Prior Authorization Tips & Tricks

Provider Portal

Important Notes

- The terms "referrals" and "prior authorizations" are used interchangeably in prior auth management.

Questions?

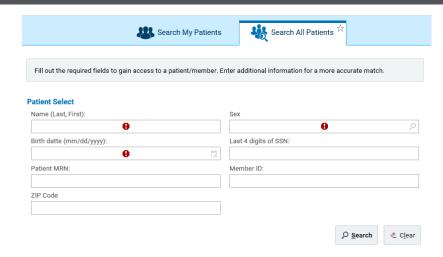Please reach out to your Practice Engagement Manager or email office@portlandipa.com with any questions.
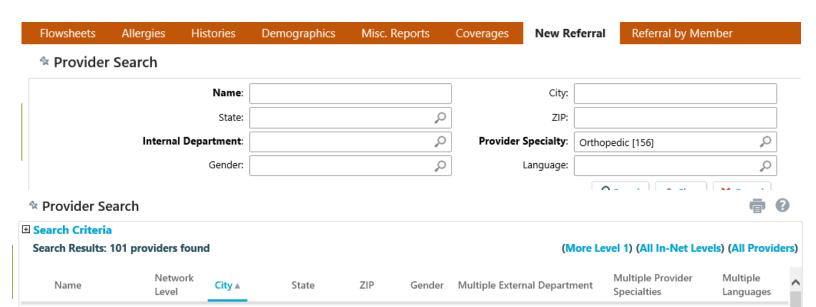
Patient Search:
- If a patient is not listed in the portal, you can search in Patient Search (search all patients) to find the patient. This will then load the patient into Tapestry.

Search My Patients	Search All Patients ☆

Fill out the required fields to gain access to a patient/member. Enter additional information for a more accurate match.

Patient Select

Name (Last, First): ❗
Sex ❗

Birth datte (mm/dd/yyyy): ❗
Last 4 digits of SSN:

Patient MRN:
Member ID:

ZIP Code

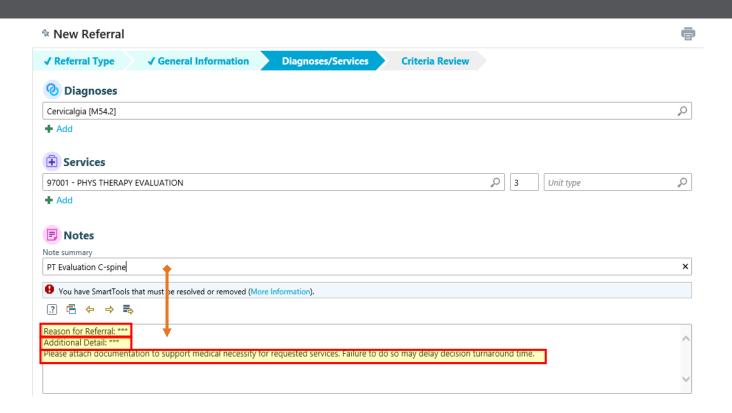🔍 Search   ✎ Clear

Referred to Provider Search:
- Less is more with the provider search. If you do not know the name of the provider, enter in the Providers' Specialty. If the provider does not show up in the specialty you search, search for similar specialties, i.e., Orthopedic or Orthopedic surgery.

- Within the search criteria, it is helpful to sort by city. The search criteria will automatically default to Tier 1 (In-Network providers) first, listed under Network Level.

- If you want to see all providers regardless of tier level or network status, click All Providers. If you want in-network providers, click All In-Net Levels.

Flowsheets	Allergies	Histories	Demographics	Misc. Reports	Coverages	New Referral	Referral by Member

✷ **Provider Search**

Name:
City:

State:
ZIP:

Internal Department:
Provider Specialty: Orthopedic [156]

Gender:
Language:

✷ **Provider Search**

🖨 ❓

⊞ **Search Criteria**

Search Results: 101 providers found
(More Level 1) (All In-Net Levels) (All Providers)

Name	Network Level	City ▲	State	ZIP	Gender	Multiple External Department	Multiple Provider Specialties	Multiple Languages

✺ **New Referral** 🖨

| ✓ **Referral Type** | ✓ **General Information** | **Diagnoses/Services** | **Criteria Review** |

⟳ Diagnoses

Cervicalgia [M54.2]   🔍

➕ Add

⊞ Services

| 97001 - PHYS THERAPY EVALUATION | 🔍 | 3 | Unit type | 🔍 |

➕ Add

🗒 Notes

Note summary

PT Evaluation C-spine   ✕

⊖ You have SmartTools that must be resolved or removed (More Information).

? ⊡ ⇦ ⇨ ⊟

Reason for Referral: ***
Additional Detail: ***
Please attach documentation to support medical necessity for requested services. Failure to do so may delay decision turnaround time.

- Delete the yellow highlighted text in the Notes box. In this Notes box, copy and paste the notes from the Note summary box above.

- Clicking the Launch MCG AutoAuth box will take you to MCG AutoAuth, which will automatically authorize the majority of referrals requested

Speed Up Your Authorization

This referral can be reviewed automatically through MCG AutoAuth.

⬀ **Launch MCG AutoAuth**

Add guidelines when No Guideline Applies

Guidelines

- Many procedure codes will not have guidelines. On procedure codes where no guideline applies, click 'Add' to enter a guideline and a short description and click 'Save'.

Geographic Regions All ▼ 🖘 Clear

Procedure Code: 72141 (CPT/HCPCS)
Requested Units: 3

Guideline Title	Product	Code	Action
NCD Magnetic Resonance Imaging (220.2) Version 6	MCR	N2202v6	add
LCD Cardiac Event Detection Monitoring (L34953) Revision 5	MCR	L34953R005	add
LCD Vestibular and Audiologic Function Studies (L35007) Revision 12	MCR	L35007R012	add
LCD MRI and CT Scans of the Head and Neck (L35175) Revision 15	MCR	L35175R015	add
LCD Multiple Imaging in Oncology (L35391) Revision 3	MCR	L35391R003	add
LCD Oximetry Services (L35434) Revision 5	MCR	L35434R005	add
LCD Independent Diagnostic Testing Facility (IDTF) (L35448) Revision 17	MCR	L35448R017	add
LCD Electroretinography (ERG) (L37371) Revision 4	MCR	L37371R004	add
LCD MRI and CT Scans of the Head and Neck (L37373) Revision 8	MCR	L37373R008	add
Cervical Spine MRI	AC	A-0057	add
No Guideline Applies			add

- Most MRI and CTs, or other procedures, will have guidelines. Choose the product MCR for Medicare. Please read the guideline titles carefully to ensure you have selected the correct guideline and the latest revision of that guideline if revisions apply.

Geographic Regions All ⬦ Clear

Procedure Code: 72141 (CPT/HCPCS)

Requested Units: 3

N2202v6 - NCD Magnetic Resonance Imaging (220.2) Version 6 - (MCR)
This guideline is a National Coverage Determination (NCD) that identifies circumstances under which services are considered covered or noncovered by Medicare. MCG Health may have made minor modifications in the language of the NCDs for clarity or to facilitate documentation in MCG software solutions.
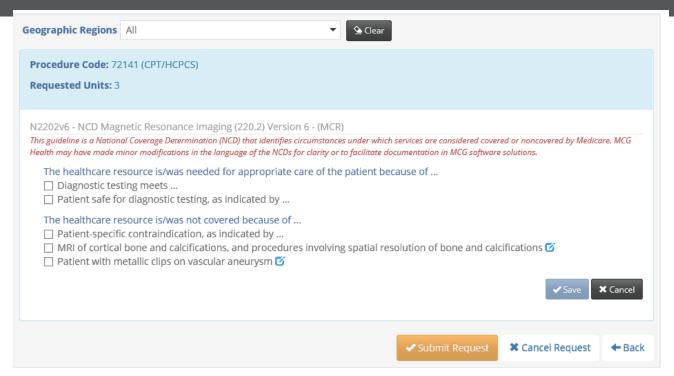
The healthcare resource is/was needed for appropriate care of the patient because of ...
☐ Diagnostic testing meets ...
☐ Patient safe for diagnostic testing, as indicated by ...

The healthcare resource is/was not covered because of ...
☐ Patient-specific contraindication, as indicated by ...
☐ MRI of cortical bone and calcifications, and procedures involving spatial resolution of bone and calcifications ☑
☐ Patient with metallic clips on vascular aneurysm ☑

✔ Save   ✖ Cancel

✔ Submit Request   ✖ Cancel Request   ← Back

- Once you select a guideline, several questions populate. As you choose the appropriate box, other boxes with questions may open to answer

Geographic Regions All ⬦ Clear

Procedure Code: 72141 (CPT/HCPCS)

Requested Units: 3

N2202v6 - NCD Magnetic Resonance Imaging (220.2) Version 6 - (MCR)
This guideline is a National Coverage Determination (NCD) that identifies circumstances under which services are considered covered or noncovered by Medicare. MCG Health may have made minor modifications in the language of the NCDs for clarity or to facilitate documentation in MCG software solutions.

The healthcare resource is/was needed for appropriate care of the patient because of ...
☑ Diagnostic testing meets ...
   ☐ MRI, as indicated for ...
   ☐ MRA, as indicated for ...
☑ Patient safe for diagnostic testing, as indicated by ...
   ☐ Patient without implanted pacemaker, ICD, cardiac resynchronization therapy pacemaker (CRT-P), or cardiac resynchronization therapy defibrillator (CRT-D) ☑
   ☐ Patient with implanted pacemaker, ICD, CRT-P, or CRT-D that meets ...

The healthcare resource is/was not covered because of ...
☐ Patient-specific contraindication, as indicated by ...
☐ MRI of cortical bone and calcifications, and procedures involving spatial resolution of bone and calcifications ☑
☐ Patient with metallic clips on vascular aneurysm ☑

✔ Save   ✖ Cancel