

# myPRES Prior Authorization User Manual

 **PRESBYTERIAN**



# Table of Contents

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How to Access Prior Authorization Tools .....	2
Is Prior Authorization Required? .....	4
How to Submit New Requests .....	5
Step 1: Authorization Types .....	5
Step 2: Patient Details .....	7
Step 3: Request Details .....	9
Step 4: Providers .....	13
Step 5: Confirm Request .....	16
Step 6: Automated Authorization .....	17
How to Check Prior Authorization Status.....	19

## How to Use This Manual

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

1. Determining if a PA request is required
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.

# How to Access Prior Authorization Tools

1. [Log in to your myPRES account](#) and access the PROVIDERConnect Provider Portal from the Menu of Services. Click on "Authorizations" or "Check Authorizations" at the top of the homepage. (Figure 1)

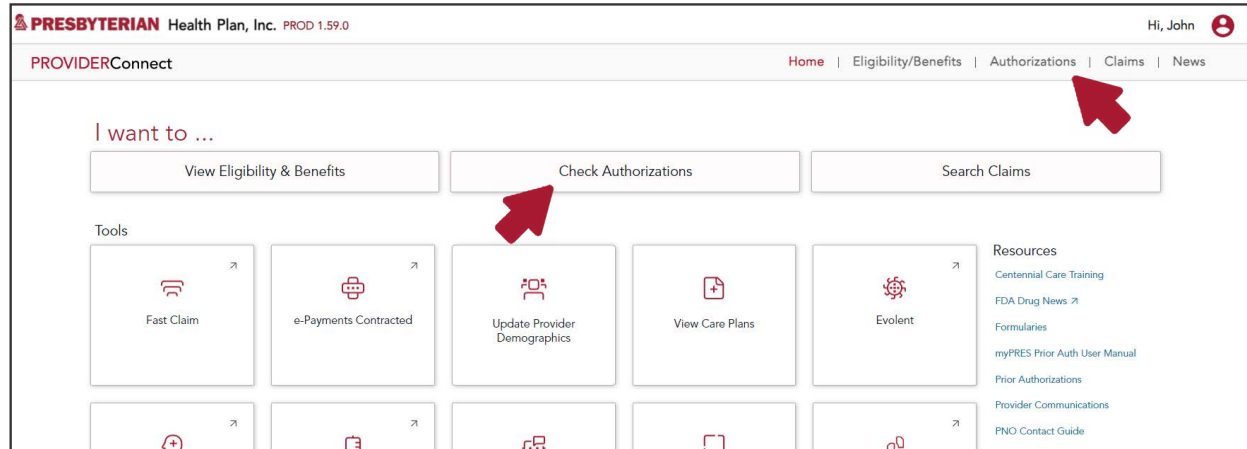


Figure 1

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 Evolent using the information provided in Figure 2.
  - b. Please submit pharmacy requests to Presbyterian Pharmacy Services using the contact information provided in Figure 2.

**Note:** Behavioral health providers can only submit electronic PAs through the PROVIDERConnect Portal for Turquoise Care (Medicaid) services as shown in Figure 2.

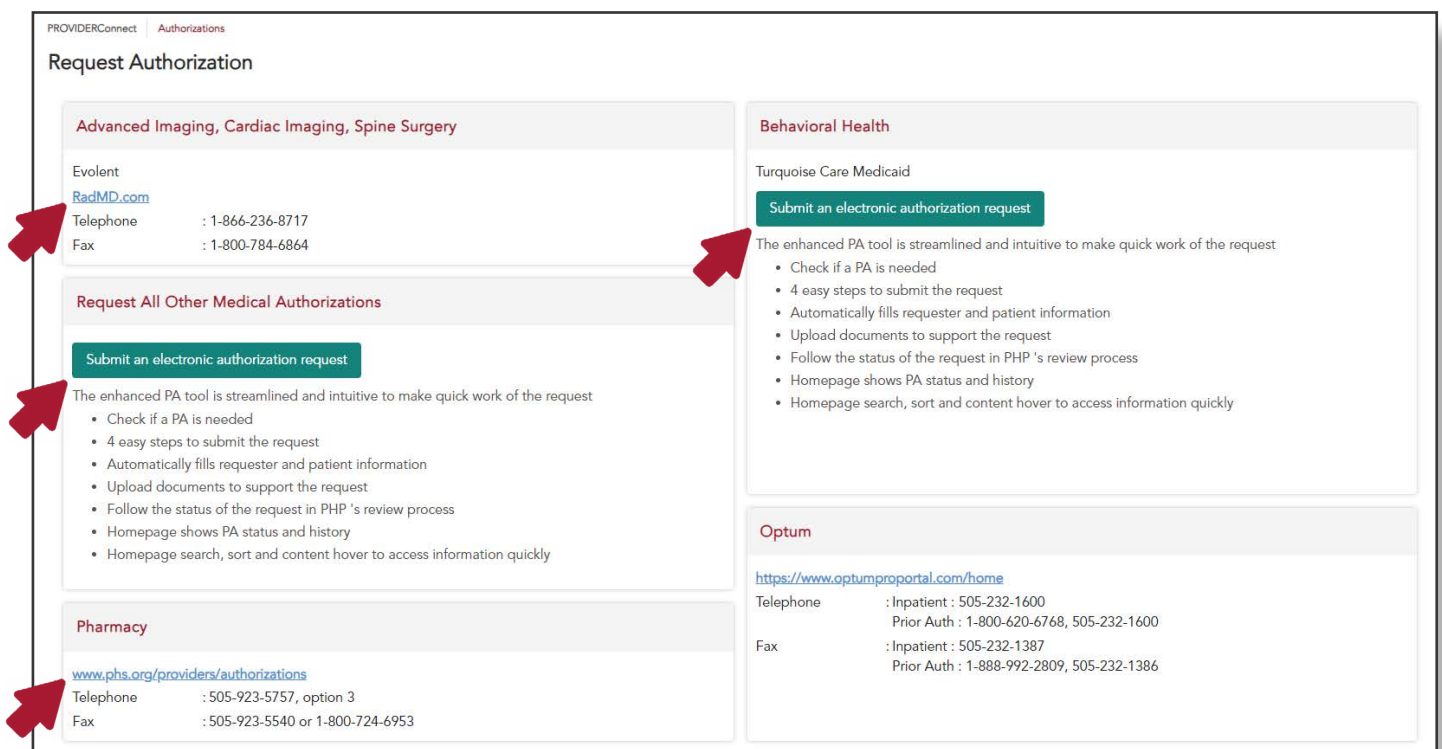


Figure 2

# 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

QA/UAT

PRESBYTERIAN MULTIPLE GROUPS

PHP Prior Authorization

Is Authorization Required? New Authorization Request

Search by Ref. Number or Patient Filter by Provider 10/10/2020 → 11/10/2020 Fetch

Your Authorization Requests from October 10, 2020 - November 10, 2020

Auth. Request No.	Status	Patient	Service	Auth. Type	Created
000000000	Submitted	John Doe	Radiology Services	Outpatient	11/10/2020
000000000	-	Jane Doe	Inpatient Hospitalization	Inpatient Admitted	11/9/2020
000000000	Pending	John Doe	Bariatric Surgery (Weightloss Surgery)	Inpatient Admitted	11/9/2020
000000000	Pending	Jane Doe	Durable Medical Equipment	Outpatient	11/9/2020

Count: 100 < 1 2 3 4 5 ... 10 > 10 / page

Figure 3

# Is Prior Authorization Required?

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

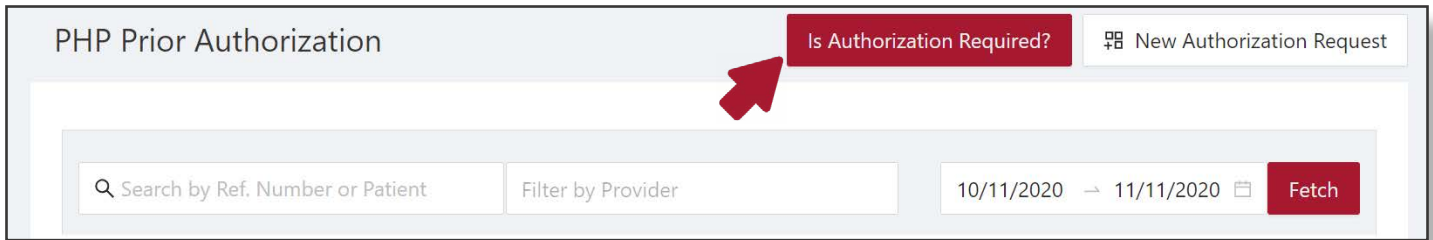


Figure 4

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)

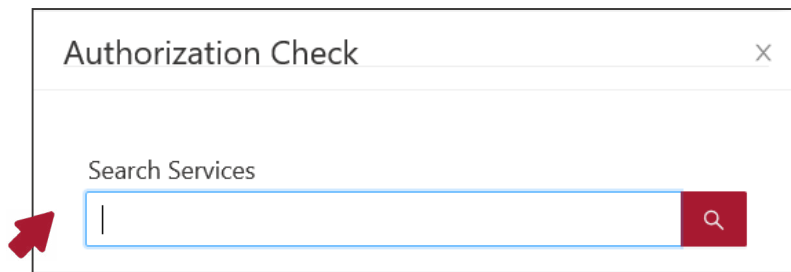


Figure 5

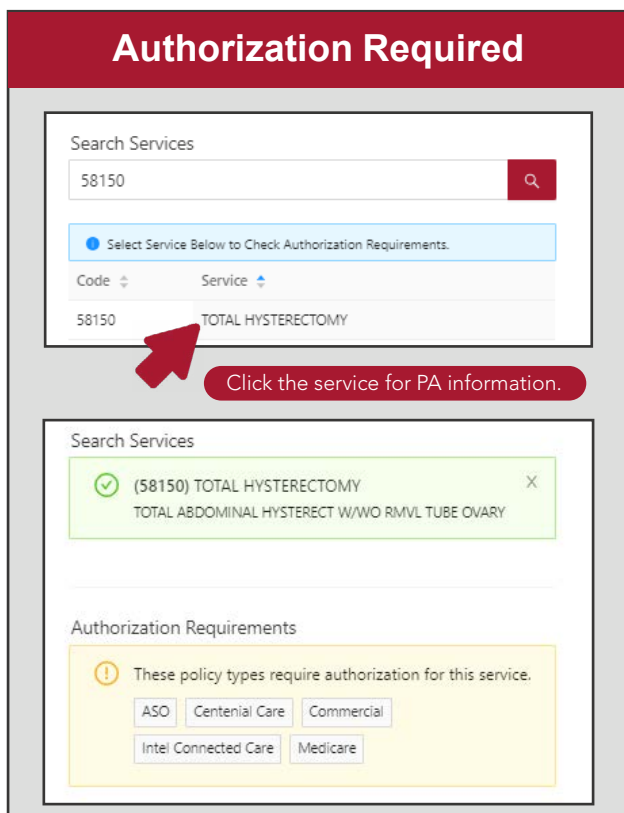


Figure 6

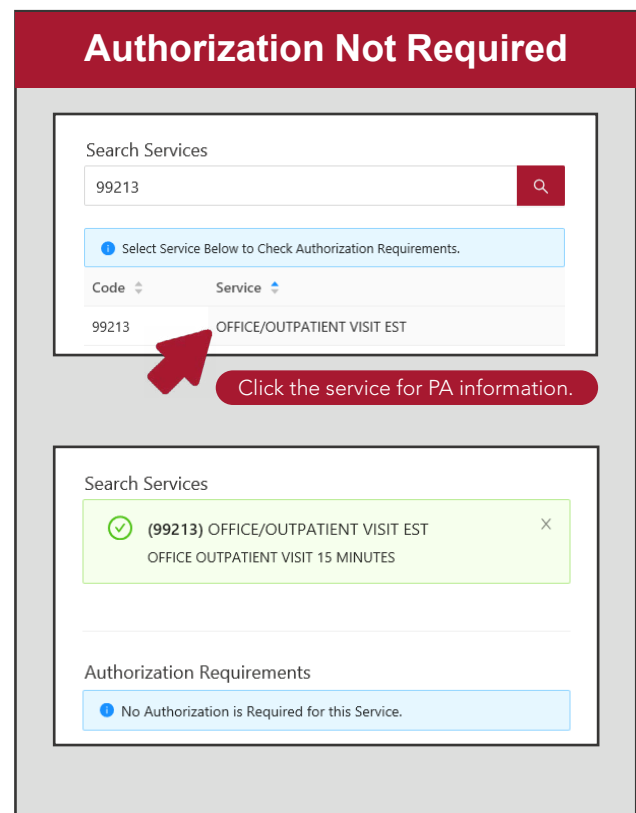
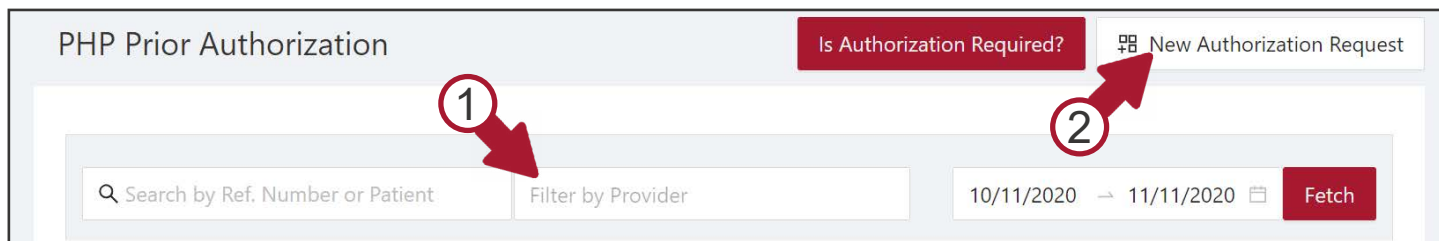


Figure 7

# 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)



The screenshot shows the top section of the PHP Prior Authorization interface. At the top left is the title "PHP Prior Authorization". To its right is a red button labeled "Is Authorization Required?". Further right is a button with a plus icon and the text "New Authorization Request". Below these is a search bar with the placeholder text "Search by Ref. Number or Patient" and a "Filter by Provider" field. To the right of the search bar is a date range selector showing "10/11/2020" to "11/11/2020" and a red "Fetch" button. Two red arrows with circled numbers point to the "Filter by Provider" field (labeled '1') and the "New Authorization Request" button (labeled '2').

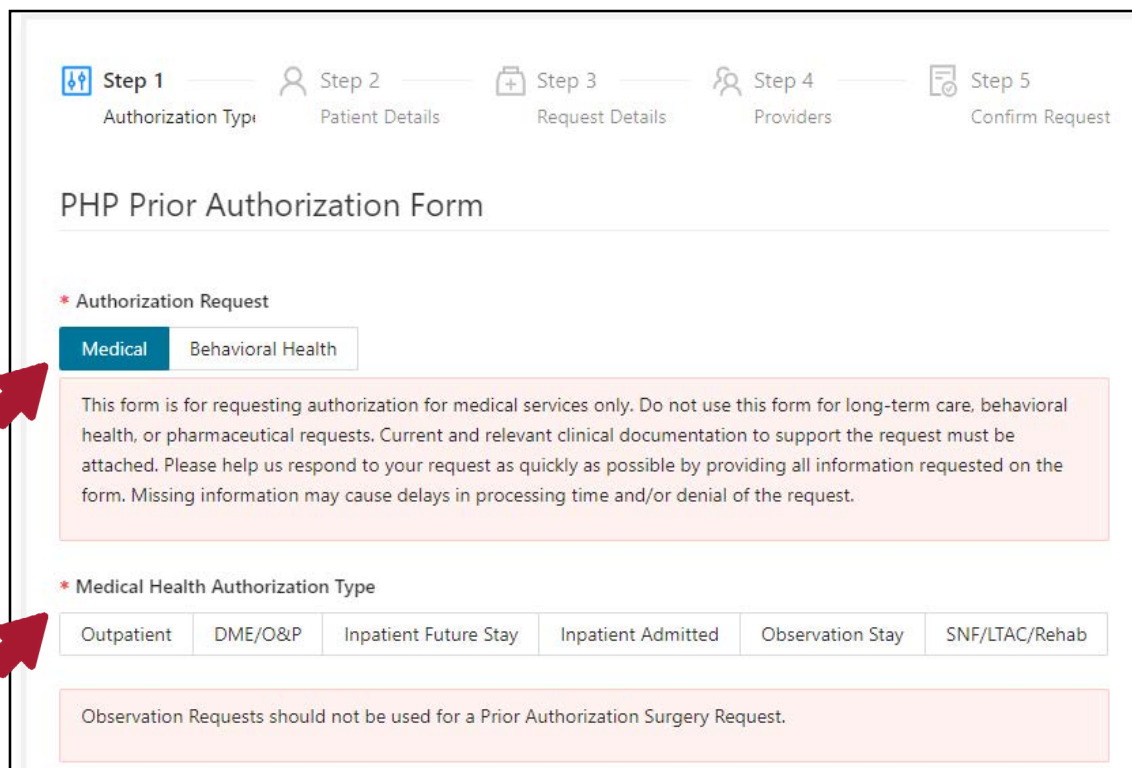
Figure 8

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.



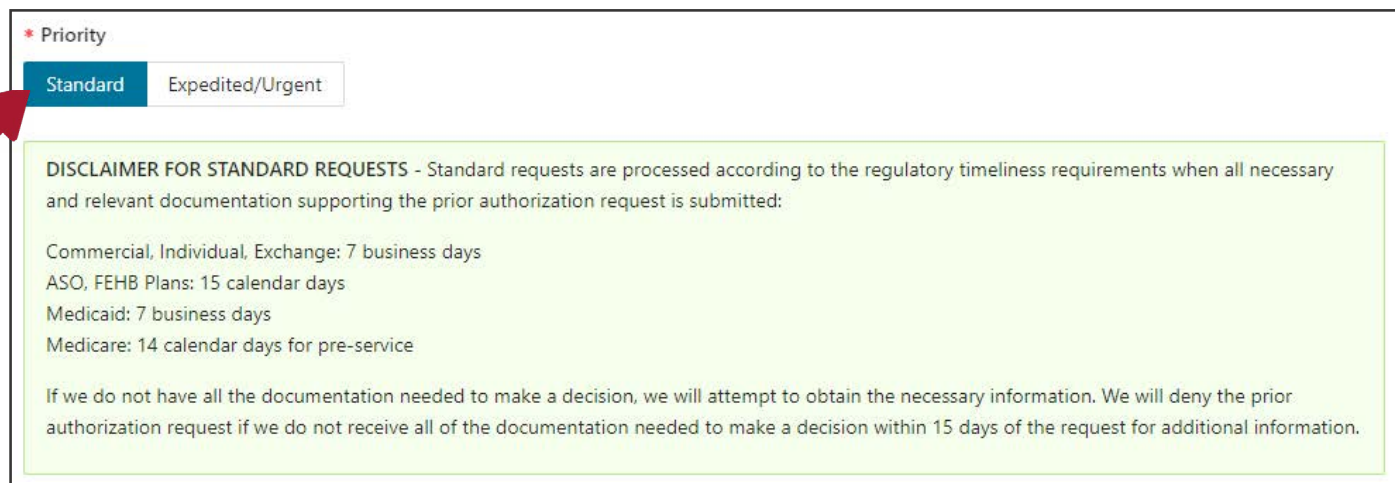
The screenshot shows the "Step 1: Authorization Types" form. At the top is a progress bar with five steps: "Step 1 Authorization Type", "Step 2 Patient Details", "Step 3 Request Details", "Step 4 Providers", and "Step 5 Confirm Request". Below the progress bar is the title "PHP Prior Authorization Form". Underneath is a section titled "\* Authorization Request" with two buttons: "Medical" (selected) and "Behavioral Health". Below this is a pink informational box: "This form is for requesting authorization for medical services only. Do not use this form for long-term care, behavioral health, or pharmaceutical requests. Current and relevant clinical documentation to support the request must be attached. Please help us respond to your request as quickly as possible by providing all information requested on the form. Missing information may cause delays in processing time and/or denial of the request." Below that is another section titled "\* Medical Health Authorization Type" with a row of buttons: "Outpatient", "DME/O&P", "Inpatient Future Stay", "Inpatient Admitted", "Observation Stay", and "SNF/LTAC/Rehab". At the bottom is another pink informational box: "Observation Requests should not be used for a Prior Authorization Surgery Request." Two red arrows point to the "Medical" button and the "Outpatient" button.

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)



\* Priority

Standard Expedited/Urgent

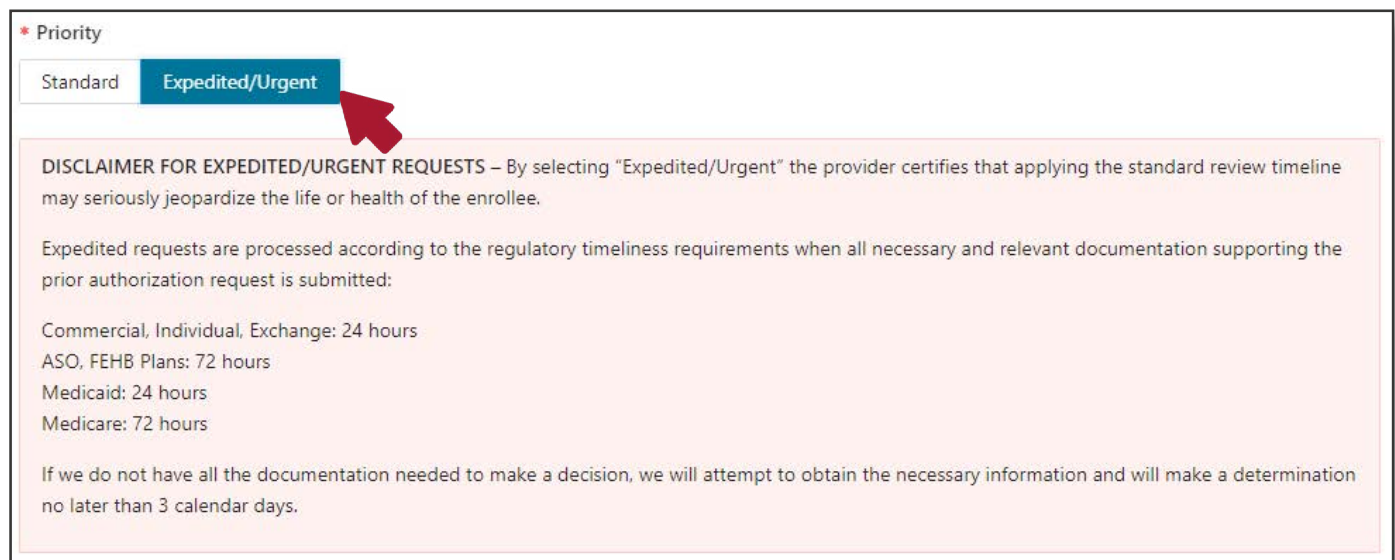
**DISCLAIMER FOR STANDARD REQUESTS** - Standard requests are processed according to the regulatory timeliness requirements when all necessary and relevant documentation supporting the prior authorization request is submitted:

Commercial, Individual, Exchange: 7 business days  
ASO, FEHB Plans: 15 calendar days  
Medicaid: 7 business days  
Medicare: 14 calendar days for pre-service

If we do not have all the documentation needed to make a decision, we will attempt to obtain the necessary information. We will deny the prior authorization request if we do not receive all of the documentation needed to make a decision within 15 days of the request for additional information.

Figure 10

## Expedited/Urgent Requests



\* Priority

Standard Expedited/Urgent

**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.

Expedited requests are processed according to the regulatory timeliness requirements when all necessary and relevant documentation supporting the prior authorization request is submitted:

Commercial, Individual, Exchange: 24 hours  
ASO, FEHB Plans: 72 hours  
Medicaid: 24 hours  
Medicare: 72 hours

If we do not have all the documentation needed to make a decision, we will attempt to obtain the necessary information and will make a determination no later than 3 calendar days.

Figure 11

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



\* Requestor Contact Name

\* Requestor Contact Phone Number

Requestor Fax Number

Figure 12

# How to Submit New Requests



## Step 2: Patient Details

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

### Name and Date of Birth

The screenshot shows the 'Patient Details' form with the 'Find Patient by:' section. The 'Name and Date of Birth' option is selected and highlighted in red. Below this, there are two input fields: 'Patient's Last Name' and 'MM/DD/YYYY', both with red arrows pointing to them. A red search button is located to the right of the date field.

Figure 13

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

### PHP Member ID

The screenshot shows the 'Patient Details' form with the 'Find Patient by:' section. The 'PHP Member ID' option is selected and highlighted in red. Below this, there is a single input field labeled 'Enter PHP Member ID' with a red search button to its right.

Figure 14

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

### Social Security Number

The screenshot shows the 'Patient Details' form with the 'Find Patient by:' section. The 'Social Security Number' option is selected and highlighted in red. Below this, there is a single input field labeled 'Enter Social Security Number' with a red search button to its right.

Figure 15

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

### Medicaid ID

The screenshot shows the 'Patient Details' form with the 'Find Patient by:' section. The 'Medicaid ID' option is selected and highlighted in red. Below this, there is a single input field labeled 'Enter Medicaid ID' with a red search button to its right.

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)

Name	Subscriber	PHP Member ID	Group ID	Group Name	Status	Gender	Birthday
<a href="#">John Doe</a>	Child	0	0	Example	Active	♀	Example
<a href="#">Jane Doe</a>	Child	0	0	Example	Active	♀	Example

Figure 17

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

**Member Information**

\* Patient First Name: John

\* Patient Last Name: Doe

\* Date of Birth: Example

\* Gender: Male

\* Address 1: Example

\* City: Example

\* State: Example

\* Postal Code: Example

\* PHP Member ID: 0

\* Group #: 0

\* Group Name: Example

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)

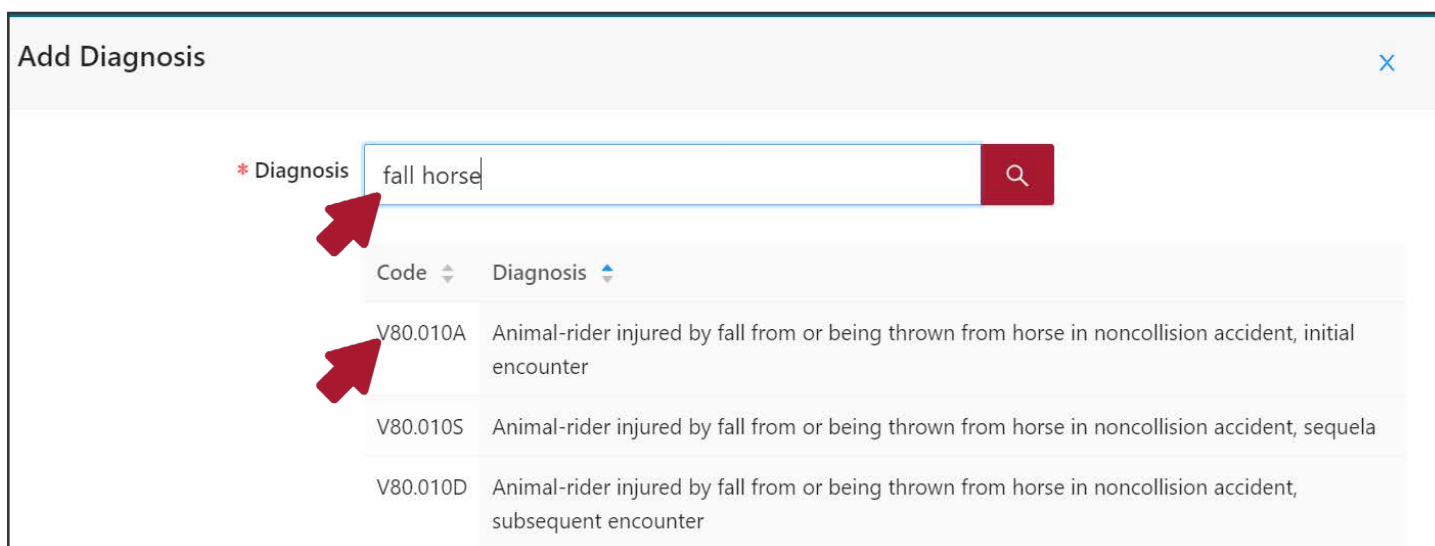


\* Diagnoses + Add Diagnosis

Code ▾      Diagnosis ▾      Primary Diagnosis ▾

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)



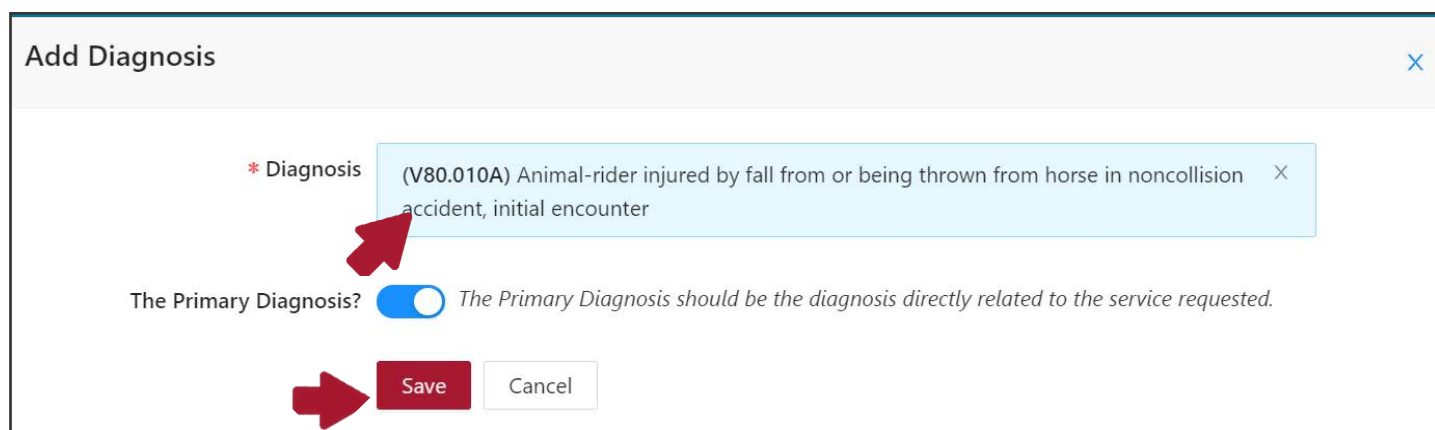
Add Diagnosis ×

\* Diagnosis  🔍

Code ▾	Diagnosis ▾
V80.010A	Animal-rider injured by fall from or being thrown from horse in noncollision accident, initial encounter
V80.010S	Animal-rider injured by fall from or being thrown from horse in noncollision accident, sequela
V80.010D	Animal-rider injured by fall from or being thrown from horse in noncollision accident, subsequent encounter

Figure 21

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



Add Diagnosis ×

\* Diagnosis (V80.010A) Animal-rider injured by fall from or being thrown from horse in noncollision accident, initial encounter ×

The Primary Diagnosis?  *The Primary Diagnosis should be the diagnosis directly related to the service requested.*

Save Cancel

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)

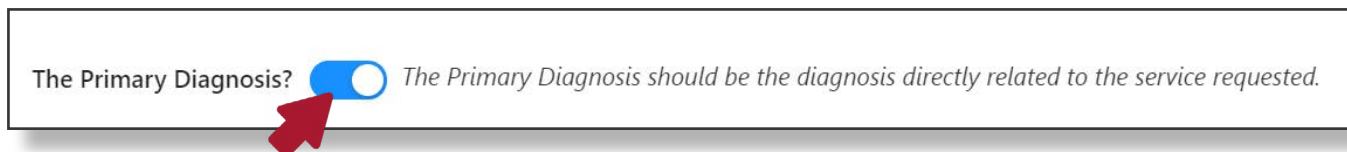


Figure 23

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

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

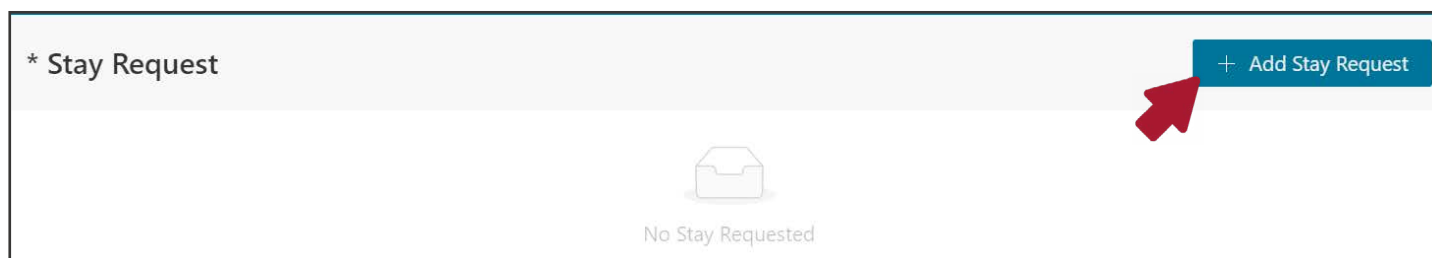


Figure 24

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

A screenshot of a form titled "\* Stay Request". The form contains four fields, each with a red asterisk indicating it is required. The first field is "Service Type" with a dropdown menu showing "Select Service Type". The second field is "Service Location Type" with a dropdown menu showing "Service Location Type". The third field is "Requested Length of Stay" with a text input box containing the number "1". The fourth field is "Expected Admission Date" with a text input box and a calendar icon on the right. Red arrows point to each of the four fields.

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)

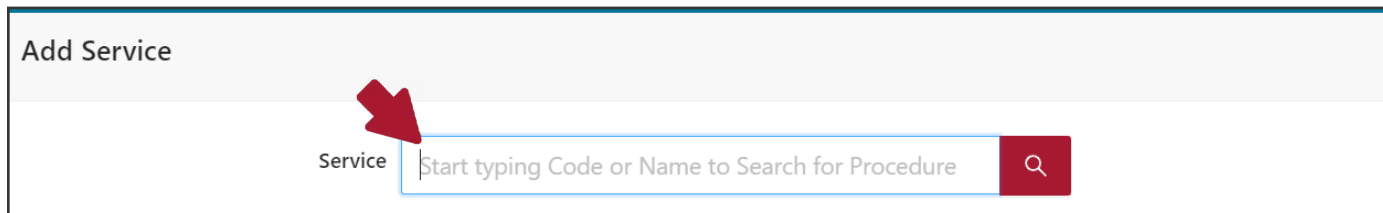


Figure 27

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

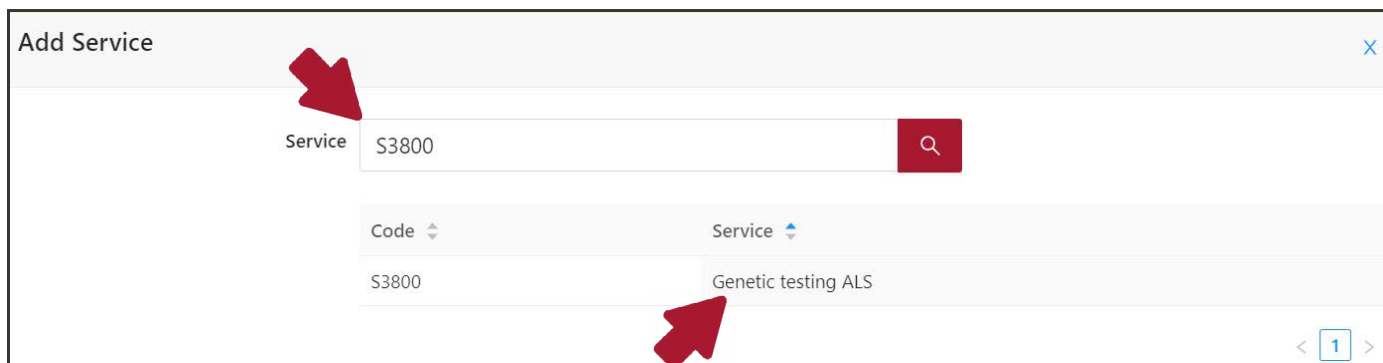


Figure 28

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

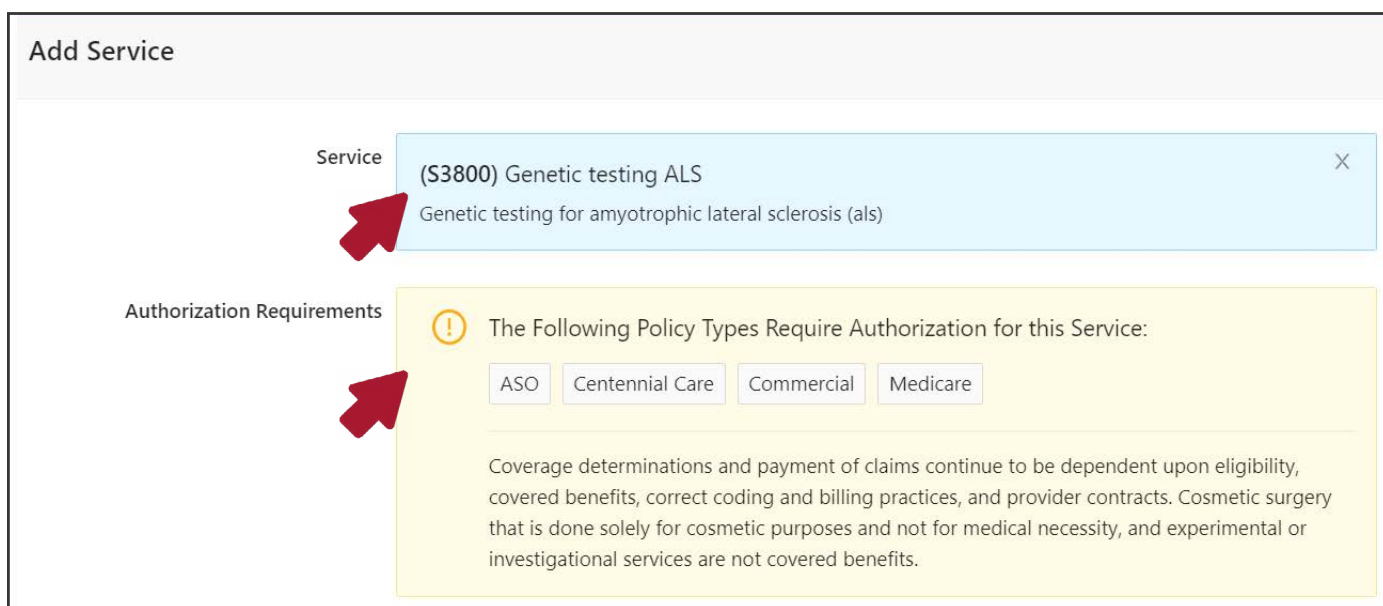
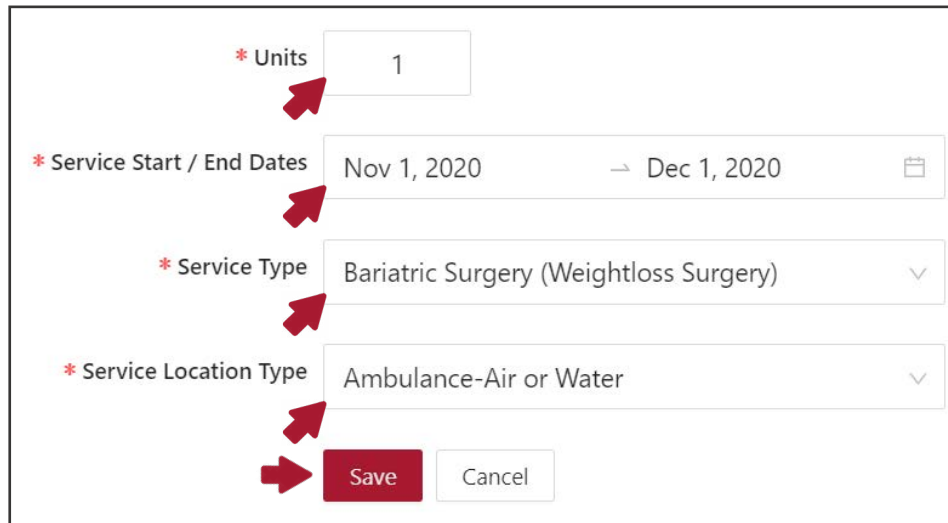


Figure 29

# 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)



The screenshot shows a form with the following fields and buttons:

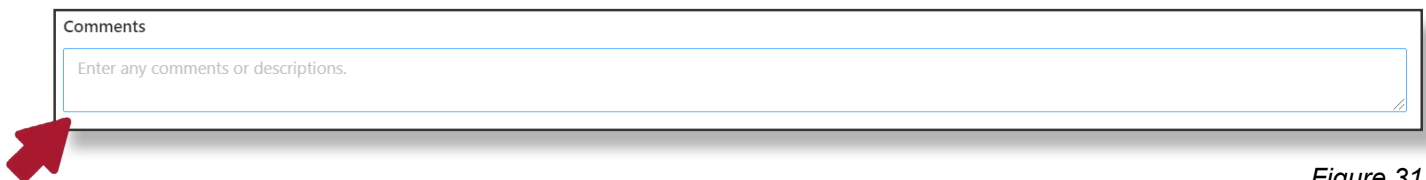
- \* Units: Input field containing the number "1".
- \* Service Start / End Dates: Date range selector showing "Nov 1, 2020" to "Dec 1, 2020".
- \* Service Type: Dropdown menu with "Bariatric Surgery (Weightloss Surgery)" selected.
- \* Service Location Type: Dropdown menu with "Ambulance-Air or Water" selected.
- Buttons: "Save" (red) and "Cancel" (white).

Red arrows point to each of these elements from the left side of the form.

Figure 30

## D. Comments (Optional)

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

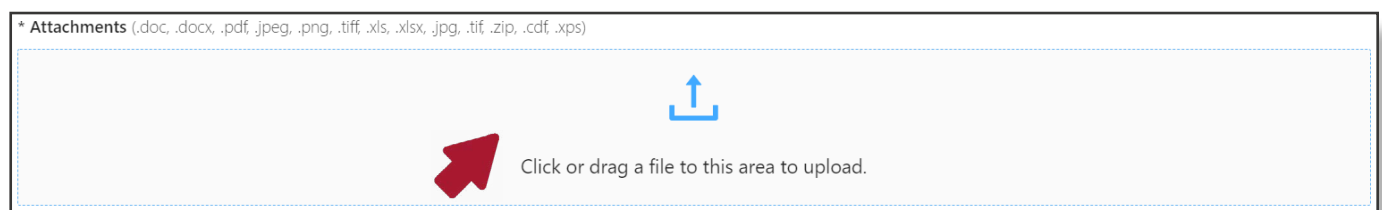


The screenshot shows a text box labeled "Comments" with the placeholder text "Enter any comments or descriptions." A red arrow points to the left side of the text box.

Figure 31

## E. Attachments

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



The screenshot shows an "Attachments" section with the following text and elements:

- \* Attachments (.doc, .docx, .pdf, .jpeg, .png, .tiff, .xls, .xlsx, .jpg, .tif, .zip, .cdf, .xps)
- Upload icon (blue arrow pointing up).
- Text: "Click or drag a file to this area to upload."

A red arrow points to the upload icon.

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)

\* Requesting Provider

Search by Name, NPI, TIN, or ZIP Search

Expand search beyond your Tax ID

Figure 34

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

\* Requesting Provider

87109 Search

No Requesting Provider Selected

Name	Type	NPI	Practice Address
John Doe	Physician	0	Example Drive 87109
Jane Doe	Physician	0	Example Drive 87109
John Doe	Physician	0	Example Drive 87109
Jane Doe	Physician	0	Example Drive 87109

Count: 50 < 1 2 3 4 5 > 10 / page

Figure 35

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

\* Requesting Provider

Search by Name, NPI, TIN, or ZIP Search

Name: JOHN BEAUCHAMP \* Requesting Provider Tax ID:

Address: 1100 CENTRAL AVE SE ALBUQUERQUE, NM 87106 NPI: 1205221579

Phone:

Figure 36

# How to Submit New Requests

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

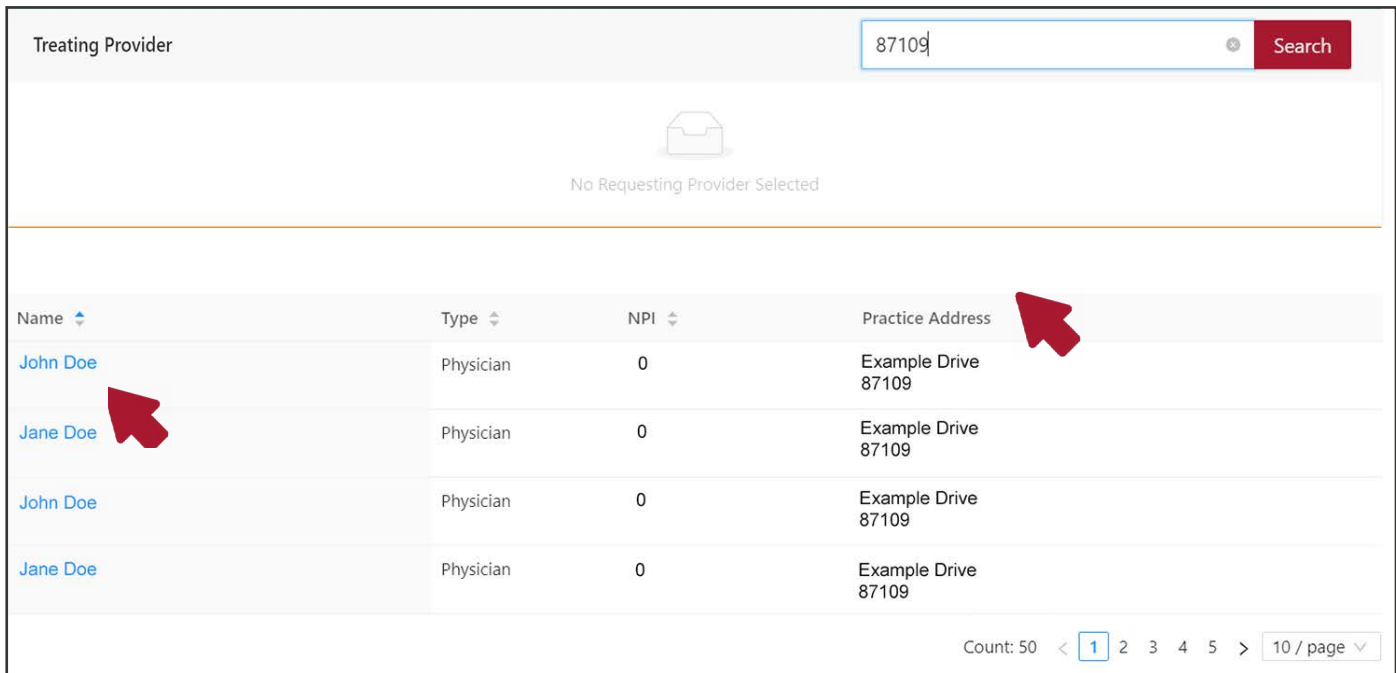
1. Search for a treating provider by name, NPI, TIN or ZIP code. (Figure 37)



Treating Provider

Figure 37

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



Treating Provider

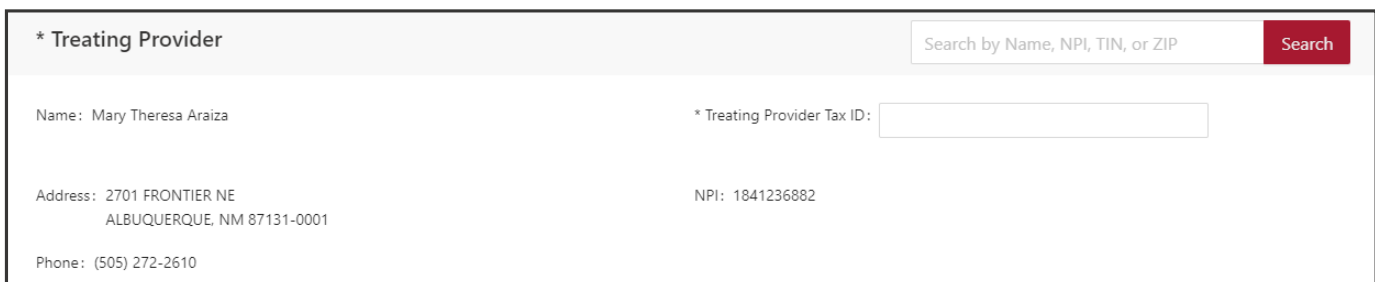
No Requesting Provider Selected

Name	Type	NPI	Practice Address
John Doe	Physician	0	Example Drive 87109
Jane Doe	Physician	0	Example Drive 87109
John Doe	Physician	0	Example Drive 87109
Jane Doe	Physician	0	Example Drive 87109

Count: 50 < 1 2 3 4 5 > 10 / page

Figure 38

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



\* Treating Provider

Name: Mary Theresa Araiza \* Treating Provider Tax ID:

Address: 2701 FRONTIER NE NPI: 1841236882  
ALBUQUERQUE, NM 87131-0001

Phone: (505) 272-2610

Figure 39

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



> Save & Next Step

Figure 40

# How to Submit New Requests

## C. Admitting Facility (Only Required for Inpatient Requests)

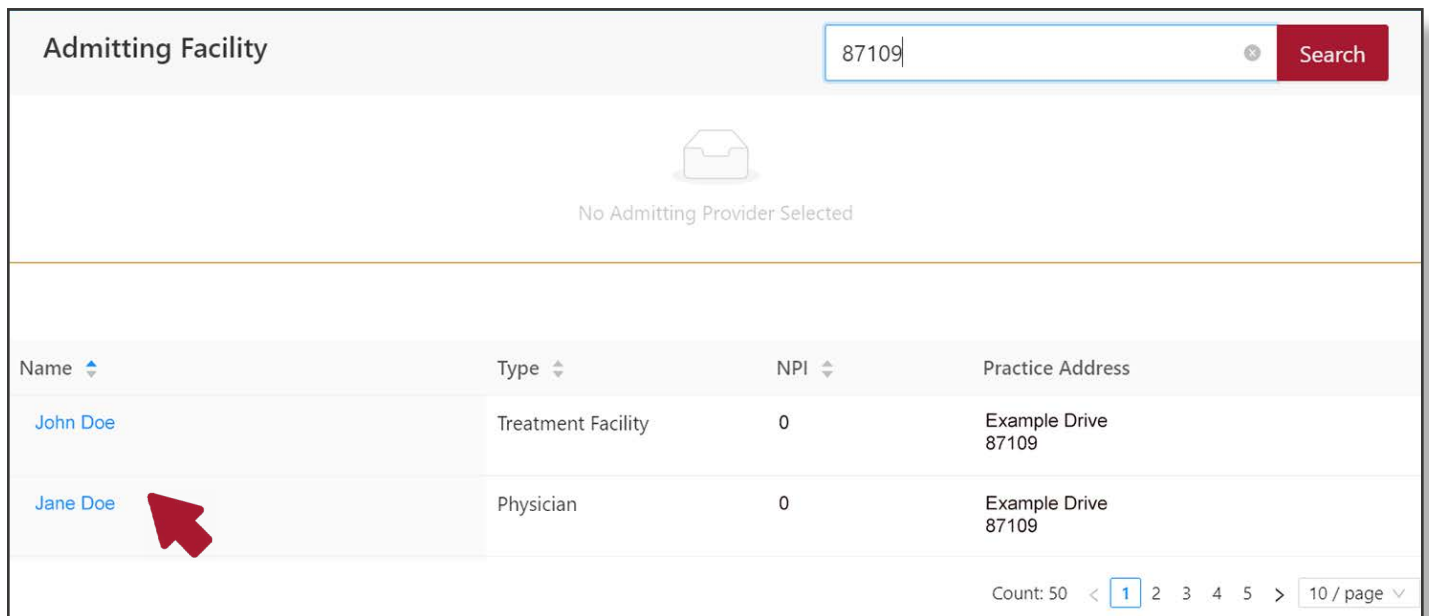
1. Search for the admitting facility by name, NPI, TIN or ZIP code. (Figure 41)



Admitting Facility

Figure 41

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



Admitting Facility

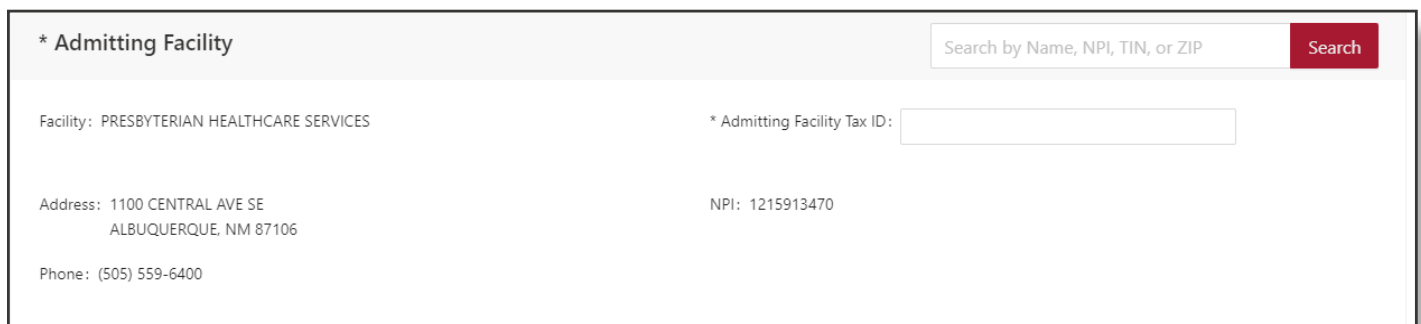
No Admitting Provider Selected

Name	Type	NPI	Practice Address
<a href="#">John Doe</a>	Treatment Facility	0	Example Drive 87109
<a href="#">Jane Doe</a>	Physician	0	Example Drive 87109

Count: 50 < 1 2 3 4 5 > 10 / page

Figure 42

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



\* Admitting Facility

Facility: PRESBYTERIAN HEALTHCARE SERVICES \* Admitting Facility Tax ID:

Address: 1100 CENTRAL AVE SE NPI: 1215913470  
ALBUQUERQUE, NM 87106

Phone: (505) 559-6400

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)

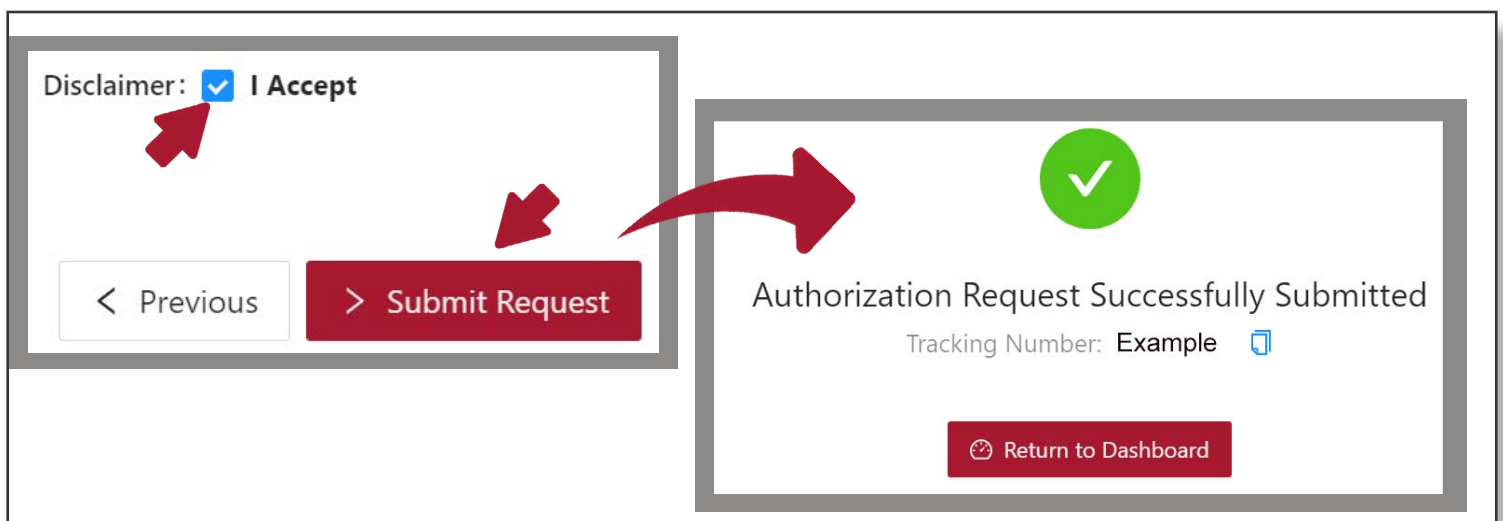


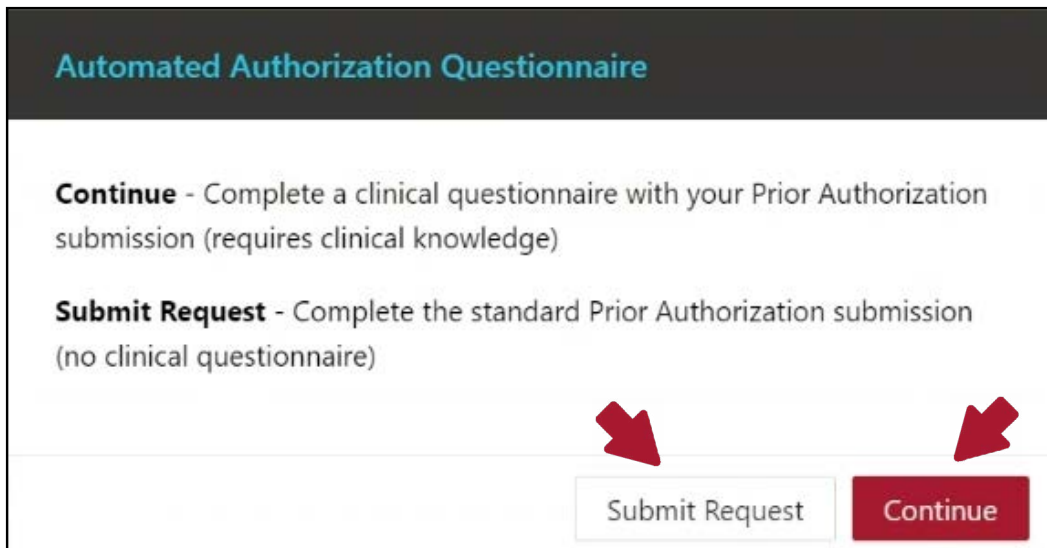
Figure 47

# 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.

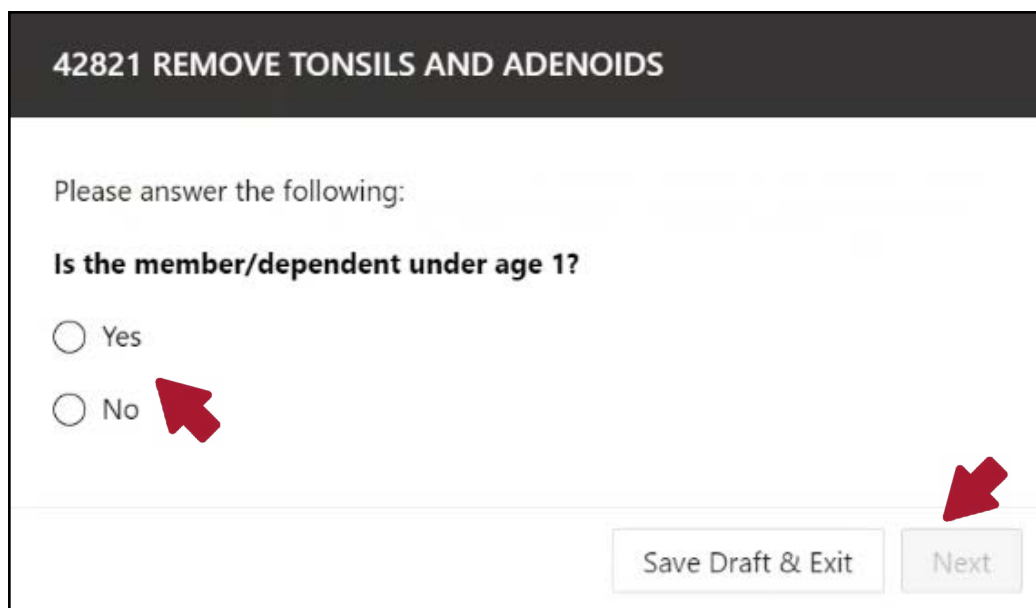
**Note: Clinical knowledge is needed to complete the questionnaire.** Out-of-network/non-contracted providers are not eligible for automated authorization but may still complete the questionnaire. (Figure 48)



The screenshot shows a pop-up window titled "Automated Authorization Questionnaire". It contains two options: "Continue - Complete a clinical questionnaire with your Prior Authorization submission (requires clinical knowledge)" and "Submit Request - Complete the standard Prior Authorization submission (no clinical questionnaire)". At the bottom, there are two buttons: "Submit Request" and "Continue". Red arrows point to both buttons.

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)



The screenshot shows a questionnaire question titled "42821 REMOVE TONSILS AND ADENOIDS". The question is "Please answer the following: Is the member/dependent under age 1?". There are two radio button options: "Yes" and "No". A red arrow points to the "No" option. At the bottom, there are two buttons: "Save Draft & Exit" and "Next". A red arrow points to the "Next" button.

Figure 49

# How to Submit New Requests

- 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)

42821 REMOVE TONSILS AND ADENOIDS

Your answers were recorded as follows, if you would like to make changes please click on the blue pencil to the right:

Q1) Is the member/dependent under age 1?

- No

Q2) Select the patient's historical frequency of episodes:

- Frequency of 3 or more episodes per year for 3 years

Q3) Select the patient's qualifying episode characterization(s):

- Positive culture for group A beta-hemolytic Streptococcus

Figure 50

- 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)

I agree that I have answered all the questions accurately and the above statements have been reviewed

Next

Figure 51

- Automated authorization requests will either be approved or require further review.
  - If **approved**, the next screen will say, "Approved." Click the "Submit for Authorization Number" button to complete the request. (Figure 52)
  - 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)

Submit for Authorization Number

Figure 52

Submit for Tracking Number

Figure 53

Authorization Request Successfully Submitted

Tracking Number: Example

Return to Dashboard

Figure 54

# How to Check Prior Authorization Status

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

The screenshot shows the 'PHP Prior Authorization' interface. At the top right, there is a red button labeled 'Is Authorization Required?' and a link for 'New Authorization Request'. Below this is a search bar with the text 'Search by Ref. Number or Patient' and a 'Filter by Provider' dropdown. To the right of the search bar is a date range selector set to '10/13/2020 - 11/13/2020' with a 'Fetch' button. A red arrow points to the date range input field. Below the search bar, the text reads 'Your Authorization Requests from October 13, 2020 - November 13, 2020'. A table below shows two authorization requests:

Auth. Request No.	Status	Patient	Service	Auth. Type	Created
A000000000	Pending	John Doe	Outpatient Services	Outpatient	11/13/2020
A111111111	Submitted	Jane Doe	Bariatric Surgery (Weightloss Surgery)	Inpatient	11/13/2020

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)

The screenshot shows the patient information page for John Doe, No. 000000. The page is divided into several sections:

- Patient Information:** Member ID: 000000, Address: Example Drive 87109, Group ID: 000000, Group Name: CENTENNIAL CARE.
- Diagnoses:** (E3450) Androgen insensitivity syndrome, unspecified.
- Services:** Init. (99199) SPECIAL SERVICE/PROC/REPORT, Init. (81120) IDH1 COMMON VARIANTS, Init. (97010) HOT OR COLD PACKS THERAPY.
- Requesting Provider:** Name: Jane Doe, NPI: 11111111.
- Treating Provider:** Name: Jane Doe, NPI: 22222.

Figure 56

The screenshot shows the decision status page for a pending authorization request, No. 000000000. The page displays the decision status and a list of services:

- Decision: Pending**
- Services:** Init. (99199) SPECIAL SERVICE/PROC/REPORT (Pending / Nurse Review), Init. (81120) IDH1 COMMON VARIANTS (Pending / Nurse Review), Init. (97010) HOT OR COLD PACKS THERAPY (Pending / Nurse Review).

Figure 57



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