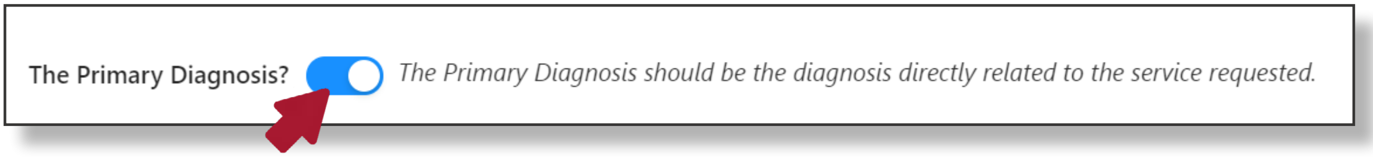


Figure 23

B. Stay Request Information (Only Required for Inpatient Requests)

1. Click on the "Add Stay Request" button. (Figure 24)

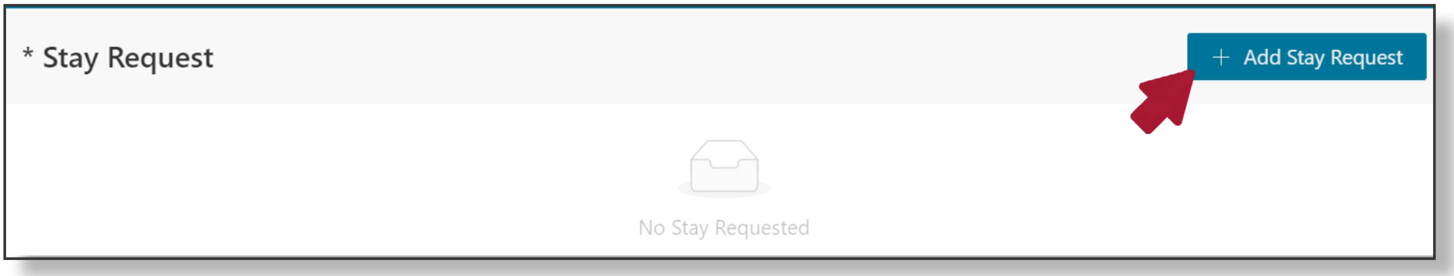


Figure 24

2. Select service type and service location type, request the length of stay, and provide an expected admission date. (Figure 25)

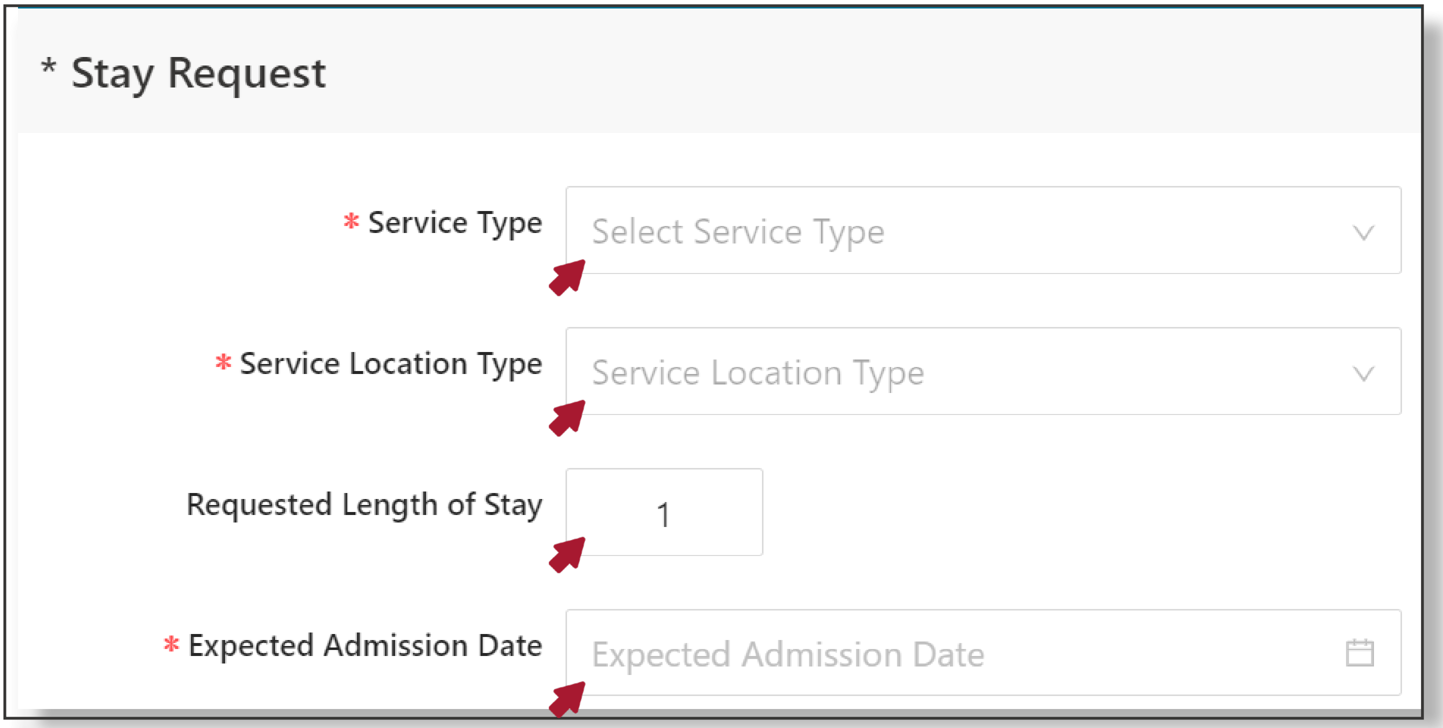


Figure 25

How to Submit New Requests

C. Services Information (Only Required for Outpatient Requests)

1. Click the "Add Service" button to search for the service that requires PA. (Figure 26)

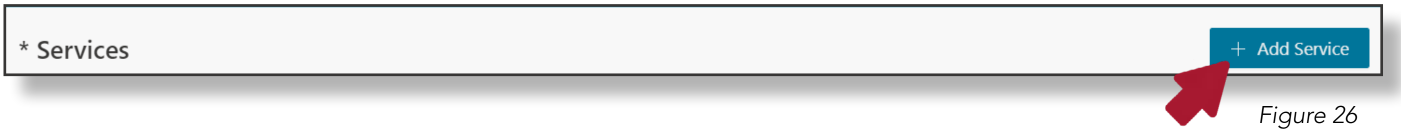


Figure 26

2. Search for a service by the name of the procedure or CPT code. (Figure 27)

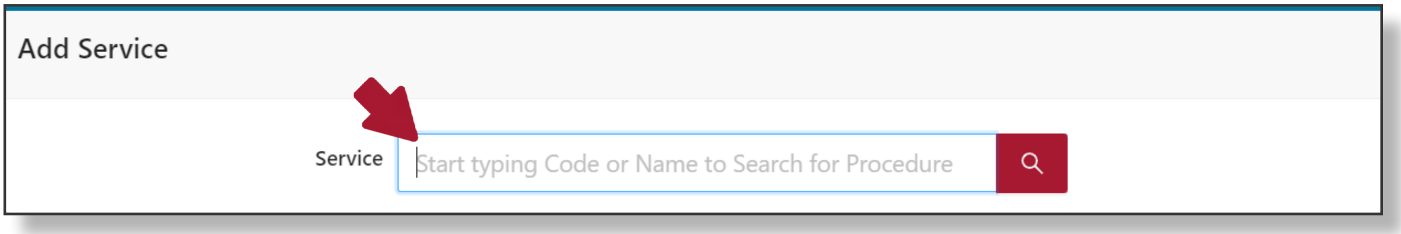


Figure 27

3. Click on the most appropriate service. (Figure 28)

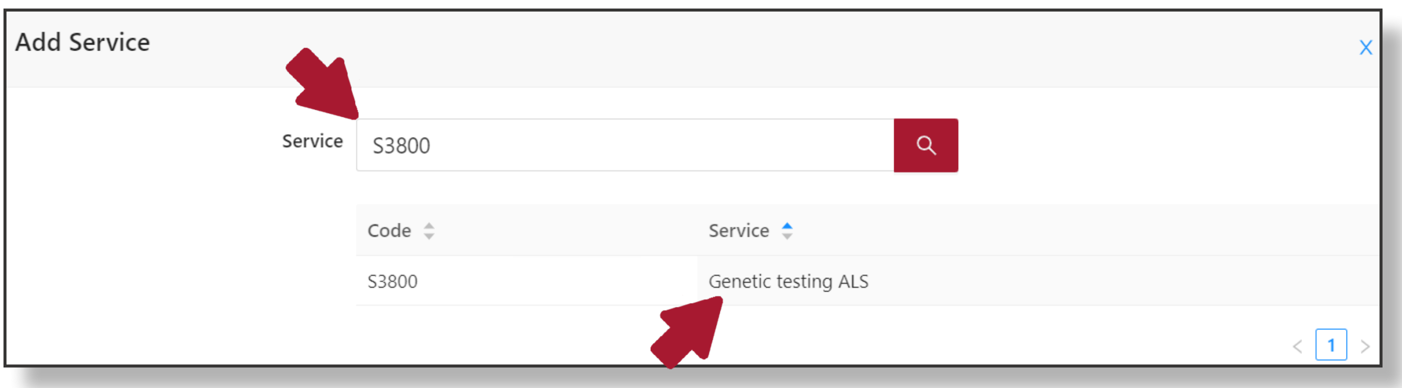


Figure 28

4. Verify that the correct service is identified and review the prior authorization requirements. (Figure 29)

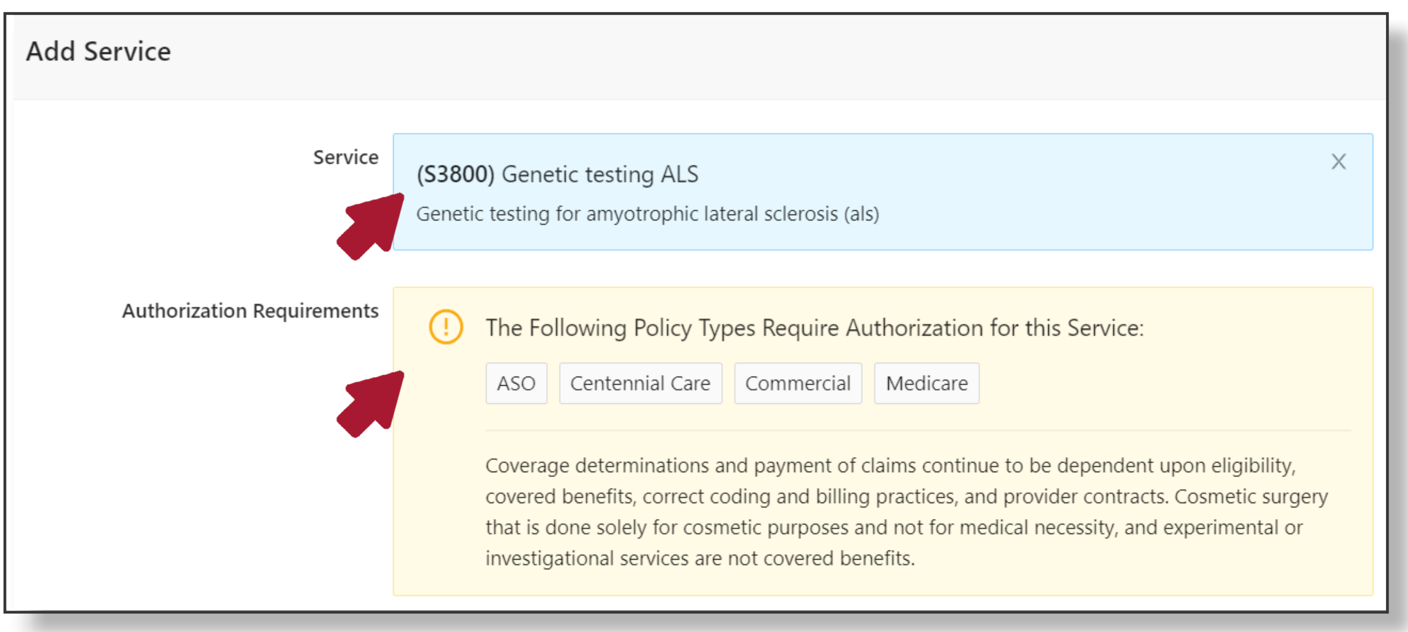


Figure 29

How to Submit New Requests

5. Enter units, service start and end dates, the service type and service location type; and then verify the information is correct and click the "Save" button. (Figure 30)

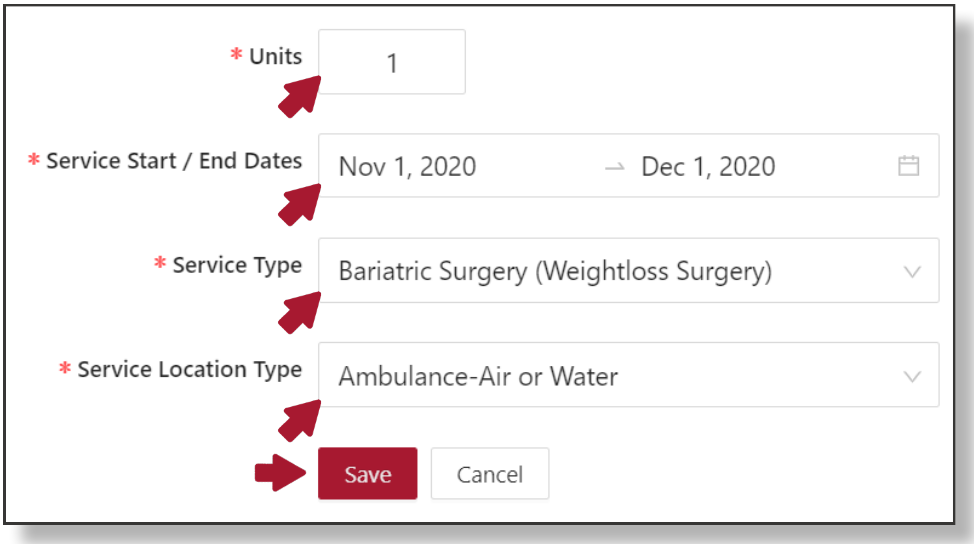


Figure 30

D. Comments (Optional)

Add comments and descriptions that will support medical necessity in the Comments box. (Figure 31)

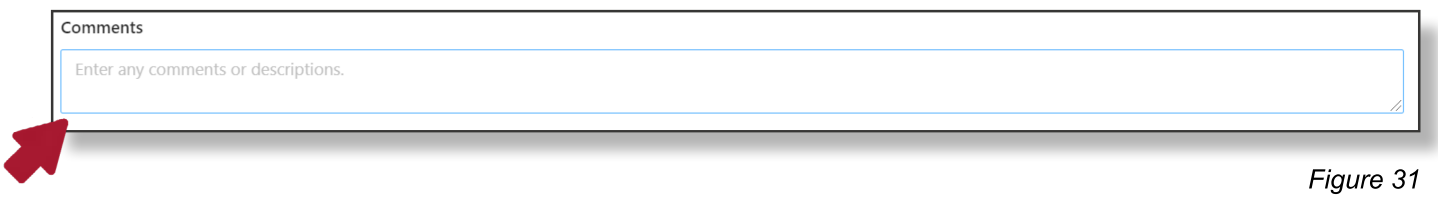


Figure 31

E. Attachments

Attach current medical records and any supporting documentation in the acceptable file formats (.doc, .dox, .pdf, .jpeg, .png, .tiff, .xls, .xlsx, .tif, .zip, .cdf, .xps). (Figure 32)

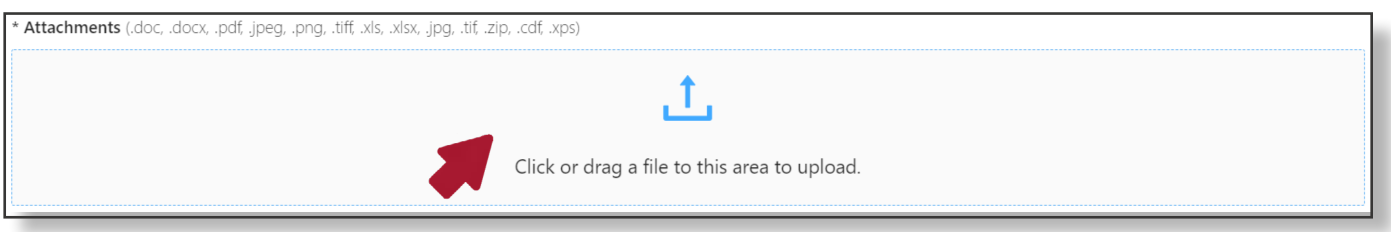


Figure 32

F. Save

Click "Save & Next Step" button. (Figure 33)

Figure 33

How to Submit New Requests

Step 4: Providers

A. Requesting Provider

1. Search for a requesting provider by name, National Practitioner Identifier (NPI), tax identification number (TIN), or ZIP code. If the requesting provider does not appear when you enter an NPI, then click "Expand search beyond your Tax ID" to search for the provider. (Figure 34)

Figure 34

2. Click on the appropriate requesting provider's name at the correct address. (Figure 35)

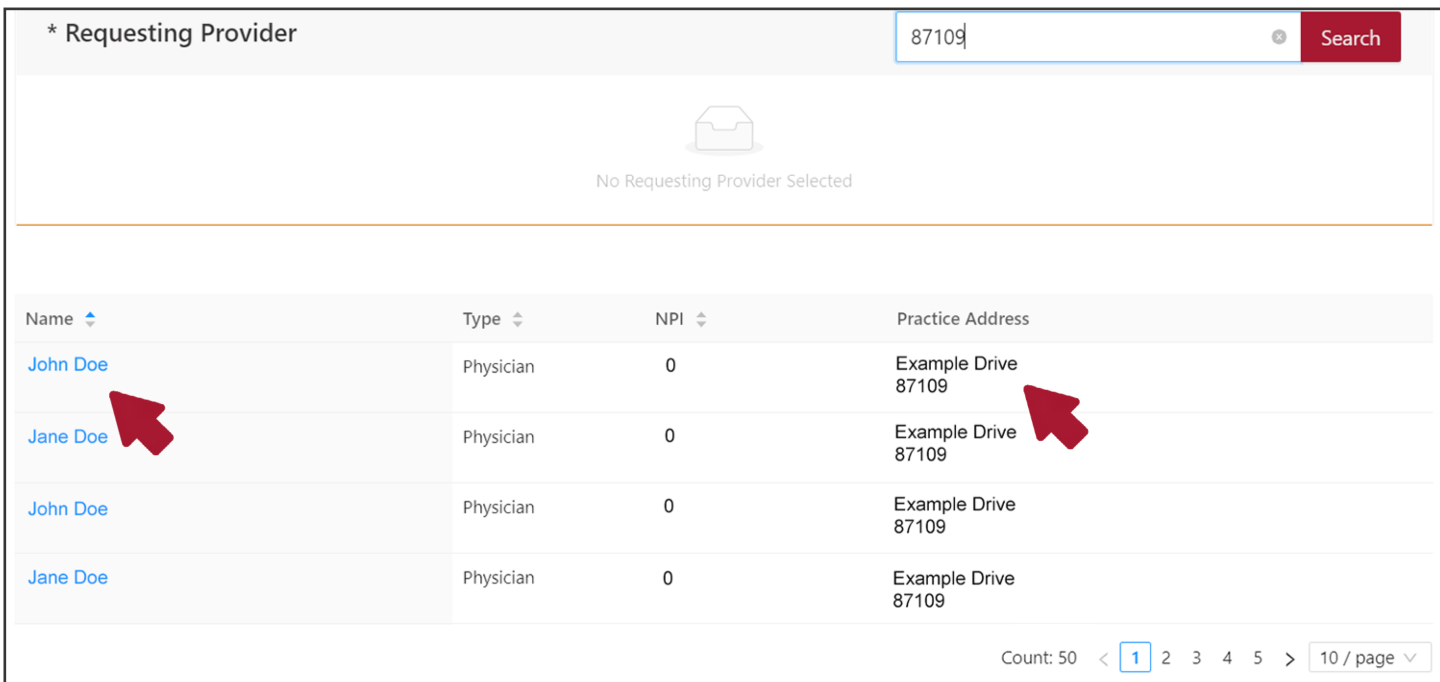


Figure 35

3. Verify that the appropriate requesting provider is selected. (Figure 36)

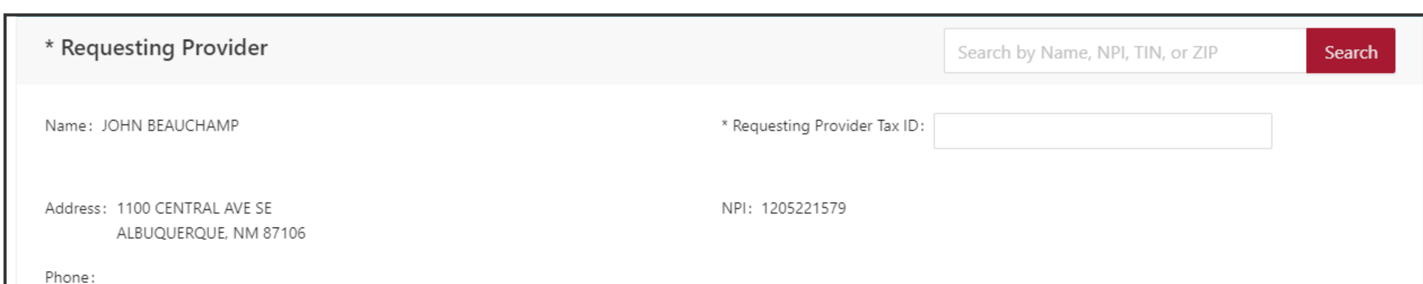


Figure 36

How to Submit New Requests

B. Treating Provider (Only Required for Outpatient or DME/O&P Requests)

1. Search for a treating provider by name, NPI, TIN or ZIP code. (Figure 37)

Figure 37

2. Click on the appropriate treating provider's name at the correct address. (Figure 38)

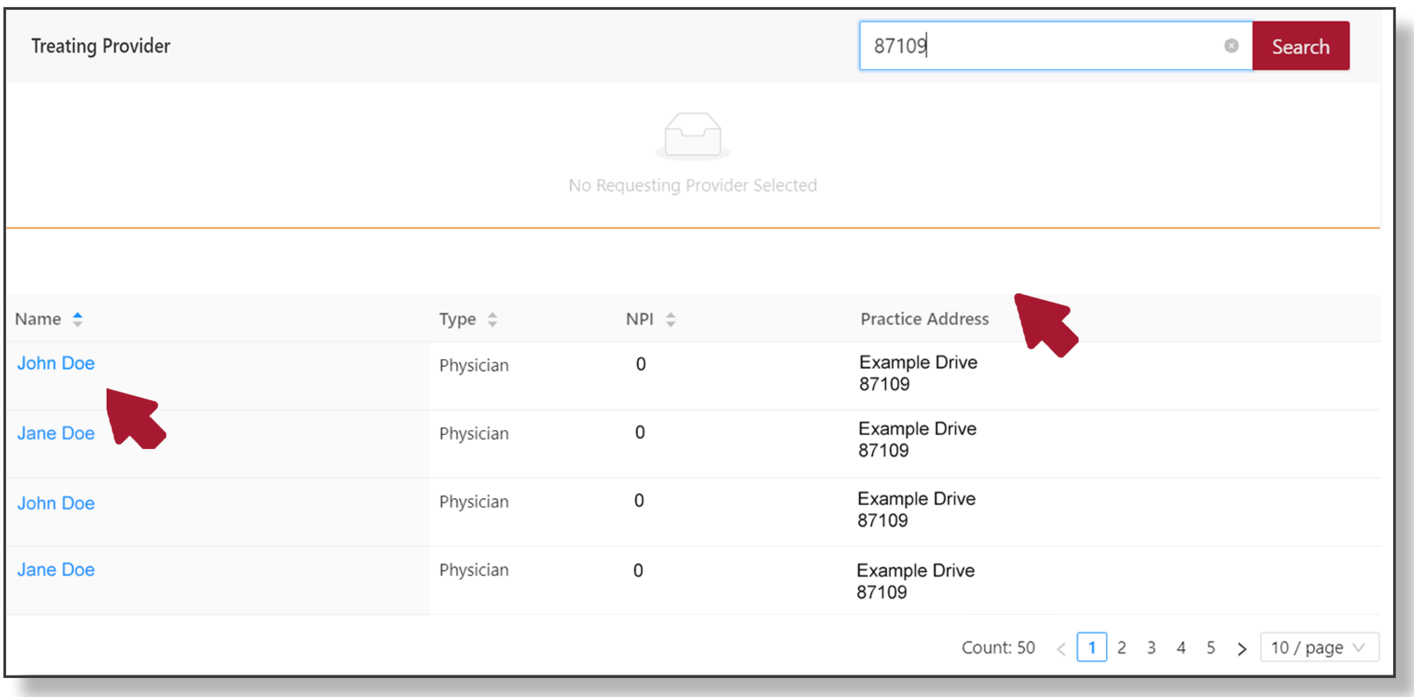


Figure 38

3. Verify that the appropriate treating provider is selected. (Figure 39)

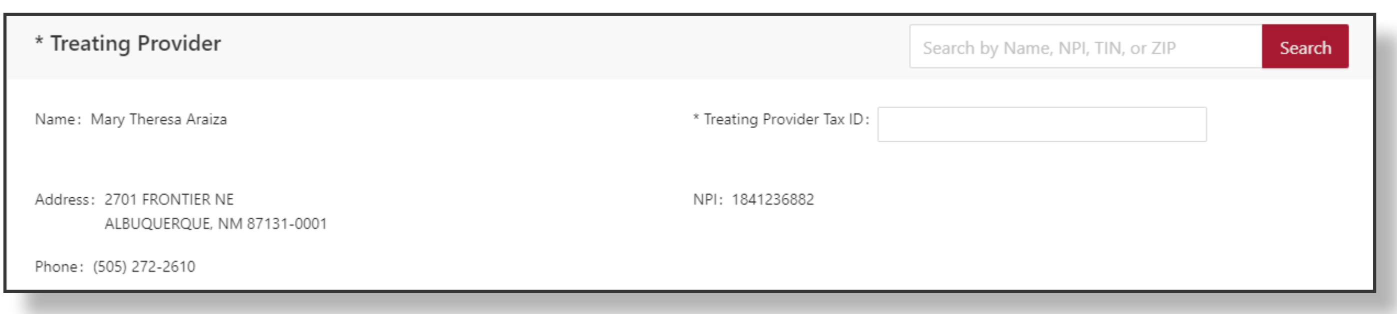


Figure 39

4. Click "Save & Next Step" button. (Figure 40)

Figure 40

How to Submit New Requests

C. Admitting Facility (Only Required for Inpatient Requests)

1. Search for the admitting facility by name, NPI, TIN or ZIP code. (Figure 41)

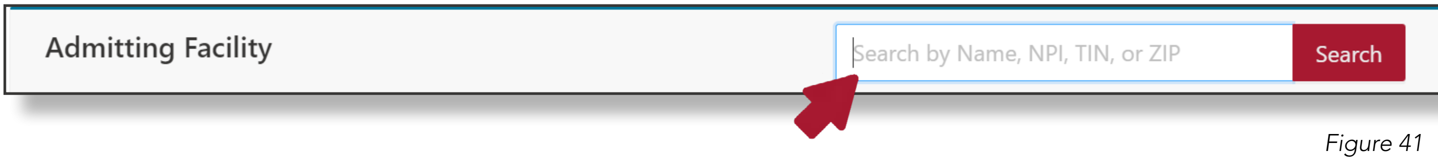


Figure 41

2. Click on the name of the appropriate admitting facility. (Figure 42)

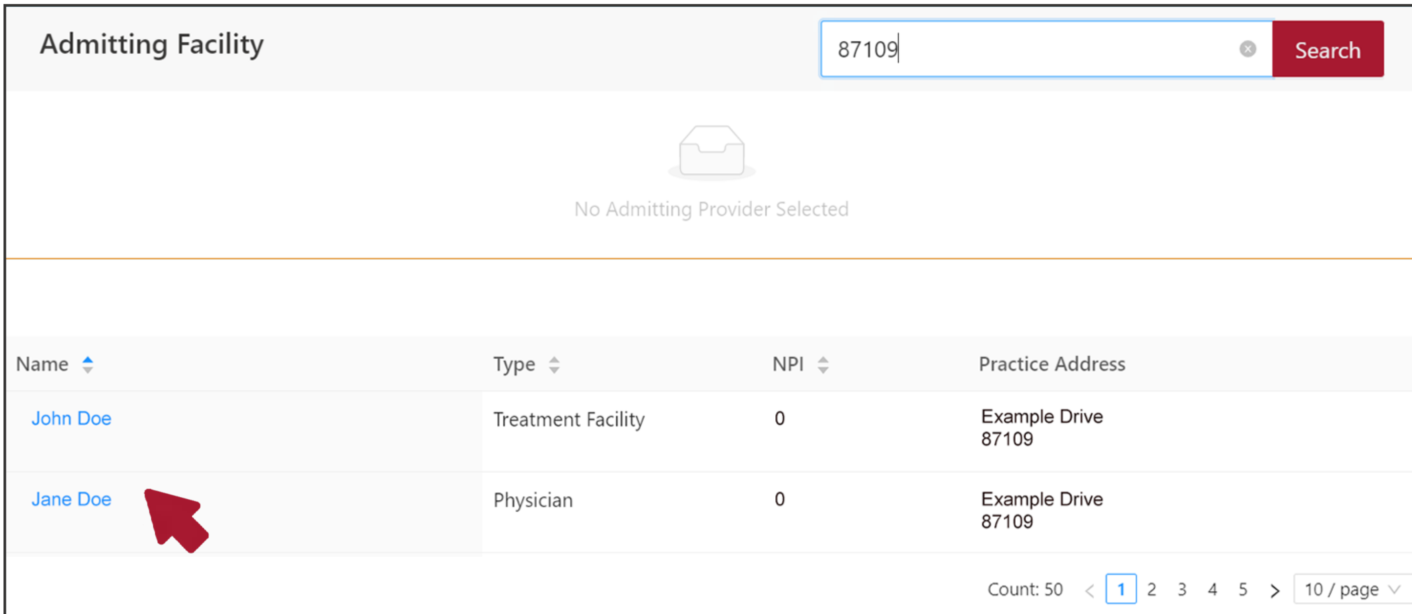


Figure 42

3. Verify that the appropriate admitting facility is selected. (Figure 43)

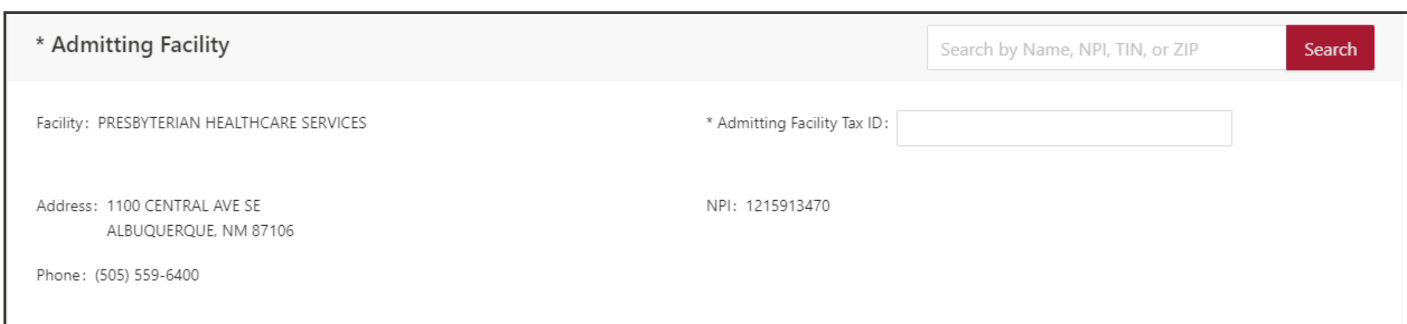


Figure 43

4. Click "Save & Next Step" button. (Figure 44)

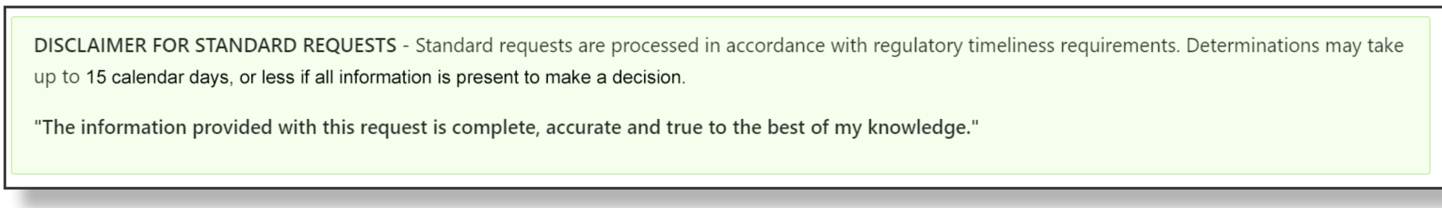
Figure 44

How to Submit New Requests

Step 5: Confirm Request

1. Verify that all information is accurate and correct or make changes as necessary.
2. Click the "Disclaimer" box on the bottom of the page to review important information about standard and expedited/urgent requests. (Figure 45, 46)

Disclaimer for Standard Requests

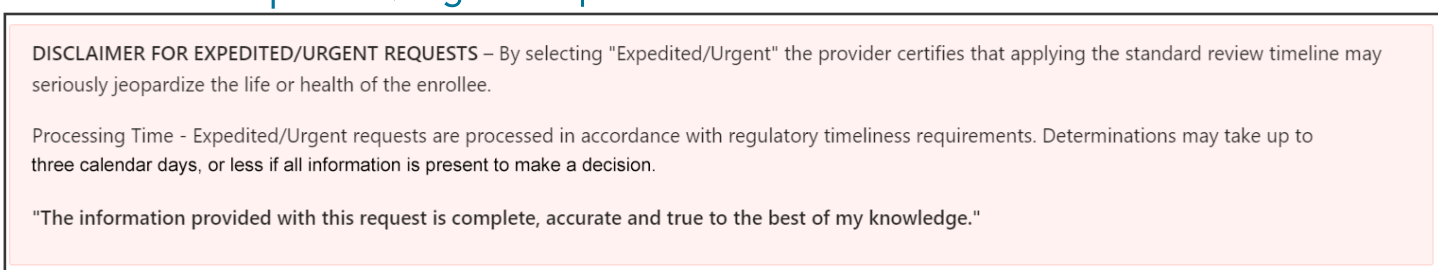


DISCLAIMER FOR STANDARD REQUESTS - Standard requests are processed in accordance with regulatory timeliness requirements. Determinations may take up to 15 calendar days, or less if all information is present to make a decision.

"The information provided with this request is complete, accurate and true to the best of my knowledge."

Figure 45

Disclaimer for Expedited/Urgent Requests



DISCLAIMER FOR EXPEDITED/URGENT REQUESTS – By selecting "Expedited/Urgent" the provider certifies that applying the standard review timeline may seriously jeopardize the life or health of the enrollee.

Processing Time - Expedited/Urgent requests are processed in accordance with regulatory timeliness requirements. Determinations may take up to three calendar days, or less if all information is present to make a decision.

"The information provided with this request is complete, accurate and true to the best of my knowledge."

Figure 46

3. Accept the disclaimer by clicking on the "I Accept" box, and then click on the "Submit Request" button to complete the request. Once users submit their request, they will see a confirmation page with a tracking number. (Figure 47)

Figure 47

How to Submit New Requests

Step 6: Automated Authorization (If Eligible)

1. If a service is eligible for automated authorization, a pop-up box will appear when the "I Accept" box is clicked (see Figure 47). To complete the automated authorization questionnaire, click the "Continue" button. If the standard PA process is preferred, click the "Submit Request" button.

   Note: Clinical knowledge is needed to complete the questionnaire. Out-of-network/non-contracted providers are not eligible for automated authorization but may still complete the questionnaire. (Figure 48)

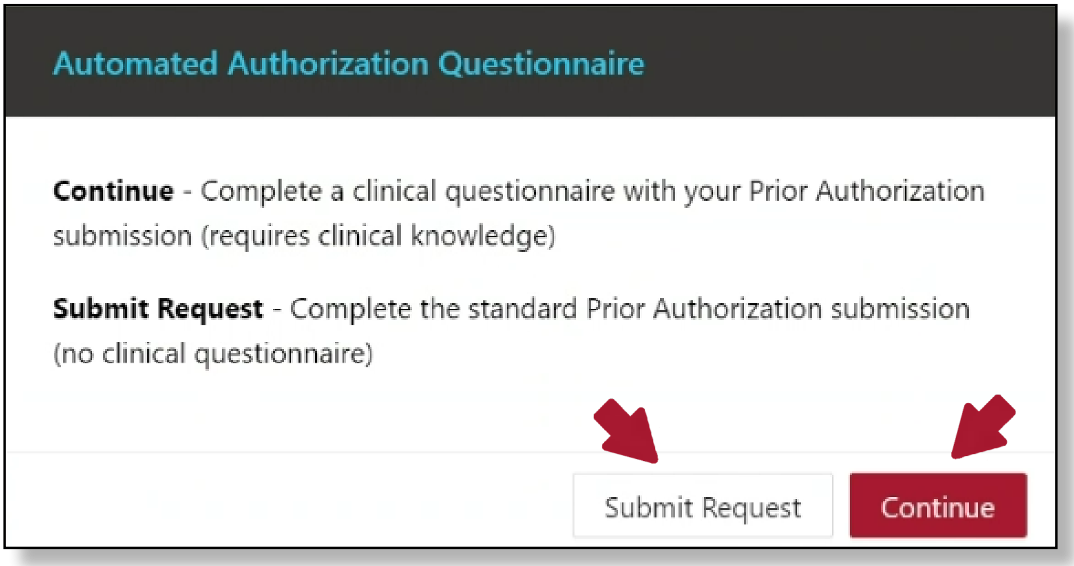


Figure 48

2. Select the appropriate response to each question and click the "Next" button to move on to the next question. If you need to save your responses and come back later, click "Save Draft & Exit." (Figure 49)

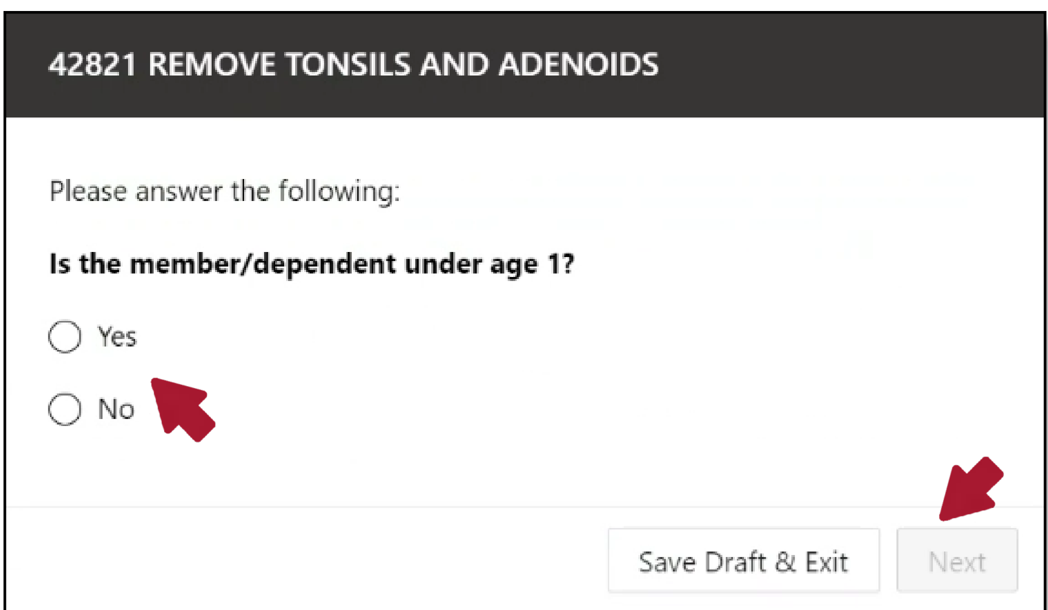


Figure 49

How to Submit New Requests

3. At the end of the questionnaire, an attestation will appear. Answers can be edited by clicking on the blue pencil icons. Note that changing answers may result in different questions. (Figure 50)

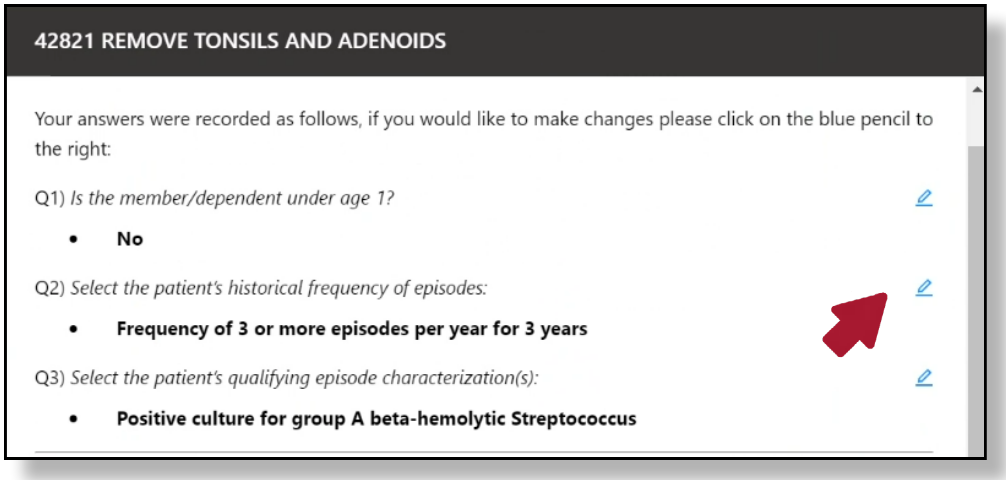


Figure 50

4. When you are satisfied with your responses, scroll to the bottom and check the "I Agree" box to attest. Once the "I Agree" box has been checked, answers **cannot** be changed. Finally, click the "Next" button to submit your responses. (Figure 51)

Figure 51

5. Automated authorization requests will either be approved or require further review.

   a. If **approved**, the next screen will say, "Approved." Click the "Submit for Authorization Number" button to complete the request. (Figure 52)

   b. If the service is **not approved**, the next screen will say, "Pending Nurse Review." Click the "Submit for Tracking Number" button to complete the request. (Figure 53)

   Additional documentation can be uploaded on either page. Once users submit their request, they will see a confirmation page that includes an approval or tracking number. (Figure 54)

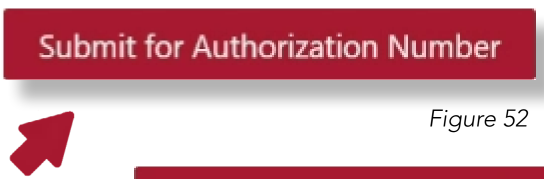


Figure 52

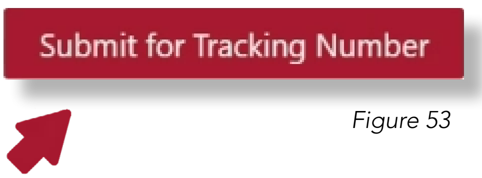


Figure 53

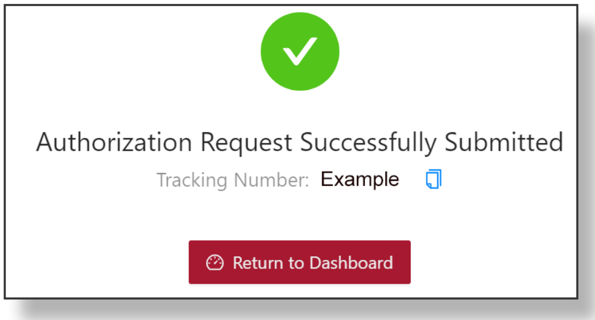


Figure 54

How to Check Prior Authorization Status

1. Enter the date span for the specific prior authorization request. (Figure 55)

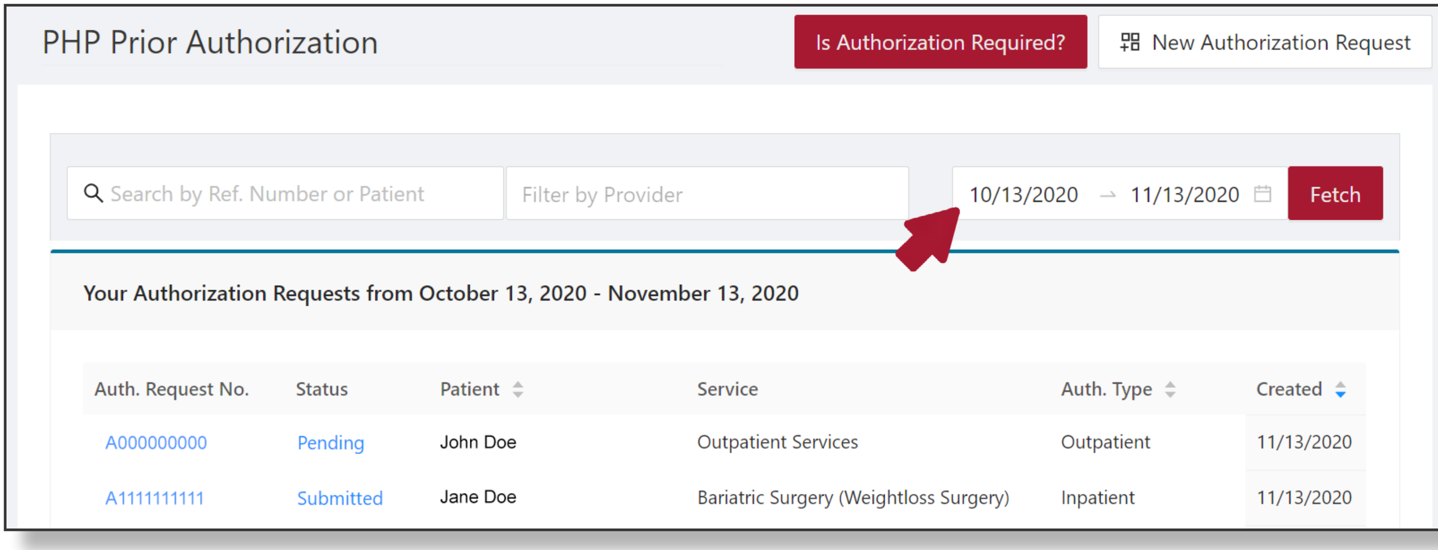


Figure 55

2. Hover over the authorization request number to view more information about the request, including patient information, diagnoses, services, requesting/treating provider, and the admitting facility. (Figure 56)

3. Hover over the status of the request to view information about the decision status and overview of all services. (Figure 57)

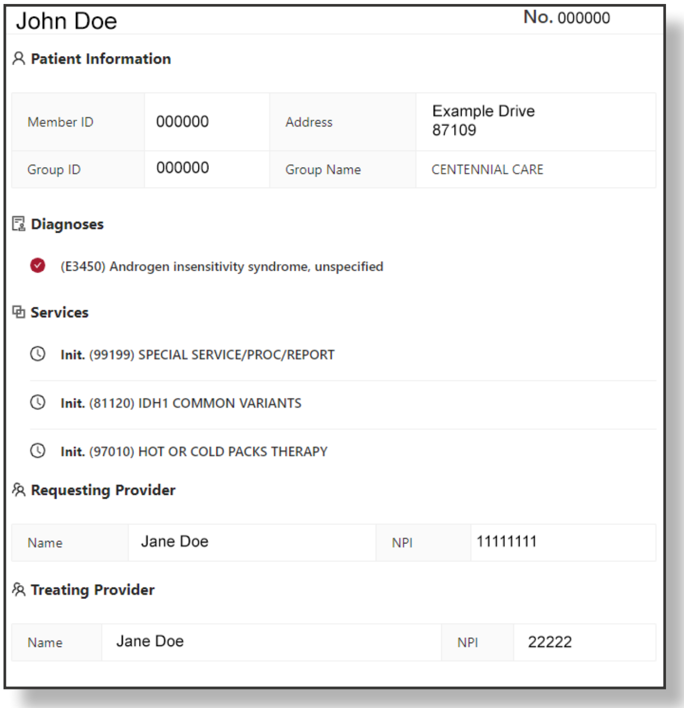


Figure 56

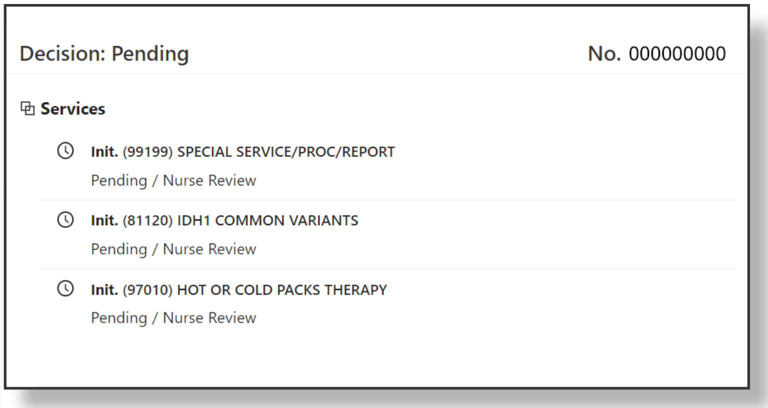


Figure 57

PRESBYTERIAN

www.phs.org/myPRES