

## Requesting a Medication Authorization – updated *June 2019*.

Below are the steps (plus helpful information) for requesting a medication authorization in AuthAccel. Note the difference between a medication and a pharmacy request:

- MEDICATION authorization request is for medication administered in a doctor's office, infusion center, home health agency, or other outpatient clinical setting.
- PHARMACY request is for medication that is prescribed to and self-administered by the patient.

### Guidelines for working in AuthAccel

- Authorization requests must be completed in one session – work will not be saved if the system is exited prior to submitting the request.
- AuthAccel times out after 30 minutes of inactivity and will not save unsubmitted entries.
- Google Chrome is the preferred browser for AuthAccel. (Other browsers will work but Chrome provides more consistent performance.)
- If Chrome has “autofill forms” functionality turned on, you may see previous entries present as drop-down options in some fields. You can turn “autofill forms” off or on by going to Settings > Advanced > Passwords and forms > Autofill settings.
- Use AuthAccel navigation when working in the system.
- Mandatory fields in AuthAccel are indicated with an asterisk (\*) and must be completed to submit a request.
- Drop-down lists include search-as-you-type functionality. Click in the drop-down text box and begin typing to display a list of options that best match the entry.
- For convenience, a link is provided from AuthAccel to Blue Shield's Clinical Policies and Guidelines.

### Determine if an Authorization is Required and Identify Needed Documentation

1. Log in to Provider Connection.
2. Click the **Medical Authorization** link located under the blue *Authorizations* box on the home page.
  - The page is also accessible from the *Authorizations* section.
3. Scroll to *Step 1: Check if authorization is required*.
4. Click the **\*radio button** next to the appropriate line of business: either *Commercial* or *Federal Employee Plan (FEP)*.

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5. Enter a **\*CPT or HCPCS code** in the field provided.
6. Enter at least one **\*diagnosis code** and click **Check**.
7. Results will display directly below the *Check* button.
8. If authorization is required from Blue Shield, a paragraph will display that provides information about required medical documentation. Click the **here** link to access these documents.
9. One or more *Required Medical Documentation* links will display.
10. Click each link and scroll to the *Patient Clinical Information* section for an itemized list of documentation that must be submitted with the authorization.
  - The form can be printed. It does not need to be attached to the authorization if you are submitting via AuthAccel.

### Access AuthAccel

11. Scroll to *Step 2: Request medical authorization*.
12. Select the Tax ID Number from the drop-down list under which you will submit or view authorizations.
13. Click **Go**.
14. AuthAccel opens in a new window.
  - When submitting or viewing additional authorizations under a different Tax ID Number, close AuthAccel, come back to this page, and select the new Tax ID.

### Define Request

15. Enter the member's **First Name, Last Name, Date of Birth (mm-dd-yyyy)** and **Member ID** with or without the alpha prefix.
16. Click **Search**. The *Member Search Results* window displays.
  - If the *Member Search Results* window displays "Member not eligible," check that all entries are correct.
    - If the member name is spelled incorrectly, a number is entered incorrectly, or the date of birth (DOB) is entered in the wrong format, the system will not be able to locate the member.
    - If the DOB is **not** entered in the mm-dd-yyyy format, it will default to today's date.

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- More than one listing for the same member may display if that member has experienced periods of ineligibility with Blue Shield. Review the “Status” column and select the “Eligible” option. It should be at the top of the table.
  - To print a PDF of the *Member Search Results* window, click the **Print** button located in the lower right corner.
17. Click **Select** in the left column to select the member.
- To view the member’s eligibility history, click the green **Member Eligible** button at the top of the screen. To close the *Patient Eligibility History* window, click **Cancel** or the **X** in the upper right corner.
18. Select **Authorization Urgency**. “Standard” is the default.
- When “Expedited” is selected, an *Expedited Review* attestation presents. If after reviewing this attestation, “Expedited” is not the appropriate selection, click the **Standard** radio button.
19. Select the correct provider from the **\*Requesting Provider** drop-down list. The list contains the Provider ID Number (PIN), the provider and/or facility name (if applicable), and address.
- Remember, drop-down lists include search-as-you-type functionality. If multiple Provider ID Numbers (PINs) present, click in the drop-down list and type the desired PIN to narrow the options.
  - Multiple listings of the same provider can present if they practice at several locations. Select the listing that matches the address for which you are submitting the authorization.
20. The **Specialty** and **Provider Status** fields are populated based on the requesting provider selected from the **\*Requesting Provider** drop-down list and cannot be edited.
21. The following demographic fields are populated based on the requesting provider selected from the **\*Requesting Provider** drop-down list:
- **\*First** and **\*Last Name**
  - **\*Address1**, **Address2**, **\*City**, **\*State** and **\*Zip**
  - **\*Phone Number** and **\*Fax Number**
    - Note, there may be a slight time lag for fields to populate.
22. Review the demographic information for completeness and accuracy. Make corrections or additions if necessary.

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23. Select the **Yes** or **No** radio button for **Requesting Provider Same as Servicing Provider**.  
“No” is the default.

- Note, if the requesting provider is different from the servicing provider, information about the servicing provider must be entered in the *Servicing and Facility Providers* section for the authorization to submit.

24. Select **Medication** from the **Request Type** drop-down list.

25. Select a service location from the **\*Place of Service** drop-down list.

26. If the member has a Cal-MediConnect or PPO/POS (point of service) plan, the **Claims Payment Type** field will present. Use the drop-down list to indicate which plan will be primary.

- If no selection is made, members with a Cal-MediConnect plan will default to Medicare for claims payment, and members with a PPO/POS plan will default to HMO.

*Add Servicing and/or Facility Provider*

27. If **No** is selected in the **Requesting Provider Same as Service Provider** field, information about the servicing provider must be entered in the *Servicing and Facility Provider Information* section. This section is also where to add information about a facility.

**TO ADD A SERVICING PROVIDER:**

28. Click the **Add Servicing/Facility Provider** button.

29. The *Search for Servicing Provider or Facility* window displays.

30. Enter the servicing provider's **NPI** in the appropriate field.

31. Click the **Par Yes** or **No** buttons to indicate if the servicing provider is in the Blue Shield network. “Yes” is the default.

32. Select “Servicing Provider” from the **\*Type** drop-down list.

33. Click **Search**. The search results display.

- The most effective way to search for a servicing provider is by NPI. If you do not have the NPI number, search by entering the provider's **State** and partial or full **First Name** and **Last Name**.
- Click the **Show Additional Search Fields** button to refine your search by adding criteria such as city, zip code, or provider specialty. To collapse additional field options, click the **Hide Additional Search Fields** button.

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- Click the **Clear** button to remove search criteria from primary and additional search fields.

34. Click **Select** in the left column to select the correct servicing provider.

35. The *Servicing/Facility Provider Fax Number* window presents. Enter the servicing provider's **\*Fax Number** in the field and click **Save**.

36. The servicing provider information displays in the *Servicing and Facility Provider Information* section.

**TO ADD A FACILITY:**

37. Click the **Add Servicing/Facility Provider** button.

38. The *Search for Servicing Provider or Facility* window displays.

39. Enter the facility's **NPI** in the appropriate field.

40. Enter the **State** (e.g., CA).

41. Click the **Par Yes** or **No** buttons to indicate the type of provider. "Yes" is the default.

42. Select "Facility" from the **\*Type** drop-down list.

43. Click **Search**. The search results display.

- The most effective way to search for a facility is by NPI. If you do not have the NPI number, search by entering the **Organization** name in the appropriate fields.
- When searching for a facility, it is better to enter an organization name that is more inclusive (e.g., St Maximus vs. St Maximus Medical Center). Being too precise can result in a "No providers found" message
- Click the **Show Additional Search Fields** button to refine your search by adding criteria such as city, zip code, or provider specialty. To collapse additional field options, click the **Hide Additional Search Fields** button.
- Click the **Clear** button to remove search criteria from primary and additional search fields.

44. Click **Select** in the left column to select the correct facility.

45. The *Servicing/Facility Provider Fax Number* window presents. Enter the facility's **\*Fax Number** in the field and click **Save**.

46. The servicing provider information displays in the *Servicing and Facility Provider Information* section.

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**TO ADD AN UNKNOWN PROVIDER:**

47. If the search results do not return the desired servicing provider and/or facility, close the search window and click the **Add Unknown Provider** button. The *Enter Servicing Provider or Facility Information* window displays.

- Complete the fields with what you know. Note, **\*Fax** is a required field.
- Select the **\*Type** from the drop-down list.
- Click **Save**. The information displays in the *Servicing and Facility Provider Information* section.

48. To remove a servicing provider or facility that you have entered, click the **Remove** button in the *Action* column.

**\*Add Diagnosis**

49. Under the *\*Diagnosis* section, click the **Add Primary Diagnosis** button.

50. The *ICD Search* window displays. Searches can be conducted by full or partial ICD-10 codes (first three digits) or by principle diagnosis description.

- Note, more complete search criteria will return more targeted results because searches are inclusive. For example, typing in “D63” will return all ICD-10 codes that include the “D63” sequence. Similarly, “anemia” will return a list of all diagnoses that include that term anywhere in the description.

51. Click **Search**. The search results display.

52. Click **Select** in the left column to select the appropriate diagnosis from the options provided.

53. Note, the diagnosis information displays in the *\*Diagnosis* section. If necessary, click the **Add Diagnosis** button and follow the same process to add additional diagnoses.

- Do not use the **Add Primary Diagnosis** button to add additional diagnoses as it will overwrite your initial entry.

54. To remove a diagnosis that you have entered, click the **Remove** button in the *Action* column.

**\*Add Procedure**

55. Under the *Procedure* section, click the **Add Procedure** button.

56. The *CPT/HCPCS Search* window displays. Enter a complete or partial CPT/HCPCS code or procedure description. Remember, more complete search criteria will return more targeted results because searches are inclusive.

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- 57. Click **Search**. The search results display.
- 58. Click **Select** in the left column to select the appropriate procedure from the options provided.
- 59. The *CPT/HCPCS Information* window displays. Populate as many fields as possible with what is known about the procedure. Here is an example:

CPT/HCPCS Information window		
Fields	Description / Instructions	Example
<b>CPT/HCPCS Code</b>	Not editable	J0885
<b>Procedure Description</b>	Not editable	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS
<b>Short Description</b>	A short description is necessary if using unlisted or miscellaneous (generic) codes. Leave blank if not applicable.	
<b>*Quantity</b>	This is a mandatory field. Enter the amount or number that best matches the request.	30
<b>*Units</b>	This is a mandatory field. Select the description that best aligns with the quantity. Units are typically the most appropriate selection for medication requests.	Units
<b>Frequency</b>	Mandatory field. Select the frequency that best aligns with the unit selection. There are multiple frequency options. Click in the drop-down text box and begin typing. The system will display options based on the first letters or numbers of your entry.	Weekly
<b>Requested Total Duration of Therapy</b>	Select the therapy duration that best aligns with the quantity, units, frequency. Select <b>Other</b> from the <b>Requested Total Duration of Therapy</b> drop-down list if the preferred duration is not a menu option. A field will present where a	12 weeks



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CPT/HCPCS Information window		
Fields	Description / Instructions	Example
	short description of the desired duration can be entered.	
<b>Start and End Dates</b>	The start date defaults to today's date, and the end date defaults to three months after today. Use the defaults or enter the dates that best align with the requested total duration selection.	09-30-2016 10-01-2016
<b>Modifier 1 and 2 Description</b>	Modifiers are included when there is a need to specify specific areas on the body like right or left leg. To access a <i>Modifier Search</i> window, click the <b>magnifying glass</b> . Leave blank if not applicable.	

60. Click **Submit**.

61. Note, the procedure information displays in the *\*Procedure* section. Repeat the process to add additional procedures.

62. To remove a procedure that you have entered, click the **Remove** button in the *Action* column.

Add Known Allergies (This is not a mandatory section.)

63. To add allergy information, click the **Add Allergies** button.

- Typically, allergy information is added when it influences the procedure and/or diagnosis in some way. Note that if other providers with logins connected to the same Tax ID Number have entered allergy information about this specific member, it is populated in the *Known Allergies* section.



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64. The *Allergies* window displays. Populate as many fields as possible with what is known about the member’s allergies. Here is an example:

Allergies window		
Fields	Description / Instructions	Example
<b>*Allergy Type</b>	This is a mandatory field.	Medication
<b>NDC</b>	Click the magnifying glass. Enter a full or partial NDC or medication name and click <b>Search</b> . Click <b>Select</b> in the left column to select the appropriate drug from the options provided and populate the field.	68016034314
<b>Medication</b>	Field is automatically populated by NDC.	Ibuprofen
<b>Date Reported</b>	Enter date of allergy onset or when allergy was first reported, if available.	09-02-2001
<b>Specific Type</b>	Enter more precise information about the allergy, if available.	NSAID
<b>*Allergy Status</b>	Mandatory field with drop-down list options of “current” or “past.”	Current
<b>Reaction / Observation</b>	Enter details about the patient's allergy reaction, if available.	Rash, dizziness, nausea,
<b>Severity: Low to High</b>	Slide the toggle back and forth to select a number that best reflects allergy severity, if known.	7
<b>Intervention</b>	Enter details about the prescribed intervention, if available.	Avoid NSAIDs
<b>Notes</b>	Enter additional notes, if appropriate.	

65. Click **Save**. Note, the allergy information displays in the *Known Allergies* section.

- To close this window without saving, click **Cancel** or the **X** in the upper right corner.

## Submit

66. Click **Submit** at the bottom of the screen to submit the request.

- The system displays an alert if any required information is missing. If necessary, enter missing information and click **Submit** again.

## Complete Prior Authorization Questionnaire

67. The *Prior Authorization Questionnaire* window displays.

- Do not click outside this window before completing the required fields and clicking Submit. Clicking outside the window will close it and you will have to start again.

68. Complete the *\*Provider Address*, *\*City*, *\*State*, and *\*Zip Code* fields.

69. Select **New Therapy**, **Renewal** or **Step Therapy Exception** from the *\*This request is for...* drop-down list

- If **New Therapy or Step Therapy Exception** is selected, complete the *\*Administration* and the *\*Administration Location* fields.
  - An “other” option is also available; when selected a *\*mandatory* field presents where further information can be entered.
- Select **Yes** or **No** from the *\*Has the patient tried any other medications for this condition?* drop-down list.
  - If No, select **Yes** from the **\*attestation drop-down list** and then click **Submit**.
  - If Yes, enter the *\*patient's medication history* including type, duration, and response in the field provided.
    - Select Yes from the **\*attestation drop-down list** and then click **Submit**.
- If **Renewal** is selected, complete the *\*Date therapy initiated* and the *\*Duration of therapy (specific from-to-dates)* fields.
- Indicate how the patient received the medication via the *\*How did the patient receive the medication?* drop-down list.
  - Depending on selection, enter the *\*name of the patient's \*previous insurance* **OR** the prior auth number in the field provided.
    - An “other” option is also available; when selected a *\*mandatory* field presents where further information can be entered.

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- Complete the *\*Administration* and the *\*Administration Location* fields.
  - An “other” option is also available; when selected a *\*mandatory* field presents where further information can be entered.
- Select either **Yes** or **No** from the *\*Has the patient tried any other medications for this condition?* drop-down list.
  - If No, select **Yes** from the **\*attestation box** and then click **Submit**.
  - If Yes, enter the *\*patient's* medication history including type, duration, and response in the field provided.
    - Select **Yes** from the **\*attestation box** and then click **Submit**.

### Add Documentation

70. To add documentation, click **Add Documents**. The *Upload Additional Document* window displays.
  - There is no limit to the number of documents that can be attached and uploaded to an authorization request. Additionally, there is no file size limit; larger files will take longer to upload.
  - While PDF is the preferred file type, the following are accepted: DOCX, XLSX and image formats in both color and black/white (JPEG, JPG, GIF and PNG).
71. Click **Choose File** to access documents on your computer.
72. Click on a file to select it, then click **Open** and **Upload Document**.
73. To add additional documents, click **Add Documents** again and repeat until all documents have been added.
74. Click **Close**. The documents are now attached to the authorization request and are available to Blue Shield for review.
  - This screen provides another opportunity to upload documents.
75. Click **Submit**

### Authorization Status

76. The *Request Medical Prior Authorizations* window displays.
  - **Authorization Status**, **Reason**, and **Procedure Status** will be populated.
  - **Reference Number** – the unique searchable authorization number given to each request – will be populated.

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77. Authorization entry is now complete. Click the **Create Auth for same member** or **Create Auth for different member** to submit another medical (i.e., inpatient, service request, or medication) authorization. Click the **X** in the upper right corner to close and exit the system.