

Prior Authorizations

Provider Handbook

- Sections 5.1 and 5.2





Prior Authorization Required

- Umpqua Health Alliance (UHA) requires prior authorizations (PA) for all chiropractic services. This information is outlined on the [UHA PA Grid](#), located on our umpquahealth.com website. Chiropractic and Acupuncture states the following:
 - *“Requires initial Primary Care Provider’s (PCP) evaluation to be submitted by specialist with PA request; subsequent visits for same condition are requested by Chiropractor/Acupuncturist. Chiropractic is a covered benefit ONLY for diagnoses of Scoliosis/Conditions of the Back & Spine (Prioritized List Lines 361, 401).”*
- <https://www.umpquahealth.com/for-providers/#provider-ohp-services>

Determination Tools

- **Prioritized List of Health Services (PLHS)**
 - The Oregon Health Evidence Review Commission (HERC) ranks health care condition and treatment pairs in order of clinical effectiveness and cost-effectiveness.
 - The Prioritized List emphasizes prevention and patient education. In general, treatments that help prevent illness are ranked higher than services that treat illness after it occurs. OHP covers treatments that are ranked on a covered Prioritized List line for the client's reported medical condition.
 - OHP covers Prioritized List lines 1 through 469.
 - Current Prioritized List can be found at <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx>

Determination Tools

Guideline Notes

- Using the Prioritized List for the line of coverage, based upon ICD-10, CPT and HCPCS codes, UHA will then find the associated Guideline Note for treatment.
- OHA's desired outcome for the member is to improve their ability to work/function, increase self-efficacy, or other clinically significant, objective improvement after injury (this does not allow for chiropractic therapies for use of preventative care).
- These guidelines can be found at <https://www.oregon.gov/oha/HPA/DSI-HERC/EvidenceBasedReports/Low-Back-Pain-Non-Pharmacologic-Non-Invasive-Interventions-11-13-14.pdf>

InterQual[®]

- InterQual[®] is an evidence-based clinical decision support tool used to make clinically appropriate medical utilization decisions. UHA applies this tool to PA requests, including chiropractic services. The determination process includes evaluation of the duration of treatment. Documentation of the InterQual[®] criteria is included in each PA used to make a determination in CIM, which can be accessed by CIM users.



Determination Tools

Clinical Practice Guidelines

- Umpqua Health Alliance's Clinical Practice Guidelines are adopted by UHA's Clinical Advisory Panel. They can be found on the UHA website at <https://www.umpquahealth.com/clinical-practice-guidelines/>.

Tools and Resources

- Additional tools and resources for using CIM, obtaining necessary forms, and accessing the Provider Handbook, UHA Formulary, Care Alerts and CME trainings can be found at on the UHA website at <https://www.umpquahealth.com/for-providers/>.

Entering CIM Prior Authorizations

TESTER, TESTY - TEST MEMBER

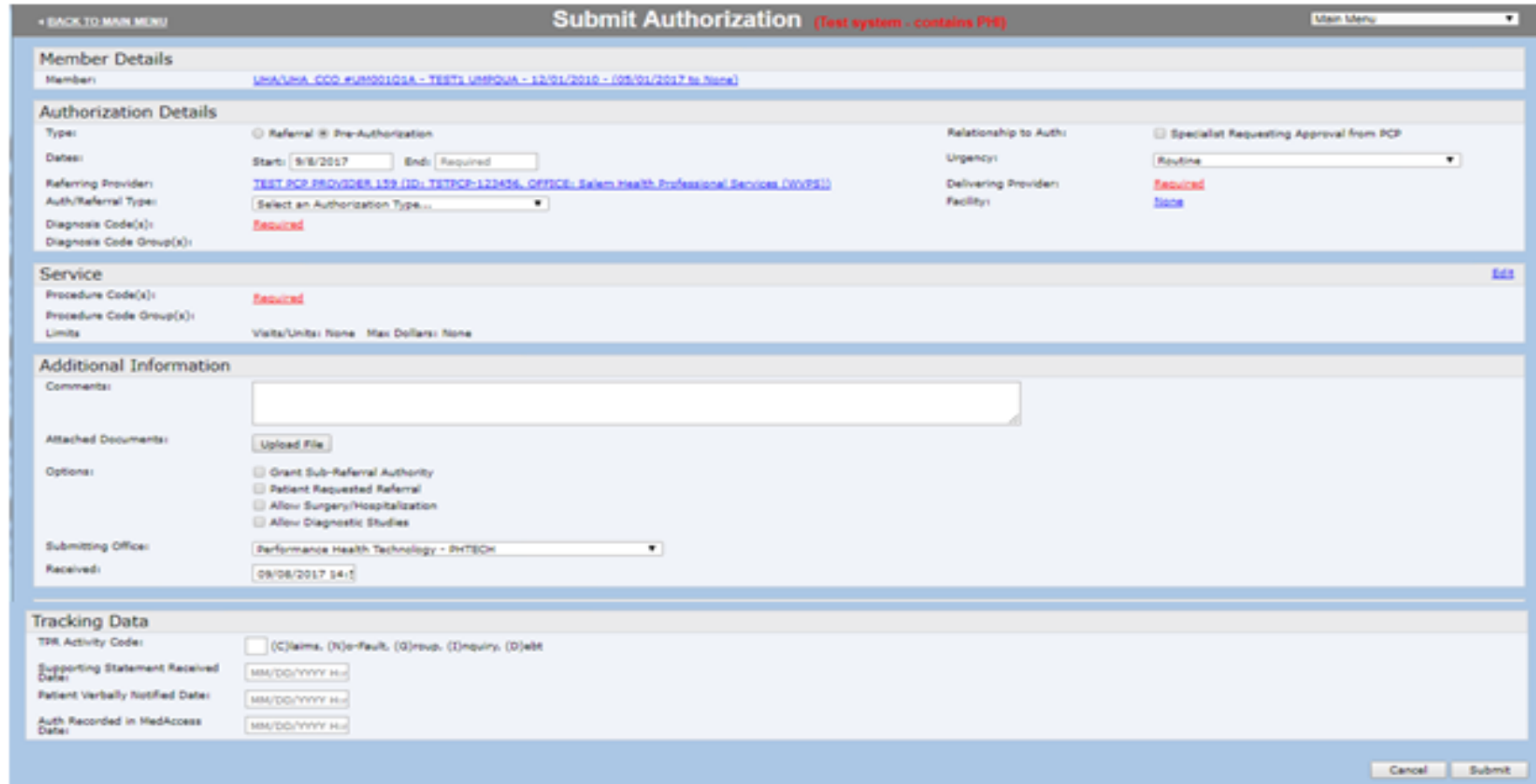
[Add Notes](#) [View Notes](#) [Auth History](#) [Current Auths](#) [Claims](#) [Copay Info](#) [Disclosure](#) [Add'l Info](#) [Flags](#)

<p>Address 1: 123 TEST AVE</p> <p>Address 2: ROSEBURG, OR 97470</p> <p>City/State: ROSEBURG, OR 97470</p> <p>Phone:</p> <p>Alt Phone:</p> <p>SSN:</p> <p>DOB: 01/20/1972 (Age 47Y)</p> <p>Language: ENGLISH</p> <p>Gender: F</p> <p>Condition:</p> <p>Contact: TESTY TESTER</p> <p>Preg. Due Date:</p>	<p>Plan: Umpqua Health Alliance</p> <p>Phone: (541) 229-4842</p> <p>Fax: (541) 440-6037</p> <p>Email: UHAMemberServices@umpquahealth.com</p> <p>For Mental Health Information:</p> <p>Phone: (503) 584-2150</p> <p>Fax: (503) 566-9801</p> <p>Benefit Plan: Umpqua Health Alliance CCOA Med/MH/Dental</p> <p>Member ID: IF301F1X</p> <p>Effective: 07/01/2014</p> <p>Termination:</p> <p>Coverage Code: V</p> <p>Flags: SHCN,SPMI</p> <p style="text-align: right;">print</p>
<p>Member's PCP: Centennial Medical Group East dba Evergreen Family, - Ambulatory Health Care Facilities/Clinic/Center, Rural Health (effective: 07/29/2019)</p> <ul style="list-style-type: none"> • Primary Care Physician • CMG East LLC dba Evergreen Family Medicine (Office Phone: (541) 677-7200) • <i>No primary contact defined for this office</i> <p>Advantage Dental DCO, - Clinic/Center:Dental (effective: 08/01/2015)</p> <ul style="list-style-type: none"> • Dental Care Organization • Advantage Dental DCO (Office Phone: (866) 268-9631) • <i>No primary contact defined for this office</i> <p>(PCP History)</p>	
<p>Other Coverages:</p> <ul style="list-style-type: none"> • COB Record Exists 	

 or



Entering CIM Prior Authorizations



The screenshot shows a web form titled "Submit Authorization (Test system - contains PII)". The form is divided into several sections:

- Member Details:** Member ID: [UMH/UMH_CCO_#UM00101A - TEST1 UMPQUA - 12/01/2010 - \(05/01/2017 to None\)](#)
- Authorization Details:**
 - Type: Referral Pre-Authorization
 - Relationship to Auth: Specialist Requesting Approval from PCP
 - Urgency: Routine
 - Delivering Provider: [Required](#)
 - Facility: [None](#)
- Service:** Procedure Code Group(s): [Required](#)
- Additional Information:** Comments: [Text Area], Attached Documents: [Upload File], Options: Grant Sub-Referral Authority, Patient Requested Referral, Allow Surgery/Hospitalization, Allow Diagnostic Studies, Submitting Office: Performance Health Technology - RvTECH, Received: 09/08/2017 14:1
- Tracking Data:** TRR Activity Code: (C)laims, (N)on-fault, (O)rrev, (I)nviry, (D)elt, Supporting Statement Received Date: [MM/DD/YYYY H:MM], Patient Verbally Notified Date: [MM/DD/YYYY H:MM], Auth Recorded in MedAccess Date: [MM/DD/YYYY H:MM]

Buttons: Cancel, Submit

The member's eligibility auto-filled in the Member area of the authorization form. If it is retro, click on blue link to change eligibility dates.

Entering CIM Prior Authorizations

Make sure that the **Pre-Authorization** button is selected.



Authorization Details

Type: Referral **Pre-Authorization** ↓

Relationship to Auth: Specialist Requesting Approval from PCP

Dates: Start: 9/8/2017 End: Required

Urgency: Routine

Referring Provider: Required

Delivering Provider: Required

Auth/Referral Type: Select an Authorization Type...

Facility: None

Diagnosis Code(x): Required

Diagnosis Code Group(x):

Type the start date (if other than today's date, which auto fills).



Authorization Details

Type: Referral Pre-Authorization

Relationship to Auth: Specialist Requesting Approval from PCP

Dates: Start: 9/8/2017 End: Required →

Urgency: Routine

Referring Provider: TEST_PCP_PROVIDER_139 (ID: TESTPCP-122456_OFFICE: Salem Health Professional Services (00025))

Delivering Provider: Required

Auth/Referral Type: Case Management

Facility: None

Diagnosis Code Group(x): Required

Type the end date or use calculator to create auto end date.



Authorization Details

Type: Referral Pre-Authorization ↓

Relationship to Auth: Specialist Requesting Approval from PCP

Dates: Start: 9/8/2017 End: Required

Urgency: Routine

Referring Provider: TEST_PCP_PROVIDER_139 (ID: TESTPCP-122456_OFFICE: Salem Health Professional Services (00025))

Delivering Provider: Required

Auth/Referral Type: Case Management

Facility: None

Diagnosis Code Group(x): Required

Limits

Visits/Units: 1

- 1 day
- 30 days
- 60 days
- 1 week
- 2 weeks
- 3 weeks
- 4 weeks
- 1 month
- 2 months



Entering CIM Prior Authorizations

Authorization Details			
Type:	<input checked="" type="radio"/> Referral & Pre-Authorization	Relationship to Auth:	<input type="checkbox"/> Specialist Requesting Approval from PCP
Dates:	Start: <input type="text" value="8/10/2017"/> End: <input type="text" value="Required"/>	Urgency:	<input type="text" value="Routine"/>

Be sure the "Request Auth from PCP ("I am the specialist")" checkbox is correct.

Authorization Details			
Type:	<input checked="" type="radio"/> Referral & Pre-Authorization	Relationship to Auth:	<input type="checkbox"/> Specialist Requesting Approval from PCP
Dates:	Start: <input type="text" value="8/10/2017"/> End: <input type="text" value="Required"/>	Urgency:	<input type="text" value="Routine"/>
Referring Provider:	Required	Delivering Provider:	Required
Auth/Referral Type:	<input type="text" value="Select an Authorization Type..."/>	Facility:	None
Diagnosis Code(s):	Required		
Diagnosis Code Group(s):			

Expedited Service Authorization Rules

"For cases in which the provider indicates/or determines, that following the standard timeframe could seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function, the CCO must make an expedited authorization decision and provide notice as expeditiously as the enrollee's health condition requires and no later than 72 hours after receipt of the request for services" 42 CFR § 438.210(d)(i).

Expedited Timelines: 72 hours

Entering CIM Prior Authorizations

The next field will be the Referring Provider field. Click on the blue link.



Authorization Details

Type: Referral Pre-Authorization

Start: 9/8/2017 End: Required

Referring Provider: [TEST PCP PROVIDER 119 \(O\), TEST PCP-123456, OFFICE, Salem Health Professional Services \(00000\)](#)

Auth/Referral Type: Case Management

Diagnosis Code Group(s): Required

Relationship to Auth: Specialist Requesting Approval from PCP

Urgency: Routine

Delivering Provider: Required

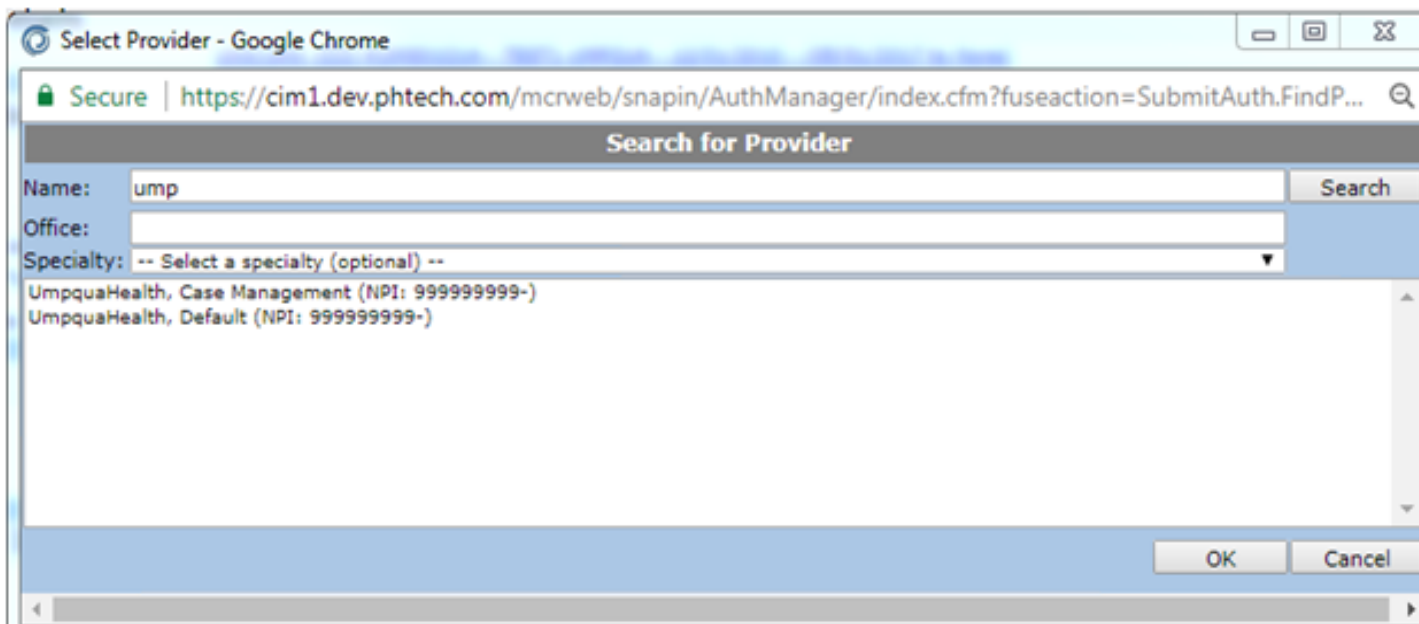
Facility: None

Select the office by either double clicking on the name or by clicking once on the name of the office and choosing **OK**

Referring/Delivering Provider

If a provider is not found in search, you can choose **UHA, Default** for this option.

Please provide in the comments section (explained later) the name of the provider and their office location.



Select Provider - Google Chrome

Secure | <https://cim1.dev.phitech.com/mcrweb/snapi/AuthManager/index.cfm?fuseaction=SubmitAuth.FindP...>

Search for Provider

Name: ump Search

Office:

Specialty: -- Select a specialty (optional) --

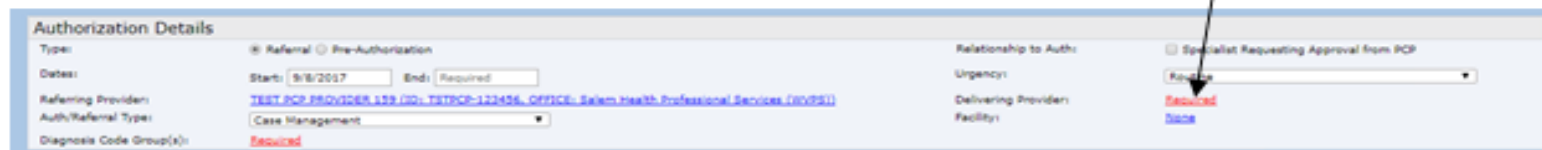
UmpquaHealth, Case Management (NPI: 999999999-)

UmpquaHealth, Default (NPI: 999999999-)

OK Cancel

Entering CIM Prior Authorizations

The next field will be the Delivering Provider field. Click on the red **Required** link.



Authorization Details

Type: Referral Pre-Authorization

Start: 9/8/2017 End: Required

Relationship to Auth: Specialist Requesting Approval from PCP

Referring Provider: TEST_PCP_PROVIDER_123 (ID: TESTPCP-123456, OFFICE: Salem Health Professional Services (100751))

Urgency: Required

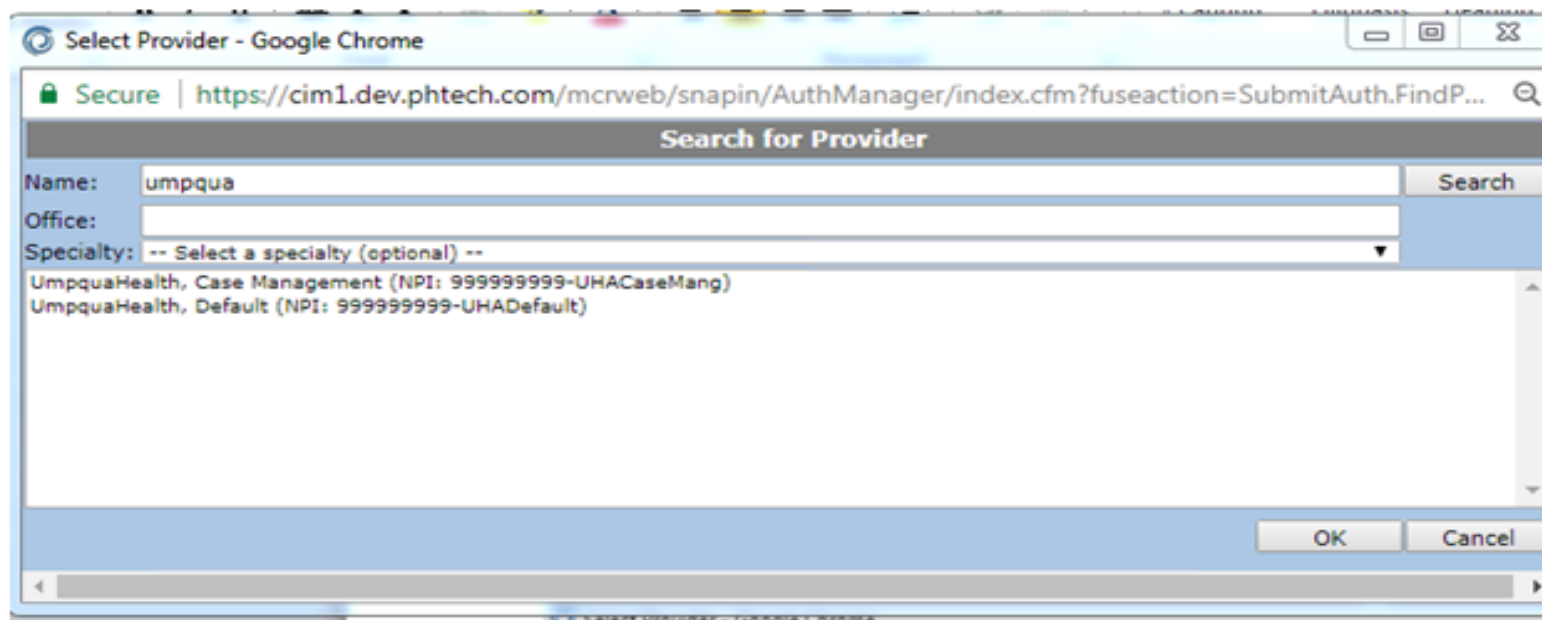
Auth/Referral Type: Case Management

Delivering Provider: **Required**

Diagnosis Code Group(s): Required

Facility: None

Type the office, provider or facility that you want to authorize and select the name and click **OK**



Select Provider - Google Chrome

Secure | https://cim1.dev.phitech.com/mcrweb/snapin/AuthManager/index.cfm?fuseaction=SubmitAuth.FindP...

Search for Provider

Name: umpqua Search

Office:

Specialty: -- Select a specialty (optional) --

UmpquaHealth, Case Management (NPI: 999999999-UHACaseMang)

UmpquaHealth, Default (NPI: 999999999-UHADefault)

OK Cancel

Referring/Delivering Provider

If a provider is not found in search, you can choose **UHA, Default** for this option.

Please provide in the comments section (explained later) the name of the provider and their office location.

Entering CIM Prior Authorizations

Select an Authorization type.

Auth/Referral Type:	Select an Authorization Type...
Diagnosis Code(s):	Select an Authorization Type...
Diagnosis Code Group(s):	Acupuncture
Service	Alcohol & Drug (A&D) Detox
	Alcohol & Drug (A&D) Residential
	Ambulance/Medical Transportation
Diagnosis Code Group(s):	Case Management
Service	Chiropractic
	Conversion Out of Network
	Dental Anesthesia
Procedure Code(s):	Diagnostic Services
Procedure Code Group(s):	Durable Medical Supplies
Limits	Flexible Services
Additional Information	Genetic Testing/Laboratory
	Home Health
	Hospice
	Hospitalization/Admissions
Comments:	Imaging
	Injectable/Infusion Drugs
	Inpatient Mental Health
	Inpatient Surgery Services
	Orthotics/Prosthetics
Attached Documents:	Out of Network - Allergy/Immunology
	Out of Network - Anesthesiology



Auth/Referral Type:
Select the appropriate auth/referral type the practice you are requesting.

Entering CIM Prior Authorizations

The next field will be the Diagnosis Codes field. Click on the red **Required** link.



Authorization Details

Type: Referral Pre-Authorization Relationship to Auth: Specialist Requesting Approval from PCP

Dates: Start: 9/8/2017 End: 10/08/2017 Urgency: Routine

Referring Provider: [UmpquaHealth_Case Management \(NPI: 999999999\)](#) Delivering Provider: [UmpquaHealth_Case Management \(NPI: 999999999-254566666\)](#)

Auth/Referral Type: Case Management Facility: UOCH

Diagnosis Code Group(s): **Required**

Diagnosis Codes:

Type in the code needed and click on it to select. Add as many codes as are needed.

Select **Search** after all codes have been entered.

Note: If a diagnosis code has an * next to it, it is not a valid code and a different one needs to be chosen.



Manage Diagnosis

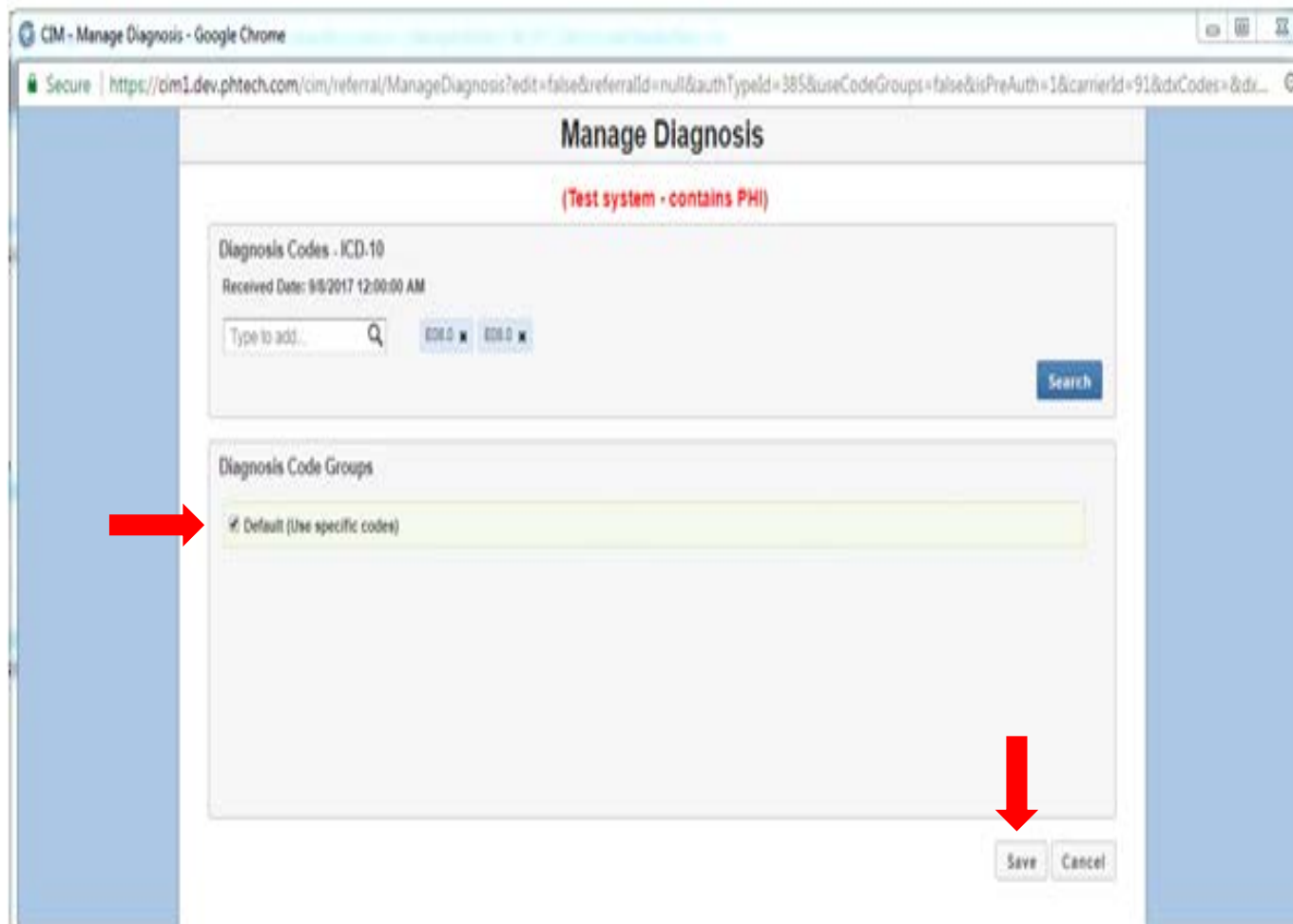
(Test system - contains PHI)

Diagnosis Codes - ICD-10
Received Date: 9/8/2017 12:00:00 AM

Type to add...

Diagnosis Code Groups
Dx code groups will be listed here.

Entering CIM Prior Authorizations



CIM - Manage Diagnosis - Google Chrome

Secure | https://cim1.dev.phitech.com/cim/referral/ManageDiagnosis?edit=false&referralId=null&authTypeld=385&useCodeGroups=false&isPreAuth=1&carrierId=91&dxCodes=&dx...

Manage Diagnosis

(Test system - contains PHI)

Diagnosis Codes - ICD-10

Received Date: 8/8/2017 12:00:00 AM

Type to add...

Diagnosis Code Groups

<input checked="" type="checkbox"/> Default (Use specific codes)
--

Diagnosis Code Group:

Select the check box on the right of the “Default (Use specific codes)”.

Select **Save** in the bottom right corner.
Click this box and hit save.

Entering CIM Prior Authorizations

Services

Filter Table **Add Service** X

Code Groups

Procedure Codes

99215 - Office/outpatient visit est

Procedure Code Groups

E&M: Office/Outpt. Services, Established Patient ⓘ

Default (Use specific codes)

A procedure code group is required to create a service

Max Visits/Units

4

Max Dollars

Max Dollars

Show 10

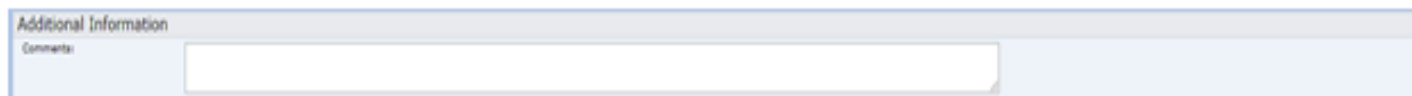
Add Another **Save** Cancel

Procedure Code(s):

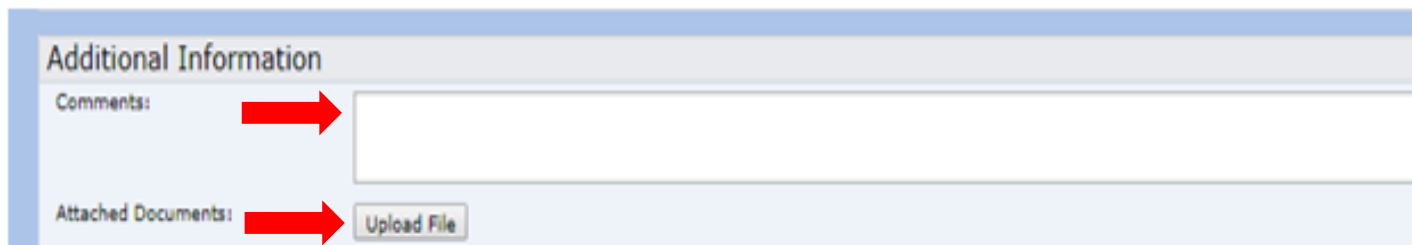
1. Input the desired CPT codes.
2. Select from the drop down the correct code.
3. If a **Procedure Code Group** populates, select the top radio button for that code group. These will ensure that claims will be paid for a range of similar codes in the instance that a specific code may change after the PA was submitted.
4. Enter the quantity requested in the **Max Visits/Units** field.
5. If you have another CPT code to enter, select the check box **Add Another**.
6. Select **Save**. Repeat this process until all codes are entered. If you do not have additional codes to enter, do not select Add Another code check box and only select **Save**.

Entering CIM Prior Authorizations

You should enter in the **Comments** field any information about the Authorization that may be helpful to you or staff. If it is a prescription, list the name of the prescription.



Attach any chart notes or documents that would help staff to complete authorization. These documents can be uploaded from your computer.



Click **Submit** if you are finished.

Comments:

In this field, you can provide us with any additional information, such as, if the requesting or delivering provider is not on the drop down list and “UHA, Default” was used.

You can also clarify any issues you may have experienced here.

Note: This box is also used for alternative internal purposes after the submission. Your comments will be edited/moved to **MMC notes** for record.

Attached Documents:

Please upload the PCP evaluation (initial), and supporting documentation/chart notes for the medical necessity of the therapy treatment. A PA can not be properly determined without this documentation.



Entering CIM Prior Authorizations

Status:

A blue **Received** indicates that the PA has been successfully submitted.

Manage Authorization:

Select **Manage Authorization** if there are changes/additions within the PA you still need to make.

Start New Authorization:

Select **Start New Authorization** to enter a new authorization.

Attach Documents:

Select **Attach Documents** to attach additional supporting documentation.

Preauthorization Summary Print

[Search for a Member](#) [Manage Authorization](#) [Start New Authorization](#)

Reference #: 3162882
Status: **Received**
Auth #: None

[Attached Documents \(0\)](#)
priorauthorizations@umpquahealth.com

Member Details **TEST MEMBER**

Member:	TESTER, TESTY	PCP:	Centennial Medical Group East dba Evergreen Family
Gender:	Female	Office:	CMG East LLC dba Evergreen Family Medicine
DOB:	01/20/1972 (47 years) (English)	Contact:	None Specified
Benefit Plan:	Umpqua Health Alliance CCOA Med/MH/Dental	Status Flags:	
Member ID:	IF301F1X	Other Coverages (COB):	No Current COB
Elig. Dates:	07/01/2014 - Present		
Coverage:	V		
Condition:			

Preauthorization Details

Episode: 316288210232019
Pre Authorization: Yes

priorauthorizations@umpquahealth.com:
Select priorauthorizations@umpquahealth.com to communicate with our prior authorization support team.



Status of Prior Authorizations

Member Search

Test System

CIM1

Last Name: SSN/MBI: Carrier: All Carriers

First Name: DOB: mm/dd/yyyy Member ID: Eligibility Date: mm/dd/yyyy

Search Criteria

When searching for members, the following fields are required:

Member ID Number ("Member ID")
- or -
Two (2) of the following elements:

- Member First and Last *full* names (exact matches only):
- Member Date of Birth ("DOB"):
- Member Social Security Number ("SSN"):

Last Name: SSN/MBI: Carrier: All Carriers

First Name: DOB: Member ID: Eligibility Date: mm/dd/yyyy

TESTER, TESTY - TEST MEMBER

[Add Notes](#) [View Notes](#) [Auth History](#) [Current Auths](#) [Claims](#) [Copy Info](#) [Disclosure](#) [Add'l Info](#) [Flags](#)

Address 1:	123 TEST AVE	Plan:	Umpqua Health Alliance
Address 2:		Phone:	(541) 229-4842
City/State:	ROSEBURG, OR 97470	Fax:	(541) 440-6037
Phone:		Email:	UHAMemberServices@umpquahealth.com
Alt Phone:		For Mental Health Information:	
SSN:		Phone:	(503) 584-2150
DOB:	01/20/1972 (Age 47Y)	Fax:	(503) 566-9801
Language:	ENGLISH	Benefit Plan:	Umpqua Health Alliance CCOA Med/MH/Dental
Gender:	F	Member ID:	IF301F1X
Condition:		Effective:	07/01/2014
Contact:	TESTY TESTER		

Member Search

To look up the status of the authorization you have submitted. Use Member Search and enter the members Last Name, First Name and DOB.

This will bring you to the Member Summary. Then select **Current Auths** or **Auth History**. This will direct you to the PA's that you have submitted only.





Status of Prior Authorizations

Member Search

Test System

CIM1

Last Name: SSN/MBI: Carrier: All Carriers

First Name: DOB: Member ID: Eligibility Date:

Search Criteria

When searching for members, the following fields are required:

Member ID Number ("Member ID")

- or -

Two (2) of the following elements:

- Member First and Last *full* names (exact matches only):
- Member Date of Birth ("DOB"):
- Member Social Security Number ("SSN"):

Last Name: SSN/MBI: Carrier: All Carriers

First Name: DOB: Member ID: Eligibility Date:

TESTER, TESTY - TEST MEMBER

[Add Notes](#) [View Notes](#) [Auth History](#) [Current Auths](#) [Claims](#) [Copay Info](#) [Disclosure](#) [Add'l Info](#) [Flags](#)

Address 1:	123 TEST AVE	Plan:	Umpqua Health Alliance
Address 2:		Phone:	(541) 229-4842
City/State:	ROSEBURG, OR 97470	Fax:	(541) 440-6037
Phone:		Email:	UHAMemberServices@umpquahealth.com
Alt Phone:		For Mental Health Information:	
SSN:		Phone:	(503) 584-2150
DOB:	01/20/1972 (Age 47Y)	Fax:	(503) 566-9801
Language:	ENGLISH	Benefit Plan:	Umpqua Health Alliance CCOA Med/MH/Dental
Gender:	F	Member ID:	IF301F1X
Condition:		Effective:	07/01/2014
Contact:	TESTY TESTER		

Member Search

To look up the status of the authorization you have submitted. Use Member Search and enter the members Last Name, First Name and DOB.

This will bring you to the Member Summary. Then select **Current Auths** or **Auth History**. This will direct you to the PA's that you have submitted only.





Status of Prior Authorizations

Referral - Referral OON - Cardiology



TESTER, TESTY

TEST MEMBER

01/20/1972 - ID IF301F1X (Umpqua Health Alliance)

Authorization Details

Status:	Approved 	Urgency:	Standard	Referring:	Umpqua Community Health Center Roseburg
Authorization #:	R1907313142852	Start:	07/29/2019	Delivering:	Chen, Ellen, MD
Reference #:	3142852	End:	09/09/2019	Facility:	None
Episode #:	314285207292019	Diagnosis Codes:	M00.00	Diagnosis Code Groups:	Default (Use specific codes)

Limits

Max Visits/Units:	1
Max Dollars:	\$ 0.00
Cost to Date:	\$ 0.00

Additional Information

Comments:	an office visit with Ellen Chen (99215) for the diagnosis of staphylococcal arthritis unspecified joint (M00.00)
Submission:	test franco from UCHC Roseburg on July 29, 2019 11:47 AM
Received Date:	July 29, 2019 11:46 AM
Approval:	Approved by lenaris on 07/31/2019

Status

Pending: When an authorization is in a pending status, the status appears in a **blue** font (UM#, Received, Post Review, etc..). This is a non-finalized status.

Approved: An authorization will be in a green font and read **Approved**. This is a finalized status.

Denied Partial: An authorization is partially denied when the status reads **Denied Partial**. This indicates that only part of the request was approved and part was denied. This authorization will need to be looked at more in-depth to identify which was approved/denied. This is a finalized status.

Denied: An authorization that was denied in entirety will read **Denied**. This is a finalized status.

