

## Auth Portal Desk Level Procedure (DLP) Submitting an Extension of Existing Authorization

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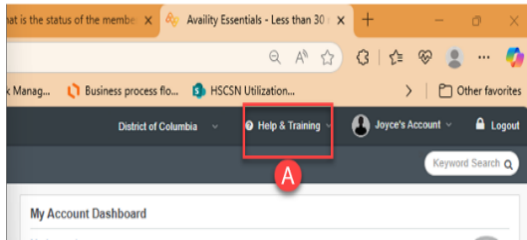
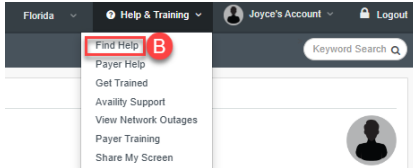
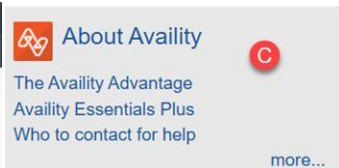
## Auth Portal Desk Level Procedure (DLP) Submitting an Extension of Existing Authorization

### 1. Key Information:

Title	Provider -
Scope/ Line of Business	Medicaid – CASSIP and Non-CASSIP
Department	Utilization Management

### 2. Pre-requisite and System Access:

This Desk Level Procedure (DLP) involves the following systems.

System	Role	Access issues?
GuidingCare® (Auth Portal)	Providers and Staff submit, review, and update authorization requests through the Auth Portal	<p>If the provider's issue is related to the HSCSN Auth Portal:</p> <ul style="list-style-type: none"> <li>inability to access the Auth Portal; or</li> <li>the Auth Portal functionality is not performing as expected</li> </ul> <p>Please contact HSCSN Customer Care at 202-467-2737.</p>
<p>Availity® Payer Spaces</p> <p>Routes traffic to HSCSN Auth Portal</p> <p>Provides HSCSN Claims and Eligibility Information</p>	Providers and Staff access Availity and use the Single Sign On (SSO) feature to access the HSCSN Auth Portal	<p>If the provider's issue is related to inability to access Availity®:</p> <p>Please navigate to the Availity main landing page by <a href="#">clicking here</a> and logging in then</p> <ol style="list-style-type: none"> <li>Click 'Help and Training'</li> <li>Click 'Find Help'</li> <li>Click 'About Availity' for Availity contact information</li> </ol>   

## **Auth Portal Desk Level Procedure (DLP) Submitting an Extension of Existing Authorization**

### **3. High-level Description:**

This Desk Level Procedure (DLP) explains how the user can request an extension (re-authorization) to authorizations submitted via the Authorization Portal with statuses of *Partially Approved* or *Approved*.

Extensions are limited to requests with an end date that is within the past 30 calendar days. The system will not allow the user to submit an Extension for an authorization that has an end date greater than 30 calendar days prior to the Extension submission date.

### **4. Detailed Steps:**

#### **4.1 Navigating to the Authorization in Progress**

From the Home Page, the user navigates to the Authorizations in Progress to search for the authorization that the user wants to extend (re-authorize the request).

See the below DLP for further instructions in Searching for an authorization that the user submitted.

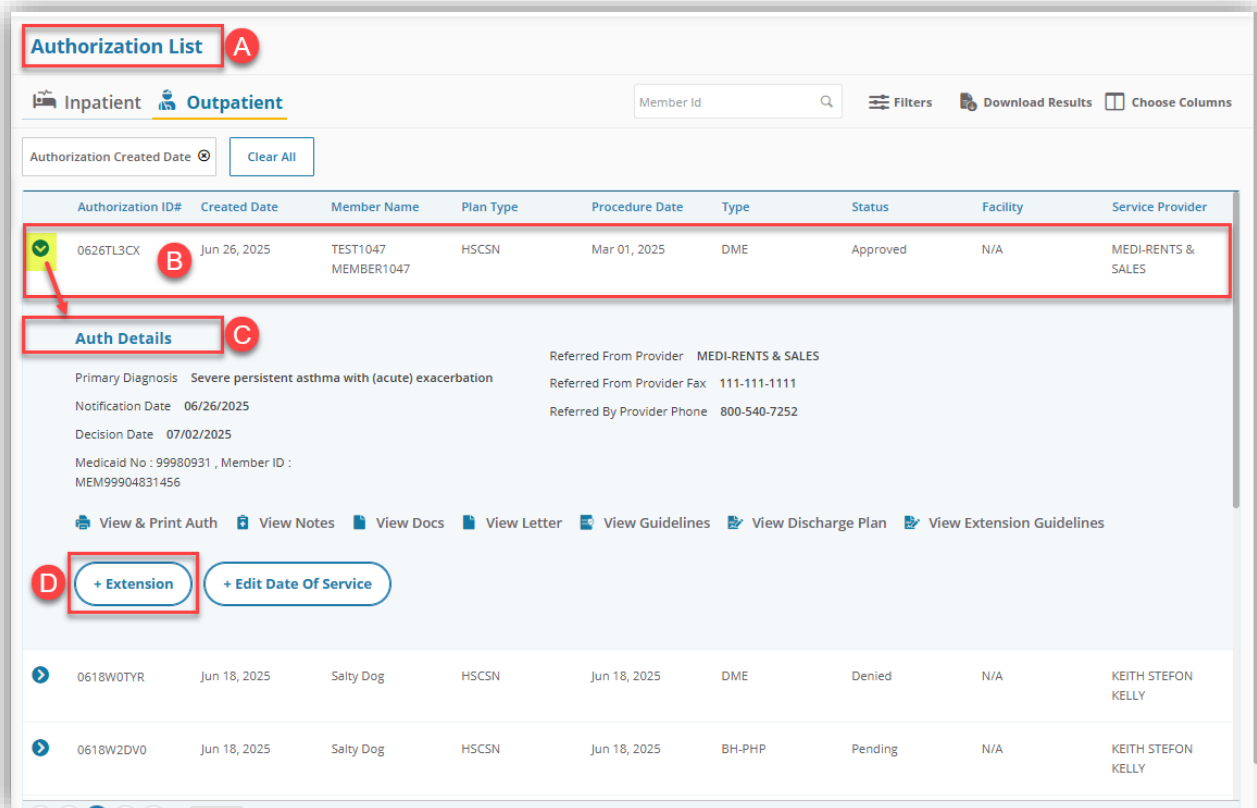
- HSCSN\_DLP\_Auth Portal\_Viewing Authorizations in Progress

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### 4.2 How to Navigate to Extension Request

From the Authorizations in Progress follow the below steps.

- A. Navigate to the Authorization List
- B. Select the row of the authorization that needs to be extended; click the caret to open Auth Details
- C. Auth Details page
- D. Click +Extension



The screenshot shows the 'Authorization List' page with a table of authorizations. A red box labeled 'A' highlights the 'Authorization List' tab. A red box labeled 'B' highlights a row in the table with a green checkmark icon. A red box labeled 'C' highlights the 'Auth Details' section below the table. A red box labeled 'D' highlights the '+ Extension' button in the 'Auth Details' section.

Authorization ID#	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Provider
0626TL3CX	Jun 26, 2025	TEST1047 MEMBER1047	HSCSN	Mar 01, 2025	DME	Approved	N/A	MEDI-RENTS & SALES
0618W0TYR	Jun 18, 2025	Salty Dog	HSCSN	Jun 18, 2025	DME	Denied	N/A	KEITH STEFON KELLY
0618W2DV0	Jun 18, 2025	Salty Dog	HSCSN	Jun 18, 2025	BH-PHP	Pending	N/A	KEITH STEFON KELLY

**Auth Details**

Primary Diagnosis: Severe persistent asthma with (acute) exacerbation  
 Notification Date: 06/26/2025  
 Decision Date: 07/02/2025  
 Medicaid No: 99980931, Member ID: MEM99904831456

Referred From Provider: MEDI-RENTS & SALES  
 Referred From Provider Fax: 111-111-1111  
 Referred By Provider Phone: 800-540-7252

View & Print Auth View Notes View Docs View Letter View Guidelines View Discharge Plan View Extension Guidelines

+ Extension + Edit Date Of Service

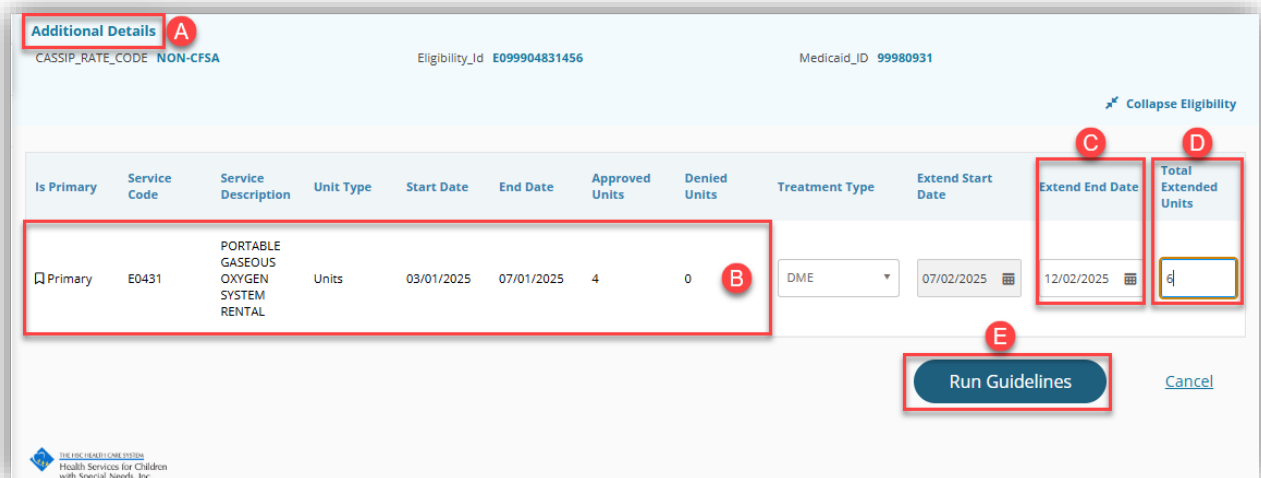
## Auth Portal Desk Level Procedure (DLP) Submitting an Extension of Existing Authorization

### 4.3 How to Document the Extension Request

- A. Additional Details (system navigates user to this page when +Extension is selected; see prior section of this DLP)
- B. Select the row associated with the procedure that needs to be extended (if there is more than one procedure line, each procedure line will need to be updated)
- C. Extend End Date: enter last day of extension request
- D. Total Extended Units: manually enter the number of units (in this example)

Note: When the **Unit Type** is **Days**, after user selects the Extend End Date, the **Total Extended Units** field auto-fills (with number of days). When the **Unit Type** is **Units** (as it is in this example), user must manually enter the **Total Extended Units** value (the number of units being requested).

- E. Click Run Guidelines



**Additional Details** A

CASSIP\_RATE\_CODE NON-CFSA Eligibility\_Id E099904831456 Medicaid\_ID 99980931 ✖ Collapse Eligibility

Is Primary	Service Code	Service Description	Unit Type	Start Date	End Date	Approved Units	Denied Units	Treatment Type	Extend Start Date	Extend End Date	Total Extended Units
<input checked="" type="checkbox"/> Primary	E0431	PORTABLE GASEOUS OXYGEN SYSTEM RENTAL	Units	03/01/2025	07/01/2025	4	0	DME	07/02/2025	12/02/2025	6

E Run Guidelines [Cancel](#)

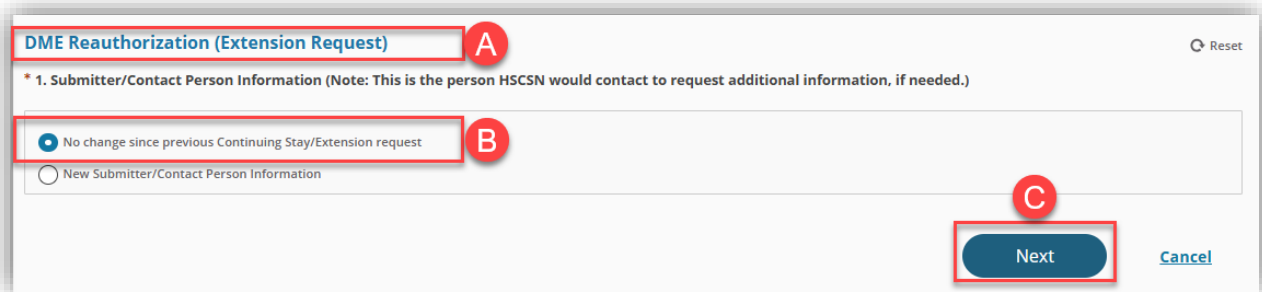
THE HSC HEALTH CARE SYSTEM  
Health Services for Children  
with Special Needs, Inc.

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### 4.4 How to Complete the Extension Assessment Questions

After clicking on Run Guidelines, the system opens a guided assessment with a series of questions for the user to answer to facilitate the UM review.

- A. Name of the Assessment (Guidelines)
- B. Example of user response (user clicked radio button)
- C. Select Next

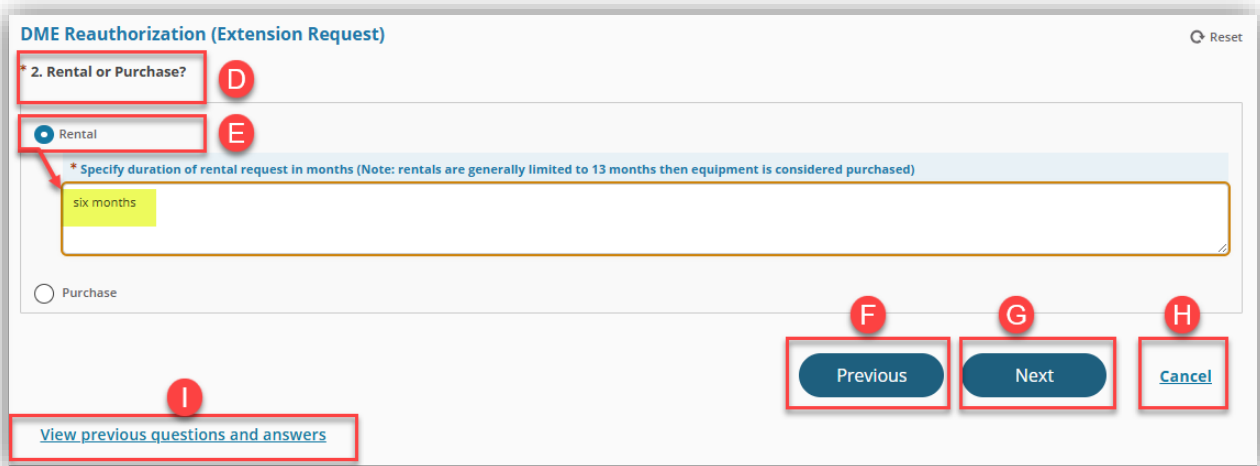


- D. Question 2: this is the next assessment question in this example
- E. The user selected an option that requires a note; the user manually enters requested information in the note section

Note: \* signifies mandatory response; in this example the user is instructed to specify duration of rental period

- F. Previous: select this option to remove the last question
- G. Next: select this option to move the next question
- H. Cancel: only select this option if the user wants to cancel the authorization
- I. View previous questions and answers: select this option to see all assessment questions and responses completed by the user

## Auth Portal Desk Level Procedure (DLP) Submitting an Extension of Existing Authorization



**DME Reauthorization (Extension Request)** Reset

\* 2. Rental or Purchase? **D**

☒ Rental **E**

\* Specify duration of rental request in months (Note: rentals are generally limited to 13 months then equipment is considered purchased)

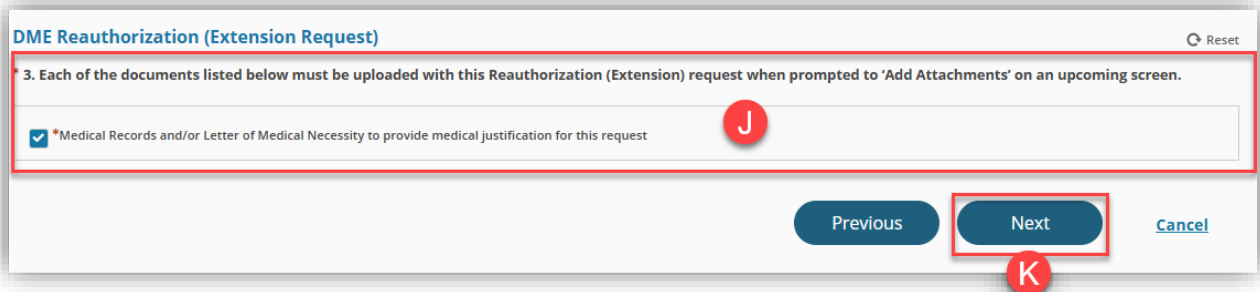
six months **F**

☐ Purchase

**Previous** **Next** **Cancel** **G** **H**

**I** [View previous questions and answers](#)

- J. User is instructed which documents are required for the extension request; clicking the box indicates acknowledgement that user has reviewed the requirement
- K. Select Next



**DME Reauthorization (Extension Request)** Reset

\* 3. Each of the documents listed below must be uploaded with this Reauthorization (Extension) request when prompted to 'Add Attachments' on an upcoming screen.

☒ \*Medical Records and/or Letter of Medical Necessity to provide medical justification for this request **J**

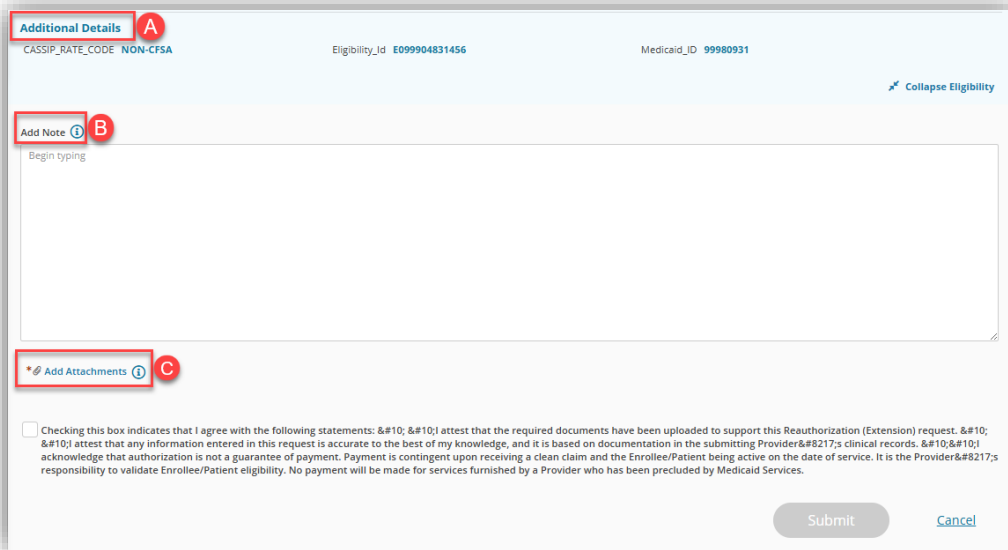
**Previous** **Next** **Cancel** **K**

## Auth Portal Desk Level Procedure (DLP) Submitting an Extension of Existing Authorization

### 4.6 How to Add Note, Upload Extension Documents, and Confirm Submission

Once the Extension questions are completed, the user will be navigated to the Additional Details page to 'Add Note' and 'Add Attachments'.

- A. Additional Details page
- B. Add Note: user can add pertinent details about the Extension request, when applicable (optional)



**Additional Details** A

CASSIP\_RATE\_CODE NON-CFSA Eligibility\_Id E099904831456 Medicaid\_ID 99980931

[Collapse Eligibility](#)

**Add Note** B

Begin typing

**Add Attachments** C

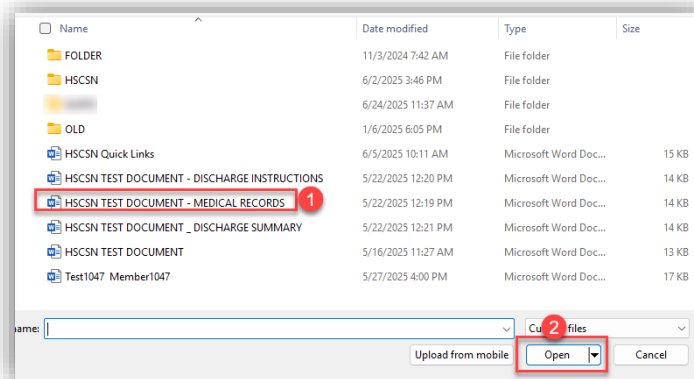
☐ Checking this box indicates that I agree with the following statements: I attest that the required documents have been uploaded to support this Reauthorization (Extension) request. I attest that any information entered in this request is accurate to the best of my knowledge, and it is based on documentation in the submitting Provider's clinical records. I acknowledge that authorization is not a guarantee of payment. Payment is contingent upon receiving a clean claim and the Enrollee/Patient being active on the date of service. It is the Provider's responsibility to validate Enrollee/Patient eligibility. No payment will be made for services furnished by a Provider who has been precluded by Medicaid Services.

[Submit](#) [Cancel](#)

C.

C. Add Attachments: click to upload required document(s)

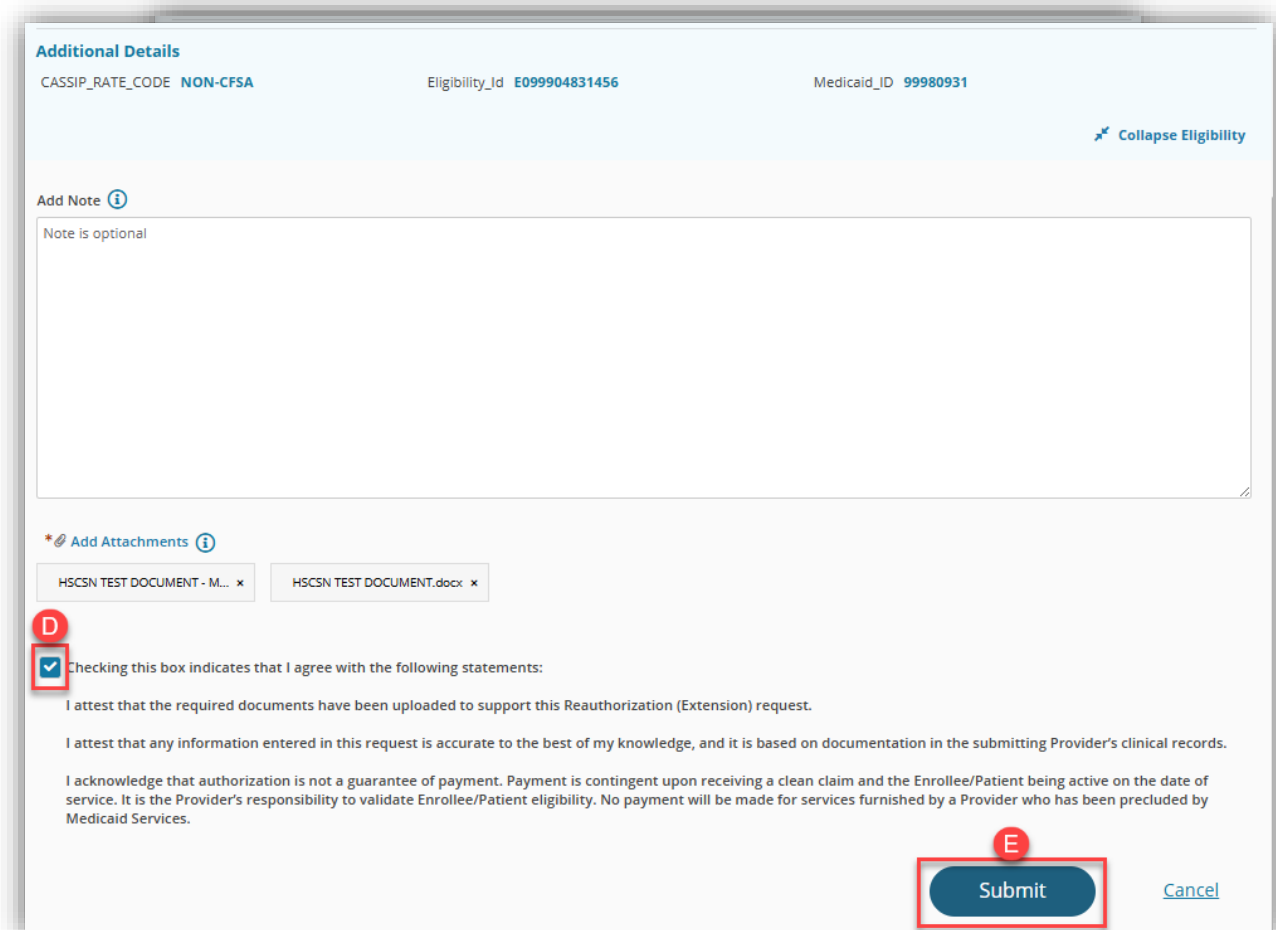
1. This brings user to their desktop; user selects document(s) from their organization's approved site
2. Click Open





## Auth Portal Desk Level Procedure (DLP) Submitting an Extension of Existing Authorization

- D. Once documents are uploaded, check the box acknowledging that the user has read the disclaimer
- E. Click Submit



**Additional Details**

CASSIP\_RATE\_CODE **NON-CFSA**      Eligibility\_Id **E099904831456**      Medicaid\_ID **99980931**      [Collapse Eligibility](#)

**Add Note** ⓘ

Note is optional

**Add Attachments** ⓘ

HSCSN TEST DOCUMENT - M... x      HSCSN TEST DOCUMENT.docx x

**D** ☒ Checking this box indicates that I agree with the following statements:

I attest that the required documents have been uploaded to support this Reauthorization (Extension) request.

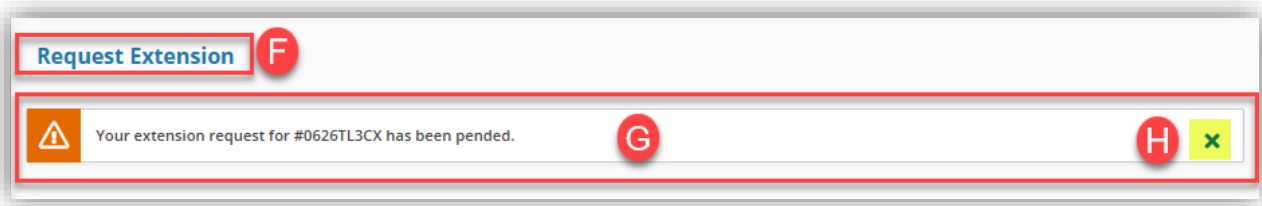
I attest that any information entered in this request is accurate to the best of my knowledge, and it is based on documentation in the submitting Provider's clinical records.

I acknowledge that authorization is not a guarantee of payment. Payment is contingent upon receiving a clean claim and the Enrollee/Patient being active on the date of service. It is the Provider's responsibility to validate Enrollee/Patient eligibility. No payment will be made for services furnished by a Provider who has been precluded by Medicaid Services.

**E** **Submit** [Cancel](#)

## Auth Portal Desk Level Procedure (DLP) Submitting an Extension of Existing Authorization

- F. Request Extension page
- G. Pop up message on top left of page confirming the extension request (with authorization number) has been pended (for HSCSN UM review)
- H. Click 'x' to close the pop up message



### 5. Version History:

Version #	Comments	Created By and Date	Review By and Date	Approved By and Date
1.0	Initial Version	Maggie Kelley, Anoterros, 07.01.2025		
1.2	<p>Clarified 'cancel'</p> <p><a href="#">How to Complete the Extension Assessment Questions</a></p> <p>Refreshed screenshots due to updated formatting</p> <p><a href="#">How to Add Note, Upload Extension Documents, and Confirm Submission</a></p>	Maggie Kelley, Anoterros, 08.19.2025		



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