

Authorization process FAQ

What code should I use to submit authorization?

The code (ex: CPT/HCPCS) should reflect the service that is being requested and billed for. If you have more than one code for a particular service, please enter those as well.

Is there a list of services that require prior authorization?

Please refer to the [Prior Authorization Guidelines](#). Your staff will also have access to a tool called Code Checker through the provider portal on that allows you to search prior authorization requirements by code and member ID.

Can admin staff and clinical staff use the Provider Portal to submit prior authorization?

Yes. Both admin staff and clinical staff can submit prior authorizations via the Provider Portal. Please remember to have all necessary clinical information available before you submit an authorization.

How do I submit for a revision to an existing authorization?

Revision requests are done via the Provider Portal; revisions will Pend for additional review. At this time, InterQual Connect is only available for the initial prior authorization for outpatient services. We are working on adding this functionality in a later release.

Should I use this tool to submit prior authorization for services that normally go to a vendor (ex: eviCore, CareCentrix, Optum or NovoLogix)?

There are no changes to the prior authorization process for services that are processed through our vendor partners. Services that are currently submitted to a vendor should continue to be submitted via the appropriate vendor. This process is only for authorizations that are currently submitted through the Mass General Brigham Health Plan provider portal.

What dates should I use on the prior authorization?

Please enter the dates of service or date range for the date that service will occur.

Where can I submit office notes or clinical information?

The process to submit clinical notes is the same as it is today. If the prior authorization pends, you will see an option to upload clinical information on the confirmation page once the request has been submitted.

Does prior authorization expire within 24 hours?

Depending on the type of service, the prior authorization will automatically generate a date span. The auth will expire at the noted end date of the authorization.

Will there be 2 authorization/approval numbers?

There will only be 2 authorization approval numbers in some instances such as when a surgical day care is requested. An auth number will be generated for the facility and a different auth number will be generated for the surgeon.

Can we still submit a prior authorization without clinical information? We typically don't have the clinical information at the time of the initial request.

Yes, however we recommend that you have all necessary clinical documentation when submitting an authorization which will help to complete the InterQual review process. Not submitting the supporting clinical documentation at the time of the authorization request can cause a delay in the authorization review which would then cause the auth to Pend for the submission of clinical documentation.

Do we need approval to sign into InterQual?

No, InterQual connect can be accessed within the auth submission portion of our Provider Portal. Any user who has access to our Provider Portal will be able to access InterQual.

Does the code checker check for eligibility or do you need to check that separately?

Yes, it checks against a particular member's active benefit plan, if there is no active plan there will be no result.

What is the process for notifying a provider of a clinical decision?

Providers should utilize the Provider Portal's Auth Look up function to check the status of their request. Providers will also be notified verbally and will receive denial letters via mail for any request that may be denied.

