

Step-by-Step Guide for Authorization Requests in the Provider Portal

- 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, use the line in which the **Coverage End Date is blank**. If multiple lines have blank Coverage End Dates, then 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 Medicaid/Medicare authorizations, for Request Type, select either:
 - Initial Medicaid
 - Initial Medicare
 - Concurrent Medicaid
 - Concurrent Medicare

For **Commercial** authorizations, for **Request Type**, select either:

- Pre-service
- Concurrent
- 8. For Medicaid/Medicare authorizations, for Request Priority, select either:
 - Standard
 - Expedited

For Commercial authorizations, for Request Priority, select either:

- Nonurgent Pre-service
- Urgent Pre-Service
- Urgent Concurrent

- 9. Enter your Reason for Request: select the **most appropriate services from the list**.
- 10. For Diagnosis(es), add ICD 10 (you may add multiple diagnosis codes).

11. Enter Service Types:

The most common Service Types for Medicaid/Medicare authorizations:

Inpatient INPT-IM-GENERAL MEDICINE LTC-REHAB INPT-PSYCHIATRY

Outpatient DURABLE MED EQUIPT HOME HEALTH SVCS LABORATORY AMSG-GENERAL SURGERY DIAGNOSTIC IMAGING OTPT-PHYS THERAPY OTPT-SPEECH THERAPY OTPT-OCCUPA THERAPY MD-IM-GEN MEDICINE Mental Health Support Svcs Inpatient Skilled Nursing Facility Mental Health Inpatient

Equipment Home Health Lab Tests Outpatient Surgery CT/MRI/PET Physical Therapy Speech Therapy Occupational Therapy In-office Services Mental Health Services

The most common Service Types for Commercial authorizations:

- Inpatient Stay Request:
 Service Type I
 Place of Service Inpatient Hospital
- Outpatient Service Request:
 Service Type O
 Place of Service Outpatient Hospital
- 12. Add Service Codes for Outpatient (no service lines needed for Inpatient).
 - CPT/HPCCS Codes (you may add modifiers in the modifier area)
 - Start Date and End Date
 - Units and Frequency Qualifiers for Medicaid members

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

- 13. There is a green ADD button that you will need to click prior to adding the providers.
- 14. Attach providers: always use Multiple Attach to add providers as needed.
 - NPIN Treating Provider (this is usually the facility) do Multiple Attach using the widget
 - NPIN Requesting Provider do Multiple Attach using the widget
- 15. Add contact information your name and phone number.
- 16. 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 looks for the green Review button.
- 17. Clicking the Review button will take you to the criteria sets; if there are no criteria to review, type "No Criteria" in the document, save, and submit. After a few seconds, you will return to the main screen.
- 18. Now, you may add your documents to the request. Accepted forms are PDF, Word, or Excel documents. For the document title, enter "Clinical Information."
- 19. After attaching the documents, you will click on **Submit**. You will then see a summary of what you have 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 will be able to view the requests you have made and see if they are pending for review or processed. **Processed requests need to be opened in order to view the final determination of approved or denied.**