myPRES Prior Authorization
User Manual

PPC062111

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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 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: 7/15/25

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)

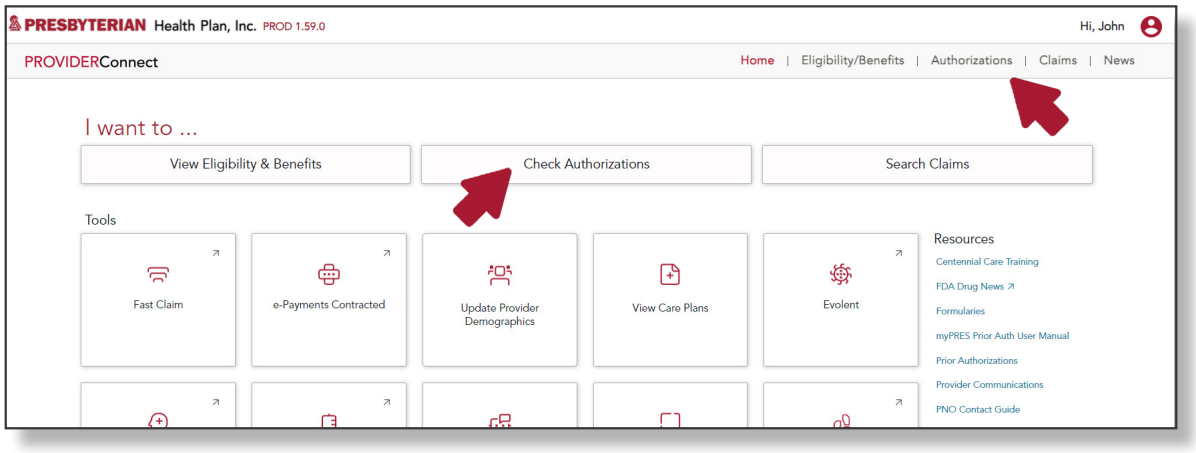

Figure 1

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.

   a. Submit advanced imaging and cardiac imaging requests to Stanson Health. Spine surgery requests should be submitted to Evolent

   b. Submit pharmacy requests to Presbyterian Pharmacy Services

   c. Submit requests for Presbyterian Medicare Advantage members assigned to an Optum-employed primary care priovider (PCP) or whose PCP is participating with Optum's Independent Provider Association network to Optum

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

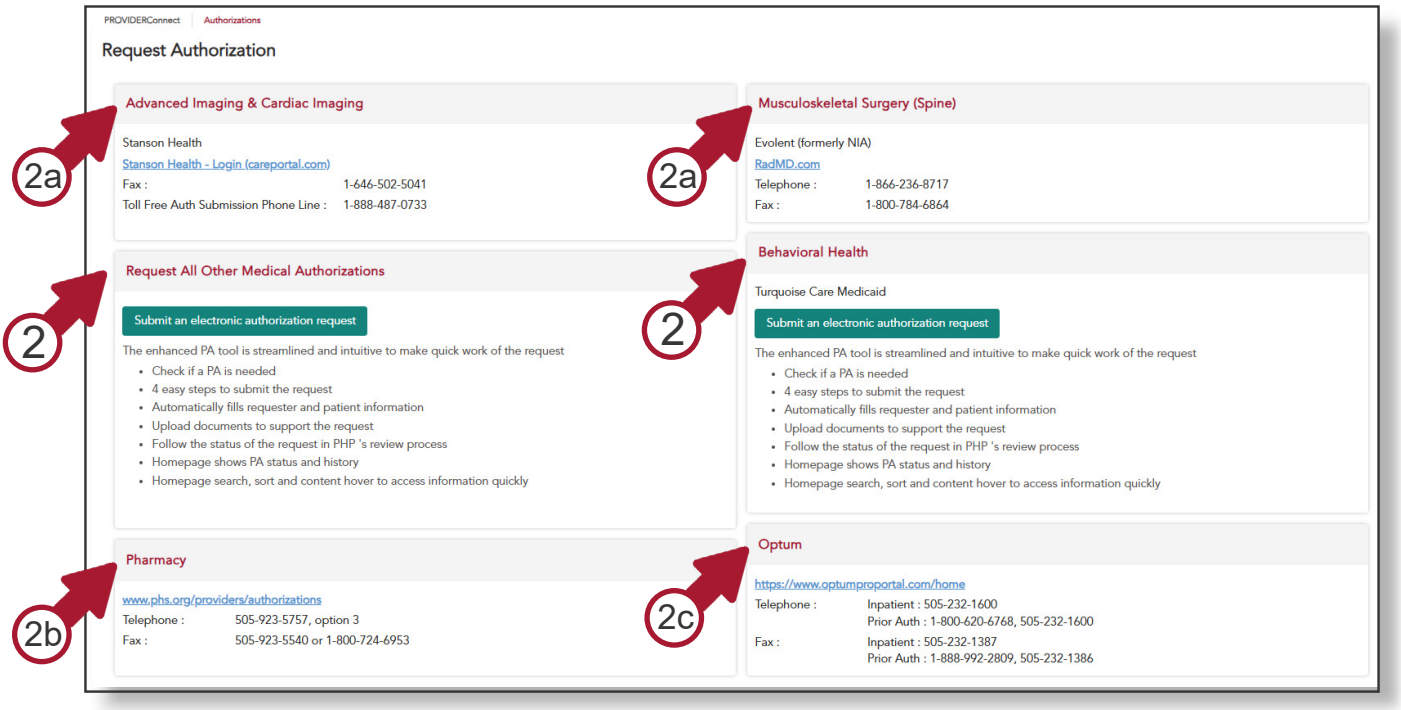

Figure 2

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

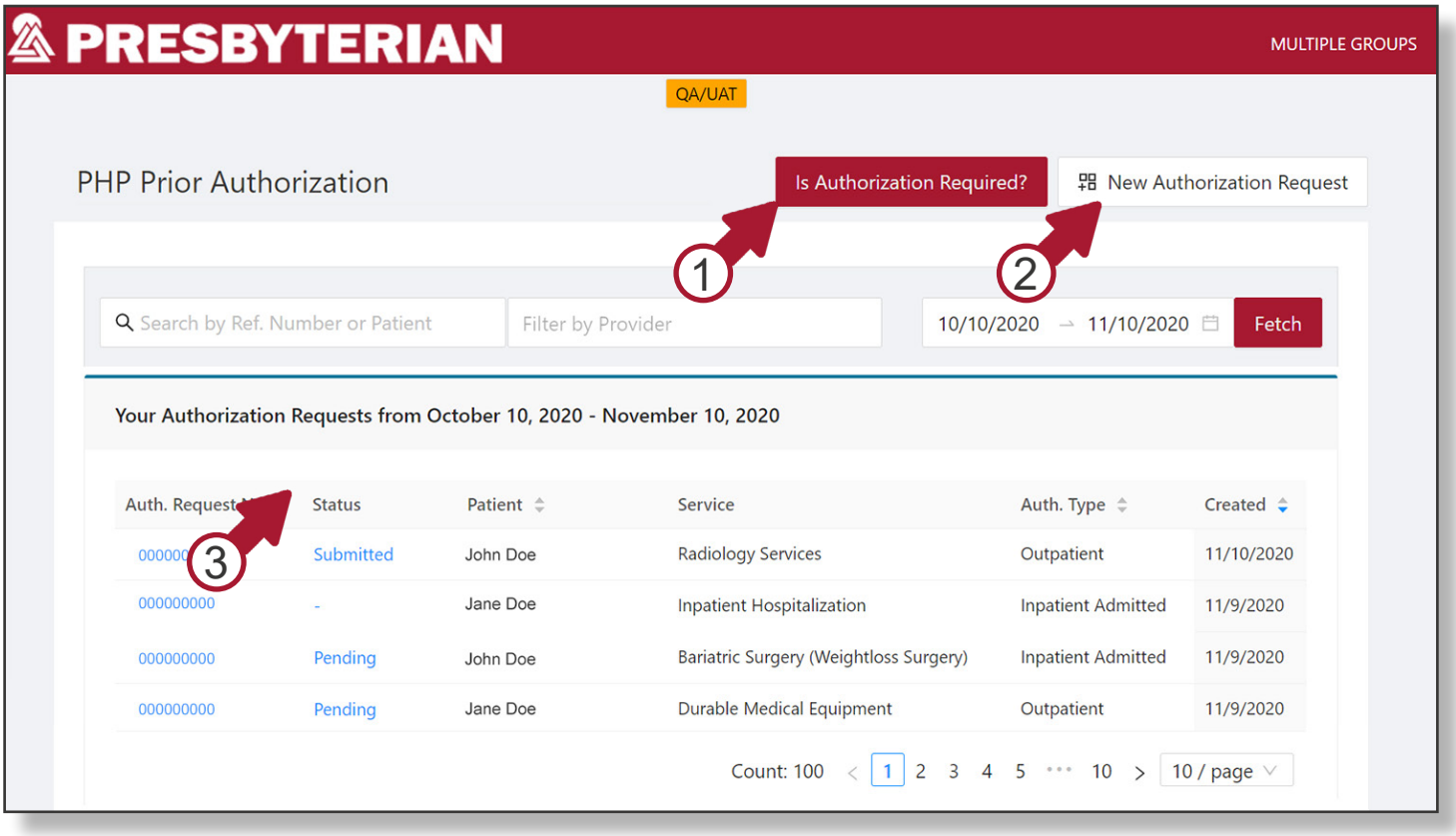

Figure 3

Is Prior Authorization Required?

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

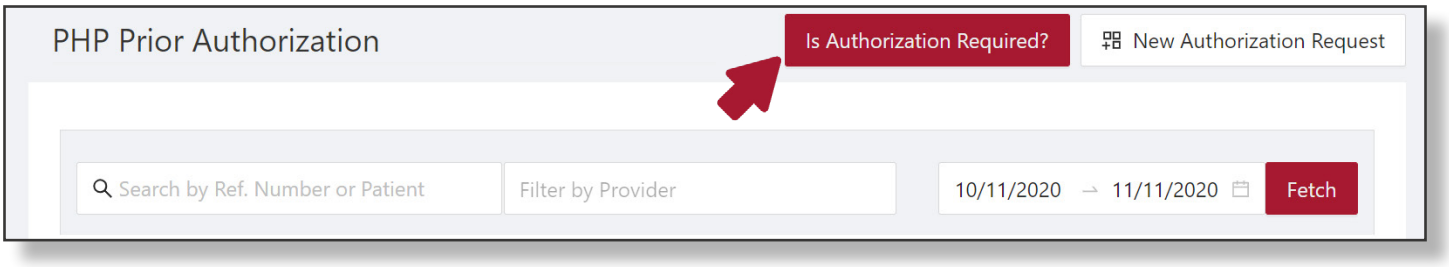

Figure 4

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)

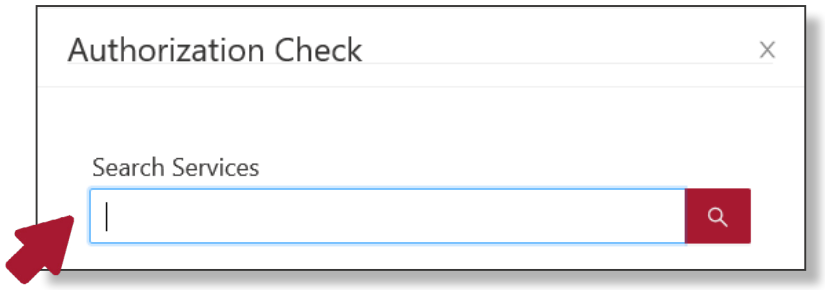

Figure 5

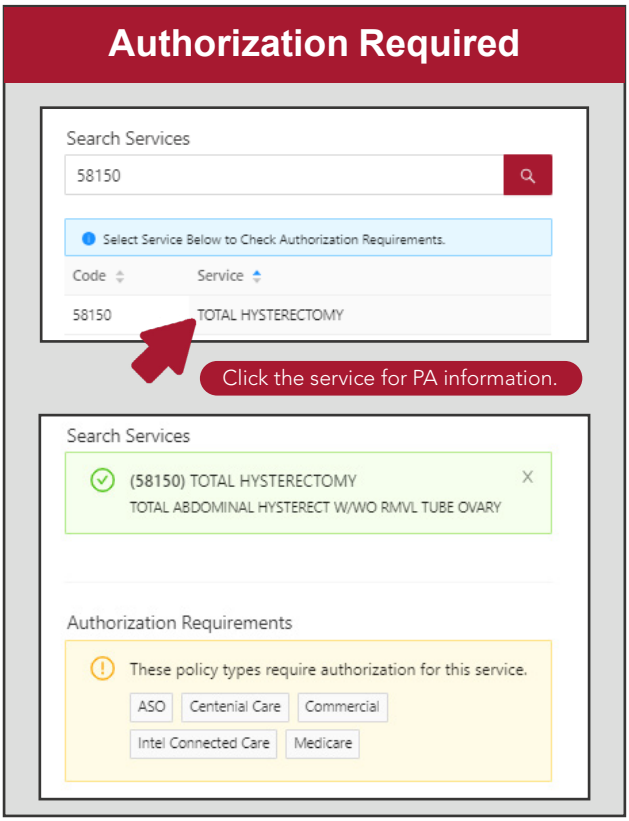

Figure 6

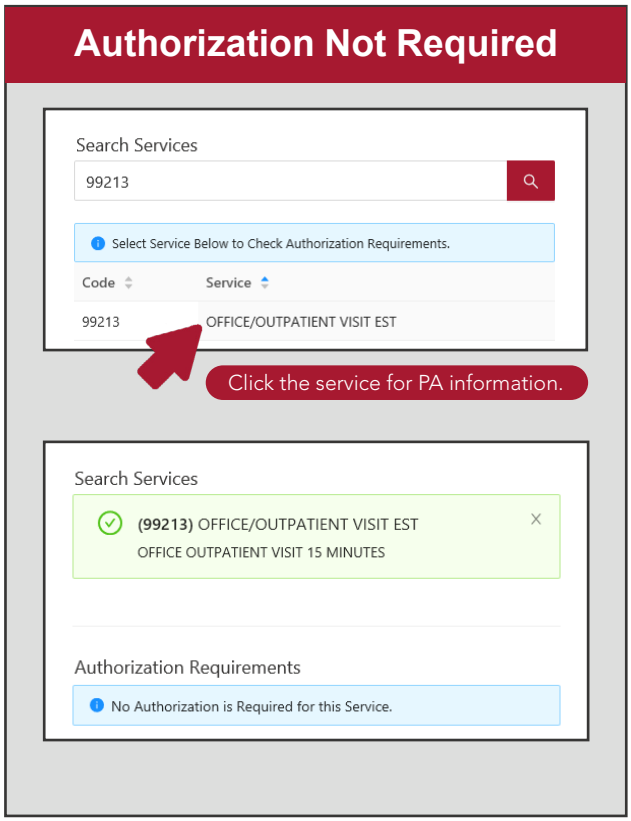

Figure 7

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)

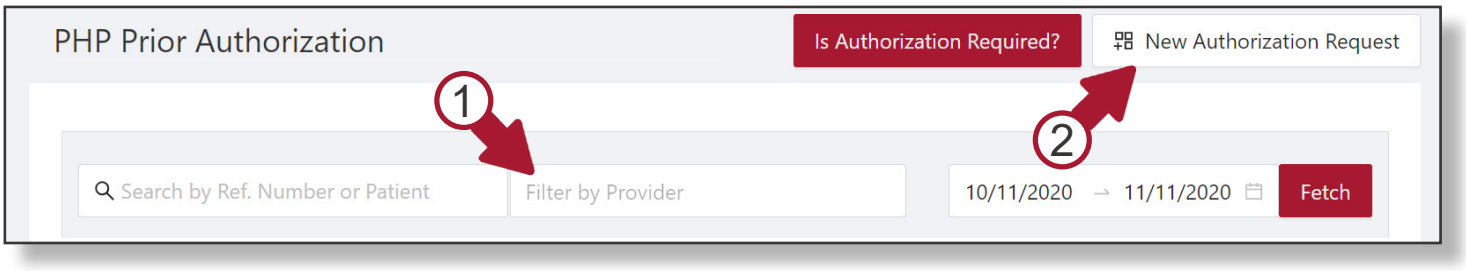

Figure 8

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.

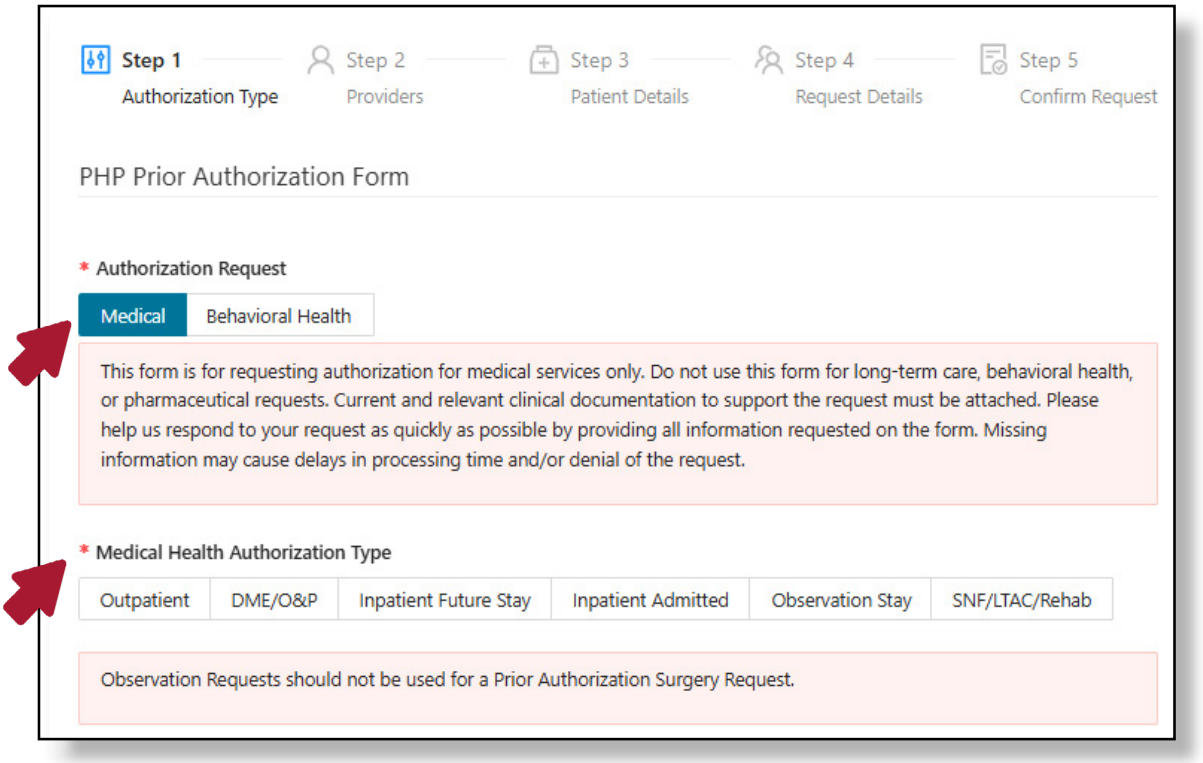

Figure 9

How to Submit New Requests

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

Standard Requests (Default)

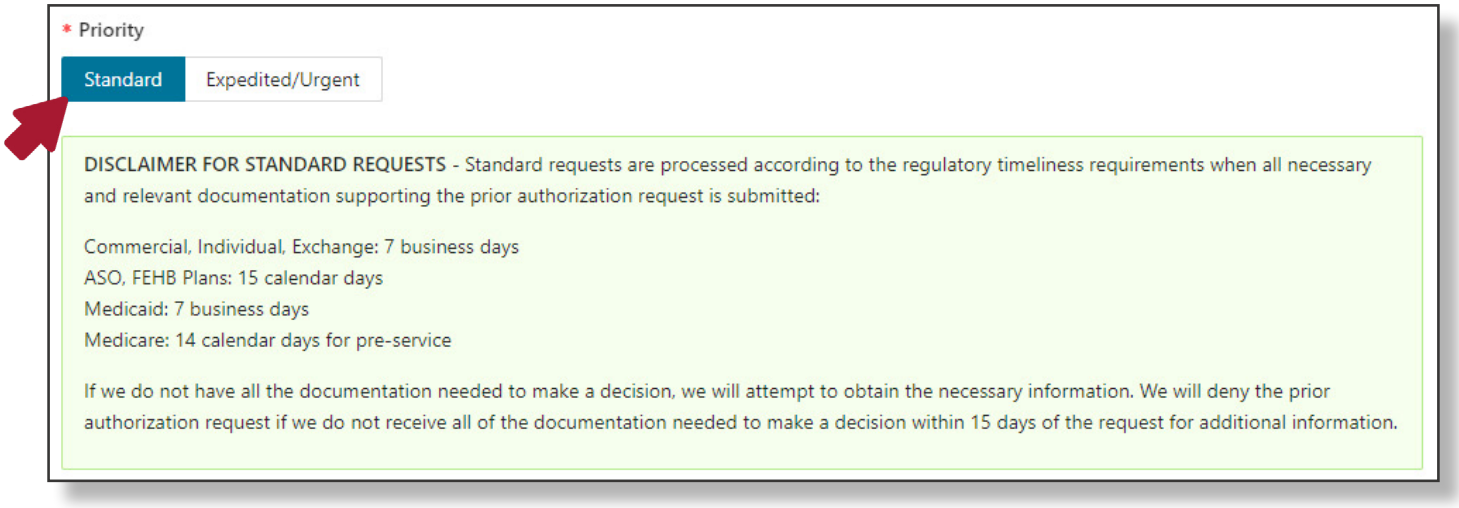

Figure 10

Expedited/Urgent Requests

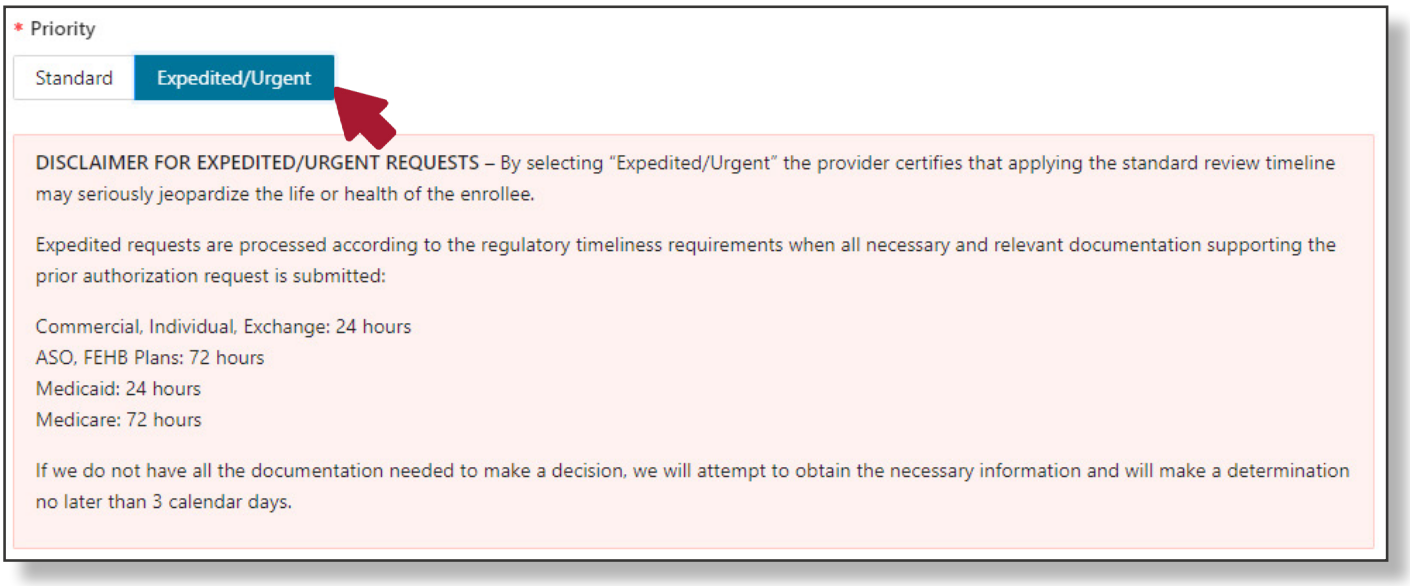

Figure 11

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

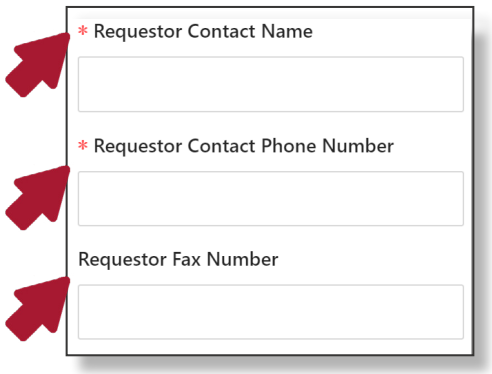

Figure 12

How to Submit New Requests

Step 2: 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 13)

Figure 13

2. Click on the appropriate requesting provider's name at the correct address. (Figure 14)

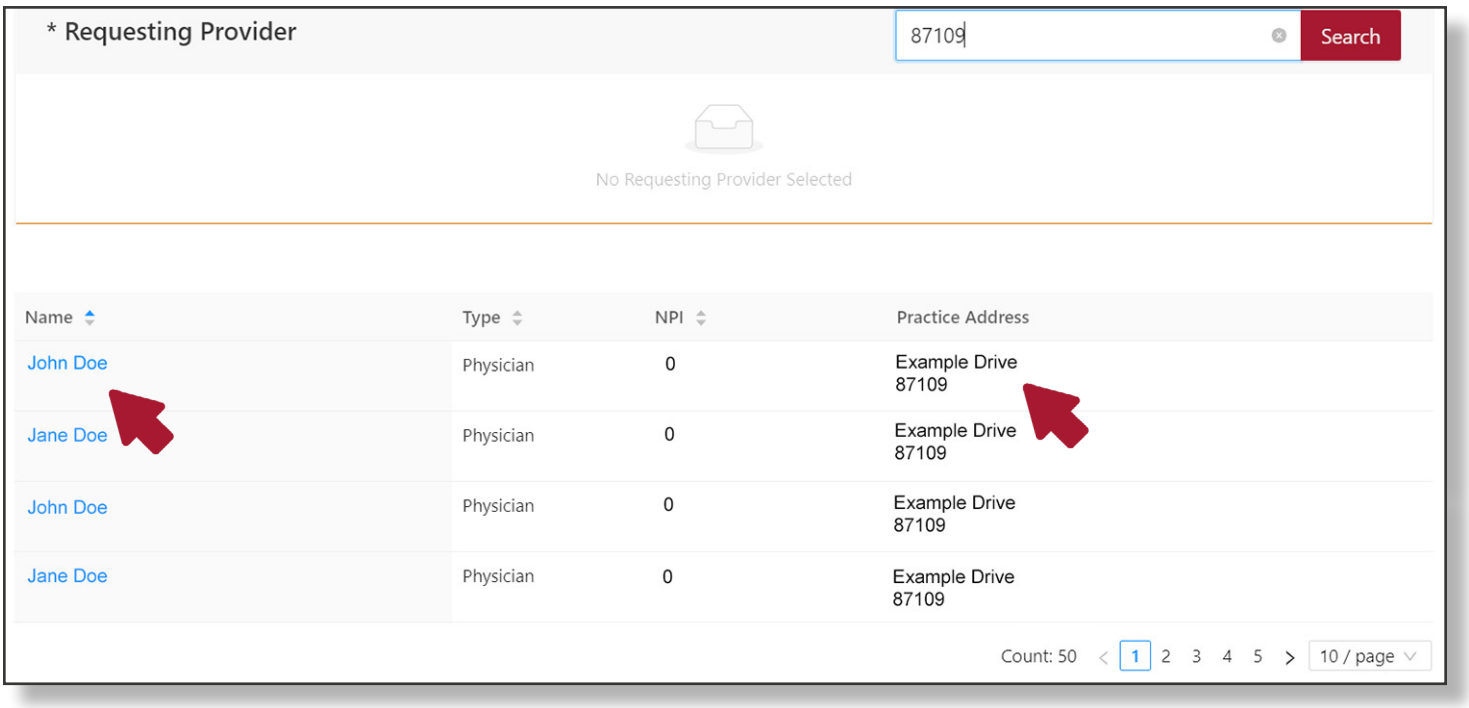

Figure 14

3. Verify that the appropriate requesting provider is selected and enter their Tax ID. (Figure 15)

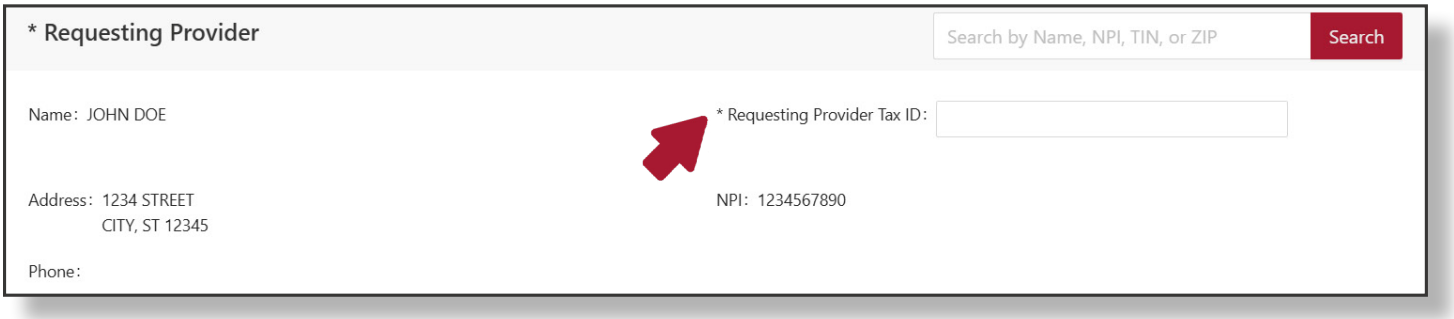

Figure 15

How to Submit New Requests

B. Treating Provider (Only Required for Outpatient, DME/O&P and Observation Stay Requests)

1. Search for a treating provider by name, NPI, TIN or ZIP code. (Figure 16)

Figure 16

2. Click on the appropriate treating provider's name at the correct address. (Figure 17)

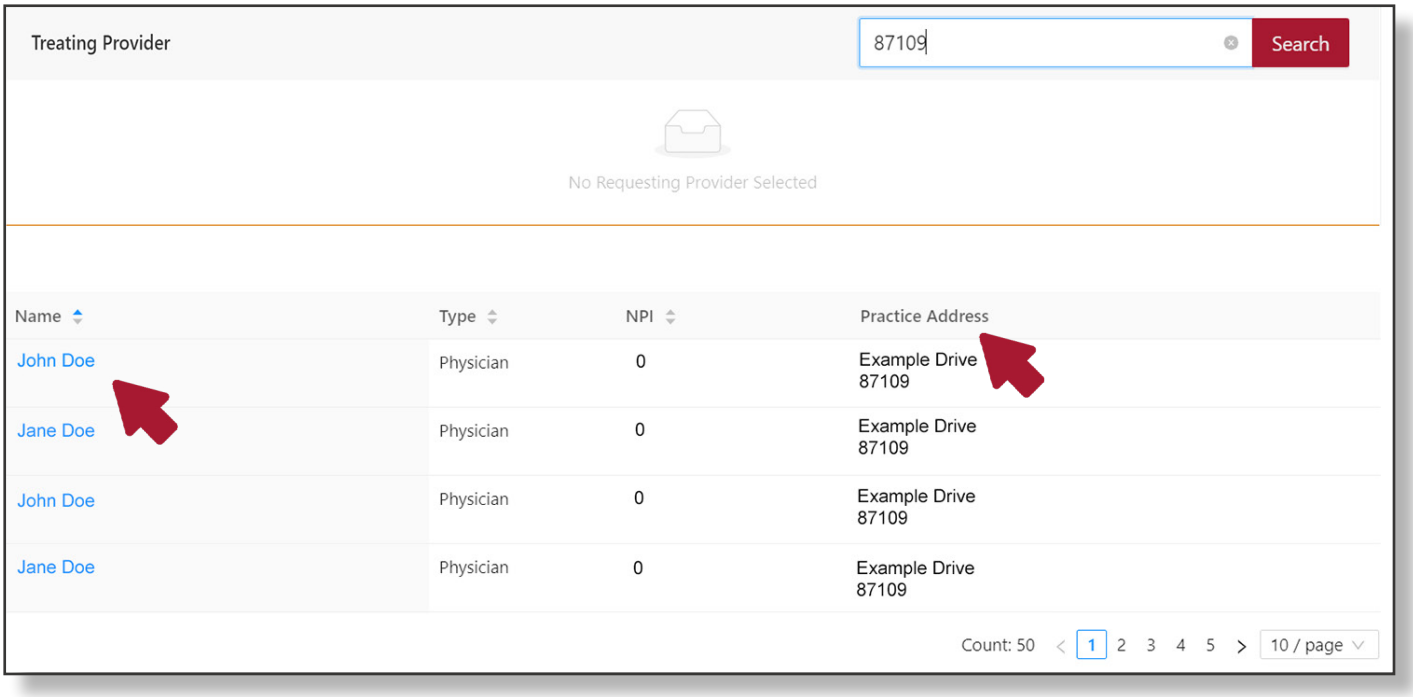

Figure 17

3. Verify that the appropriate treating provider is selected and enter their Tax ID. (Figure 18)

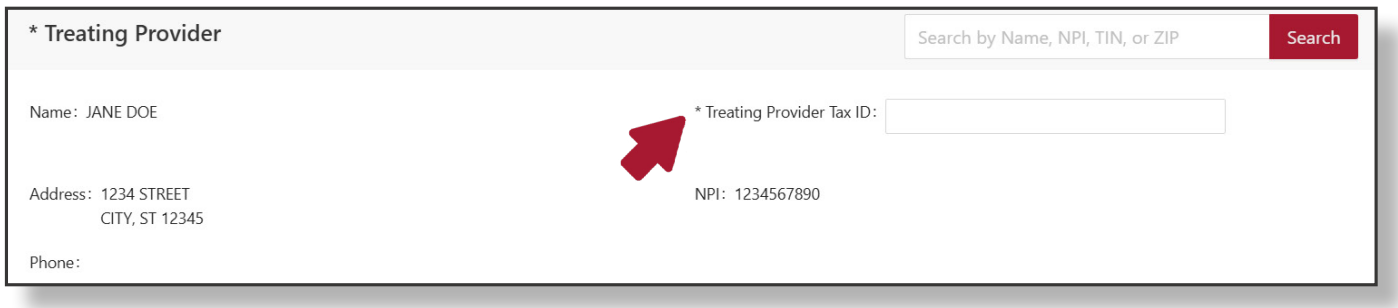

Figure 18

4. Click "Save & Continue" button. (Figure 19)

Figure 19

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 20)

Figure 20

2. Click on the name of the appropriate admitting facility. (Figure 21)

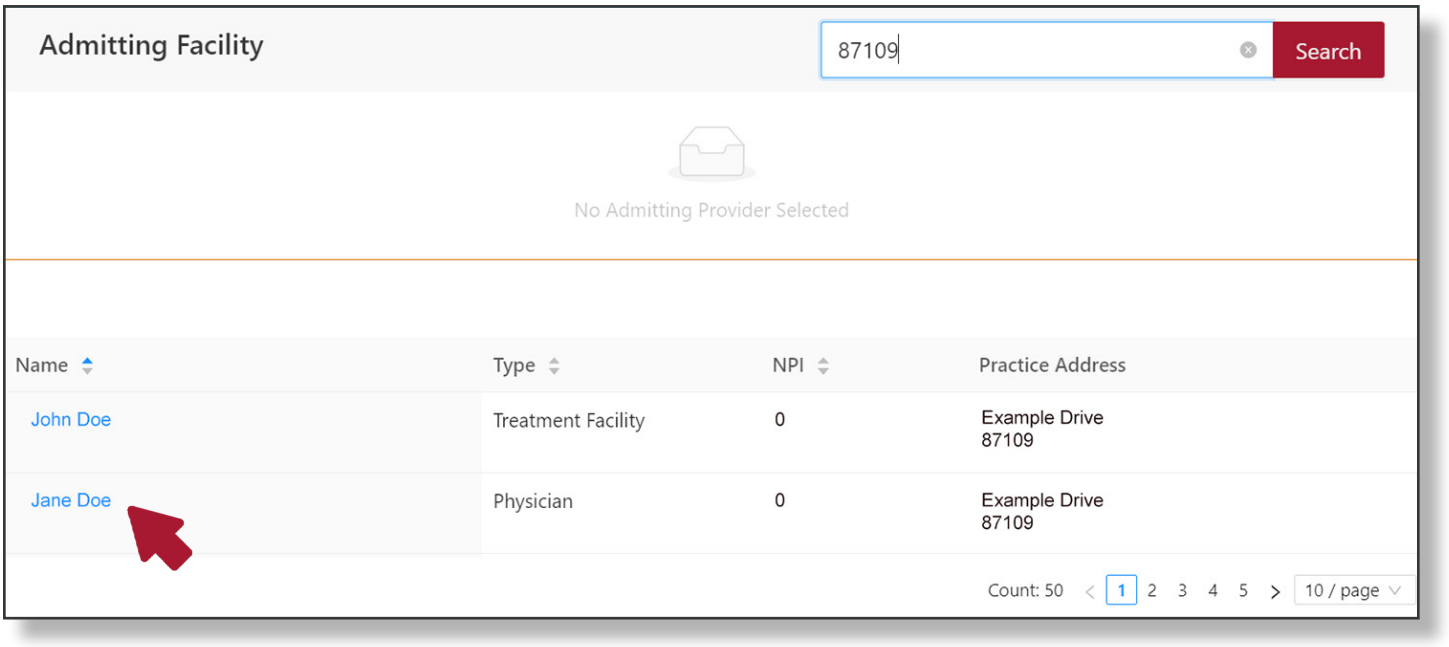

Figure 21

3. Verify that the appropriate admitting facility is selected and enter the Tax ID. (Figure 22)

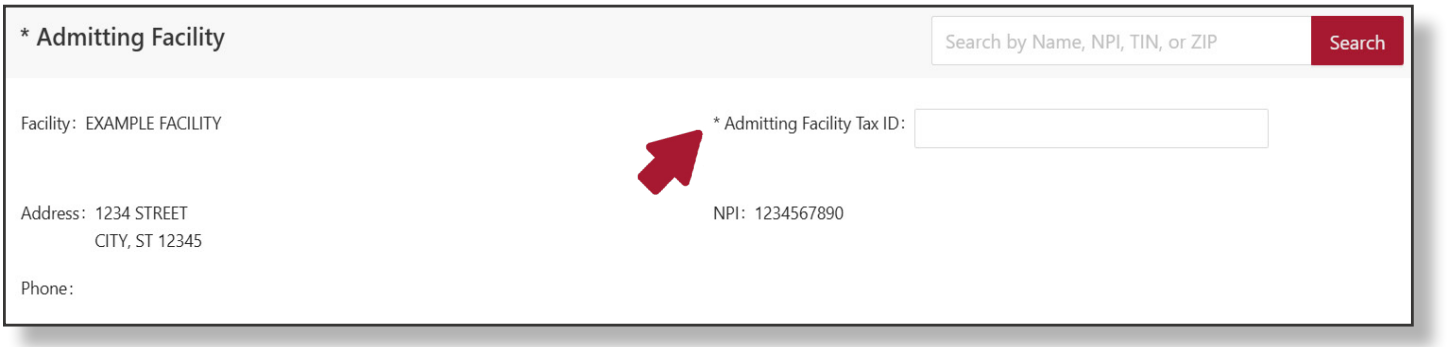

Figure 22

4. Click "Save & Continue" button. (Figure 23)

Figure 23

How to Submit New Requests

Step 3: Patient Details

Name and Date of Birth

A. Enter the patient's last name and date of birth in MM/DD/YYYY format. (Figure 24)

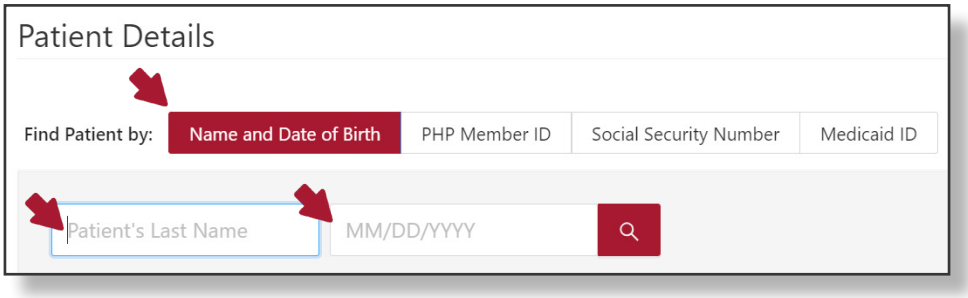

Figure 24

PHP Member ID

B. Enter the patient's full Presbyterian member ID. (Figure 25)

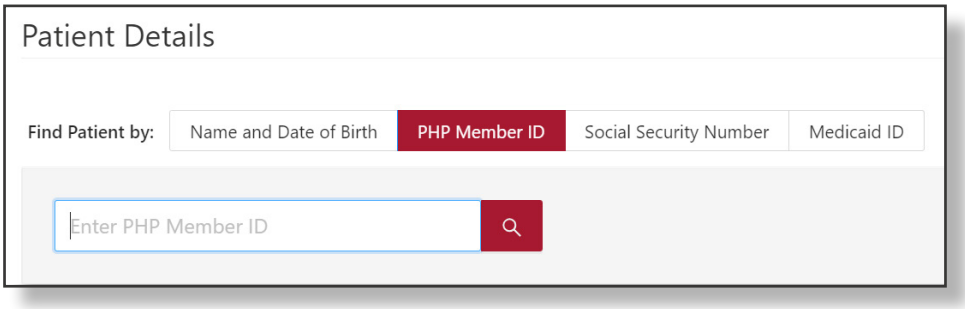

Figure 25

Social Security Number

C. Enter the patient's full Social Security number. (Figure 26)

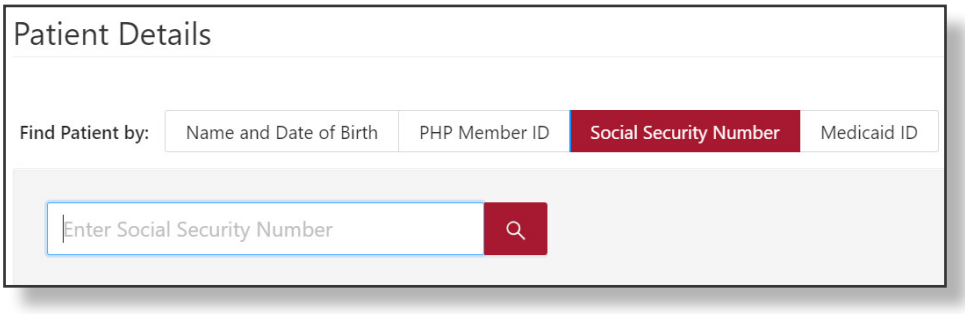

Figure 26

Medicaid ID

D. Enter the patient's full Medicaid ID number. (Figure 27)

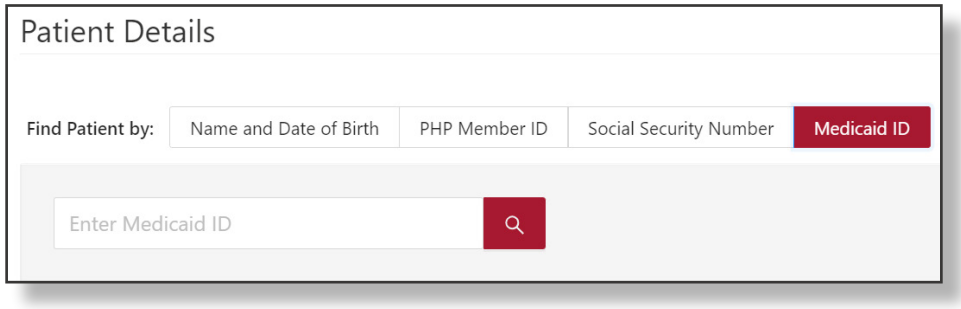

Figure 27

How to Submit New Requests

E. Click on the patient's name in the information that appears after providing the patient details. (Figure 28)

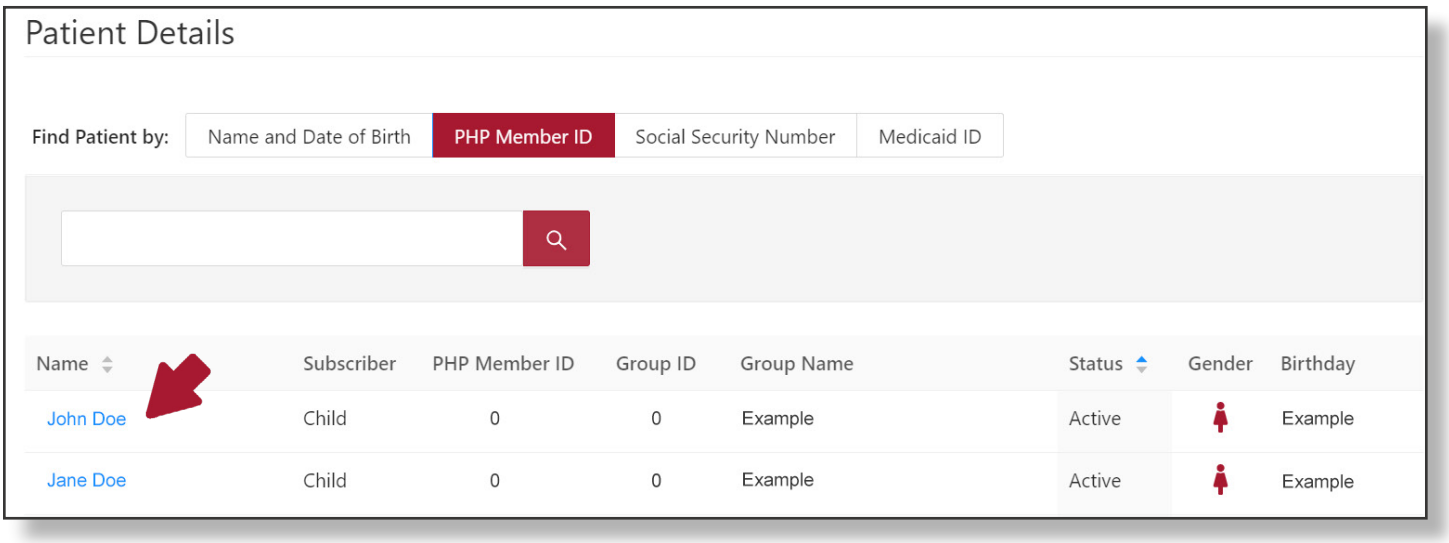

Figure 28

F. Verify the information that appears is accurate or correct information as needed. (Figure 29)

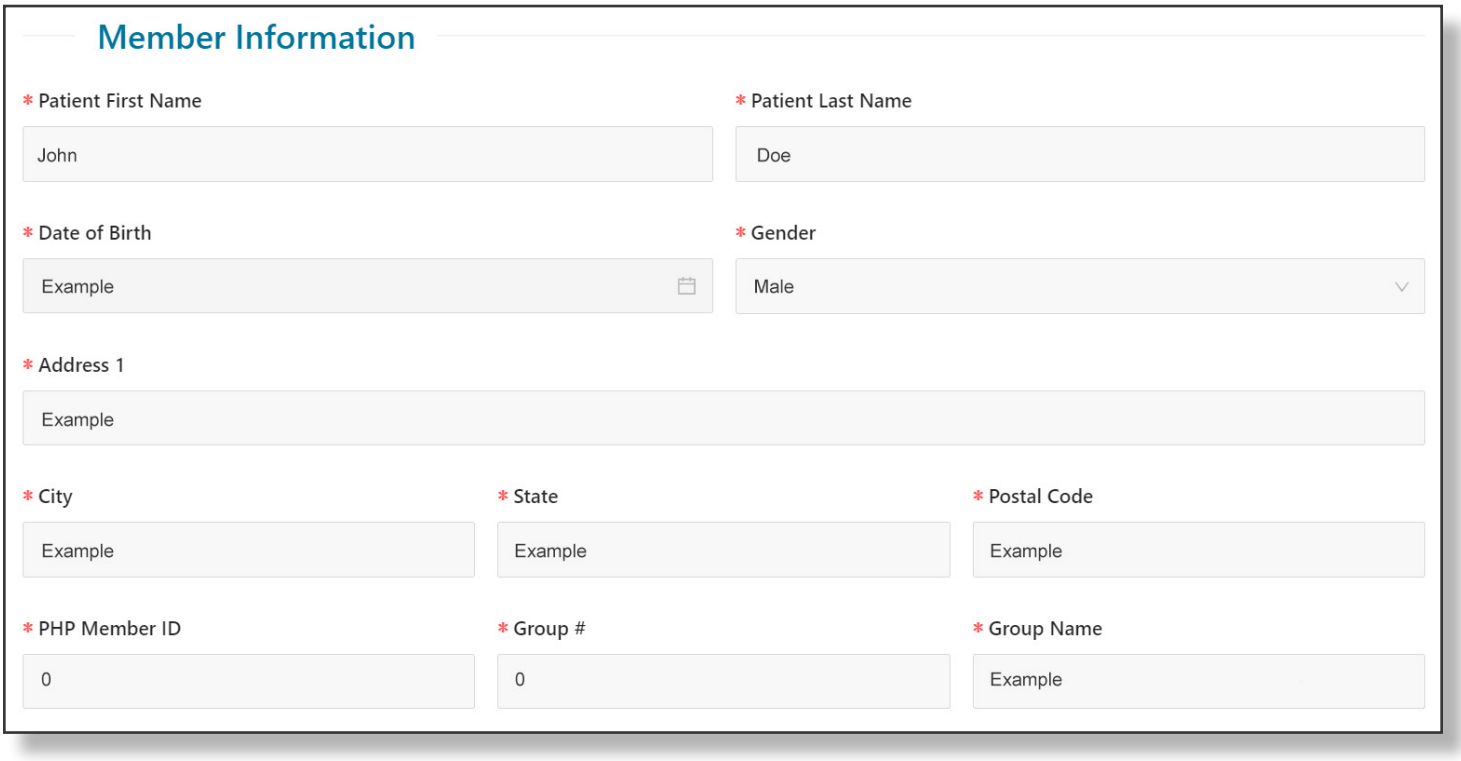

Figure 29

G. Click the "Save & Continue" button. (Figure 30)

Figure 30

How to Submit New Requests

Step 4: Request Details

A. Diagnoses Information

1. Click the "Add Diagnosis" button to provide diagnosis information. (Figure 31)

Figure 31

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 32)

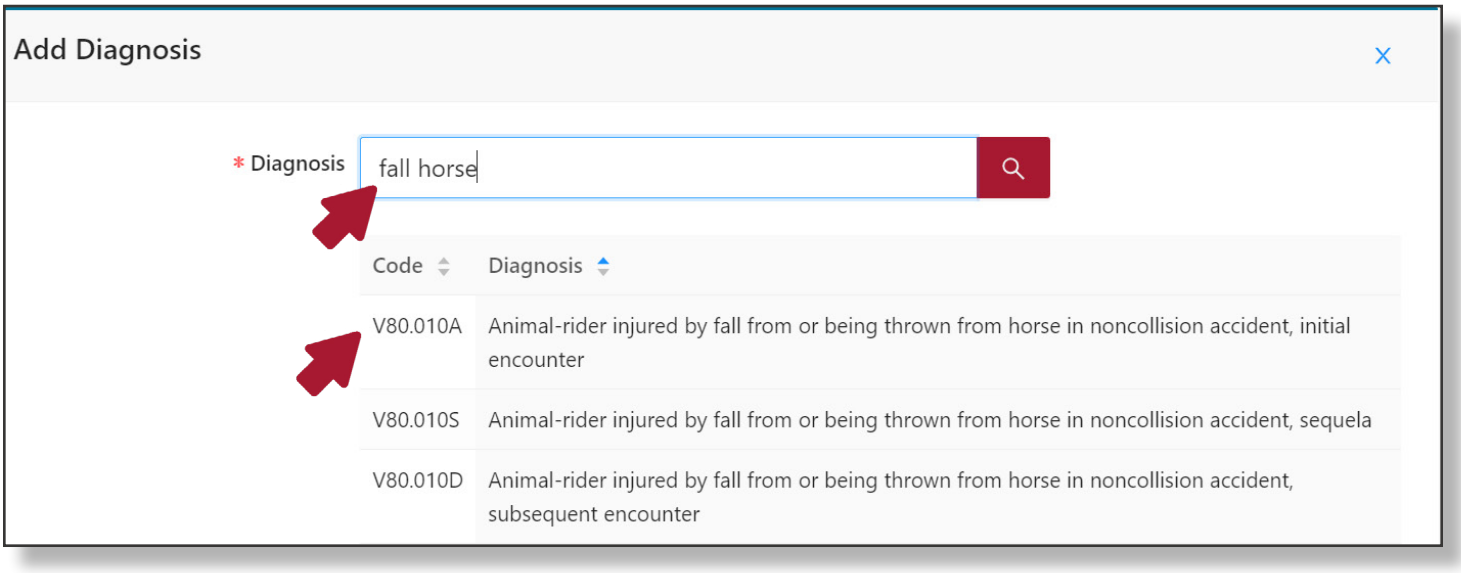

Figure 32

4. Verify the diagnosis in the blue box is correct and then click the "Save" button. (Figure 33)

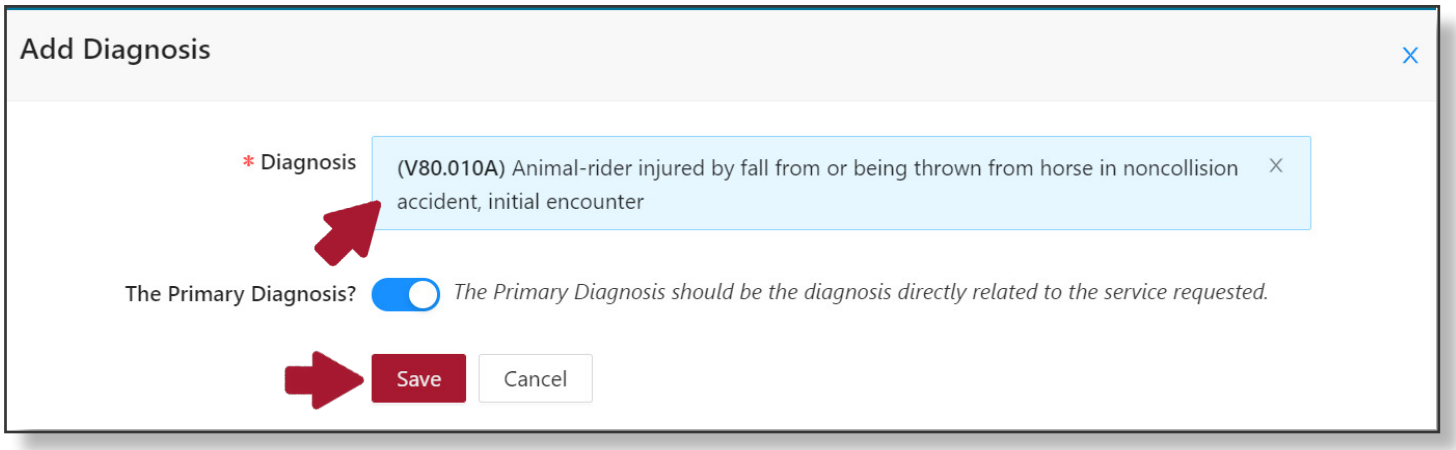

Figure 33

How to Submit New Requests

5. Add additional primary diagnoses by repeating steps 1 - 4.

6. Add any secondary diagnoses by repeating steps 1 - 4 and unselecting "The Primary Diagnosis?" button. (Figure 34)

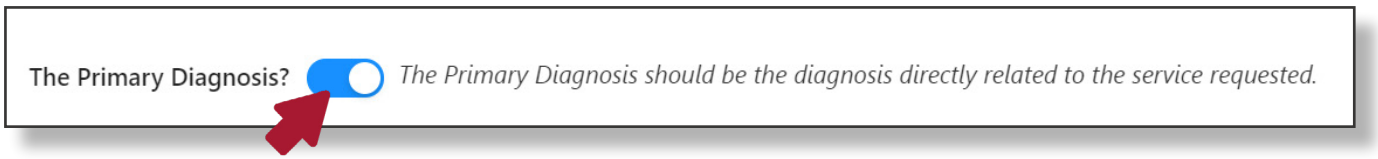

Figure 34

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

1. Click on the "Add Stay Request" button. (Figure 35)

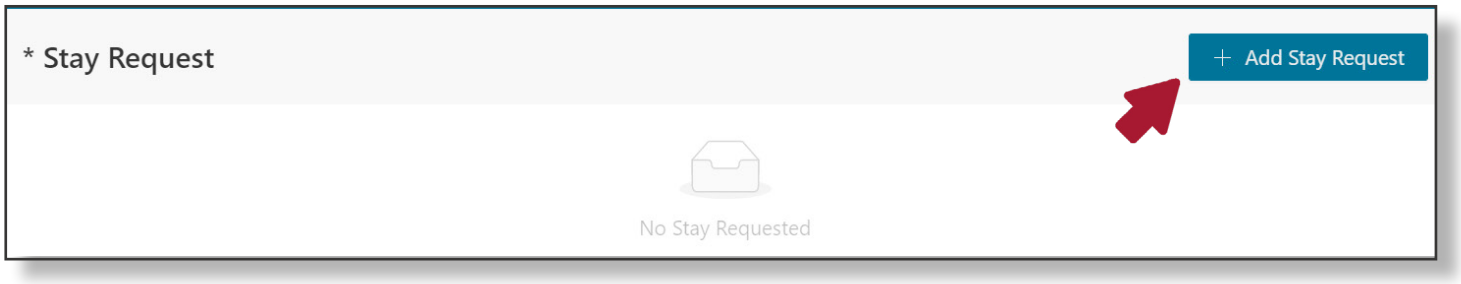

Figure 35

2. Select service type and service location type, request the length of stay, and provide an expected admission date. (Figure 36)

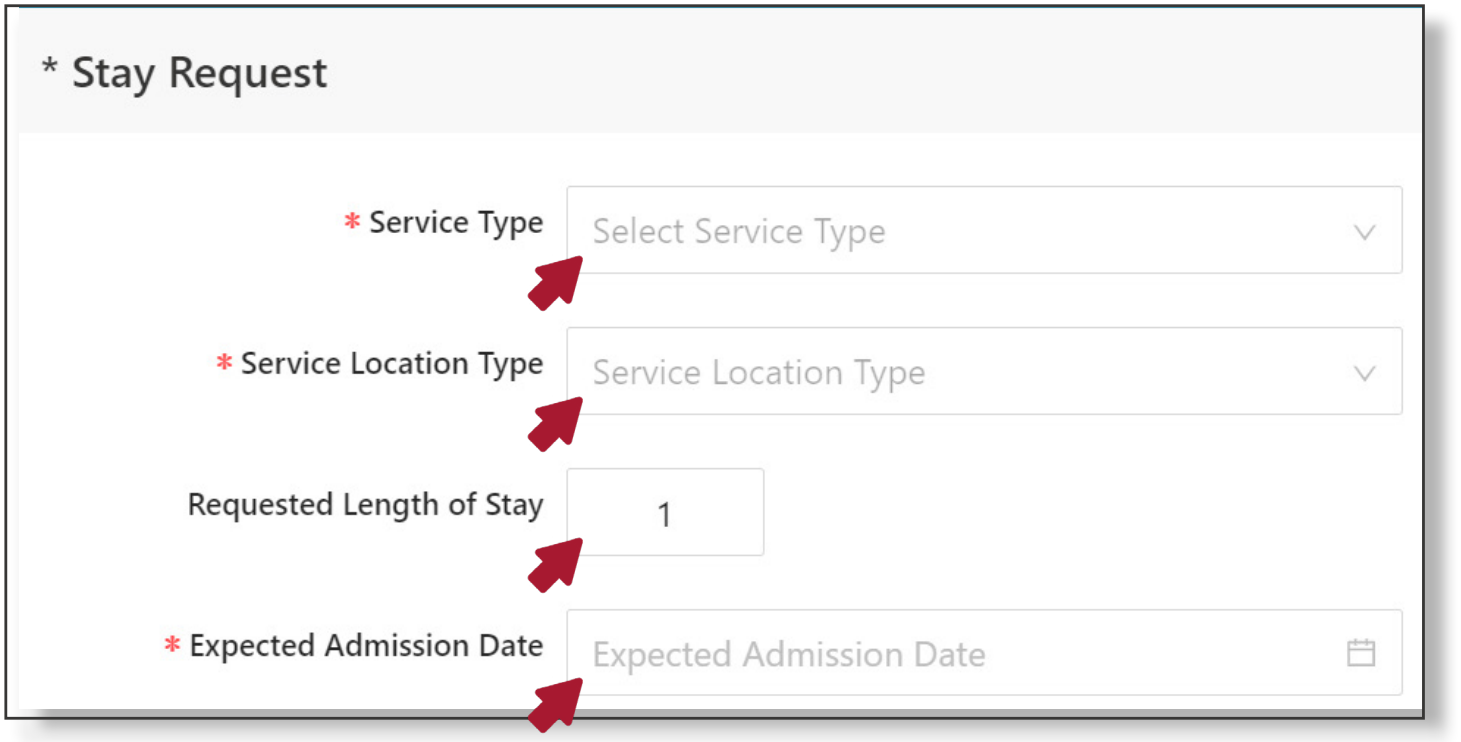

Figure 36

How to Submit New Requests

C. Services Information (Only Required for Outpatient, DME/O&P, Impatient Future Stay and Observation Stay Requests)

1. Click the "Add Service" button to search for the service that requires PA. (Figure 37)

Figure 37

2. Search for a service by the name of the procedure or CPT code. (Figure 38)

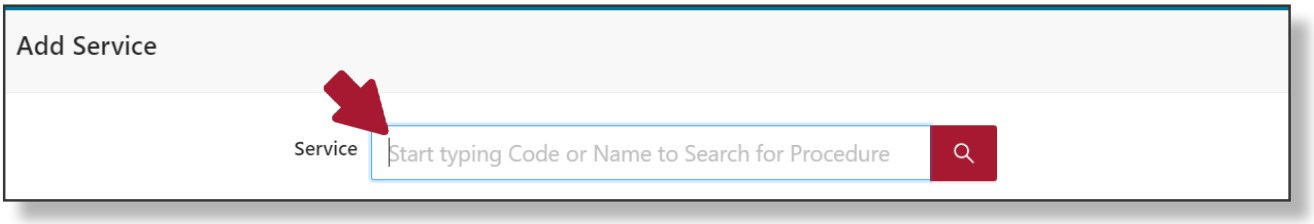

Figure 38

3. Click on the most appropriate service. (Figure 39)

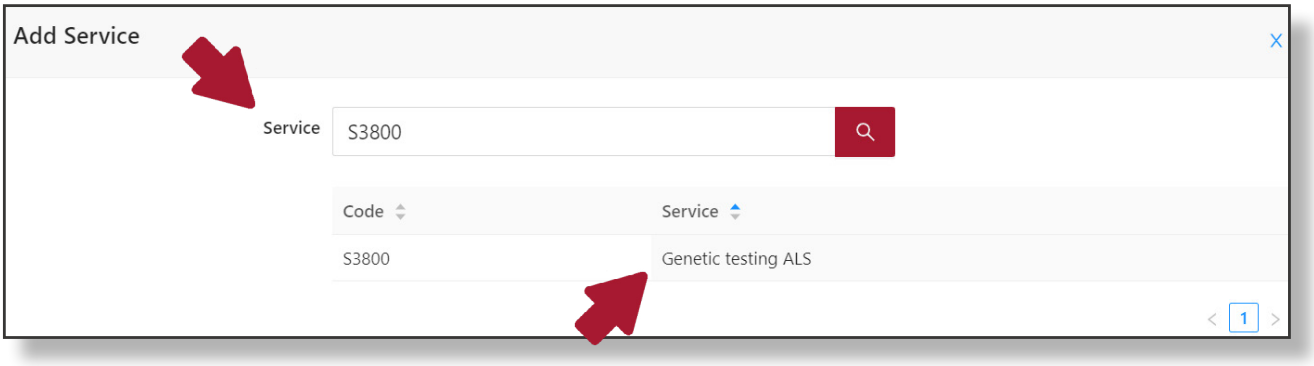

Figure 39

4. Verify that the correct service is identified and review the prior authorization requirements. (Figure 40)

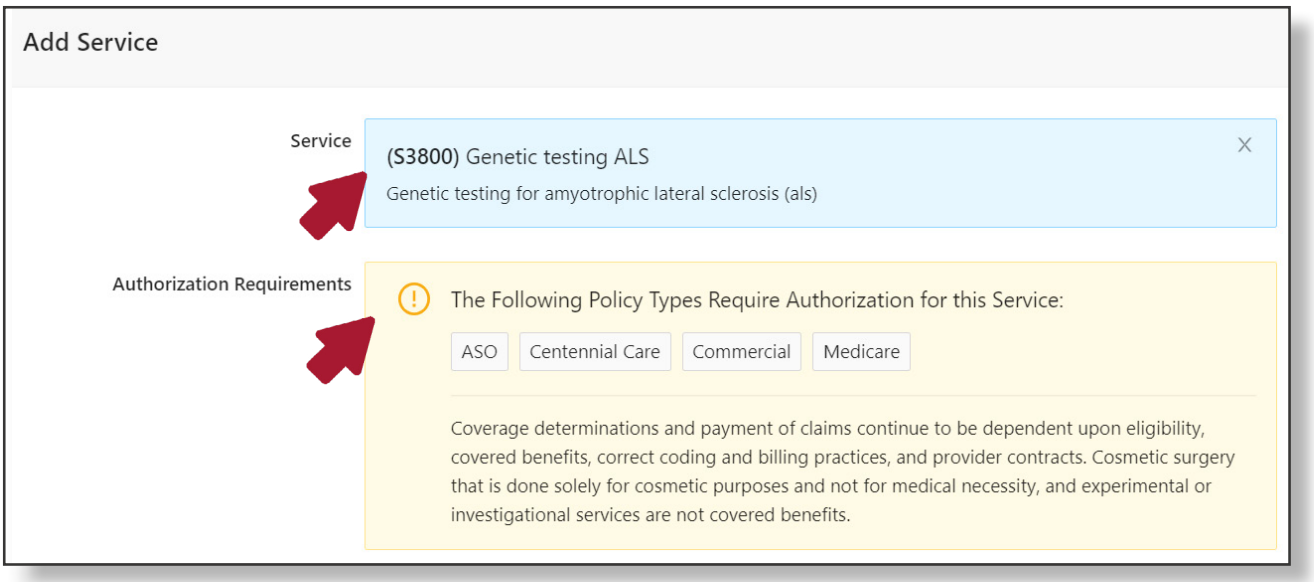

Figure 40

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 41)

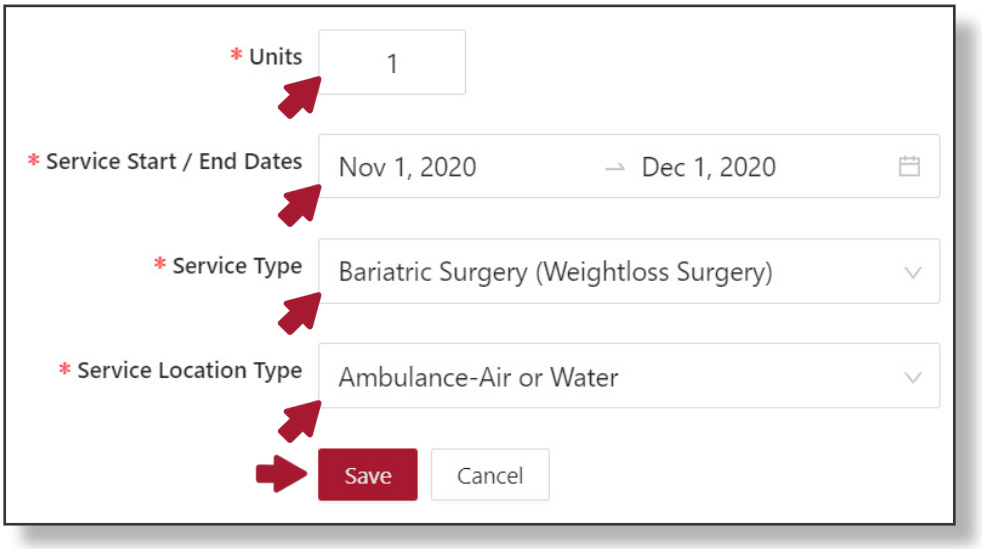

Figure 41

D. Comments (Optional)

Add comments and descriptions that will support medical necessity in the Comments box. (Figure 42)

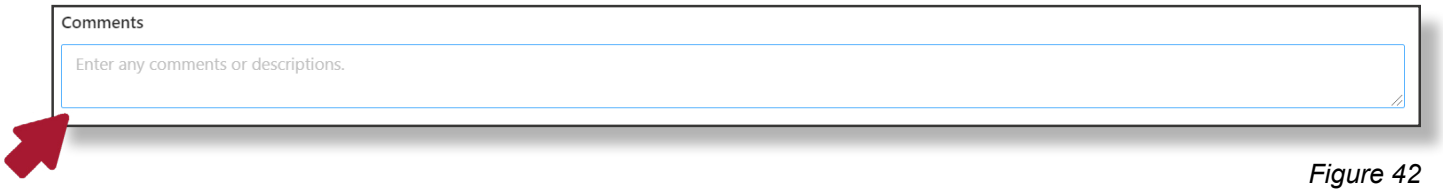

Figure 42

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 43)

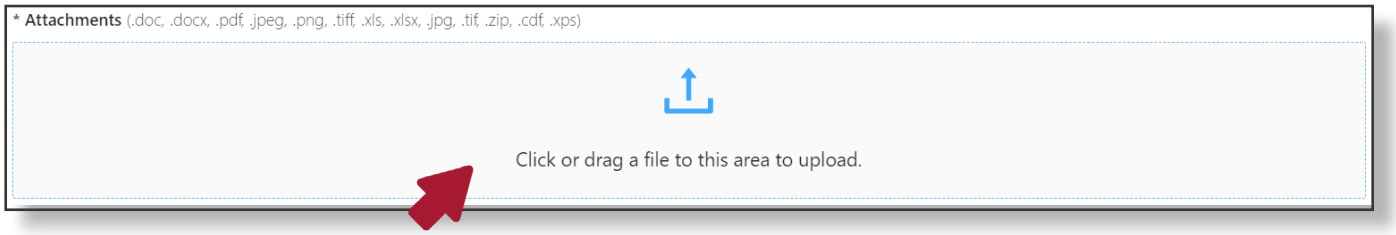

Figure 43

F. Save

Click "Save & Continue" button. (Figure 44)

Figure 44

How to Submit New Requests

G. Authorization Not Required (For Certain Prior Authorization Requests Only)

If an authorization is not required a "Authorization Requirements" pop-up window will appear. This window provides details of your request including provider/member information and services. (Figure 45) Click "Print and Finish" to download a printable PDF of the request. (Figure 46)

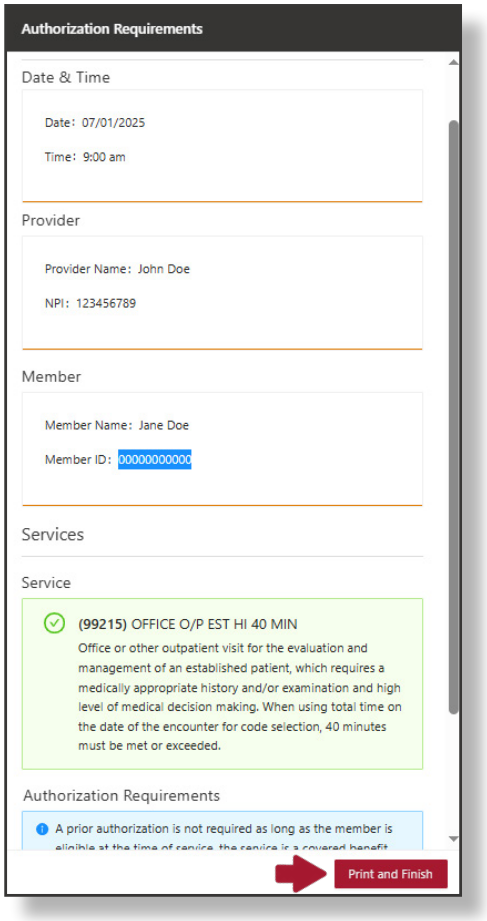

Figure 45

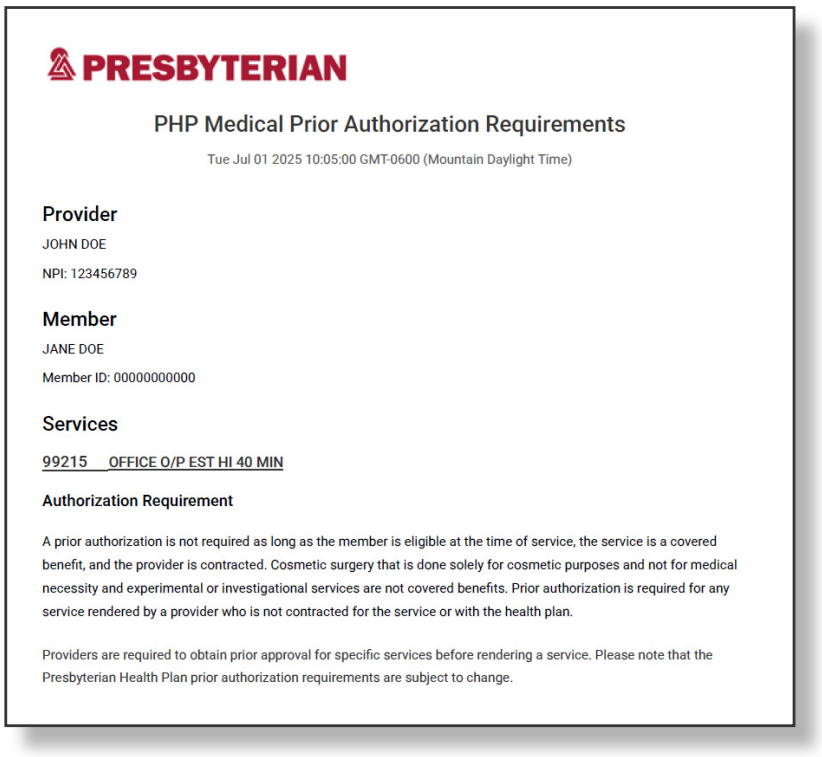

Figure 46

When you return to the portal homepage, the request will appear on your dashboard with a confirmation status of "Auth Not Required."(Figure 47)

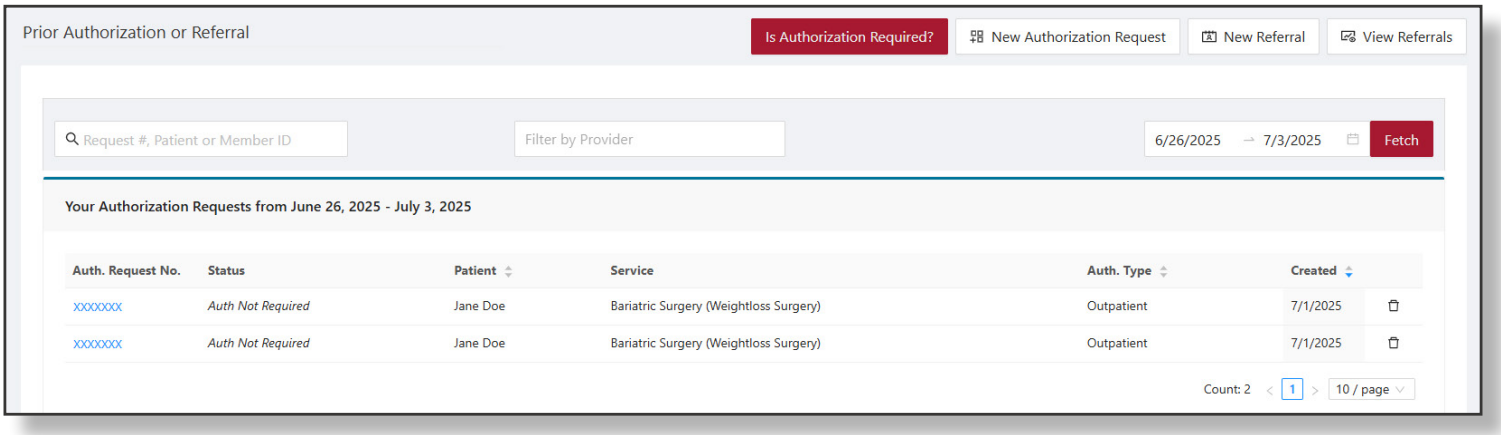

Figure 47

How to Submit New Requests

Step 5: Confirm Request (Not shown if PA not required)

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 48, 49)

Disclaimer for Standard Requests

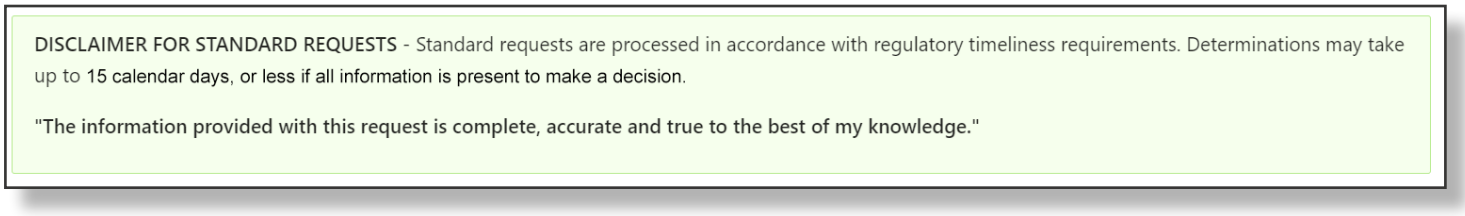

Figure 48

Disclaimer for Expedited/Urgent Requests

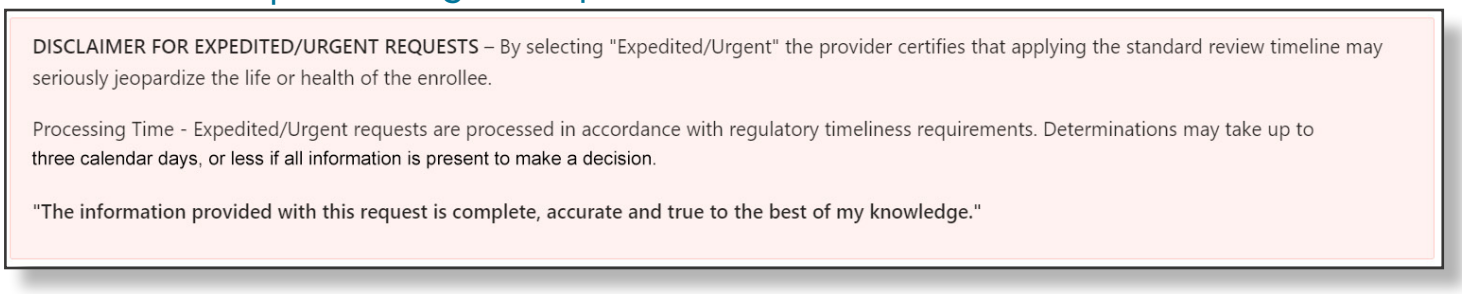

Figure 49

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 50)

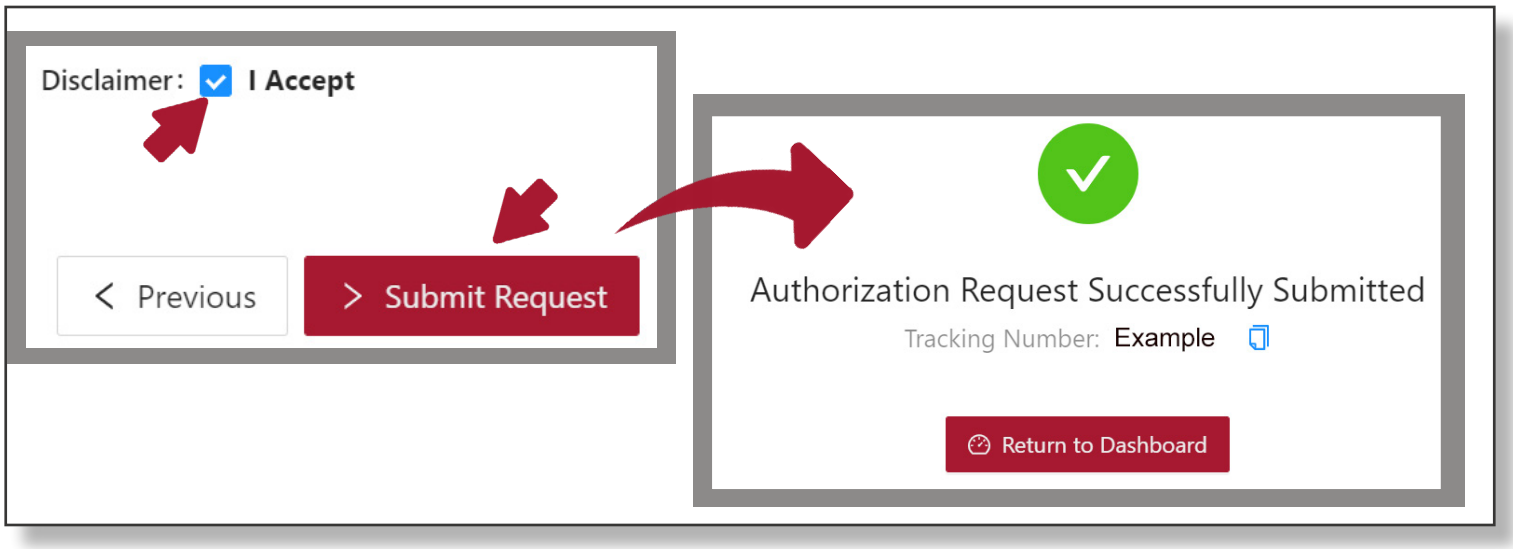

Figure 50

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 51)

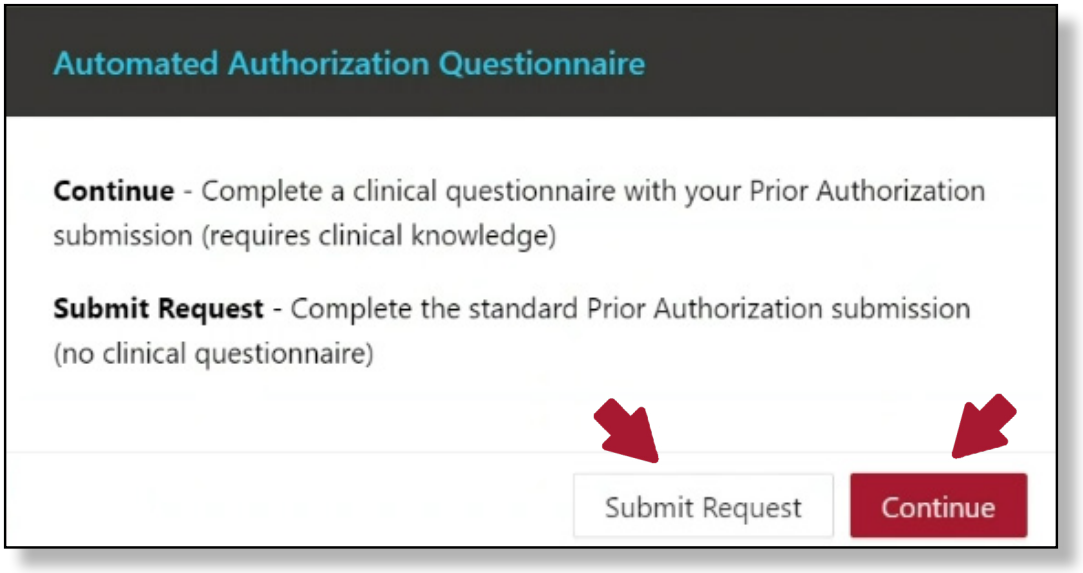

Figure 51

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 52)

Figure 52

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 53)

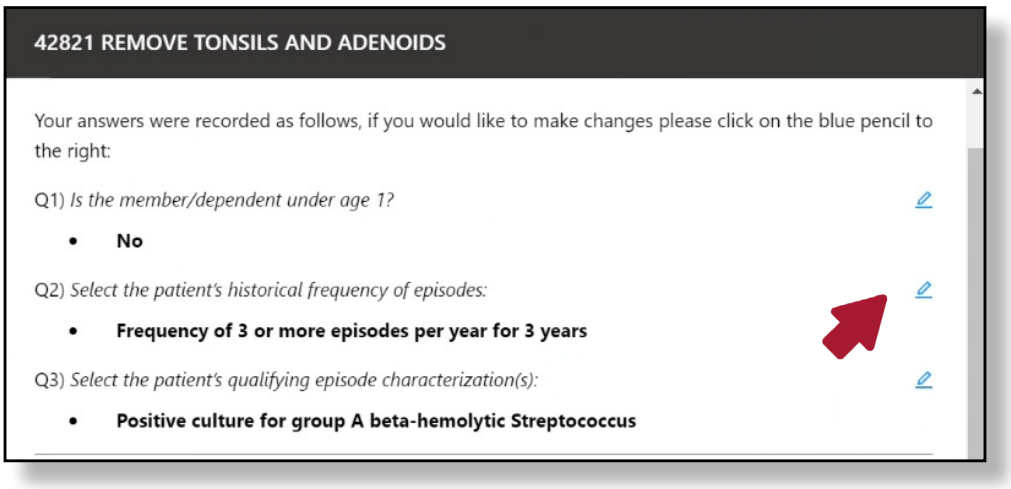

Figure 53

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 54)

Figure 54

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 55)

   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 56)

   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 57)

Figure 55

Figure 56

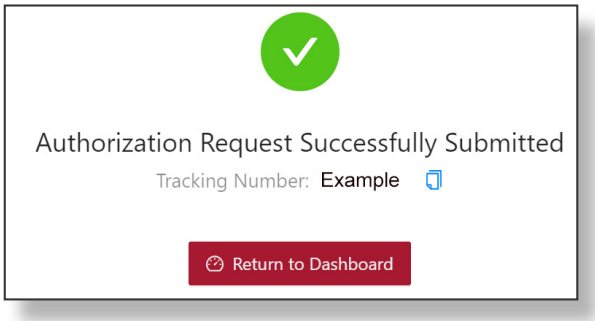

Figure 57

How to Check Prior Authorization Status

1. Enter the date span for the specific prior authorization request. (Figure 58)

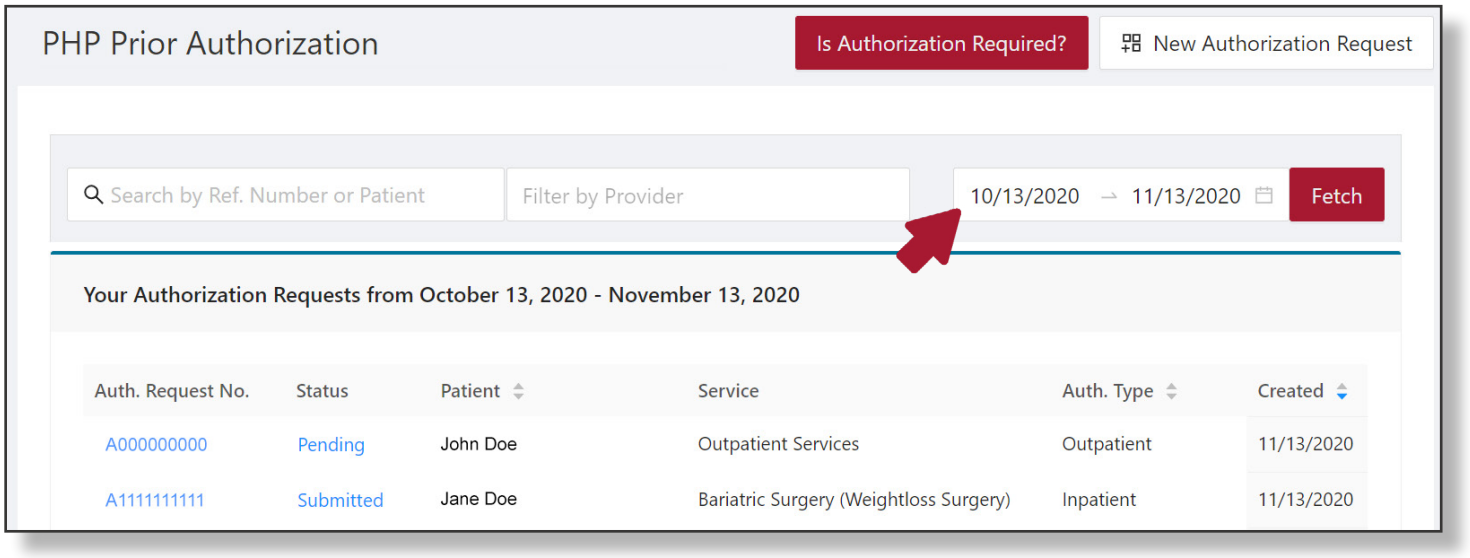

Figure 58

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 59)

3. Hover over the status of the request to view information about the decision status and overview of all services. (Figure 60)

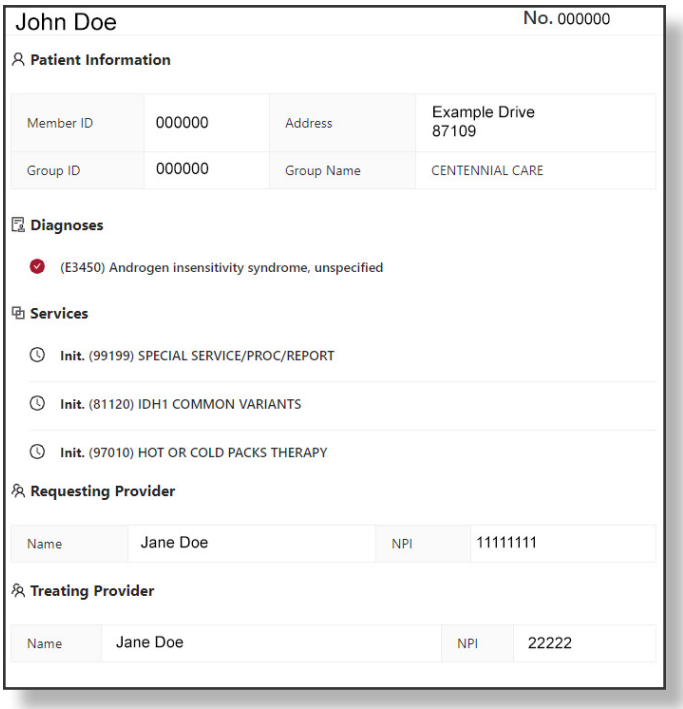

Figure 59

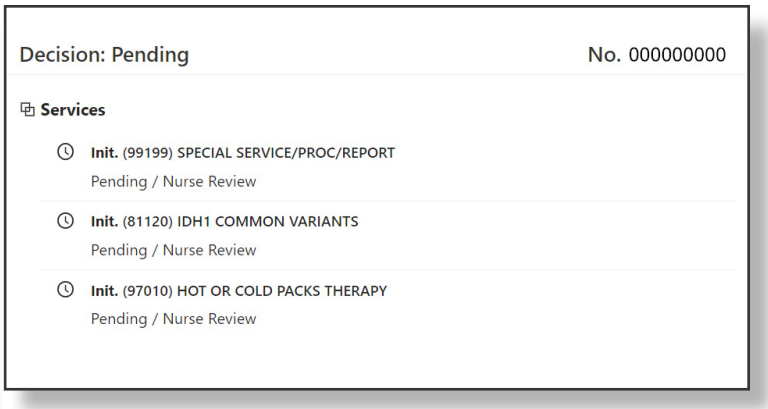

Figure 60

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