# Medicare Authorization Requests in the JIVA Provider Portal

Please refer to the prior authorization list (PAL) Tool at **pal.sentarahealthplans.com** to view authorization requirements for in-network providers.

- 1. In Jiva, from the dashboard, select **Menu**.
- 2. Select New Request.
- 3. In Member ID Types, select Member ID.
- 4. Enter Member ID: XXXXXXXX.
- 5. If the member is present in the list or listed with multiple lines, select the line where **Coverage End Date** is blank. If multiple lines have blank Coverage End Dates, select **Member Coverage** in this order: Commercial, Medicare, Medicaid.
- 6. Under the Action dropdown, select Inpatient, Outpatient, Behavioral Health Inpatient, or Behavioral Health Outpatient.
- 7. For outpatient authorizations, continue to step 8. For inpatient authorizations, skip to step 13.

#### 8. For outpatient Medicare authorizations

- Request Type, select either:
  - Pre-Service For services that have not been performed.
  - Post Service For services that have already been performed.
- Request Priority, select from the following:
  - Non-Urgent Pre-Service
  - Urgent Pre-Service
    - The Centers for Medicare & Medicaid Services (CMS) defines an expedited request as a request for a determination that must be made quickly because waiting for a standard decision could seriously jeopardize a member's health, life, or ability to regain maximum function.
  - Post Service
    - Used for post-service requests as described above
- Reason for Request:
  - For all outpatient authorizations, select **Outpatient Medical**.



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9. For **Diagnosis(es)**, add ICD-10 (you may add multiple diagnosis codes).

#### 10. Enter Service Type

• The most common **Service Types** for outpatient Medicare authorizations:

Durable Med Equipt	All rental durable medical equipment (DME) and DME supplies (includes enterals)
Home Health (HH) Homebound	Medicare HH only, for all HH services [skilled nursing, physical therapy (PT), occupational therapy (OT), and speech therapy (ST)]
OTPT-Occupa Therapy	Outpatient occupational therapy
OTPT-Phys Therapy	Outpatient physical therapy
OTPT-Procedures	All outpatient procedures (surgery, diagnostics, sleep studies, video EEG) include medication infusion in an outpatient setting or an office setting
OTPT-Rehab Therapy	Outpatient cardiac rehab, pulmonary rehab
OTPT-Speech Therapy	Outpatient speech therapy
Pharmacy	Medications

#### 11. Add service codes

- Outpatient authorizations:
  - CPT/HCPCS Codes
  - Start Date and End Date (not to span greater than a year; example: 4/27/24 to 4/26/25)
  - Units and Frequency Qualifiers
- Click **ADD** and add the codes to the request. You may add multiple codes by adding other codes and clicking **ADD**.
- 12. There is a green **ADD** button that you must click before adding the providers.
  - Proceed to step 19 to complete the outpatient request



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#### 13. Inpatient Medicare authorizations

- **Request Type**, select either:
  - Concurrent Service
    - Acute hospital admission
  - Pre-Service
    - Inpatient elective services
- Request Priority, select from one of the following:
  - Urgent concurrent 72-hour government utilization management
  - Non-urgent Preservice
  - Urgent Preservice
    - CMS defines an expedited request as a request for a determination that must be made quickly because waiting for a standard decision could seriously jeopardize a member's health, life, or ability to regain maximum function.
- Reason for Request, select either:
  - Inpatient Med/Surgery for inpatient electives
  - Inpatient Emergent for inpatient acute
- 14. For Diagnosis(es), add ICD 10 (you may add multiple diagnosis codes)

#### 15. Service Types:

• The most common **Service Types** for Inpatient Medicare authorizations:

INPT-IM-General Medicine	All inpatient hospital admissions
LTC-Rehab	Skilled nursing facility (SNF)
INPT-PHYSICAL MED & REHAB	Inpatient rehab (IPR)
LTC-INTERMEDIATE	Long-term acute care hospital (LTACH)



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#### 16. Enter Stay Line:

• Start Date and End Date and all other required (\*) information

There is a green **ADD** button that you will need to click prior to adding the providers.

#### 17. Enter **Service Lines**:

- Only add service lines if requesting an inpatient procedure
- Service type should be INPT-IM-General Medicine
- 18. Add Service Codes
  - Inpatient Authorizations:
    - No service line is needed for acute (through the emergency department) admissions
    - CPT/HCPCS codes
    - Start Date and End Date (should be the same date)
    - Units and Frequency Qualifiers

Click **ADD** and add the codes to the request. You may add multiple codes by adding other codes and clicking **ADD**.

There is a green **ADD** button that you must click before adding the providers.

#### 19. Attach providers: Always use **Multiple Attach** to add providers as needed.

- NPIN Treating Provider
  - The facility or location where the procedure or service is being completed. Do **Multiple Attach** using the widget.
- NPIN Requesting Provider
  - The provider performing the procedure or service Do Multiple Attach using the widget.
- NPIN Submitting Provider
  - Completed by the provider submitting the request Do Multiple Attach using the widget.



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- 20. Add contact information **It must include your name and phone number.** Fax number and email address are strongly recommended.
- 21. Hit **Submit** and click on the **Action** button above the CPT codes you added for requests. Click on the green **Review** button to get to the criteria sets. **For inpatient requests, there will only be a review button to click in the Stay Area.** Always look for the green **Review** button.
- 22. Clicking the **Review** button will take you to the criteria sets; if there are no criteria to review, type "No Criteria" in the document, click save, and then submit. After a few seconds, you will return to the main screen.
- 23. Now, you may add your documents to the request. Accepted document types include PDFs, Word, and Excel documents. For the document title, enter "Clinical Information."
- 24. After attaching the documents, click **Submit**. You will see a summary of what was submitted. Return to the **Dashboard** and refresh the screen. Your submission will be in your **My Episode** folder. *Don't forget to clear your Memory List.*

In the **My Episode** folder, you can view previously submitted requests and see if they are pending for review or have been processed. **Processed requests must be opened to view the final determination of approved or denied.** 



### **Common Medicare Outpatient Portal Submissions Quick Guide**

#### For Medicare Prior Authorizations for Oxygen

- Requesting, treating, and submitting provider roles should all be the DME provider.
- The date span for a year must subtract one day.
- Service Type: Durable Med Equipt
- Request amount: 1
- Units and Frequency Qualifiers Section
  - Frequency Qualifier: Month
  - Units Qualifier: Unit
  - Authorized Frequency: 1

#### For Medicare Prior Authorizations for Outpatient Physical and Occupational Therapies

- Authorization for 97110 will authorize all allowed treatment codes.
- Requesting, treating, and submitting provider roles should all be the therapy provider.
- Service Type: OTPT-Phys Therapy
- Request amount: The total number of visits x 4
- Units and Frequency Qualifiers Section
  - Frequency Qualifier: Episode
  - Units Qualifier: Unit
  - Authorized Frequency: 1

#### For Medicare Prior Authorizations for Outpatient Occupational Therapies

- Authorization for 97530 will authorize all allowed treatment codes.
- Requesting, treating, and submitting provider roles should all be the therapy provider.
- Service Type: OTPT-Occupa Therapy
- Request amount: The total number of visits x 4

- Units and Frequency Qualifiers Section
  - Frequency Qualifier: Episode
  - Units Qualifier: Unit
  - Authorized Frequency: 1

#### For Medicare Prior Authorizations for Outpatient Speech Therapy

- Authorization for 92507 will authorize all allowed treatment codes.
- Requesting, treating, and submitting provider roles should all be the therapy provider.
- Service Type: OTPT-Speech Therapy
- Request amount: the total number of visits being requested.
- <u>Units and Frequency Qualifiers Section</u>
  - Frequency Qualifier: Episode
  - Units Qualifier: Unit
  - Authorized Frequency: 1

#### For Medicare Prior Authorizations for Home Health Requests

- All home health services can be authorized on one authorization.
  - For example, skilled nursing, physical therapy, occupational therapy, speech therapy, and home health aide services can all be contained on one authorization.
- Requesting, treating, and submitting provider roles should all be the home health agency.
- Service Type: Home Health Homebound
- Request amount: the total number of visits being requested x 4
- Units and Frequency Qualifiers Section
  - Frequency Qualifier: Episode
  - Units Qualifier: Unit
  - Authorized Frequency: 1.

