Mass General Brigham
Health Plan

# Specialty Referrals (OON) 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. |
| **Status** | Allows user to search and view all Referral/Authorization responses. |

# 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 admissio**n, a separate authorization must be submitted. The provider must also indicate in the Remarksthat 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.

**Select Authorization/Referral Type:** Specialty Referral

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)** Search ●

**Requesting Provider** FAMILY CARE ASSOCIATES, LLC ●

**Contact Name** ●

**Contact Phone** ●

**Requested Service** Select One ●

**Servicing Facility (Name/NPI)** Search ●

**Contact Name** ●

**Contact Phone** ●

**Diagnosis** Search

**Procedure Code** Search ●

**Service start date** 12/15/2022 ●

**Service end date** 12/15/2023 ●

**Remarks (limited to 255 characters)**

Submit

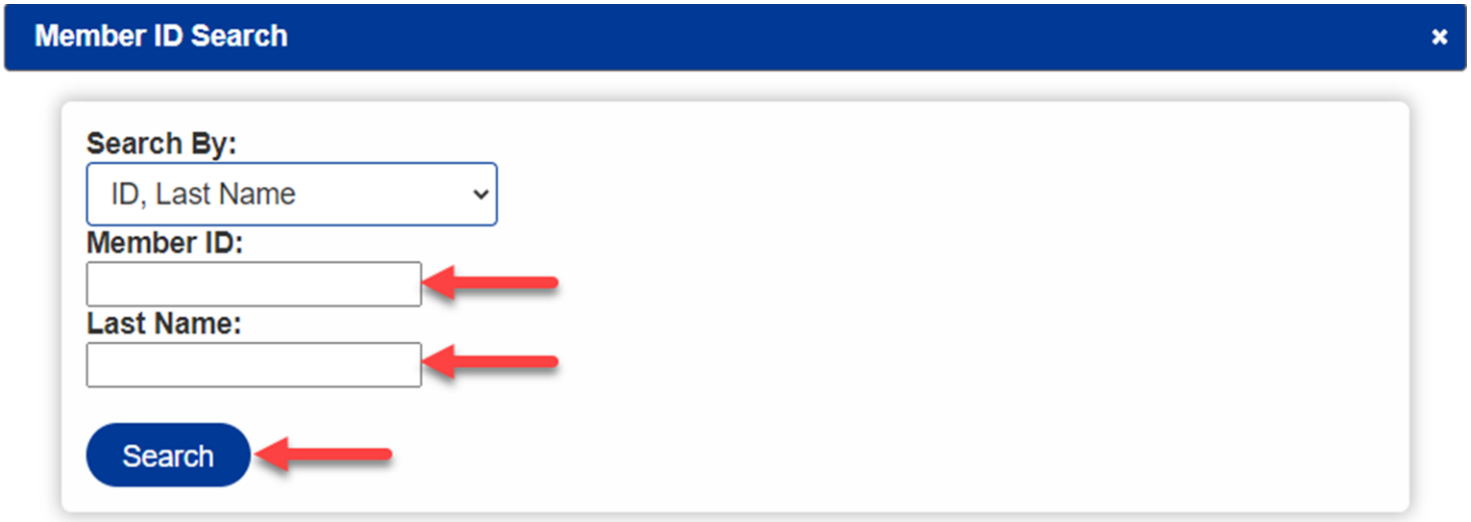
**Required fields are denoted with this small sphere (●) next to the field name**

## Creating a Specialty Referral Request

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

2. **Patient Search**: Click **Search**.


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 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**: Referrals must be submitted by the member's PCP site.
   - Enter the Requesting Provider NPI, Provider Name, Provider Address, Contact Name and Contact Phone Number (Area code is required).

4. **Requested Service**: Select **Consultation** from drop down.

5. **Servicing Facility/Provider**: Enter the Servicing Provider NPI, Provider Name, Provider Address, Contact Name and Contact Phone Number (Area code is required).

6. **Contact Name and Phone Number**: Enter contact information. (Area code is required).

7. **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.

8. **Procedure Code**: Enter any consultation code in the range 99201 – 99215. The exact consult code that the specialist will be submitting on their claim is not required.

9. **Units/Visits**: This field will appear after a consultation code has been selected. Enter the number of requesting visits/days/units.

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

11. **Remarks**: Use for brief clinical, modifiers, and other information. There is a 255-character limit.

12. **Submit**.

## 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: | 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**<br>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

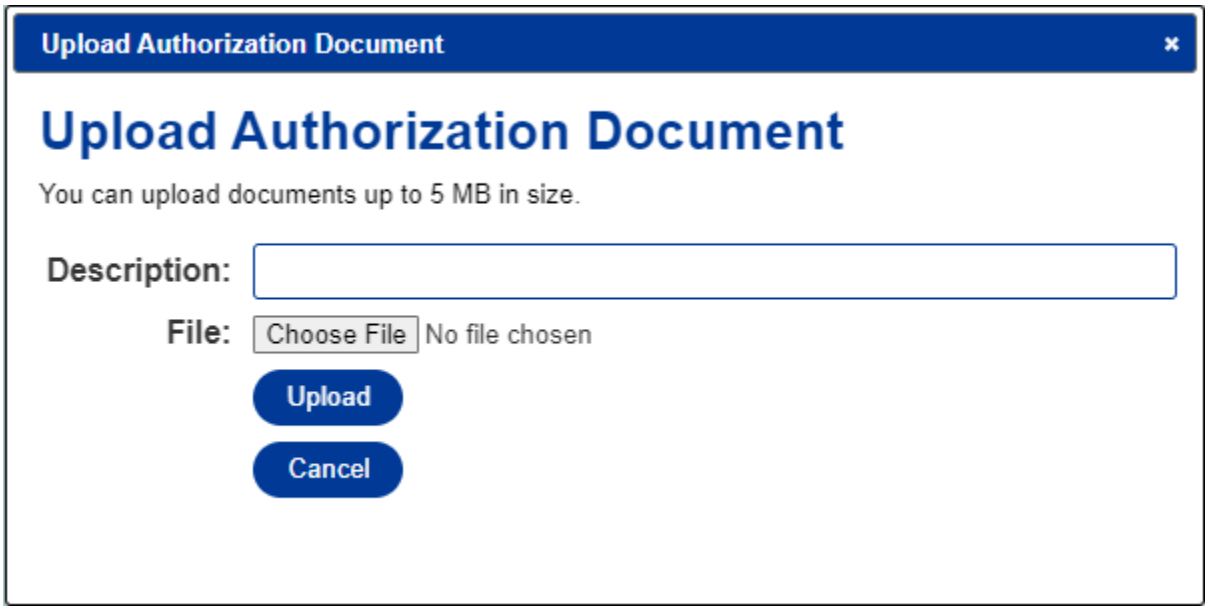
| Line | Status | Code | Code Type | Modifier | Description | Total Units | Used Units |
|---|---|---|---|---|---|---|---|
| 1 | PENDING | | | | Inpatient Stay | 5 | 0 |

### Authorization/Referral Supporting Documentation

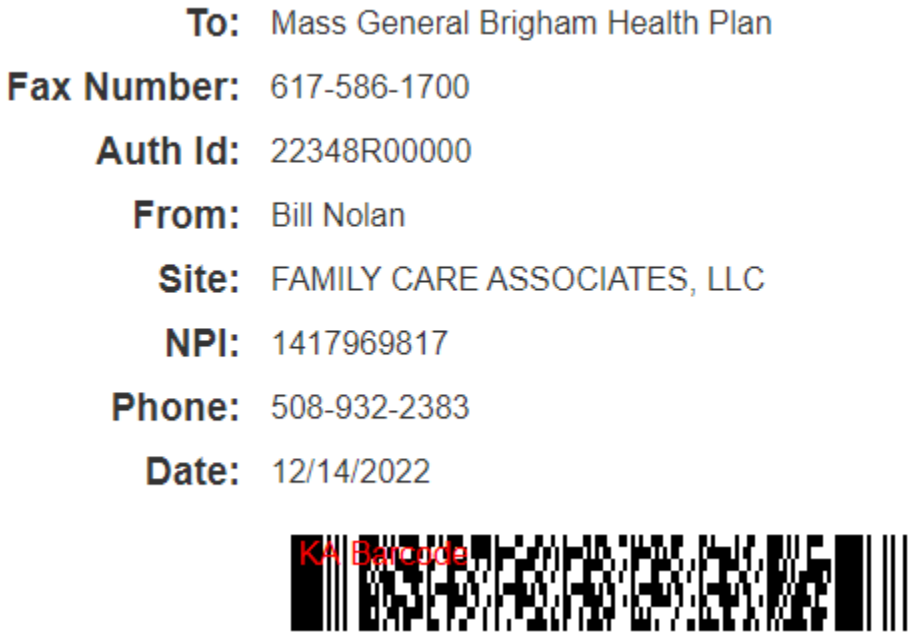
| Description | Document | Size | Uploaded | |
|---|---|---|---|---|
| Clinicals | UserGuideInpatient_2.7.2022.pdf | 896KB | 12/14/2022 11:40:AM | Download |

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**.




- 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.




- 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

| | | | |
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