Behavioral Health Prior Authorization and Portal User Guide

Submitting Inpatient Notifications and Prior Authorization requests for:
Commercial and Medicare Preferred HMO Plans
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Overview

The information contained in this User Guide pertains to when submitting requests for Commercial and Medicare Preferred HMO Behavioral Health Services.

Note: The following processes do not apply to Tufts Health Public Plans. Continue submitting those requests through the secure Provider portal on the public Provider website at tuftshealthplan.com.

USING THE INTERACTIVE VOICE RESPONSE (IVR) TO REQUEST AUTHORIZATIONS

- Providers who request the required outpatient BH notification correctly via the IVR will hear a message that the request was successfully submitted.
- Providers can view the outpatient notification information on the secure Provider portal within 24 hours of the initial request. Additionally, providers will receive a letter via mail with the notification number.
- The notification numbers now begin with 00 followed by letters and other numbers.

Note: The IVR cannot provide you the notification number if you call back 24 hours later, so providers are encouraged to check the secure Provider portal for this information.

LOGGING IN

Step 1: From a Firefox or Chrome web browser, enter “tuftshealthplan.com/login.”

Step 2: Select “Commercial, Senior Products and Tufts Health Public Plans Massachusetts Products”: 
**Step 3:** Enter "Username" and "Password," then click "Login:"

**Step 4:** Select "Behavioral Health."
The following screen displays:

**Behavioral Health**
The Behavioral Health submission forms can be used to report the admission of patients to mental health and substance abuse acute residential, partial hospital, or intensive outpatient programs; or the discharge of patients from mental health inpatient facilities or to requests permission to see a patient.

### Frequently Asked Questions
- Where can I find additional details on Behavioral Health services?
- Where can I find find forms and other information about behavioral health services?

#### Required Field*

<table>
<thead>
<tr>
<th>BEHAVIOR HEALTH SERVICE REQUEST</th>
<th>INPATIENT/LOC DISCHARGE</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requesting Entity ID*</td>
<td>Date of Service</td>
<td></td>
</tr>
<tr>
<td>Search Provider Name/ID</td>
<td>MM/DD/YYYY</td>
<td></td>
</tr>
<tr>
<td>Member ID*</td>
<td>Suffix</td>
<td></td>
</tr>
<tr>
<td>Enter Member ID</td>
<td>Date of Birth*</td>
<td></td>
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<tr>
<td>#</td>
<td>MM/DD/YYYY</td>
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</table>

This notification is valid for 12 months after the date of service.

Notification is required for outpatient visits. Upon submission of your notification, 8 visits will be available. If after these visits are exhausted, additional visits are necessary, please submit another notification for another 8 visits.

By submitting these notifications, you attest that the services you are providing meet the Tufts Health Plan Medical Necessity Guidelines for Outpatient Psychotherapy. If we have questions about a given episode of care or treatment plan, we will contact you.

- **Notification: OP Psychotherapy**: Choose this option to request authorizations for Outpatient Psychotherapy. Upon submission of the notification, eight visits will be available.
- **Notification: All 24-HR Levels of Care, PHP, IOP**: Choose this option to request an Inpatient Notification, Acute Residential Treatment (ART), Partial Hospitalization or Intensive Outpatient Program (IOP). Be advised that the requester will be redirected to MHK (formerly MedHOK Medical House of Knowledge).
- **Discharges: All 24-HR Levels of Care, PHP, IOP**: Choose this option to update end dates, enter treatment plan, and post discharge follow-up services.
- **Resources**: Choose this option to be redirected to the public Provider website.
**Service Requests for Outpatient Psychotherapy only**

By submitting these notifications, the provider attests that the services being provided meet the Tufts Health Plan Medical Necessity Guidelines for Outpatient Psychotherapy. If Tufts Health Plan has questions about a given episode of care or treatment, the provider will be contacted.

**SUBMITTING SERVICE REQUESTS**

**Step 1**: From the Notification: OP Psychotherapy tab, complete the "Requesting Entity ID", "Date of Service", "Member ID", "Suffix" and "Date of Birth" fields. Click the box for "Tufts Health Plan Medical Necessity Guidelines for Outpatient Psychotherapy" and click "Submit" as indicated below:

![Service Request Form](image-url)
The following screen displays:

![Behavioral Health Service Request Screen]

**Note:** To request another Outpatient Authorization for the same or a different member, click "New Behavioral Health Service Request."
Notification of ART, Partial, IOP
Refer to the steps outlined below to request an inpatient notification for ART, partial hospitalization or IOP through the MHK portal.

**SUBMITTING INPATIENT NOTIFICATIONS, ART, PARTIAL OUTPATIENT, AND/OR IOP**

**Step 1:** Select “Notification of ART, Partial, IOP” as indicated below:

**Step 2:** Select “Proceed to MedHOK.”
Step 3: Select “Request PA or Notification” and enter “Member First Name” “Member Last Name”, “Member Date of Birth” and “Member ID” fields and select “Search.”

The Member Search Results screen displays:

Step 4: Select the appropriate record under Status (Eligible vs. Not Eligible) field and click “Select.”

The Request Prior Authorization or Notification screen displays:
**Step 5:** Select the appropriate urgency for authorization request as indicated below:

- **Standard:** For all requests.
- **Expedited:** For urgent requests due to medical necessity; all urgent requests are processed within 72 hours.

**Note:** The authorization type defaults to Standard. Select the “Expedited” radio button if the authorization requires an expedited review. If expedited, click the “Attestation Regarding Expedited Review” check box.

**Step 6:** Enter the provider’s "Contact Name", "Requesting Phone Number" and "Requesting Fax Number" as indicated below:

**Note:** The Requesting Provider, Specialty and Provider Status fields pre-populate based on credentials the provider uses to log in. Some logins may require the requester to select Requesting Provider via dropdown or perform a new search.

**Step 7:** Select “Yes” in the Requesting Provider Same as Servicing Provider” field if the servicing and requesting providers are the same.

**Note:** The Requesting Provider Same as Servicing Provider field defaults to No. If these are not the same, a Servicing Provider must be added to the request. Refer to page 12 for instructions on how to add the servicing provider.

**Step 8:** Select the appropriate "Request Type" from the dropdown menu:

- **Behavioral Health Inpatient:** Select for all behavioral health inpatient admissions.
- **Behavioral Health Service Request:** Select for all behavioral health prior authorization requests.
**Step 9:** Select the appropriate "Place of Service" from the dropdown menu (e.g., 21- Inpatient Psychiatric Facility, 51) as indicated below:

![Place of Service dropdown menu]

**Note:** After selecting the appropriate Request Type and Place of Service, several additional fields display. "Bed Type", "Request Admit Date", "Admit Type" and "Review Type" fields are marked with an asterisk and are required.

**Step 9:** Select the appropriate "Bed Type" from the dropdown menu:

![Bed Type dropdown menu]

**Step 10:** Complete the "Request Admit Date (mm-dd-yyyy)" field and select the appropriate "Admit Type" and "Admit From" value from their respective dropdown menus.

**Note:** Change Admit Type to "Urgent/Emergent" and enter the "Actual Admit Date" only for urgent/emergent admissions.

![Request Admission Date and Admit Type fields]
**Step 11:** From the *Review Type* dropdown menu, select “Initial Review” as indicated below:

![Review Type dropdown menu](image)

**Step 12:** Select “Add Servicing/Facility Provider”.

![Add Servicing/Facility Provider button](image)

The *Search for Servicing Provider or Facility* screen displays.

**Step 13:** Complete either the servicing provider’s “NPI #” or “Fed Tax ID” field, then select the appropriate provider “Type” from the dropdown menu and select “Search.”

**Note:** If the servicing provider/facility is out of network (OON), select the “No” radio button under the *Participating* field.

The *Servicing Providers-Search Results* screen displays.

**Note:** Multiple results may display (e.g. more than one address for the same NPI). If user has more than 20 providers affiliated with account, they must search for Requesting Provider. Will only be able to search for providers affiliated with that account (one account may have multiple doctors affiliated within same practice). If user has 20 or less, they will see a dropdown list from which they can select “Requesting Provider.”
Step 14: Locate the appropriate provider record and select "Select."

Step 15: Enter the servicing or facility provider’s “Fax Number” and select “Save."

Step 16: Select “Add Primary Diagnosis.”

The **ICD Search** screen displays.

Step 17: Enter the “ICD Codes” and/or “Diagnosis Description” and click “Search.”

Note: All ICD Codes must be properly formatted (e.g., E66.01, not E6601).
The ICD - Search Results screen displays.

**Step 18:** In the Action field, click “Select” to add diagnosis to the request.

![ICD - Search Results](image1)

**Note:** In the Action field, click “Remove” to remove a diagnosis.

![ICD - Search Results](image2)

**Step 19:** Select “Add Primary Procedure.”

![CPT/HCPCS - Search Results](image3)

**Note:** When the Request Type field is Behavioral Health Inpatient, a procedure code is not required. The user must provide a procedure code for all Outpatient Services.

The CPT/HCPCS Search screen displays.

**Step 20:** Enter the appropriate “CPT/HCPCS Codes” and/or “Procedure Description” and click “Search.”

![CPT/HCPCS Search](image4)

The CPT/HCPCS - Search Results screen displays.
Step 21: In the Action field, click "Select" to add code(s).

The CPT/HCPCS Information screen displays.

Step 22: Complete the "Modifier 1" (if applicable), "Quantity" and "Units" fields and select "Submit."

Note: If necessary, in the Action field, click "Remove" to remove a procedure code. Repeat steps 19-22 to add CPT/HCPCS information.
Step 23: Click “Submit” to save and send the request.

The *Uploaded Documents* screen displays.

Step 24: Click “Add Documents” to add medical notes.

Note: In most circumstances, clinical documentation is required to support the request.

The *Upload Additional Documents* screen displays.

Step 25: Click “Browse.”

The *File Upload* screen displays.

Step 26: Navigate to the medical notes saved on the computer, select them and select “Open.”
The selected file populates back on the Upload Additional Documents screen.

**Step 27:** Select “Upload Document” to add the attachment to the request.

The attachment is added to the request and the user is returned to the Uploaded Documents screen:

**Step 28:** Select “Submit” to send the request.

The Request Prior Authorization or Notification screen re-displays with all the request details:
**Member Eligibility**

Prior to initiating a prior authorization or notification request, follow the steps below to determine a member’s eligibility.

**VIEWING MEMBER ELIGIBILITY**

**Step 1:** Select “Request PA or Notification” and enter "Member First Name", "Member Last Name", "Member Date of Birth" and "Member ID".

![Request Medical Prior Authorizations](image)

**Step 2:** Choose the appropriate record under Status (Eligible vs. Not Eligible) and click “Select” in the Action column.

**Note:** The member is not currently active if Eligible is not listed in the Status field.

![Member Search Results](image)

**Step 3:** Click “Member Eligible” in upper right-hand section of the screen to review member coverage details.

![Member Eligible](image)

**Note:** If Member Eligible button is red with a past due date, you selected a record that is Not Eligible.
The following page displays:

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**Prior Authorizations and Inpatient Notifications**

Follow the steps below to view and update prior authorizations and inpatient notifications for all behavioral health services, with the exception of psychotherapy.

**VIEWING PRIOR AUTHORIZATIONS AND INPATIENT NOTIFICATIONS**

**Step 1:** From the MHK home page, select “View/Update ALL Requests” and enter Member’s "First Name", "Last Name", "Date of Birth": and "Member ID".

The following options display:

**Note:** If no records are found, the member does not have any prior authorizations or inpatient notifications on file under the Requesting provider's NPI number. Use the Search feature (below) to view affiliated NPI's and access more authorization records.
Step 2: Locate the authorization and click on the "Reference #." Use “Show More Options” and "Show number of Entries" to refine your search.

Step 3: Click the hyperlink in the Review Number column to view additional details.
The Auth Review Details page displays.

**Adding Discharge Date(s) to an Existing Authorization**

**Step 1:** Discharge dates can be updated via Open Inpatient Requests or View/Update All Requests subsections on left-hand navigation bar. From the View/Update Open Inpatient Requests section, locate the appropriate authorization and update discharge information by clicking “Add Discharge Date.”
Please see below for other ways to refine your search:

- Show entries can display up to 100 records at a time.
- Type in free search any information listed in columns below – date, request type, etc.
- Use down arrows in Member Name column to refine your search by name.

**Note:** If multiple entries are listed, use “Show More Search Options” to use advance search features such as name, date of birth, authorization number, etc.

The following screen is displayed:

**Note:** To return to the previous page, click “Hide Search Options.”
Step 2: After locating the authorization, select "Add Discharge Date" to continue.

The following screen displays:

Step 3: After choosing the appropriate date, click the clock icon to enter time of discharge.

Note: Users can click into the hour, minute, or second fields and to populate military hours 0 - 23, minutes 0-55 in 5-minute increments, or seconds 0-55 in 5 second increments.
Step 4: Enter "Discharge Date," choose appropriate "Discharge Disposition," and click "Save."

The following screen displays with the discharge date and time:
**Enter Inpatient/ILOC Discharge**

**Step 1:** Complete the “Requesting Entity ID, ” “Admission Date,” “Member ID,” “Suffix” and “Date of Birth” fields then click “Submit.”

The following screen displays:
**Step 2:** Complete the "Discharge Date" field.

**Step 3:** Complete the "Member is being discharged from?" field.

**Step 4:** Complete the "Was care provided at" field.

**Step 5:** Complete the "Patient Discharged to?" field.
Step 6: Choose the appropriate selection from the "Admissions diagnosis Class" field.

Step 7: Complete the “Primary Discharge Diagnosis Code,” “Secondary discharge Diagnosis Code,” and “Medical Conditions” fields.

Step 8: Complete the "Medication Reconciliation," “follow up provider name,” “phone number,” etc. fields then select “Submit”.
The *Inpatient/ILOC Discharge* screen re-displays with the information populated. Select "Submit" to continue.
LOCATING BEHAVIORAL HEALTH RESOURCES

Step 1: On the Resources tab, select "Forms & Information" from the All Other Products section.

The Behavioral Health Overview web page displays: