

How to Submit Service Authorizations through the MHK Provider Portal Guide



1. After successful login to bcbsri.com click on the Preauthorization hyperlink on the left-hand side of the page.

ADMINISTRATOR
LAST SIGN-IN: 03/19/20 08:25 AM ET

[Claims & Billing](#)
[Preauthorization](#) ←
[Patient Eligibility](#)
[Account Access](#)
[Settlements/RAs](#)
[Cost Estimator](#)
[Tools & Resources](#)
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Alerts & Updates

- › Sept 26, 2019 MHK Go-Live September 23rd Important Update
- › Sept 6, 2019 Provider Guidelines for Requesting Payment at Point of Service
- › Sept 4, 2019 Call for Applications: MOMS Prn Perinatal Behavioral Health Quality Improvement Initiative
- › Aug 29, 2019 Provider Advisory Statewide Increase In Opioid Overdose Activity
- › Aug 13, 2019 Provider Relations seminars: Fall 2019 PBF
- › Aug 9, 2019 eviCore Cardiology Authorization Management
- › Jul 16, 2019 MHK Training
- › Jun 7, 2019 New QIO Assigned to BCBSRI

2. In the middle of the Preauthorization page locate the hyperlink for the type of service that is being submitted under BCBSRI Requests.

BCBSRI Requests

Birth/Delivery	Long-Term Acute Care	Cardiology
Inpatient Admission - Emergency	Acute Rehabilitation	High-tech Radiology
Inpatient Admission - Elective	Genetic Testing	Behav. Health & Subst. Abuse
Other Services	Durable Medical Equipment	Procedures
NEHP Cross Border Request	WinFertility IVF Services	Pharmacy

Prior to continuing to MHK, please ensure the requesting provider information is loaded into your provider portal as shown in the example below.

If the provider is missing, please ask the administrator of your account to add the appropriate provider (s) to the bcbsri.com portal

Welcome, Test
STAFF
LAST SIGN-IN: 03/09/22 10:54 AM ET

Customer Service Information
Log out

New Tax ID

Select All

NPI Filter Filter

Name Filter

TIN

Select	NPI	Name	Current TIN
<input type="checkbox"/>	000000000	Mickey Mouse	
<input type="checkbox"/>	000000000000	Minnie Mouse	
<input type="checkbox"/>	11111111111	Donald Duck	
<input type="checkbox"/>			

- 3. Continue to MHK
- 4. Fill out the member’s information to search for the member and click the ‘Search’ button.

Note: Please remember to always verify a member’s eligibility on BCBSRI.com prior to requesting authorization. The four fields in the member search are set to be exact match to the member’s eligibility results.

Example: BCBSRI.com eligibility results = John Smith-Rodriguez / provider will not find member with an MHK search = John Smith Rodriguez.

Request Medical Prior Authorizations

Search for Member

Member First Name * :

Member Last Name * :

Member Date of Birth * :

Member ID * :

- The system requires that the Member Date of Birth be entered in mm-dd-yyyy format.
- Please include the alpha prefix when entering in the Member ID.
- Member demographic information must be an exact match to information included on your eligibility verification or member’s BCBSRI ID card (e.g., spelling of member’s name including spacing and hyphens, exact date of birth, exact Member ID).

5. Select the row that corresponds to the member’s eligibility and the date of admission.

Member Search Results

ACTION	FIRST NAME	LAST NAME	DATE OF BIRTH	MEMBER ID	ADDRESS	STATUS	EFFECTIVE DATE	TERM DATE	PLAN CODE	PLAN DESCRIPTION	PCP	PCP NAME	IPA CODE	IPA NAME
Select	Zonia	Diaz	12-23-1954	ZBM801051679	809 Weeden St Pawtucket RI 02860	Eligible	2020-01-01	9999-12-31	74 - MA02	BlueCHIP for Medicare Value - MA02	1720180110	Oshiro,Hector		
Select	Zonia	Diaz	12-23-1954	ZBM801051679	809 Weeden St Pawtucket RI 02860	Not Eligible	2019-01-01	2019-12-31	74 - MA02	BlueCHIP for Medicare Value - MA02	1720180110	Oshiro,Hector		
Select	Zonia	Diaz	12-23-1954	ZBM801051679	809 Weeden St Pawtucket RI 02860	Not Eligible	2018-01-01	2018-12-31	74 - MA02	BlueCHIP for Medicare Value - MA02	1720180110	Oshiro,Hector		
Select	Zonia	Diaz	12-23-	ZBM801051679	809 Weeden St	Not	2017-01-	2017-	74 -	BlueCHIP for	1720180110	Oshiro,Hector		

Date: 04-02-2020

Print Cancel

6. Select the appropriate authorization urgency radio button.

Select Authorization Urgency

Standard Expedited

7. Click the green ‘Search’ button to search for your organization.

*Requesting Provider Unknown Provider

Specialty Provider Status

*First Name *Last Name *Organization

*Address1 Address2 *City *State

- 8. A search box will appear to search for the requesting provider. Enter in demographic details for the provider and hit the 'Search' button.

The screenshot shows a 'Provider Search' form with the following fields: Provider Id, NPI, Tax Id, First Name, Last Name, Facility/Organization, and Zip Code. There are 'Search' and 'Clear' buttons below the fields. Below the form is a table titled 'Provider Search Results' with a header row containing columns: ACTION, PROVIDER ID, NPI, TAX ID, FIRST NAME, LAST NAME, FACILITY, and ADDRESS. The table body contains the text 'No data available in table'.

- It is recommended to utilize the NPI number when searching in the tool. Using the requesting provider's NPI will bring back more accurate results.

- 9. Select the appropriate record for the Requesting provider. Please select the appropriate address as letters will be mailed to the address selected if they are unable to be faxed. Provider demographic information will default into the Requesting Provider fields based on the information on file with BCBSRI.com.

The screenshot shows the 'Provider Search' form with the NPI field populated with '1881045334'. The 'Provider Search Results' table now contains one record:

ACTION	PROVIDER ID	NPI	TAX ID	FIRST NAME	LAST NAME	FACILITY	ADDRESS
Select	020000028483	1881045334	203075422	Ahmed	Elshazly	Hospital Medicine Associates LLC	PO BOX 639282,CINCINNATI,OH,45263

All demographic provider information should self-populate.

- 10. Enter in office Phone Number, and Fax number to ensure proper correspondence to office.

The screenshot shows an authorization form with the following sections:

- Address: 1243 NE 9th St McMinnville OR 97128
- Phone: [Empty], Effective: 01-26-2022, Term: 02-28-2022
- Special Programs: [Empty], Case Manager: [Empty]
- Select Authorization Urgency: Standard Expedited
- *Requesting Provider: 020000028483 Hospital Medicine Associates LLC PO BOX 639282,CINCINNATI, OH, 45263 (with a Search button)
- Specialty: Internal Medicine, Provider Status: [Empty]
- *First Name: Ahmed, *Last Name: Elshazly, *Organization: Hospital Medicine Associates LLC
- *Address1: PO BOX 639282, *Address2: [Empty], *City: CINCINNATI, *State: OH
- *Zip: 45263, *Phone Number: [Empty], *Fax Number: [Empty]

11. Enter in Contact Name, and Phone Number of the person submitting the request.



A form with two input fields. The first field is labeled '*Contact Name' and the second is labeled '*Contact Phone'. Both fields are empty.

12. Select the 'Yes' radio button under the Requesting Provider Same as Servicing Provider question if the servicing provider is the same.



A form section titled 'Requesting Provider Same as Servicing Provider'. It contains two radio buttons: 'YES' (which is selected) and 'NO'.

Notes:

RULES: If you are requesting for an outpatient facility enter as servicing

12. If the servicing provider is different -Select the 'No' radio button under the Requesting Provider Same as Servicing Provider question. Entering servicing provider information will be outlined in Step 15.

13. Select Request Type as 'Service Request'.
Place of Service -select as appropriate



A form with two dropdown menus. The first is labeled '*Request Type' and has 'Service Request' selected. The second is labeled '*Place Of Service' and is currently empty.

14. Select the Review Type of either:
a. Initial:
b. Retro/Post:

NOTES:

***Genetic Testing

*** Rentals

*** For Breast Pumps- if equipment has already been distributed select Retro



A dropdown menu labeled '*Review Type'. The menu is open, showing four options: 'Home Health Concurrent', 'Home Health Notification', 'Initial', and 'Retro/Post Service'. The 'Initial' option is highlighted in yellow.

15. Click on the Add servicing/ Facility Provider button to add servicing provider and or facility if applicable

Servicing and Facility Provider Information

Servicing and Facility Providers

ACTION	PROVIDER NAME	NPI#	DEAF	SPECIALTY	NETWORK	ADDRESS	FAX NUMBER	PROVIDER TYPE	PROVIDER STATUS
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Diagnosis

1. Click on the green 'Add Primary Diagnosis' button to add the member's admitting ICD-10 diagnosis.

*Diagnosis (*Denotes required field)

ICD - Search Results

2. Enter in the ICD -10 diagnosis code for member's admission into the 'ICD Codes' box. Click the 'Search' button.
Note: Enter in ICD-10 diagnosis codes without any periods. See example in screenshot below. Click the 'Select' button to select the diagnosis code.

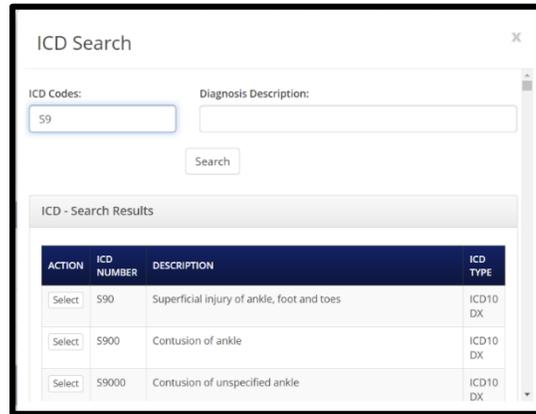
ICD Search

ICD Codes: Diagnosis Description:

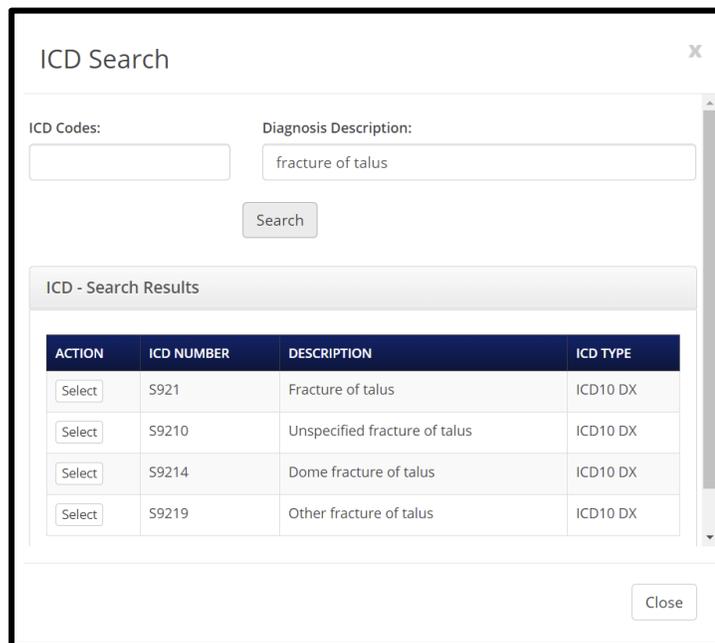
ICD - Search Results

ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE
<input type="button" value="Select"/>	S921	Fracture of talus	ICD10 DX
<input type="button" value="Select"/>	S9210	Unspecified fracture of talus	ICD10 DX

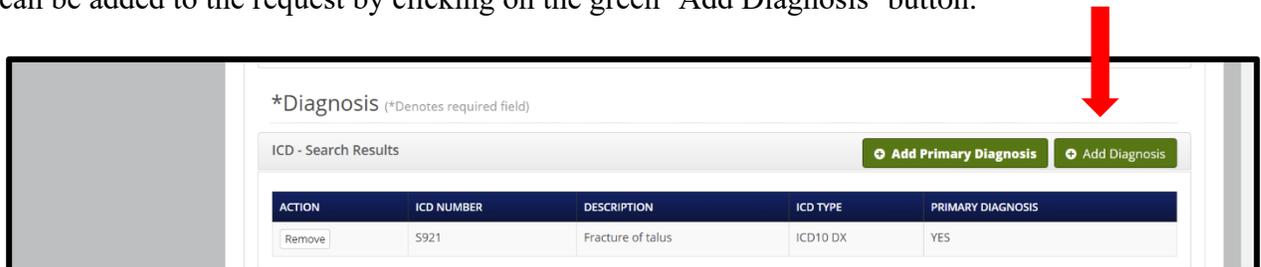
If you enter a ICD-10 Diagnosis Code as just the first two characters the search results will return the results that also include further classification of the diagnosis code. See example of the search results of just entering S9 below.



It is recommended to search by the ICD-10 diagnosis code. However, a search can be conducted by entering word(s) in the Diagnosis Description box. As you can see in the below example by searching for the words fracture of talus it brings back any code that that has the word fracture of talus in the description.



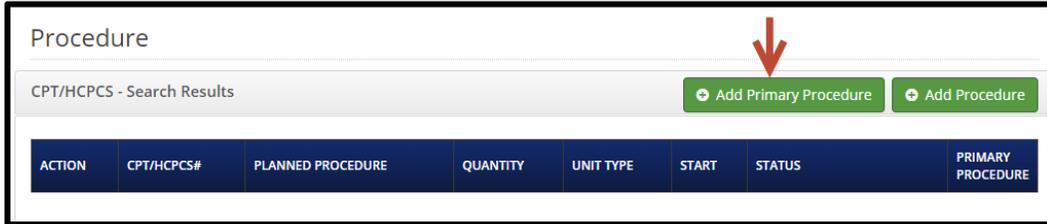
After the primary diagnosis code is added, any additional diagnosis codes related to the admission can be added to the request by clicking on the green 'Add Diagnosis' button.



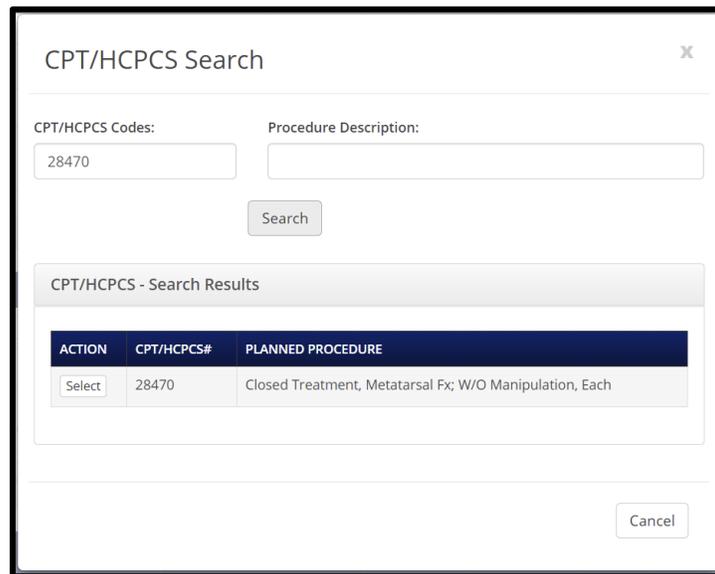
NOTE: you must enter a primary diagnosis first prior to any additional diagnosis codes

Procedure: Note: Prior to entering any requests into MHK, benefit and code requirements should be verified through our bcbsri.com web or contacting the appropriate BCBSRI contact center. Please review the back of the members card for appropriate phone numbers.

- 3. Next, select the green ‘Add Primary Procedure’ button to add a code



- 4. Enter in the primary procedure code into the CPT/HCPCS Codes box in the CPT/HCPCS Search pop-up box.
Click the ‘Search’ button.
Click the ‘Select’ button next to the CPT/HCPCS code for the member’s procedure.



It is recommended to search by the CPT/HCPCS Code. However, a search can be conducted by entering word(s) in the Procedure Description box. As you can see in the below example by searching for the word talus it brings back any code that that has the word talus in the description.

CPT/HCPCS Search

CPT/HCPCS Codes:

Procedure Description:

CPT/HCPCS - Search Results

ACTION	CPT/HCPCS#	PLANNED PROCEDURE
<input type="button" value="Select"/>	27647	Radical Resection Of Tumor; Talus Or Calcaneus
<input type="button" value="Select"/>	28100	Excision/Curettage, Bone Cyst/Benign Tumor, Talus/Calcaneus;
<input type="button" value="Select"/>	28102	Excision/ Curettage, Bone Cyst/Benign Tumor, Talus/Calcaneus; W/iliac/Other Autograft
<input type="button" value="Select"/>	28103	Excision/Curettage, Bone Cyst/Benign Tumor, Talus/Calcaneus;

5. After searching for the CPT/HCPCS code, the CPT/HCPCS code information will need to be added. The PA Status will state whether the code requires a Prior Auth. If the code needs an authorization the fields in the screen shot will need to be filled out.

CPT/HCPCS Information

CPT/HCPCS CODE:

Procedure Description:

PA Status
No Authorization Required

Modifier 1 (if applicable):

Modifier 1 Description (if applicable):

Modifier 2 (if applicable):

Modifier 2 Description (if applicable):

*Quantity:

*Units:

Frequency:

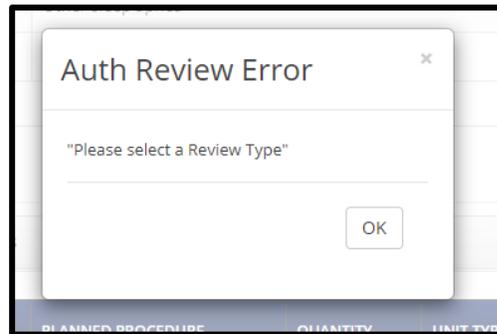
*Start Date:

End Date:

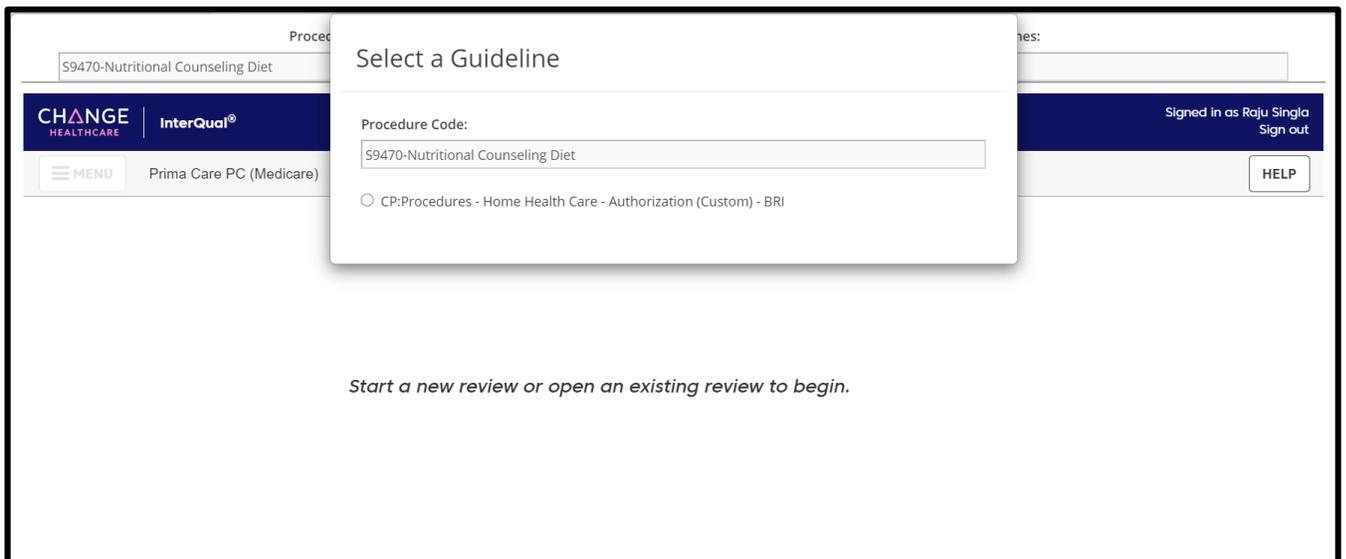
6. Click the blue 'Submit' button to submit the authorization request.



If one of the required fields is not filled out you will get the Auth Review **Error pop up box**. It will identify which required field(s) need to be filled out before the request can be submitted. Example below



7. Select the Service in Interqual:



Select the blue Medical Review, and answer the questions based on the member's clinical information.

Procedure Code: S9470-Nutritional Counseling Diet Guidelines: CP:Procedures - Home Health Care - Authorization (Custom) - BRI

CHANGE HEALTHCARE InterQual® Signed in as Raju Singla Sign out

MENU Prima Care PC (Medicare) HELP

Subset Overview

Subset Notes

C Client Defined 2020, CP:Procedures Home Health Care - Authorization (Custom) - BRI [SHOW CODES](#) [CLINICAL REFERENCE](#)

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[MEDICAL REVIEW](#) [BOOK VIEW](#)

Once completed you will receive the recommendations please select Complete.

Procedure Code: S9470-Nutritional Counseling Diet Guidelines: CP:Procedures - Home Health Care - Authorization (Custom) - BRI

CHANGE HEALTHCARE InterQual® Signed in as Raju Singla Sign out

MENU Prima Care PC (Medicare) HELP

Recommendations **C** CRITERIA NOT MET

Not Recommended Current evidence does not support the following services:

- ✓ Home Health Care - Authorization [Show codes](#)

[PREVIOUS](#) [SAVE REVIEW](#) [COMPLETE](#) [REVIEW SUMMARY](#)

NOTE: Criteria not Met requires clinical attachments or notes to be added to the additional documentation section below

8. Completing your medical necessity review will bring you back to MHK and allow you to **upload clinical criteria or add any Notes that you would like to submit with the member’s case.**

Please upload additional documentation supporting your request

The request needs further clinical review. Please provide symptoms, lab results with dates and/or justification for initial or ongoing therapy or increase dose and if patient has any contraindications for the health plan/insurer preferred drug. Please provide any additional clinical information or comments pertinent to this request for coverage (e.g. formulary tier exceptions) or required under state and federal laws.
See below to upload documentation and add supporting notes related to the request.

Uploaded Documents + Add Documents

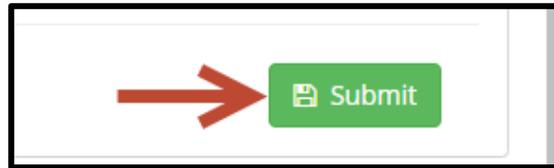
ACTION	DOCUMENT NAME
Remove	InterQualReviewXML.xml
Remove	InterQualReview.pdf

Notes

Notes + Add Notes

ACTION	NOTE TEXT
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20. Once complete, click the green ‘Submit’ button to submit the authorization request.



After clicking the ‘Submit’ button a notification screen will come back with the Authorization Status and Reference #.

Authorization Status: In Progress

Decision:

Procedure Status:

Reason: Support Staff Review

Reference#: K [redacted]

Create Auth for same member

Create Auth for different member