Online Authorizations Quick Reference Guide

This document describes how to submit authorization requests and how to search for, or check the status of, previously submitted authorizations.

Authorization Search

Step 1: Select 'Authorization Search' in upper left of screen.

Step 2: Select a date range, then search.

Step 3: Click the Authorization # hyperlink to view authorization details.

Authorization Submission

Step 1: Select a Member and classifications

a) Select the Submitting Provider name/address.

b) Choose Authorization Classification.

c) Choose Authorization Sub-classification.

d) Choose Member (requires exact match on three identifiers: Last Name, Date of Birth, and Member ID).

Step 2: Complete detail fields

a) Confirm Requesting (Submitting) Provider chosen in Step 1 and verify Provider Name and address. If name and address do not match the provider that is requesting the service, select 'Modify' and choose the applicable provider location.

b) Choose Servicing Provider:

Note that only Health Options' direct-contracted providers will be found in the Online Authorization provider database. If the servicing provider is a First Health Network (Wrap) or Out-of-Network (OON) provider, you will not be able to complete an online authorization request and will need to submit the request via fax or phone.

c) Enter Diagnosis code(s); use ICD-10 code(s).

d) Enter Service code(s); use current CPT or HCPCS codes.

e) Ambulatory/Outpatient Procedures; requires submission of CPT/HCPCS code(s).

f) Inpatient Admissions/Observation stays: requires submission of at least one Diagnosis but does not require submission of CPT/HCPCS code(s).

g) Enter Date of Service.

Step 3: Document medical necessity

a) Select primary CPT/HCPCS code.

b) Select 'Continue.'

c) Select 'Document Clinical.' This brings you to the medical guideline.

d) Select all clinical indications that apply for that guideline. If no indications apply, click 'Cancel' then select 'Add' next to 'No Guideline Applies' and input clinical information via free text.

e) When all applicable indications are chosen, click 'Save' then 'Submit Request.'

Step 4: Attach supporting documentation

a) Add electronic or paper supporting clinical documentation (e.g., clinical notes, diagnostic results, etc.) as follows:

- Electronic Documents: select the documents to upload, then click 'Upload Document'

- Paper documents: print fax cover sheet; fax the cover sheet with applicable clinical notes to our Medical Management toll-free fax number at (877) 314-5693.

Step 5: View Confirmation and PDF summary

a) View confirmation that the authorization was successfully submitted. It will contain:

- A Reference Number (tracking number)
- The Authorization Status: Received or Approved (this confirms successful submission to Health Options)

b) Print the PDF Summary that includes an overview of the submitted authorization request.

Need Assistance?

Workflow/Technical Issues: Call Medical Management at (855) 542-0880, Monday-Friday, 8am-5pm.
Member Search: Call Member Services at (855) 624-6463, Monday-Friday, 8am-6pm.
Provider Search: Call Provider Relations at (207) 402-3347, Monday-Friday, 8am-5pm.