

Home Health Care User Guide

Provider.MassGeneralBrighamHealthPlan.org



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Introduction

Mass General Brigham Health Plan's online provider portal Provider.MassGeneralBrighamHealthPlan.org is a web-based tool used to submit referrals for specialist visits and authorization requests for specific services and to receive real updates on the status of these requests. To submit a referral or authorization request, the patient must have active Mass General Brigham Health Plan eligibility.

The following table shows referral/authorizations that can be created in Provider.MassGeneralBrighamHealthPlan.org, with a brief description:

| Provider.MassGeneralBrighamHealthPlan.org Referrals/PA Tab | Brief Description |
|---|---|
| Referral | Allows user to create and send a real-time referral request to Mass General Brigham Health Plan |
| Outpatient (includes Observations and Surgical Day Care) | Allows user to create and send a real-time outpatient authorization request to Mass General Brigham Health Plan |
| Admission | Allows user to create and send a real-time admission certification request to Mass General Brigham Health Plan |
| Home Health Care | Allows user to create and send a real-time Home Health Care request to Mass General Brigham Health Plan |

Helpful Hints

- Members and providers need to verify member's benefits and eligibility.
- There is a code checker tool so you can search by code to see authorization requirements.
- If a referral is required verify that one is in place before submitting the Prior Authorization request.
- Mass General Brigham Health Plan's systems are updated for maintenance on the third weekend of every month starting Friday at 5:00pm until Monday morning. You will be able to enter Referrals or Authorizations during this time, but you will not receive a status report until Monday morning.
- Please contact your site User Administrator if you need access to submit authorizations.
- Error notification: If required fields have not been entered, one or more error messages will show immediately after hitting the Submit button. You will be able to return to the original screen and complete the fields.
- **Observation (OBV) or Surgical Day Care (SDC) that becomes an inpatient admission**, a separate authorization must be submitted. The provider must also indicate in the Remarks that the OBV or SDC has converted to an Inpatient Admission.
- If the **Revise Authorization** screen does not appear after clicking on **Revise Request**, user should **press Ctrl + F5** to refresh your browser.

- **Individual Consideration** - Service requests outside of the member’s benefit plan.
- The following services should continue to be requested through Mass General Brigham Health Plan vendor sites:
 - Sleep Studies: Sleep Management Solutions (SMS)
 - Outpatient MRI’s, CT, and PET imaging studies: Evicore

Authorization Status

| Provider.MassGeneralBrighamHealthPlan.org | Edit Functionality |
|---|--------------------|
| APPROVED | Yes |
| CLOSED | No |
| MEDREVIEW | Yes |
| PEND | No |
| DENIED | No |

Authorization Closure Reason Legend (most frequently used, not entire list)

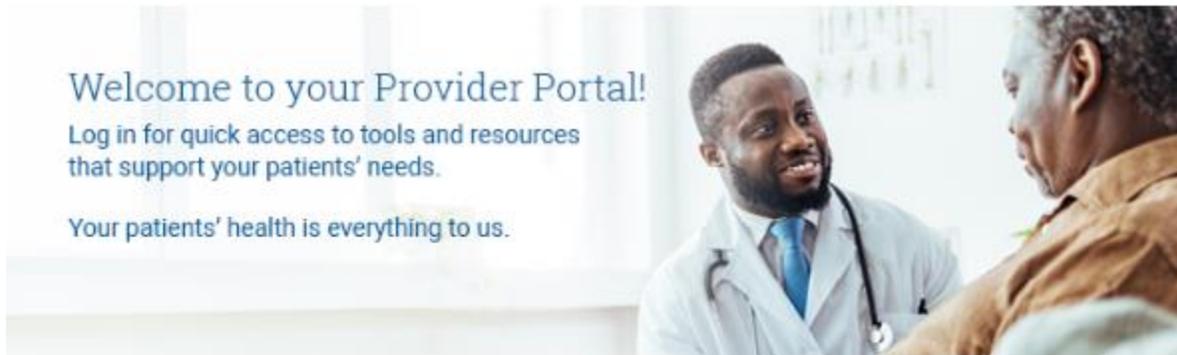
- **AC – Duplicate** – More than one request for same service. Go back to original auth for revision.
- **AC – Entered in Error** – Auth closed due to error (ie. Provider used incorrect portal)
- **AC – No Prior Authorization Required** – Auths will be closed when PA is not required.
- **AC – Provider Withdrew Request** – Auth closed as provider withdrew PA request
- **AC – Redirection** – Auth closed and redirected for review by designated party (ie. ACO)
- **AC – Requires both Referral and PA** – If no referral on file, PA is closed
- **AC – Revision of Existing Authorization Required** – Do not enter new auth, revise existing auth
- **AC – Secondary Insurance, No Auth Required** – Member has other, prime, insurance. Auth not needed as secondary payer – do not submit auth.
- **AC – Status Changed** – Used for level of care changes (ie. Observation to inpatient.)
- **AC – Submit to Evicore** – Auth must be submitted to eviCore for review and will be closed
- **AC – Submit to Optum** - Auth must be submitted to Optum for review and will be closed
- **AC – Template/Service Mismatch - See User Guide and Resubmit** – the service requested was placed on the wrong template and was closed. New auth needed.

Logging into Provider.MassGeneralBrighamHealthPlan.org to Submit Authorization Requests

1. Log onto the Mass General Brigham Health Plan Provider Portal:

<https://provider.massgeneralbrighamhealthplan.org>.

- If you encounter issues with login, searching for an authorization or attaching a file in Provider.MassGeneralBrighamHealthPlan.org, please contact Mass General Brigham Health Plan Provider Customer Service department at prweb@allwayshealth.org.
- Single-site access or multi-site access exists. Users with multi-site access may update the site for which they are submitting the request by selecting it from the current site drop down.



Log in to the Provider Portal

Username [Forgot Your Username?](#)

Password [Forgot Your Password?](#)

Log In

Need an Account?

If you currently have a login for NHPNet, those credentials will work here. There is no need to re-register.

If you meet the appropriate criteria and have read the instructions you may sign up for an account.

Account Registration

2. Click on **Submit an auth.**

I'm here to... [Check a Claim](#) [Submit an auth](#) [View a report](#) [Request a fee schedule](#) [Electronic Payments](#)



Select Authorization/Referral Type:

Enter the member ID or name and then press the Search button to select an eligible member. This request cannot be submitted if you do not search for and select a member.

Patient Search (Member ID/Name)

Requesting Provider

Contact Name

Contact Phone

Requested Service

Servicing Facility (Name/NPI)

Contact Name

Contact Phone

Diagnosis

Procedure Code

Service start date

Service end date

Remarks (limited to 255 characters)

Required fields are denoted with this small sphere (●) next to the field name.

Creating a Home Health Care Request

1. **Authorization/Referral Type:** Select **Home Health Care**.
2. **Patient Search:** Click **Search**.

Patient Search (Member ID/Name) 

A box will pop up. Enter the **Member ID** and **Last Name** and click **Search**. Click on the correct member under the **Member Search Results**.

Member ID Search ✕

Search By:

Member ID:
 

Last Name:
 



Member Search Results

| Name | Date of Birth | Gender | Member ID | Valid From | Valid Until |
|-------------|---------------|--------|------------|------------|-------------|
| LHASO, JOHN | 1/1/1954 | Male | 1007010070 | 10/1/2022 | 12/31/2078 |

*Effective dates in **red** indicate member is termed.

3. **Requesting provider:** Will auto populate with Current Site name. Users with access to multiple sites can update selection in the Current Site fields at the top of the page.
4. **Contact name and phone number:** Will auto populate based on user login, however, both fields can be edited.
5. **Requested Service:** Select appropriate service type from drop down. Please note the newly added services (bolded with asterisk*) in the drop-down menu.
 - Each discipline must be submitted separately. For example: If you are requesting both Home PT and Home Skilled Nursing, you must enter an authorization for both.

| Requested Service | Comments |
|--|--|
| Enteral Product and Home Infusion* | Enteral product requests require the completed Combined MassHealth Managed Care (MCO) Medical Necessity Review Form be attached to the authorization in AllWays Health Partners once an authorization number has been received |
| Home Health Aide (HHA) | |
| Home Health Aide ADL* | My Care Family (MVACO) members only |
| Home Infusion | |
| Medical Social Worker (MSW) | |
| Medical Administration Visit (MAV) | My Care Family (MVACO) members only |
| Nutrition Consultation* | Used for home nutrition consultation |
| Occupational/ Physical Therapy | MassHealth members ONLY Evaluation: Add 1 visit to total visits request and note in Remarks "1 visit" |
| Private Duty Nursing | |
| Skilled Nursing Care | Use for Skilled Nursing Visits (SNV) |
| Skilled Nursing Evaluation (SNV eval) | Used for Home Skilled Nursing evaluation visit only. Separate authorization required for actual treatment. Each re-eval requires a new notification. |
| Speech Therapy | My Care Family (MVACO) members only |

- 6. Servicing Facility/Provider:** Enter the name or NPI or the facility/ provider and click **Search**. Click select next to the appropriate facility/provider name.
- 7. Diagnosis:** Enter description or ICD10 code, click Search, and select appropriate diagnosis from list. Up to six diagnoses can be entered, however, the primary diagnosis should be entered first. (If COVID related, search for applicable diagnosis/ICD 10 code).
- 8. Procedure Code:** Enter code and click search. Click select next to the appropriate procedure. (Refer to the table below for specific coding requirements).

| Service Type | Additional Code |
|---|--|
| Home health Aide (HHA) | Revenue Code 0572 |
| Home Health ADL | CPT/HCPCS Code G0156 UD |
| Home Infusion | CPT/HCPCS Code |
| Home Skilled Nursing Evaluation-Notification | Revenue Code 0551 |
| Medical Social Worker (MSW) | Revenue Code 0561 |
| Medical Administration Visit (MAV) | CPT/HCPCS Code T1502 |
| Nutritional Consult (home) | CPT/HCPCS Code |
| Occupational / Physical Therapy (MassHealth members Only) | Occupational Therapy Revenue Code 0431 |
| Private Duty Nursing | Revenue Code 0552/0989 |
| Skilled Nursing Care | Revenue Code 0551 |
| Skilled Nursing (for HHA ADL only) | CPT/HCPCS code G0493 |
| Speech Therapy (MassHealth Members) | Revenue Code 0441 |

9. **Units/Visits:** This field will appear after a procedure code has been selected.
 - For Home Skilled Nursing Evaluation: Only 1 visit is allowed.

10. **Start Date and End Date:** Enter requested date range.
 - For OT/PT Evaluation: Add 1 visit to the total visits requested and note in the Remarks: “1 visit for evaluation”.
 - If a member is receiving HHC services and is admitted to a facility, the HHC provider does not have to submit a new HHC authorization once the member has been discharged. Provider can submit revision if within 60 days from the last service date of existing authorization.

11. **Remarks:** Use for brief clinical or other information. There is a 255-character limit. If you are attaching or faxing clinical, in Provider.MassGeneralBrighamHealthPlan.org, please indicate so in the remarks section.

12. **Submit.**

InterQual Connect

For each service requested, you will be prompted go through InterQual Connect for medical criteria review. If you have more than 1 service requested, each service will be reviewed one at a time (each IQC criteria will automatically appear, at the completion of each review, per the codes entered).

1. Based on the code you specify; a list of possible criteria subsets will appear. Select the appropriate subset for this request.

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 | |
|--|----------------|--------|
| Magnetic Resonance Angiography/Imaging | InterQual 2022 | Select |
| Magnetic Resonance Angiography/Imaging | InterQual 2020 | Select |

2. Review the subset overview and select **Medical Review** to proceed. You can also select different views of the criteria:
 - Book View: View the medical necessary criteria for the service in Q&A format
 - Full Subset: Enables you to see all the clinical scenarios supported by the criteria
 - Smartsheets: Access a PDF of a subset that identifies the medical documentation required to support preauthorization

CHANGE HEALTHCARE | **InterQual®**

FAMILY CARE ASSOCIATES, LLC (MEDICARE) Signed in as **HELP**

Subset Overview

Subset Notes

National Coverage Determination (NCD)

Magnetic Resonance Imaging (220.2)

<https://www.cms.gov/medicare-coverage-database/details/nod-details.aspx?NCDId=177&nodver=8&DocID=220.2&SearchType=Advanced&bc=EAAAAAgAAAA&>

Effective Date: 04/10/2018
Implementation Date: 12/10/2018

Tests included:

- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)

First Coast Service Options, Inc.

Magnetic Resonance Angiography (MRA) (L34372)

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34372&ver=22&Date=&DocID=L34372&SearchType=Advanced&bc=EgAAAAIAAAAA&>

Original Effective Date: 10/01/2015
Revision Effective Date: 07/01/2020

Tests included:

- Magnetic Resonance Angiography (MRA)

This Policy refers directly to the NCD for coverage criteria: "Please refer to CMS IOM Publication 100-03, Medicare National Coverage Determination

MEDICAL REVIEW → **BOOK VIEW** **FULL SUBSET** **SMARTSHEETS**

3. A series of question & answers will appear in yes/no or multiple-choice format. Select the answers that are applicable based on the patient’s clinical information (medical record). The answers you provide will lead to evidence-based recommendations. Click on **View Recommendations** to proceed.

CHANGE HEALTHCARE | InterQual®

FAMILY CARE ASSOCIATES, LLC (MEDICARE) Signed in as **HELP**

Medical Review *Magnetic Resonance Angiography/Imaging* **CLINICAL REFERENCE**

COMMENTS 0

Individual with an implanted cardiac device *Required*

✓ **Yes**

No

Implanted device, Choose one: *Required*

✓ **Pacemaker**

Cardioverter Defibrillator (ICD)

Cardiac Resynchronization Therapy Pacemaker (CRT-PP, or Cardiac Resynchronization Therapy Defibrillators (CRT-D)

Other clinical information (add comment)

No remaining questions. Click View Recommendations to continue.

PREVIOUS VIEW RECOMMENDATIONS

CRITERIA VIEW

4. The clinical recommendations will appear. Click on **Review Summary** to access a printable summary page of the Q&A and recommendations. Click on **Complete** to finalize the InterQual medical review.

The screenshot shows the top navigation bar with the 'CHANGE HEALTHCARE' logo and 'InterQual®' branding. Below this, the user is identified as 'FAMILY CARE ASSOCIATES, LLC (MEDICARE)' and is signed in. A 'HELP' button is visible in the top right. The main content area is titled 'Recommendations' and features a green 'CRITERIA MET' badge. A 'Recommended' section states 'Evidence supports services as medically necessary.' Below this, a single recommendation is listed: 'Magnetic Resonance Imaging (MRI) - NCD', which is marked with a green checkmark. To the right of this recommendation is a 'Show codes' link and a clipboard icon. At the bottom of the interface, there are three buttons: 'PREVIOUS' (with a left arrow), 'COMPLETE' (with a checkmark), and 'REVIEW SUMMARY' (with a right arrow).

- 5. When you select **Complete**, the following message will appear to confirm that no further edits can be made after this point. Select **Yes** to confirm. If you requested additional services for medical review, you will be taken back to step 1 to complete the review for those services.

The dialog box has a light red background and a red warning icon. The text reads: 'Warning', 'Completing the Medical Review will lock it from any further edits.', and 'Continue?'. At the bottom, there are two buttons: 'YES' and 'NO'.

6. Once you complete the medical review and obtain recommendations for all services that you requested, you will be taken back to the authorization request form. At the bottom of the form, you will see the clinical recommendations for each service requested. Press **Submit** to complete your request.

Important: your authorization is not submitted to Mass General Brigham Health Plan until you complete this step.

Response Screen

- Once you complete an authorization, you will receive a real-time response.

If your submission request doesn't provide a real-time response, the following message will be displayed:

Your request has been received and will be processed at a later time. Please check back in 4 hours or by the following morning to see your updated status. In the interim, you can fax your clinical notes to us at 617-586-1700. Please include the date/time of your online submission on your fax cover sheet. Otherwise, you can wait until the request is in our system and upload clinical notes at that time.

Authorizations & Referrals Viewer

This cannot be revised because the status is not MEDREVIEW or APPROVED

Authorizations/Referral Information

| | | | |
|--------------------------------|--|------------------------------|---|
| Authorization/Referral ID: | 22349R00001 | Member: | LHASO, JOHN |
| Member ID: | 1007010070 | Member Date Of Birth: | 01/01/1954 |
| Product: | MEDICARE ADVANTAGE | Member PCP: | |
| Referred By: | FAMILY CARE ASSOCIATES, LLC (1417969817) | Referred To: | BRIGHAM AND WOMEN'S HOSPITAL (1790717650) |
| Inpatient/Outpatient: | Home Health | Pay To: | BRIGHAM AND WOMEN'S HOSPITAL (1790717650) |
| Diagnosis Code: | K92.1 | Diagnosis Description: | MELENA |
| Authorization/Referral Status: | PENDING A -Home Health Aid | Authorization/Referral Date: | 12/15/2022 |
| Service Start Date: | 12/15/2022 | Service End Date: | 03/15/2023 |

Authorization/Referral Service Lines

| Line | Status | Code | Code Type | Modifier | Description | Total Units | Used Units |
|------|---------|------|--------------|----------|--------------------------------------|-------------|------------|
| 1 | PENDING | 0572 | REVENUE CODE | | HHA, HOME HEALTH AIDE, HOURLY CHARGE | 10 | 0 |

Authorization/Referral Supporting Documentation

| Description | Document | Size | Uploaded |
|----------------------------|----------|------|----------|
| No data available in table | | | |

Submit Document

Fax Document

- Click on **Submit Document** button to upload clinical information.
- Click on **Choose File** to search and attach a file. Enter a description and click **Upload**.

Upload Authorization Document ✕

Upload Authorization Document

You can upload documents up to 5 MB in size.

Description:

File: No file chosen

- Click on **Fax Document** if you are unable to submit your documentation electronically. This will generate a fax cover sheet referencing the corresponding authorization number of your request and other pertinent information. You will need to print this cover sheet and include this as part of your fax.

To: Mass General Brigham Health Plan
Fax Number: 617-586-1700
Auth Id: 22348R00000
From: Bill Nolan
Site: FAMILY CARE ASSOCIATES, LLC
NPI: 1417969817
Phone: 508-932-2383
Date: 12/14/2022



- Once a document is attached, it will appear at the bottom of the authorization viewscreen. More documents may be attached at any time.
 - **Please note:** When submitting clinical information via fax (*selecting the fax document button*) the upload will be automatically named with the Auth ID#, Date and Time.

Authorizations & Referrals Viewer

[Revise Request](#)

Authorizations/Referral Information

| | | | |
|--------------------------------|--|------------------------------|---|
| Authorization/Referral ID: | 22348R00000 | Member: | LHASO, JOHN |
| Member ID: | 1007010070 | Member Date Of Birth: | 01/01/1954 |
| Product: | MEDICARE ADVANTAGE | Member PCP: | |
| Referred By: | FAMILY CARE ASSOCIATES, LLC (1417969817) | Referred To: | BRIGHAM AND WOMEN'S HOSPITAL (1790717650) |
| Inpatient/Outpatient: | Inpatient | Pay To: | BRIGHAM AND WOMEN'S HOSPITAL (1790717650) |
| Diagnosis Code: | N50.82 | Diagnosis Description: | Scrotal pain |
| Authorization/Referral Status: | APPROVED A -General Medicine | Authorization/Referral Date: | 12/14/2022 |
| Service Start Date: | 12/14/2022 | Service End Date: | 12/19/2022 |

Authorization/Referral Service Lines

| Line | Status | Code | Code Type | Modifier | Description | Total Units | Used Units |
|------|----------|------|-----------|----------|----------------|-------------|------------|
| 1 | APPROVED | | | | Inpatient Stay | 5 | 0 |

Authorization/Referral Supporting Documentation

| Description | Document | Size | Uploaded | |
|-------------|---------------------------------|-------|---------------------|--------------------------|
| Clinicals | UserGuideInpatient_2.7.2022.pdf | 896KB | 12/14/2022 11:40:AM | Download |

[Submit Document](#)

[Fax Document](#)

Revisions

Edit an Existing Service Request (Use for Concurrent Review)

- A Service request may only be edited when the referral or authorization is in the Approved or Medreview status.
- Re-evaluations are not allowed to be revised; A new notification will need to be submitted.
- On the main Provider.MassGeneralBrighamHealthPlan.org screen, go to **Authorization** → **View auth status**.

The screenshot displays the Mass General Brigham Health Plan provider portal. At the top left is the logo and name. To the right, the user's name 'Bill Nolan' is shown. Below the logo, the 'Current Site' is set to 'FAMILY CARE ASSOCIATES, LLC (NPI: 1417969817)'. A navigation bar includes 'Home', 'Manage Account', and 'Log Out'. A main menu features 'Authorizations', 'Claims', 'Member Info.', 'Resources', and 'User Admin'. A red arrow points to the 'Authorizations' tab, which has a dropdown menu open. The dropdown menu lists: 'Overview', 'NovoLogix Portal', 'Submit an auth', 'View auth status' (highlighted with a red box), 'Interqual criteria', and 'lookup'. Below the menu, there are links for 'Check a Claim', 'Submit an auth', 'View a report', 'Request a fee schedule', and 'Electronic Payments'. The 'News & Announcements' section shows 'No News & Announcements Available'. The 'Eligibility' section has a search form with a 'Search By:' dropdown (set to 'ID, Last Name'), 'Member ID:' and 'Last Name:' input fields (both marked as required), and a 'Search' button.

- Under **View Authorizations & Referrals By**, use the **Member ID** or **Authorization/Referral ID** and click **Go**.
 - If **Member ID** is selected, choose the specific authorization number you want to revise and click **View**.
 - If **Authorization/Referral ID** is selected, it will automatically bring you to the authorization.

Authorizations & Referrals

Submit a new authorization and referral request [here](#)

View or edit an existing authorization or referral below

View Authorizations & Referrals By: 

OR View Authorizations & Referrals for This Site

Enter Member ID or Lookup member ID

Show Authorizations/Referrals: 

Diagnosis Code:

Go 

Quick Summary for 1007010070

Click on View to open up Authorization/Referral detail.

| | Auth/Referral ID | Request Type | Created | Diagnosis Code | Status | Service Start Date | Service End Date |
|-------------|------------------|--------------|------------|----------------|----------|--------------------|------------------|
| View | 22348R00000 | Prior Auth | 12/14/2022 | N50.82 | APPROVED | 12/14/2022 | 12/19/2022 |

Showing 1 to 1 of 1 entries

- Click on **Revise Request**. If the **Revise Authorization** screen does not appear, user should **press CTRL + F5** to refresh the browser.

Authorizations & Referrals Viewer

Revise Request 

Authorizations/Referral Information

| | | | |
|---------------------------------------|--|-------------------------------------|---|
| Authorization/Referral ID: | 22348R00000 | Member: | LHASO, JOHN |
| Member ID: | 1007010070 | Member Date Of Birth: | 01/01/1954 |
| Product: | MEDICARE ADVANTAGE | Member PCP: | |
| Referred By: | FAMILY CARE ASSOCIATES, LLC (1417969817) | Referred To: | BRIGHAM AND WOMEN'S HOSPITAL (1790717650) |
| Inpatient/Outpatient: | Inpatient | Pay To: | BRIGHAM AND WOMEN'S HOSPITAL (1790717650) |
| Diagnosis Code: | N50.82 | Diagnosis Description: | Scrotal pain |
| Authorization/Referral Status: | APPROVED | Authorization/Referral Date: | 12/14/2022 |
| | A -General Medicine | | |
| Service Start Date: | 12/14/2022 | Service End Date: | 12/19/2022 |

- Enter additional requested units, add a procedure, and/or enter remarks. Click on **Submit Revision Request**.

Revise Authorization ✕

Revise Authorization

22348R00000

Add Units

| | | |
|------|--------------------------------------|-------------------|
| 0121 | Room & Board - SEMI-2BD Med/Surg/Gyn | Units/Visits 0 |
|------|--------------------------------------|-------------------|

Add Procedures

Procedure Lookup

Remarks:

Submit Revision Request

Authorization Revision (Concurrent Review) Rules

- **Incorrect Service Request Type Submitted:** If incorrect Service Type was requested (example: Rehabilitation vs Skilled Nursing Facility), user will need to enter a new authorization and enter the following in the remarks section:
 - “Incorrect Service type in authorization # _. Please close this auth.”
 - Mass General Brigham Health Plan will close the incorrect authorization and process new request.
- **Requesting a date extension:** enter the date in the remarks section.
- **Requesting a date change:** enter the date in the remarks section.
- **Requesting additional procedures:** Click on procedure lookup, choose procedure, and add requested units.
 - Mass General Brigham Health Plan will not accept corrected procedure codes through Provider.MassGeneralBrighamHealthPlan.org. Please submit a revision and put the corrected code in the remarks.
- **Remarks:** Use for status change, clinical information, corrected procedure code, corrected dates, date extensions, when observation or surgical day care auths convert to inpatient admissions, experimental and investigational requests etc.

View Authorizations

- Click on **Authorizations** and choose **View auth status** from the drop down.

Mass General Brigham Health Plan

Current Site: FAMILY CARE ASSOCIATES, LLC (NPI: 1417969817)

Home Manage Account Log Out

Authorizations Claims Member Info. Resources User Admin

- Overview
- NovoLogix Portal
- Submit an auth
- **View auth status**
- Interqual criteria lookup

Check a Claim Submit an auth View a report Request a fee schedule Electronic Payments

News & Announcements

No News & Announcements Available

Eligibility

Search By: ID, Last Name

Member ID: *

Last Name: *

* Required Field

Search

- User may view an authorization by:
 - Authorization or Referral ID
 - Viewing Authorization and Referrals for a member
 - Viewing Authorization and Referrals for this site