Create a Prior Authorization

Instructions

Prior authorization is the process of collecting information in advance of authorizing the non-emergency use of facilities, diagnostic testing, and other services before care is provided. The request needs to be received at least 14 days prior to planned delivery for most items, services, and procedures requiring prior authorization.

The prior authorization process permits advanced eligibility verification, determination of coverage, and communication with the requesting physician and/or member. Prior authorization also allows Essence Healthcare to identify members for pre-service discharge planning and case management. Please verify that a code requires Prior authorization before submitting a request on the portal.

1. Navigate to Request a Prior Authorization
A. Log into the Essence Provider Portal.*
B. Click the **Referrals & Authorizations** tab
C. Click **View My Dashboard**
- A new browser window opens to the system dashboard
D. Select **Menu** from the banner
E. Select **New Request** from the Provider window

2. Identify Member Record
A. The Member ID is required
B. Click the **Search** button
- The search results display at the bottom of the window
C. Select **Inpatient/Outpatient** from the **Action** column drop-down, and the **Request Detail** window opens

3. Add Episode Details
A. Select **Precertification** from the **Request Type** drop-down
B. Select **Standard** from the **Request Priority** drop-down

4. Add Diagnosis
A. The **Code Type** defaults to ICD10.
B. Enter the **Diagnosis** and select from the diagnosis drop-down list. The selected value will display below
- Enter either the code or condition to display the drop-down list. Enter additional values to refine the list

3. Add Provider Details
A. Select the **Attach Providers** button
- The Provider Search window opens
B. Enter the requesting provider's **Last/First Name** or **NPI**
C. Click the **Search** button
- The results display in the right column
D. Identify the **Location**
E. Click **Provider Role** and select **Requesting** from the drop-down list.
F. Left click the **Gear** and select **Multiple Attach**
- Scroll to the bottom of the Provider Search window to view selected provider list
G. Enter treating provider's **Last/First Name** or **NPI**
H. Click **Search**
- The results display in the right column
I. Identify the treating provider's **Location** and is **In Network**
J. Click **Provider Role** and select **Treating** from drop-down list
K. Left click the **Gear** and select **Multiple Attach**
- Scroll to the bottom of the Provider Search window to view selected provider list
L. Click the **Attach Providers** button
- The system returns to the Episode Detail window with the providers attached

6. Add Stay Request - Inpatient
A. Select the service type from the **Service Type** drop-down list
B. Select the place of service from **Place of Service** drop-down list
C. Enter **Expected Admit Date**

*Internet Explorer is required

Customer Support | (866) 397-2812 | CustomerSupport@lumeris.com

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7. Add Service Request - Outpatient

  A. Click **Add Services** button

  B. The service type defaults from the **Stay Request** selection

  C. The place of service defaults from the **Stay Request** selection

  D. Select a code type from the **Code Type** drop-down list

  E. Enter and select a service code in **Service Code** field

  F. Enter the **Start Date**

  G. Enter the **End Date**

  H. Select the **Add** button

    • The service request added

8. Add Documentation*

  A. Enter **Document Title**

  B. Click the **Browse** button and open the document

    • The document file name will display below the Browse button. Only one document can be added

  NOTE: Submission of clinical documentation to support request will speed authorization

9. Add Notes (Optional)

  A. Select **Web Note** from the **Note Type** drop-down

  B. Enter **Note Text**

10. Complete Request

  A. Scroll to the bottom of the **Episode Detail** window

  B. Click the **Submit** button

    • The Request displays

  C. Click the **Episode Abstract** button

    • The abstract displays

  D. Click the **Printable View** button to print

*Internet Explorer is required

Important Reminders

- Internet Explorer (IE) 11+ is required
- Proper log out is required. Inappropriately closing a record could lead to problems accessing the record
- Fields with an asterisk (*) are required
- Enter three underscores (___) to display available field choices
- To create a new request the Member's ID number is required
- Multiple Diagnoses can be added
- The Primary Diagnosis is identified with a gold star

- Each request will have a requesting provider and a treating provider
- Search for providers by name or NPI
- The request abstract can be printed
- Search for a request by the Reference Number
- Request Priority – Use expedited if the member will be put in harm's way if they do not receive authorized services. Answer within 72 hours
- Timeout 60 minutes