

Follow the steps below to submit an authorization request

Log into the Provider Portal under provider site account.

STEP 1: From the main screen, select “Authorizations” from the blue ribbon and select “submit an auth” from the drop down menu

Note: This will open the Referrals and Authorizations screen. Your site information will auto-populate

STEP 2: Select Authorization Referral Type:

Note: Complete all required fields (marked with an orange dot to the right of the comment box)



[Mass General Brigham Health Plan](#)

STEP 3: Enter the member ID or name and select ‘search’. A screen will pop up to search for the member and select the member that populates in the search results

Member Search Results

Name	Date of Birth	Gender	Member ID	Valid From	Valid Until
		Female	R22	1/1/2026	12/31/2078

STEP 4:

1. Enter your contact information and fax numbers
2. Select the Request Service from the drop-down menu
3. Enter your agency’s NPI
4. Enter Contact Name, Phone and Fax numbers
 - a. ***the contact person should be the person MGBHP needs to contact if follow up is needed with the request (i.e missing documentation, additional details etc.)
5. Enter Diagnosis Code, select search and choose the correct description from the pop-up box
 - a. Multiple diagnosis codes can be added

Requesting Provider •

Contact Name •

Contact Phone •

Contact Fax •

Requested Service •

Servicing Facility (Name/NPI) •

Contact name used to obtain supporting clinical information.

Contact Name •

Contact phone used to obtain supporting clinical information.

Contact Phone •

Contact fax used to obtain supporting clinical information.

Contact Fax •

Diagnosis (Max Limit of 12) •

STEP 5: Enter the billing Procedure Code and choose the correct code from the pop-up box

Procedure Lookup ✕

Enter any of the following to search for a procedure code:

- Code
- Description

Code	Code Set	Description	<input type="button" value="Select"/>
T2022	HCPCS	CASE MANAGEMENT; PER MONTH	

STEP 6: Enter number of units/visits

- a. enter the total units for the date span being requested. For example, if that's a year, then the total for the year **and** also need to put in a remark/note specifying how many units or hours per week if that auth type is billed that way and the service dates. ****note** if requesting PC or PCA services, note the service in the remark box.**
2. Enter start date and End Date
3. If the form has been completed correctly, you will see a Next, Submit, and Cancel button at the bottom of the page and two green boxes
 - a. If the form is incomplete, the boxes will be yellow

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STEP 6: Select “Next”. A pop-up box will appear. If you receive a notification that states Medical Review is not required, you can continue with submission.

Guideline Search
✕

Click Select to complete the medical necessity criteria for each requested service. In most cases, you will receive a response to your prior authorization request in less than a minute.

Description	Version
<div style="border: 2px solid red; padding: 5px; color: red; font-size: small;"> No guideline found for this code. Medical Review not required. Please continue submission. </div>	

Once you click submit, it will bring you to the Authorizations & Referrals Viewer.

- a. You will need to attach supporting documents (ie. Evaluation)

Authorizations
Claims
Member Info.
Resources
Enrollment
User Admin
PNM Admin

Transplant

Authorizations & Referrals Viewer

This cannot be revised because no history can be found.

Authorizations/Referral Information

Authorization/Referral ID:	260	Member:	[REDACTED]
Member ID:	R22	Member Date Of Birth:	[REDACTED]
Product:	FIDE-SNP-MEDICARE	Member PCP:	[REDACTED]
Referred By:	[REDACTED]	Referred To:	[REDACTED]
Inpatient/Outpatient:	LTSS Services	Pay To:	
Diagnosis Code:		Diagnosis Description:	
Authorization/Referral Status:	APPROVED	Authorization/Referral Date:	01/09/2026
Service Start Date:	01/01/2026	Service End Date:	04/01/2026

Authorization/Referral Service Lines

Line	Status	Code	Code Type	Description	DOB From	DOB To	Total Units	Approved Units	Used Units
1	APPROVED	SS161	CPT/HCPCS CODE	EMERG RESPONSE SVCS; SRVC FEE-MONTH	01/01/2026	04/01/2026	2	2	0

Authorization/Referral Supporting Documentation

Description	Document	Size	Uploaded
No data available in table			

Submit Document

Fax Document

