

Automated Authorization FAQ

1. What is automated authorization?

Automated authorization is a Prevea360 Health Plan Provider Portal functionality that will, when all medical policy criteria is met, provide an instant approval response when submitting a prior authorization request for an Epidural Steroid Injection (ESI) and/or Selective Nerve Root Block (SNRB). Prevea360 Health Plan in-network providers who are submitting a prior authorization request will be routed to complete the automated authorization questions if the request includes an ESI or SNRB CPT code. The automated authorization for ESIs and SNRBs will inform future automated authorization for other services and procedures.

Like all other authorization requests through the Provider Portal, authorization requests for ESI and SNRB must be submitted by an in-network Prevea360 Health Plan Primary Care Provider or Specialty provider. An in-network provider is a provider with a "Plan" status who is contracted with Prevea360 Health Plan as a network provider to render health care services to Prevea360 Health Plan members and is listed in our provider directory. We offer our in-network providers the Provider Portal for 24/7 access to resources and self-service applications to simplify everyday tasks, promote efficiencies in business, and streamline electronic transactions. If you are an in-network provider who is not submitting your authorizations through the Provider Portal, we strongly encourage you to register for a Provider Portal account from the Account Login web page at prevea360.com/Tools-and-Resources/Account-Login.aspx. Please refer to the Provider Portal Registration User Guide on that page on how to set up a Provider Portal account.

2. When will automated authorization be available?

Starting on **June 7, 2021**, Prevea360 Health Plan and MCG Health are partnering to implement the automated authorization process in the Provider Portal. Prior authorization requests submitted on and after June 7, 2021, through the Provider Portal for ESIs or SNRBs that meet the medical policy criteria will receive an instant authorization approval. June 7, 2021, is the implementation date for ESI and SNRB automated authorization requests; dates of service will not be dependent on this implementation date.

3. What is the earliest date of service that can be entered for ESI and SNRB authorization requests to receive automated approval?

Automated authorization functionality will be implemented on June 7, 2021, for future dates of service after June 7, 2021. Authorization requests for dates of service on or before June 7, 2021, should be submitted in advance for review and determination, per the current process, to allow enough time for authorization approval before the planned date of service.

4. Which CPT codes will be included in the automated authorization process?

CPT codes 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 64479, 64480, 64483, and 64484 will all be included in the automated authorization process via the Provider Portal. Codes that don't require prior authorization per our medical policies should not be included on the authorization request. Authorization requests that include codes that don't require prior authorization will not qualify for automated authorization and will be routed for standard manual review and determination, per the current process.

5. What information is required on authorization requests for ESI and SNRB?

When completing an authorization request for ESI or SNRB, the user will be prompted to answer questions to ensure the medical policy criteria has been met. Medical notes must be thorough and available during the authorization request process, as the user will need this information to answer the prompted medical policy criteria questions as part of the automated authorization process in the Provider Portal.

Refer to the Epidural Steroid Injection (ESI) and Selective Nerve Root Block (SNRB) Medical Policy document, MP9362, available from the Document Library at prevea360.com/Tools-and-Resources/Document-Library-Search.aspx. This policy accurately reflects the medical policy criteria applicable to automated authorizations for ESI and SNRB.

Also, refer to the Automated Authorization Guide for more information about the process for submitting authorization requests for ESI and SNRB. This guide is available on the Automated Authorization web page linked from the [Prevea360 Medical Management](#) page.

6. What is the purpose of the ESI and SNRB Checklists?

Because ESI and SNRB authorization requests are our first venture into automated authorization, we are providing the checklists for clinical staff as an initial resource for navigating the automated authorization questions for ESIs and SNRBs. Please note that this document is supplementary, and its use is optional. It will not be further updated or maintained as it does not replace proper medical documentation nor the medical policy for ESIs and SNRBs. Please visit the Document Library at prevea360.com/Tools-and-Resources/Document-Library-Search.aspx to view the medical policy for these procedures.

7. How will automated authorization work?

The automated authorization process is only applicable for authorization requests submitted through the Provider Portal by an in-network provider. When a user initiates an authorization request via the Provider Portal for a Prevea360 Health Plan member for an ESI or SNRB:

- If the medical policy criteria are **not** fulfilled, the user's request will be assigned a status of 'Submitted' and routed to be manually reviewed and determined, as is the current process.
- If the medical policy criteria **are** fulfilled, the user will receive an instant approval notification stating that the prior authorization has been approved. No additional steps are needed for authorization requests that are instantly approved. Providers may proceed with providing the requested services in accordance to the approved authorization.

8. What will happen after an authorization request for ESI or SNRB is submitted?

Upon submission, one of two possible determinations will automatically display:

- **Auto-approved** — for authorizations submitted with all the required criteria, an instant approval notification will appear; OR
- **Submitted** — for authorizations submitted but missing required criteria, the authorization request will be routed for the standard manual review and determination per the current process.

9. What are the benefits of automated authorization?

Automated authorization will provide the following benefits:

- Prevea360 Health Plan in-network providers will have the opportunity to receive instant approval, if the medical policy criteria are met, thereby reducing the review process from up to 14 days (with manual review when all required medical documentation is provided) to seconds (with automated authorization approval when the medical policy criteria are met).
- Prevea360 Health Plan anticipates increased member satisfaction, as members will benefit from the quicker prior authorization approval to be able to obtain their ESI or SNRB.

10. What happens if the authorization request includes more than one CPT code?

Authorization requests with more than one CPT code will go through the automated authorization process if all the CPT codes on the request are for ESI or SNRB services that are eligible for automated authorization. If all the CPT codes meet the medical policy criteria, the authorization request will be automatically approved. If there are non-eligible CPT codes (or codes that don't require prior authorization per our medical policies) on the authorization request, the authorization request will be routed for standard manual review and determination, per the current process. Refer to the grid below for examples of authorization requests with more than one CPT code and the outcome for each scenario.

	Eligible CPT Code	Non-Eligible CPT Code	Outcome in Provider Portal
Scenario 1:	62320	None	Automatically approved
Scenario 2:	None	76000	Routed for manual review and determination
Scenario 3:	62320	76000	Routed for manual review and determination

11. What happens if authorization requests are not submitted through the Provider Portal (i.e., submitted via fax or mail)?

Prevea360 Health Plan encourages all providers to use the secure Provider Portal. The automated authorization process is only available for ESI and SNRB authorization requests submitted through the Provider Portal and is just one of the many Provider Portal functions and applications designed to simplify everyday tasks. If your organization is not able to submit authorization requests electronically and is submitting authorization requests via fax or physical mail, the automated authorization process will not be available and the process for review and determination will not change. The medical policy requirements are the same, regardless of the submission method.

12. What Prevea360 Health Plan product types are included in the automated authorization functionality?

The automated authorization functionality will apply to the following Prevea360 Health Plan products: Prevea360 Health Plan Commercial, fully insured including ACA Individual Plans, and Dean Administrative Services Only (ASO).

13. What are the medical policies for ESI and SNRB?

Prevea360 Health Plan medical policies for ESI and SNRB are not changing; however, in preparation for automated authorization, Prevea360 Health Plan has clarified the policies to assist providers with the authorization request clinical questions. Refer to the Epidural Steroid Injection (ESI) and Selective Nerve Root Block (SNRB) Medical Policy document, MP9362, available from the Document Library at prevea360.com/Tools-and-Resources/Document-Library-Search.aspx.

14. Is anything more needed for auto-approved requests before services are provided?

No. Nothing more is needed for authorization requests that receive instant approval. Providers may proceed with providing the ESI or SNRB in accordance to the approved authorization request.

15. Will the authorization requests for ESI or SNRB be searchable and viewable in the Prevea360 Health Plan Portal?

Yes. Like other authorization requests submitted through the Provider Portal, you will be able to view ESI and SNRB authorization requests in the Provider Portal.

16. Can a partially completed authorization request be saved during the automated authorization process in the Provider Portal?

No. The Provider Portal does not have the capability to save a partially completed authorization request. When completing an automated authorization request in the Provider Portal, please ensure that the medical notes are available so that the user can initiate and complete the authorization request in the same sitting because partially completed requests cannot be saved and returned to later.

17. How can I change automated authorization requests after they're submitted?

Automated authorization requests that are submitted but require subsequent changes will need to be manually reviewed. Please contact the Utilization Management team at (877) 230-7571 to explain the changes needed to the submitted authorization request.

18. Will the automatically approved authorization requests be reviewed retrospectively for medical necessity?

Prevea360 Health Plan will be performing audits on authorization requests that receive an automated approval notice to ensure that services were medically necessary and the documentation in the electronic medical record supports the answers provided in the automated authorization process. NOTE: Prevea360 Health Plan may decide to deny claims or recoup payment should the services rendered prove not medically necessary.

19. What other services are available for automated authorization?

At this time, the automated authorization process is limited to ESI and SNRB prior authorization requests for pain management. This is Prevea360 Health Plan's first step to address provider feedback on improving the authorization process and move toward expanding automated authorizations for other services.

20. Who can I contact if I have questions?

If you have questions, please contact your assigned Provider Network Consultant with any questions. To locate your assigned Provider Network Consultant, please go to prevea360.com/For-Providers and scroll to the bottom of the page.