

Inpatient Authorization 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 Observation 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 and Sleep DME: CareCentrix
 - 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)

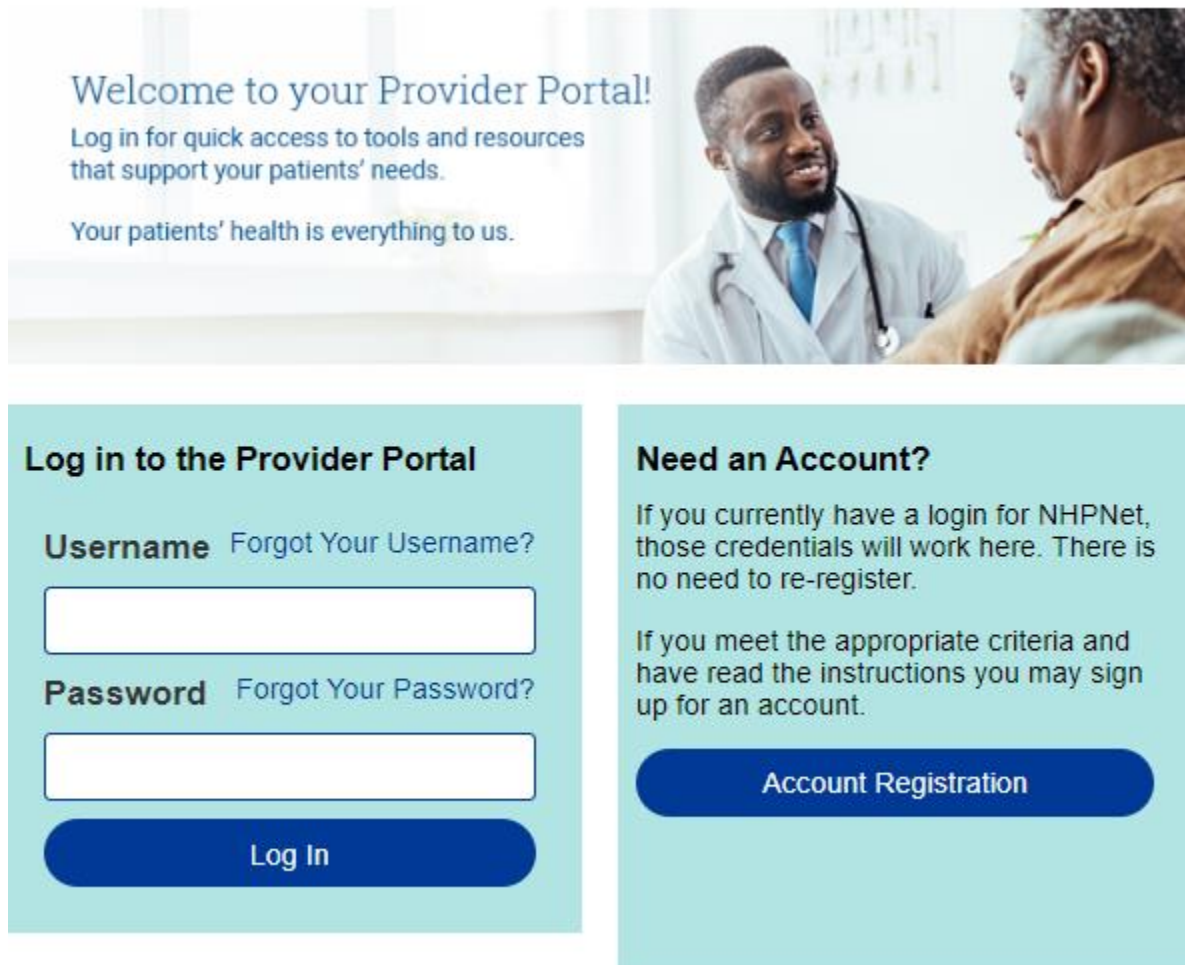
- **AC – Duplicate** – More than one request for same service. Go back to original auth for revision.
- **AC – Entered in Error** – Auth closed due to error (ie. Provider used incorrect portal)
- **AC – No Prior Authorization Required** – Auths will be closed when PA is not required.
- **AC – Provider 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.



Welcome to your Provider Portal!

Log in for quick access to tools and resources that support your patients' needs.

Your patients' health is everything to us.

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 an Admission Request

1. **Authorization/Referral Type:** select **Admission**.
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:

ID, Last Name

Member ID:

Last Name:

Search

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.

Requested Service	Comments
Acute Inpatient	Use for Adult and Pediatrics. If service type changes (i.e. Inpatient to SDC or Observation) a new request must be submitted under the correct service type.
Chemotherapy	Use for Inpatient Chemotherapy
Hospital at Home (HAH)/Hospital in the Home (HITH)	Use for Adult “inpatient” admission to Acute Hospital at Home. This authorization includes, but is not limited to, the following services: Transportation, DME, Oxygen, IV infusion, MD/RN services, etc. No additional authorization required
Obstetric	Authorization required for antepartum and/or postpartum complications (no PA required for routine vaginal or cesarean delivery)
Oral Surgery	
Sick Newborn (Commercial ONLY)	<p>If the newborn baby is not yet enrolled in Mass General Brigham Health Plan, please enter an auth for the newborn under mom’s ID (this acts as a placeholder for 30 days maximum, pending enrollment of newborn).</p> <p>Please include the following data in Remarks section: baby’s delivery date, weight, gestational age, delivery type, and sex.</p>
Sick Newborn (MassHealth ONLY)	<p>Once the newborn is enrolled with Mass General Brigham Health Plan, Provider submits SNB (Sick Newborn Baby) authorization under baby's ID.</p> <p>Authorization request should not be submitted under mom’s ID to act as a placeholder</p>
Rehabilitation	<p>(if COVID related, search for applicable diagnosis/ICD 10 code)</p> <p>Please enter the following in Remarks:</p> <ul style="list-style-type: none"> • Level of Care for both initial and updates. • If request is a 20-day bed hold • When patient comes back to LTC facility from acute setting, LTC facility should continue to use the existing authorization.
Skilled Nursing Facility	
Surgical	Please note a referral to the Specialist is also required before you submit a request for the surgery.

Requested Service	Comments
Transplant	Please note an outpatient evaluation authorization is required before you submit a request for the transplant (for entry of transplant eval auth, please refer to Outpatient User Guide).

6. **Servicing Facility/Provider:** Enter the name or NPI of the facility where the services are being rendered and click **Search**. Click **Select** next to the appropriate facility.
 - a. **Servicing Surgeon:** Will only appear when requesting service type is equal to surgical. Enter the **Individual Doctor, Group or NPI** and click **Search**. Click **Select** next to the appropriate provider. If the individual provider is associated with more than one group, be sure to select the correct provider site to ensure claims payment.
7. **Contact Name and Phone Number:** Enter contact information. (Area code is required).
8. **Diagnosis:** Enter description or ICD10 code (if COVID related, search for applicable diagnosis/ICD 10 code), click **Search**, and select appropriate diagnosis from the list. Up to six diagnoses can be entered, however, the primary diagnosis should be entered first.
9. **Procedure Code:** If service type = surgical, enter CPT code and click search. Click **Select** next to the appropriate procedure. For all other service types enter the appropriate revenue code (see table below).

Inpatient Service Type	Code Requirements
Acute Inpatient (Adult & Pediatrics)	Revenue: 0121 – 0129 or 0130 – 0139 Hospital administrative days (MassHealth Only) Revenue code: 0169
Chemotherapy (inpatient)	CPT or HCPCS Code
Hospital at Home (HAH) /Hospital in the Home (HITH)	Revenue: 0161
Obstetrical	Revenue: 0122, 0132, 0152, or 0720 - 0729
Oral Surgery (Inpatient)	CPT or HCPCS Code (i.e., D7140, D7210, D7230, D7240, D9220, D9220, D9241, D9242)
Rehabilitation Long Term Acute Care (LTAC) Level C1 Rehabilitation – Level R1 Acute Complex Rehabilitation- Level R2	Long Term Acute Care (LTAC) Revenue code: 0120 Rehabilitation Revenue Code: 0128 Acute Complex Rehabilitation Revenue Code: 0129

Inpatient Service Type	Code Requirements
Sick Newborn	Revenue: 0174, 0175
Skilled Nursing Facility	Skilled Nursing and/or skilled rehabilitation Revenue code:0191 Subacute nursing and/or subacute rehabilitation Revenue code:0192 Subacute nursing and/or subacute rehabilitation – ventilation program Revenue code: 0193
Surgical Inpatient	CPT Code only
Transplant (Inpatient)	Revenue Code only

10. **Units/Visits:** This field will appear after a procedure code has been selected.

11. **Start Date and End Date:** Enter requested date range.

12. **Remarks:** Use for brief clinical information, individual consideration requests, or other information (see below). There is a 255-character limit. If you are attaching or faxing clinical, in Provider.MassGeneralBrighamHealthPlan.org, please make a note in the remarks.

- a. For **Sick Newborn** authorizations, the following information is required by Mass General Brigham Health Plan and should be entered in the Remarks section:
 - i. Baby delivery date
 - ii. Weight of baby
 - iii. Weeks of gestation
 - iv. Delivery type (Vaginal or Cesarean)
 - v. Sex
- b. For **Skilled Nursing Facility/Rehabilitation** enter the following as appropriate:
 - i. Level of Care for both initial and updates
 - ii. 20-day bed hold (Skilled Nursing Facility ONLY)
 - iii. When patient comes back to LTC facility from acute setting, LTC facility should continue to use the existing authorization.

13. **Submit.**

Response Screen

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

Note: For **Surgical inpatient Requests**, the immediate response will generate an authorization to one of the providers and populate the second authorization number in the remarks. Both authorizations will be in Provider.MassGeneralBrighamHealthPlan.org after the overnight update.

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:	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:	PENDING 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	PENDING				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

- 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.
- On the main Provider.MassGeneralBrighamHealthPlan.org screen, go to **Authorization** → **View auth status**.

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

- 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:

Member ID

OR View Authorizations & Referrals for This Site

Enter Member ID or [Lookup member ID](#)

1007010070

Show Authorizations/Referrals:

All Approved/Active

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 for Inpatient surgery:** 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, Level of Care change, corrected procedure code, corrected dates, individual consideration, 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