

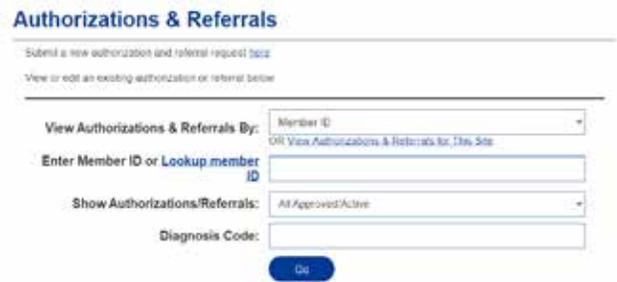
Follow the steps below to obtain prompt authorization approvals

We are pleased to offer immediate approvals for outpatient authorizations that meet criteria. These enhancements are designed to speed up the authorization process so you can discuss next steps with your patient before they even leave your office.

Initiate a new prior authorization request in the Provider Portal

Step 1: In the Provider Portal, select Check Authorization Requirements to verify prior authorization requirements by diagnosis code. You can access the Provider Portal at:

provider.massgeneralbrighamhealthplan.org



Step 2: If the service requires prior authorization, select Submit New Request to initiate a new prior authorization request.



Important reminders for faster approval:

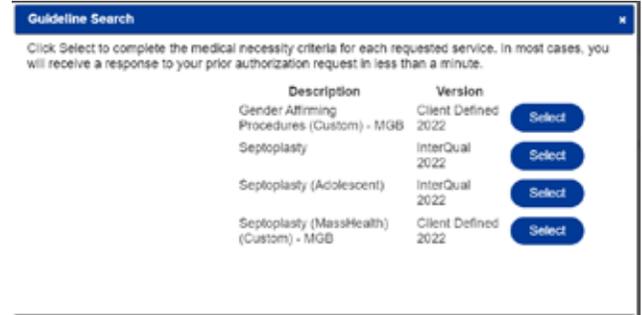
- Please have clinical information available for the InterQual review. If the InterQual criteria are not met, you must upload clinical information to complete your authorization request or the authorization request will be closed.
- If clinical information is not available, please consider submitting your authorization request when it is available/complete.
- For urgent requests outside of regular business hours, weekends, and holidays, page the on call nurse reviewer at 855-444-4647 after you submit the authorization and upload your clinical information.

Step 3: Complete all required fields and select Next to access InterQual Connect to initiate the medical review.



Use InterQual Connect for medical criteria review

Step 1: Select the applicable subset of criteria from the list that is presented.

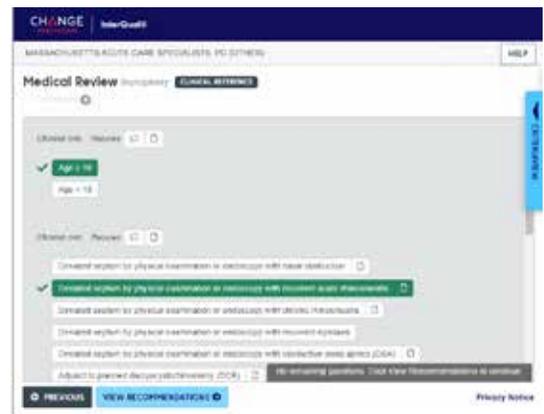


Step 2: Review the subset and select Medical Review.

 **Quick Tip:** Have the patient's medical record available for reference when submitting a prior authorization request.



Step 3: Complete the Q&A form based on the patient's medical record and select View Recommendations. You will receive a popup message advising that no further edits can be made after this point.



Step 4: View the recommendation and access a printable summary by selecting Review Summary. Select Complete to proceed. If you have requested prior authorization for additional services, you will be taken back to step 1 to conduct the review for the next service code.



Important: Once the review for all requested services is complete, you will be taken back to the prior authorization submission form where the medical review recommendations will display. Select Submit to complete the request and obtain a prior authorization number. Your request will not be submitted to Mass General Brigham Health Plan until you complete this step. If your request has a pending status, please upload clinical documentation for further review.