

Hello Providers,

Today is the launch of our newest CIM enhancement for submitting a prior authorization. This includes a new list of authorization (auth/referral) types to select from. Please select the most appropriate auth type based on the specialty of the delivering provider.

In addition, when entering a prior authorization (PA) request, there is a new feature that allows you to add a "line" for each CPT or procedure code. This will be beneficial for your offices since it will no longer be a requirement to create **separate** PA requests for office visits/referrals and procedures if the delivering provider is the same for all requested services.

If the service will be performed in a facility (surgery center or hospital) please enter the delivering provider as the specialist performing the procedure and utilize the facility hyperlink to enter the name of the facility. If this information is not available, please clarify the provider name and/or facility in the comments section in the bottom of the PA request.

The screenshot shows the 'Authorization Details' form with the following fields and values:

- Type:  Referral  Pre-Authorization
- Dates: Start: 2/14/2020 End: 05/14/2020
- Urgency: Standard
- Referring Provider: UHA\_Default\_MD (NPI: 999999999-)
- Delivering Provider: UHA\_Default\_MD (NPI: 999999999-UHADefault)
- Auth/Referral Type: Select an Authorization Type...
- Facility: None (highlighted with a red box)

### Multi-line Instructions

1. To enter the procedure codes, in the services section select "Add" in the top right corner.
  - a. Enter the code you are requesting.
  - a. Select the applicable procedure code group(s).
  - b. If the request is for a retro date of service (DOS), enter the specific date the member received the service. \*\*Please note that retro requests should only be submitted if the reason for the prior authorization being submitted after the date of service is due to

member eligibility changes. Please follow the Claims Reconsideration and Provider Appeals section located on our webpage at <https://www.umpquahealth.com/claims/> for any retro requests that do not pertain to member eligibility changes.

- c. Enter the number of units/visits being requested for each code.
- d. **If you have more than one code to enter, select the “Add Another” box in the bottom right corner.**
- e. Select “Save”.

Services

### Add Service

Procedure Codes: 99201 - Office/outpatient visit new

Procedure Code Groups:  
 Office/Outpatient Services, New Patient ⓘ  
 Default (Use specific codes)

A procedure code group is required to create a service

Effective Date	Term Date	Max Visits/Units	Max Dollars
12/30/2019	12/30/2019	1	Max Dollars

Add Another

Only change this date for retro DOS requests.

- 2. Enter all of the codes for this member, repeating step 1. If there are no additional codes, simply select “Save”.

Services

### Add Service

Procedure Codes: 99215 - Office/outpatient visit est

Procedure Code Groups:  
 E&M: Office/Outpt. Services, Established Patient ⓘ  
 Default (Use specific codes)

Effective Date	Term Date	Max Visits/Units	Max Dollars
2/14/2020	02/28/2020	5	Max Dollars

Add Another

Thank you,  
Clinical Engagement, Umpqua Health Alliance