

Auth Portal Desk Level Procedure (DLP) Submitting an Inpatient Request

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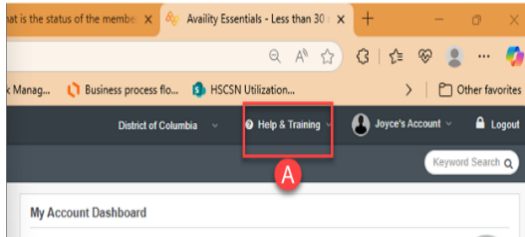
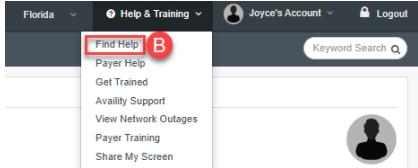
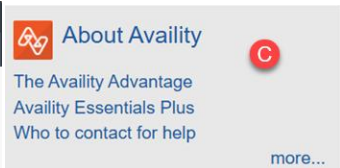
Auth Portal Desk Level Procedure (DLP) Submitting an Inpatient Request

1. Key Information:

Title	Provider – Submitting an Inpatient Request
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"> inability to access the Auth Portal; or the Auth Portal functionality is not performing as expected <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>	<p>Providers and Staff access Availity and use the Single Sign On (SSO) feature to access the HSCSN Auth Portal</p>	<p>If the provider's issue is related to inability to access Availity®:</p> <p>Please navigate to the Availity main landing page by clicking here and logging in then</p> <ol style="list-style-type: none"> Click 'Help and Training' Click 'Find Help' Click 'About Availity' for Availity contact information   

Auth Portal

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3. High-level Description:

Authorization Portal user (user) can submit new requests for inpatient services.

These services include:

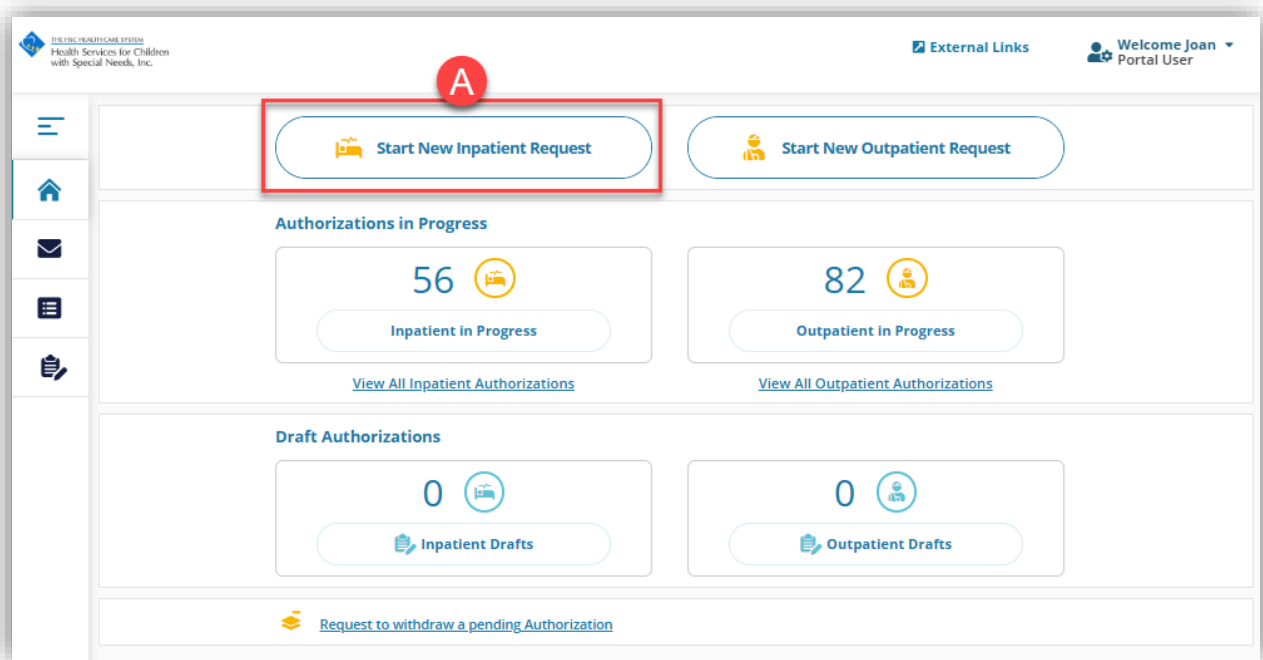
- Acute Hospital
- BH-Admission
- BH-Residential Treatment
- Post Acute Facility
- Post Acute Hospital

4. Detailed Steps:

4.1 From the Authorization Portal Home Page

From the Authorization Portal Home Page, user chooses from available options on the Home Page to proceed to the next step.

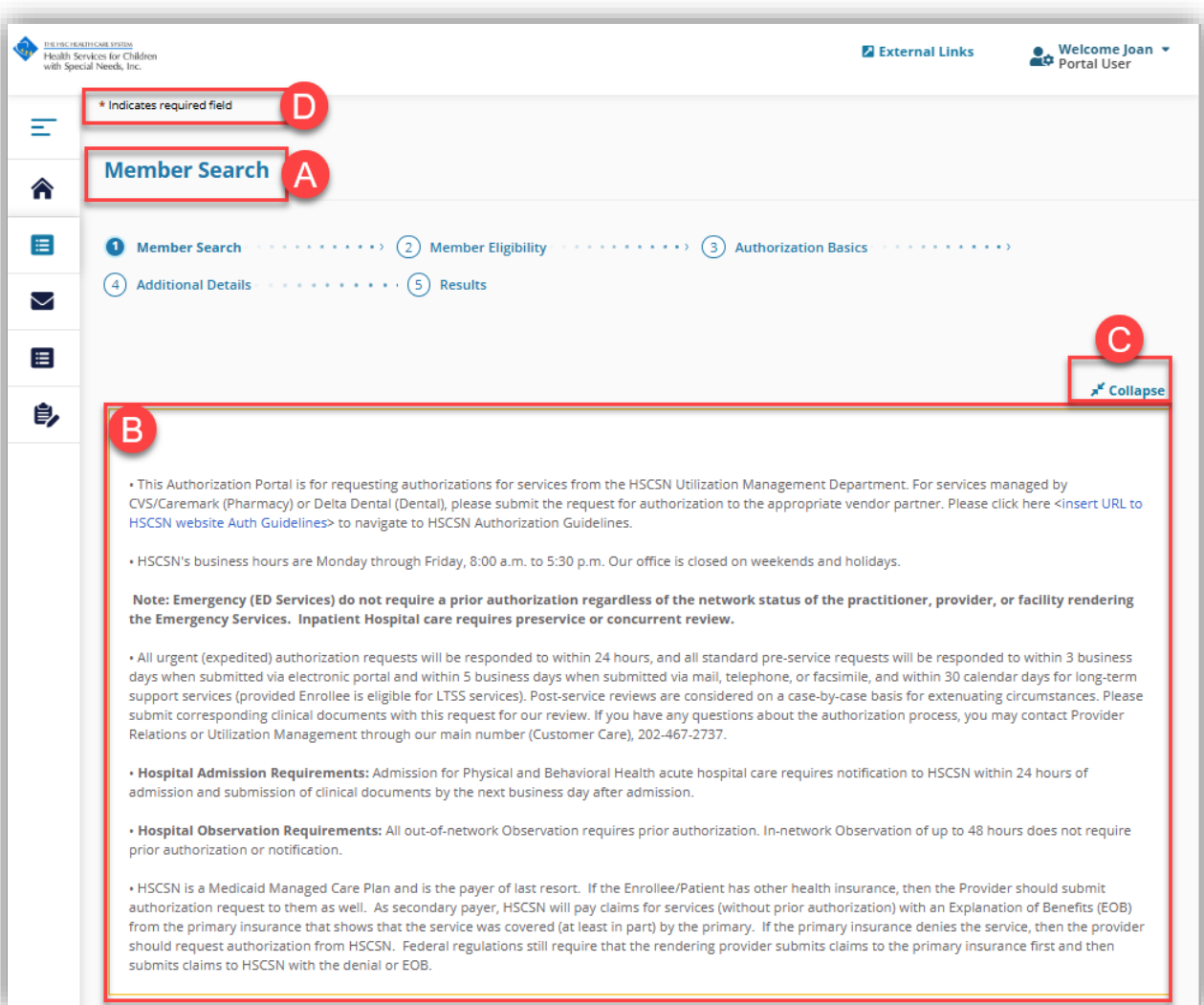
A. Click on 'Start New Inpatient Request' to initiate a new inpatient request



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4.2 Member Search Page

- A. User is navigated to the Member Search page
- B. Review the Banner for essential information about HSCSN authorization guidelines
- C. User can collapse or expand the Banner message by clicking on the arrows
- D. * Indicates required field: throughout auth portal the user will see a red *; this denotes a required field (user must enter information to proceed to the next step)



* Indicates required field

Member Search

1 Member Search 2 Member Eligibility 3 Authorization Basics 4 Additional Details 5 Results

Collapse

This Authorization Portal is for requesting authorizations for services from the HSCSN Utilization Management Department. For services managed by CVS/Caremark (Pharmacy) or Delta Dental (Dental), please submit the request for authorization to the appropriate vendor partner. Please click here [<insert URL to HSCSN website Auth Guidelines>](#) to navigate to HSCSN Authorization Guidelines.

HSCSN's business hours are Monday through Friday, 8:00 a.m. to 5:30 p.m. Our office is closed on weekends and holidays.

Note: Emergency (ED Services) do not require a prior authorization regardless of the network status of the practitioner, provider, or facility rendering the Emergency Services. Inpatient Hospital care requires preservice or concurrent review.

All urgent (expedited) authorization requests will be responded to within 24 hours, and all standard pre-service requests will be responded to within 3 business days when submitted via electronic portal and within 5 business days when submitted via mail, telephone, or facsimile, and within 30 calendar days for long-term support services (provided Enrollee is eligible for LTSS services). Post-service reviews are considered on a case-by-case basis for extenuating circumstances. Please submit corresponding clinical documents with this request for our review. If you have any questions about the authorization process, you may contact Provider Relations or Utilization Management through our main number (Customer Care), 202-467-2737.

Hospital Admission Requirements: Admission for Physical and Behavioral Health acute hospital care requires notification to HSCSN within 24 hours of admission and submission of clinical documents by the next business day after admission.

Hospital Observation Requirements: All out-of-network Observation requires prior authorization. In-network Observation of up to 48 hours does not require prior authorization or notification.

HSCSN is a Medicaid Managed Care Plan and is the payer of last resort. If the Enrollee/Patient has other health insurance, then the Provider should submit authorization request to them as well. As secondary payer, HSCSN will pay claims for services (without prior authorization) with an Explanation of Benefits (EOB) from the primary insurance that shows that the service was covered (at least in part) by the primary. If the primary insurance denies the service, then the provider should request authorization from HSCSN. Federal regulations still require that the rendering provider submits claims to the primary insurance first and then submits claims to HSCSN with the denial or EOB.

Auth Portal

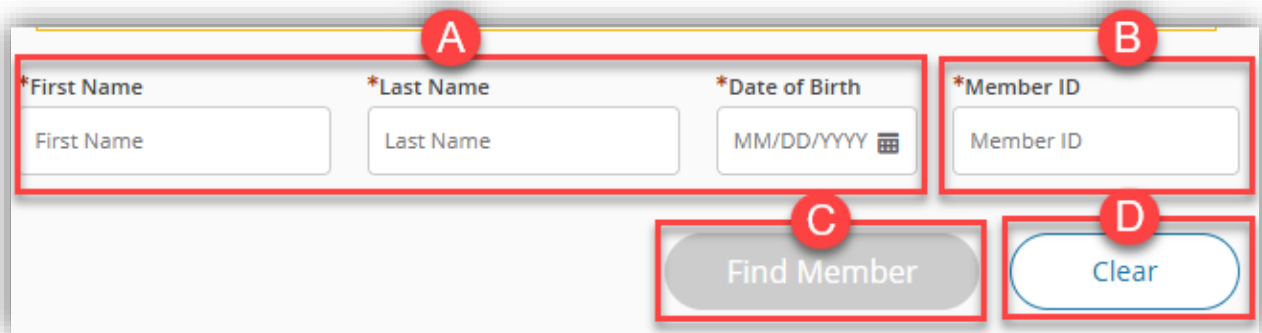
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4.3 Searching for Enrollee

Just below the Banner, the user enters the enrollee's demographic information.

- A. Enter enrollee's First Name, Last Name and Date of Birth; **or**
 - B. Enter enrollee's Member ID
 - C. Select 'Find Member'
- Note: Find Member option is not available to select until required information is entered
- D. Select 'Clear' to remove content (and reenter information, only as needed)

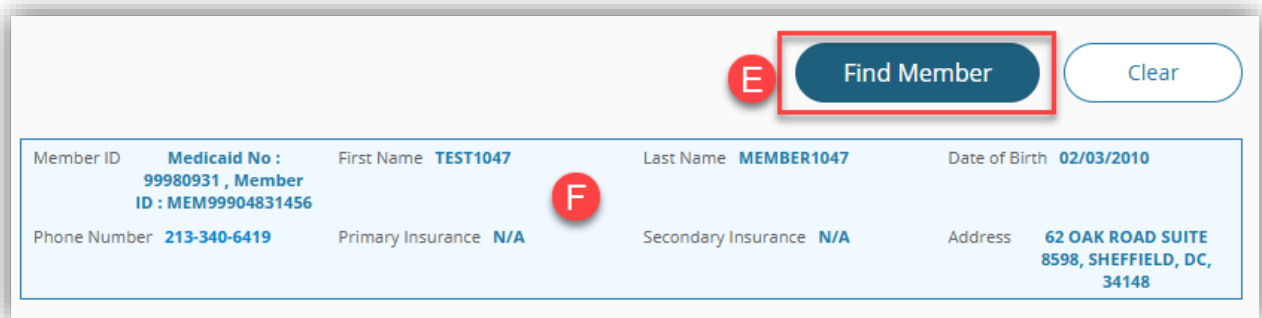


The form contains four input fields and two buttons. Label A points to the First Name, Last Name, and Date of Birth fields. Label B points to the Member ID field. Label C points to the Find Member button. Label D points to the Clear button.

*First Name First Name	*Last Name Last Name	*Date of Birth MM/DD/YYYY	*Member ID Member ID
Find Member			Clear

Note: 'Find Member' is not available to select until the required information is entered. Once information is entered the 'Find Member' button is active (changes color) indicating it is now available to select.

- E. Select 'Find Member'
 - F. Review enrollee's information to confirm user selected the correct enrollee
- Click anywhere within the blue box to open the Eligibility section



The form shows the enrollee's information after a successful search. Label E points to the Find Member button. Label F points to the enrollee information table.

Member ID	Medical No : 99980931 , Member ID : MEM99904831456	First Name	TEST1047	Last Name	MEMBER1047	Date of Birth	02/03/2010
Phone Number	213-340-6419	Primary Insurance	N/A	Secondary Insurance	N/A	Address	62 OAK ROAD SUITE 8598, SHEFFIELD, DC, 34148

Auth Portal

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Note: If user is unable to locate an enrollee after following the above steps, Contact Customer Service as noted in the Access Issues section at the beginning of this DLP.

4.4 Verify Enrollee Eligibility

Once the Find Member selection is completed, the Eligibility page opens.

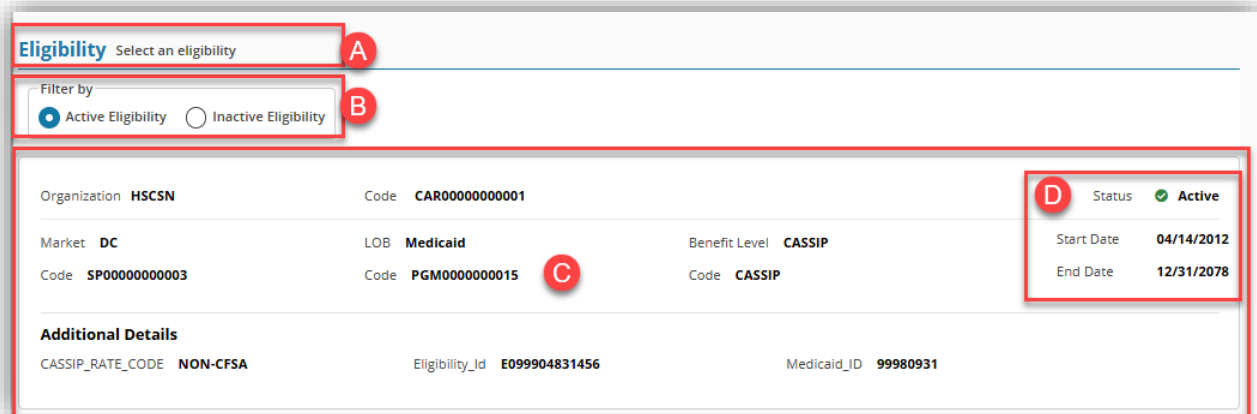
- A. Navigate to the Eligibility page
- B. Filter by Eligibility status

Note: User can toggle between Active Eligibility and Inactive Eligibility by clicking the corresponding radio button to find the correct eligibility for the date range of the requested services (this is usually Active Eligibility)

- C. User clicks anywhere in this box to select the displayed eligibility

Note: the background color is white until the user clicks within this box

- D. Eligibility Status: Displays Active Eligibility with Start Date and End Date



The screenshot shows the 'Eligibility' page with the following details:

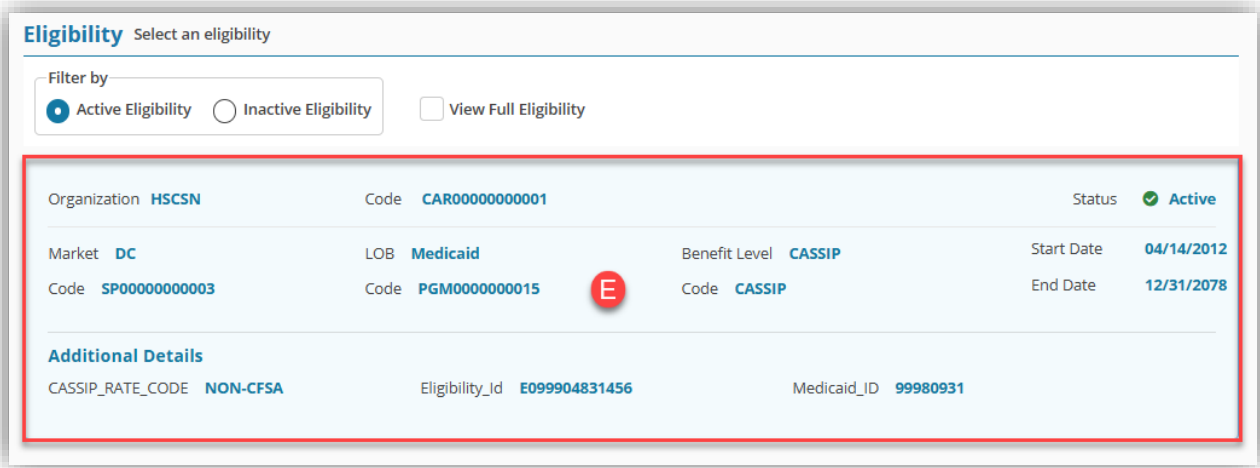
- Header:** 'Eligibility Select an eligibility' (Callout A)
- Filter by:** 'Active Eligibility' (selected) and 'Inactive Eligibility' (Callout B)
- Organization:** HSCSN, **Code:** CAR00000000001
- Market:** DC, **LOB:** Medicaid, **Benefit Level:** CASSIP
- Code:** SP00000000003, **Code:** PGM0000000015 (Callout C), **Code:** CASSIP
- Eligibility Status:** Active (Callout D), **Start Date:** 04/14/2012, **End Date:** 12/31/2078
- Additional Details:** CASSIP_RATE_CODE: NON-CFSA, Eligibility_Id: E099904831456, Medicaid_ID: 99980931

Auth Portal

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- E. Once the user clicks on the eligibility box, the section turns blue (this confirms eligibility selection is completed)



Eligibility Select an eligibility

Filter by: ☒ Active Eligibility ☐ Inactive Eligibility ☐ View Full Eligibility

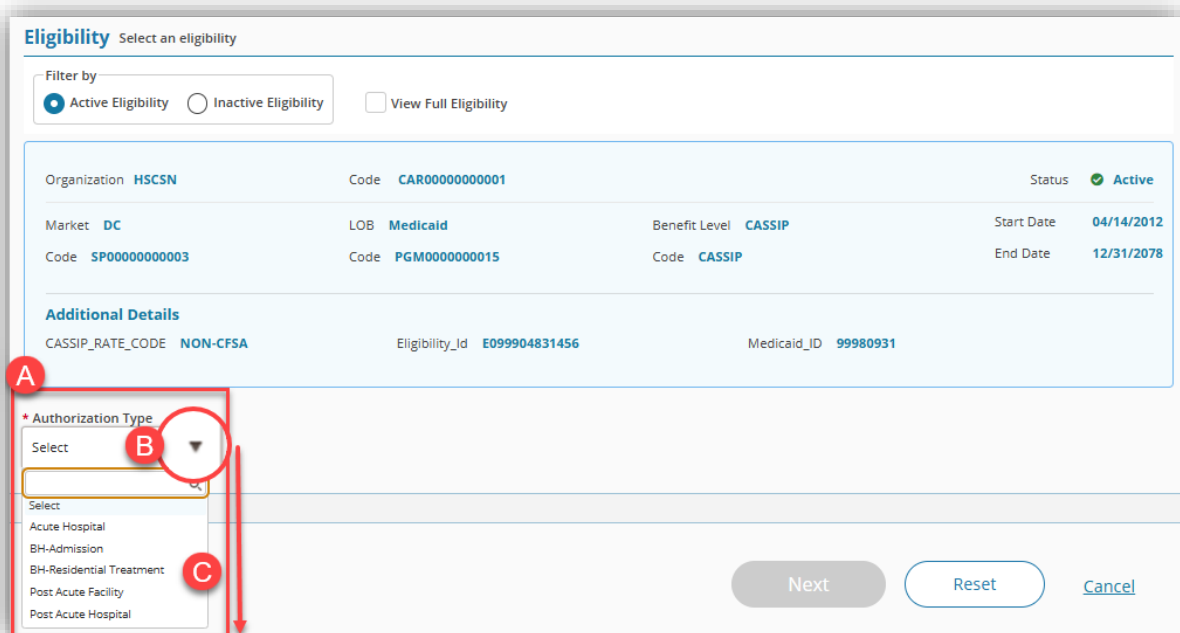
Organization	HSCSN	Code	CAR00000000001	Status	Active
Market	DC	LOB	Medicaid	Benefit Level	CASSIP
Code	SP00000000003	Code	PGM00000000015	Start Date	04/14/2012
		Code	CASSIP	End Date	12/31/2078

Additional Details

CASSIP_RATE_CODE NON-CFSA Eligibility_Id E099904831456 Medicaid_ID 99980931

4.5 Selecting Inpatient Authorization Type

- Navigate to the *Authorization Type field
 - Click the down arrow to open the drop down option list
 - Click on the applicable Authorization Type to choose selection
- See Table A: Inpatient Authorization Type Reference Table below



Eligibility Select an eligibility

Filter by: ☒ Active Eligibility ☐ Inactive Eligibility ☐ View Full Eligibility

Organization	HSCSN	Code	CAR00000000001	Status	Active
Market	DC	LOB	Medicaid	Benefit Level	CASSIP
Code	SP00000000003	Code	PGM00000000015	Start Date	04/14/2012
		Code	CASSIP	End Date	12/31/2078

Additional Details

CASSIP_RATE_CODE NON-CFSA Eligibility_Id E099904831456 Medicaid_ID 99980931

* Authorization Type

Select

Acute Hospital

BH-Admission

BH-Residential Treatment

Post Acute Facility

Post Acute Hospital

Next Reset Cancel

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Note: User can also enter the first three letters of the Auth Type, click enter, and the system will display a shorter list to select from

A. Inpatient Authorization /Treatment Type Reference Table

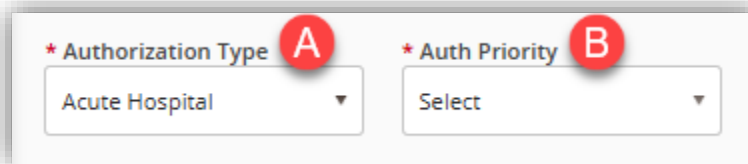
Ref	Authorization Type	Instructions – select the appropriate Auth Type (left column) for the applicable Treatment Type listed below
A	Acute Hospital	Select this option for Physical Health/Medical <ul style="list-style-type: none"> • Acute • ICU • Intermediate • NICU
A	BH-Admission	Select this option for Behavioral Health (Mental Health/Substance Use Disorder) <ul style="list-style-type: none"> • Acute Psychiatric Admission • ASAM 3.7 – Intensive Inpatient • ASAM 4 - Intensive Inpatient • Substance Abuse
A	BH-Residential Treatment	Select this option for Behavioral Health (Mental Health/Substance Use Disorder) <ul style="list-style-type: none"> • ASAM 3.1 – Low Intensity Residential • ASAM 3.3 - High Intensity Residential • ASAM 3.5 – High Intensity Residential • BH Residential • Psychiatric Residential Treatment Facility (PRTF) • SUD Residential
A	Post-Acute Facility	Select this option for <ul style="list-style-type: none"> • ICF-IID • Skilled Nursing Facility (SNF) • Sub-Acute Rehabilitation Facility
A	Post-Acute Hospital	Select this option for <ul style="list-style-type: none"> • Inpatient Rehabilitation • Long-Term Acute Care (LTAC) • Post-Acute Hospital Care

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4.6 Selecting Inpatient Authorization Priority

Once the Authorization Type is selected, the Authorization Details page opens.

- A. Authorization Type: this populates based on the user's choice in the Authorization Type field
- B. Auth Priority: User selects the most appropriate option
See Table B: Auth Portal Priority Reference Table below



The screenshot shows a web form with two dropdown menus. The first dropdown, labeled '* Authorization Type' with a red circle 'A' next to it, has 'Acute Hospital' selected. The second dropdown, labeled '* Auth Priority' with a red circle 'B' next to it, has 'Select' selected.

B. Auth Portal Priority Reference Table

Ref	Auth Priority	Turn Around Time (TAT)	Instructions
B	Concurrent	Within 72 hours of receipt of all required information Extension may be applied when applicable	<ul style="list-style-type: none"> Select this option when submitting the initial Notification of an unscheduled Acute or Behavioral Health (BH) Hospital admission
B	Court Orders	Not Applicable	<ul style="list-style-type: none"> Do not select this option
B	Post Service	Within 30 calendar days of receipt of all required information Extension may be applied when applicable	<ul style="list-style-type: none"> HSCSN reviews Post Service requests on a case-by-case basis due to extenuating circumstances When selecting this option, add a note in the Document upload section stating reason for the Post Service review request
B	Preservice Standard	Not Applicable	<ul style="list-style-type: none"> Do not select this option This option is restricted to HSCSN UM Reviewers and is only used when a preservice standard request is <u>not</u> submitted via the Auth Portal (i.e., fax, mail, etc.)

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B	Preservice Expedited	<p>Within 24 hours of receipt of all required information</p> <p>Extension may be applied when applicable</p>	<ul style="list-style-type: none"> Select this option when selecting the preservice standard timeframe could seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function Do not select this option for provider or enrollee convenience
B	Preservice Standard – Portal	<p>Within 3 business days of receipt of all required information</p> <p>Extension may be applied when applicable</p>	<ul style="list-style-type: none"> Select this option for preservice routine, elective admissions
B	Respite	<p>Within 5 business days of receipt of all required information</p> <p>Extension may be applied when applicable</p>	<ul style="list-style-type: none"> Respite TAT only applies to Respite Auth Type preservice requests HSCSN reviews Post Service requests on a case-by-case basis due to extenuating circumstances Provider must contact HSCSN UM team if the Respite Request is Post Service (unable to submit this through the Auth Portal)

4.7 Selecting Provider Details

User is required to enter the 'Referred from Provider' information. HSCSN requires provider selection using the provider group NPI number and physical address (where services are provided) selection.

There are two ways to search for providers: Quick Search and Advanced Search

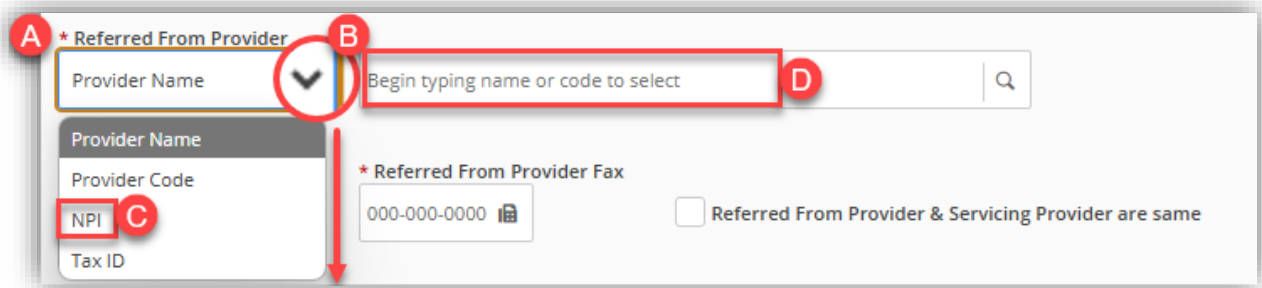
This DLP describes the Quick Search option. Please see the below DLP for further instructions in using Advanced Search option

- HSCSN_DLP_Auth Portal_Provider Search

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Provider Quick Search:

- A. Navigate to the Referred From Provider field
- B. Click on the down arrow to display the drop down list of options
- C. Select NPI
- D. Enter Group NPI number; click enter



Note: If provider is not found, go to the Advanced Search option; please see the below DLP for further instructions

- HSCSN_DLP_Provider_Provider Search

Selecting the NPI from the quick search typically presents two options based on the entered NPI number: physical and mailing address

- E. Select the physical address (address where services are provided) option by clicking anywhere in that row

Note: Each provider group has only one physical address in the HSCSN Auth Portal. Choose the physical address that is associated with any one the facility/group practices (since it is the one designated for that group/facility).

- F. Notice in this example this option says “PO BOX” which indicates it is a mailing address (do not select this option)

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*** Referred From Provider**

NPI ▼

Begin typing name or code to select

*** Referred From Provider**

Phone 000.000.0000

Provider Search Results ✕

Use the Tab or Shift-Tab key to navigate search results with keyboard

Provider Name	Provider Type	Provider Code	NPI	Tax ID	Network	Network Status	Address	Contract Start Date	Contract End Date
GEORGETO... UNIVERSITY HOSPITAL	Hospital	MSC0020...	1063541...	5222284...	Medicaid	PAR E	3800 RESERVOIR ROAD, WASHINGTON, DC, 20007	01/01/2012	12/31/2078
GEORGETO... UNIVERSITY HOSPITAL	Hospital	MSC0020...	1063541...	5222284...	Medicaid	PAR F	PO BOX 418283, WASHINGTON, DC, 22418	01/01/2012	12/31/2078

'Please note that the above list include top 10 providers with active addresses. Please use advanced search for active and inactive providers.'

Once the Referred From Provider selection is completed, the user must review the associated phone and fax numbers; update them as needed.

In this example, the system populated the phone number but did not populate the fax number. The user is required to review and update system-generated numbers, if needed, and enter missing numbers when applicable.

G. Referred From Provider Phone

H. Referred From Provider Fax

*** Referred From Provider**

NPI ▼

GEORGETOWN UNIVERSITY HOSPITAL 🔍

Press Enter after typing 3 characters to search

*** Referred From Provider**

Phone 202-444-2000 G

*** Referred From Provider Fax**

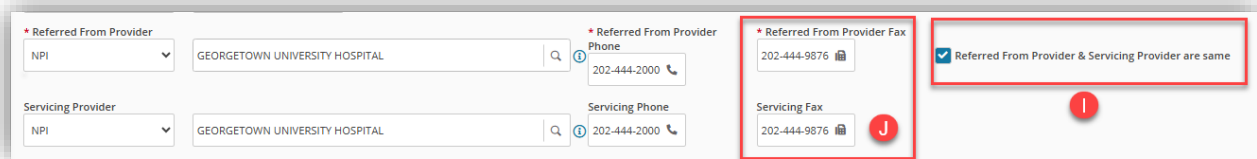
Fax 000-000-0000 H

Auth Portal Desk Level Procedure (DLP) Submitting an Inpatient Request

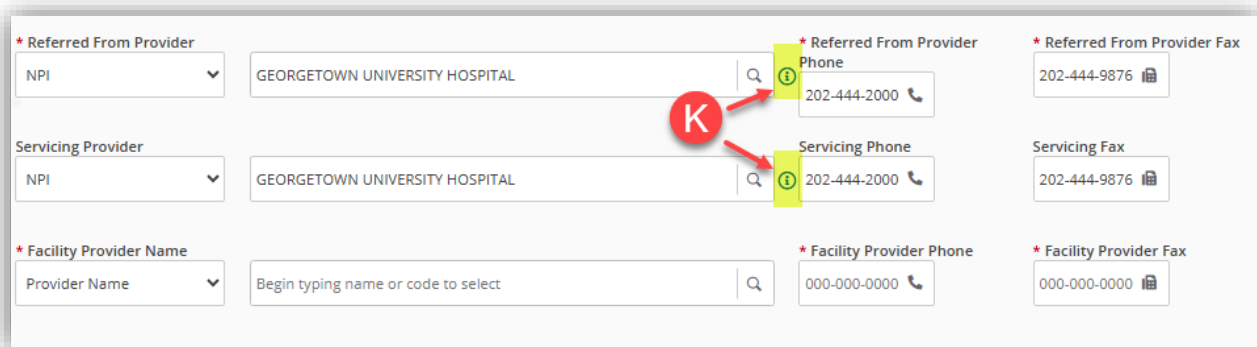
When the Referred From Provider and Servicing Provider are the same, user can select the 'Referred from Provider & Servicing Provider are same' (this step is optional)

Note: For Inpatient Services, the Facility Provider is required but the Servicing Provider (e.g., surgeon) is optional (enter Servicing Provider information, if known, when it is different than the Facility Provider)

- I. When Referred From and Servicing Provider are the same, user can check the box next to Referred From Provider & Servicing Provider are same
- J. In prior example the fax number was missing but in this scenario the user entered the fax number prior to checking the '...are same' box; this populated the newly updated fax number into the Servicing Provider >> Servicing Fax box

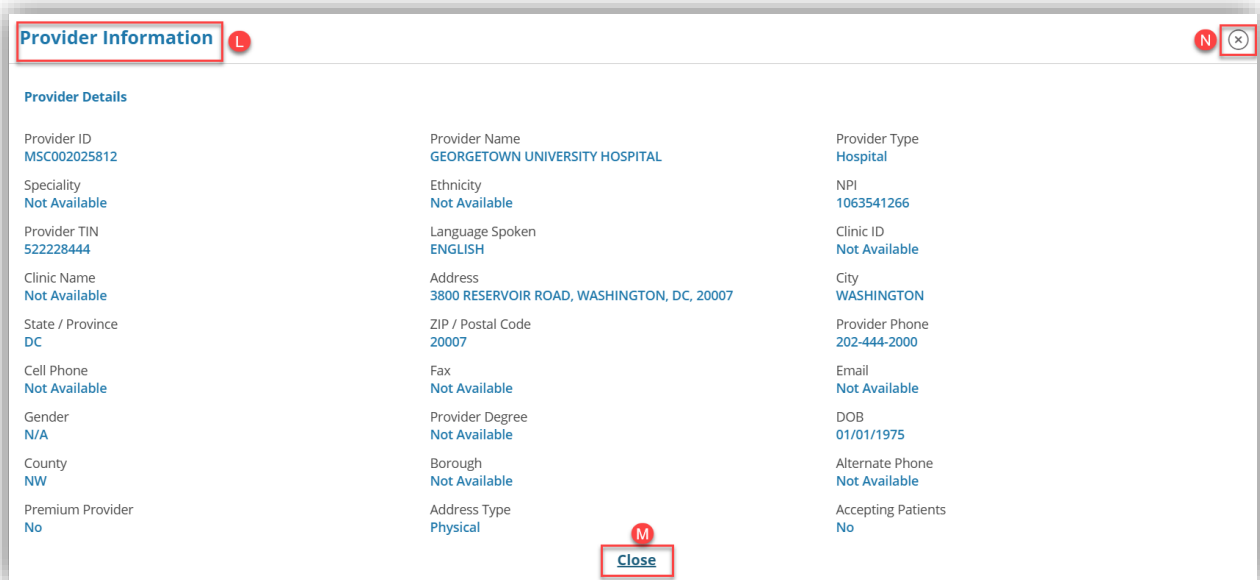


- K. Clicking "i" icon  next to the Provider information box, opens further information about the provider



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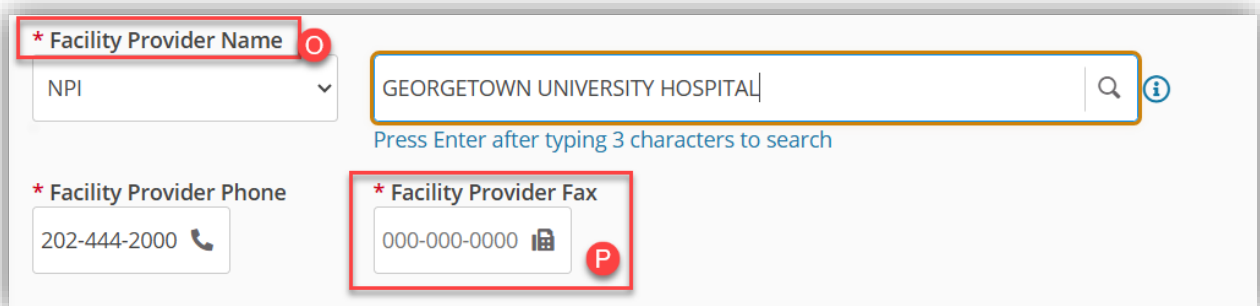
- L. Clicking the 'i' icon navigates user to Provider Information – review information as needed
- M. Select Close to return to Auth Details screen; **or**
- N. Select x to return to Auth Details screen



Provider Details		
Provider ID MSC002025812	Provider Name GEORGETOWN UNIVERSITY HOSPITAL	Provider Type Hospital
Specialty Not Available	Ethnicity Not Available	NPI 1063541266
Provider TIN 522228444	Language Spoken ENGLISH	Clinic ID Not Available
Clinic Name Not Available	Address 3800 RESERVOIR ROAD, WASHINGTON, DC, 20007	City WASHINGTON
State / Province DC	ZIP / Postal Code 20007	Provider Phone 202-444-2000
Cell Phone Not Available	Fax Not Available	Email Not Available
Gender N/A	Provider Degree Not Available	DOB 01/01/1975
County NW	Borough Not Available	Alternate Phone Not Available
Premium Provider No	Address Type Physical	Accepting Patients No

Close

- O. Enter Facility Provider Name information using the same steps outlined above
- P. Notice that the fax number did not auto-populate; user must verify phone and add fax number in this example




*** Facility Provider Name** O


NPI GEORGETOWN UNIVERSITY HOSPITAL Q i

Press Enter after typing 3 characters to search

*** Facility Provider Phone**

202-444-2000 

*** Facility Provider Fax**

000-000-0000  P

Auth Portal

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4.8 Entering Admission Date and Time

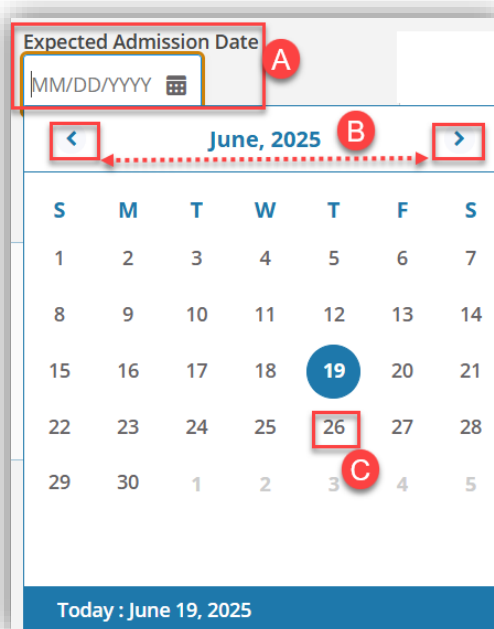
User must enter the Expected Admission Date (preservice requests) or the Actual Admission Date and Time (concurrent review requests).

Note: These fields do not have the * asterisk which denotes a mandatory field, but user must select either the Expected Admission Date or the Actual Admission Date and Time to proceed.

Note: When Enrollee is admitted directly from the Emergency Department (ED) or after a period of Observation (not to exceed 48 hours), the admission date and time is based on the date and time of the decision to admit (admission order).

Preservice Requests:

- A. Navigate to the Expected Admission Date and click on the MM/DD/YYYY box to open a calendar
- B. User can move back and forth between months as needed by clicking on the back < or forward > arrows
- C. Notice in this example today is June 19, 2025, and that date is highlighted, but user can select a different date by clicking on that date (in this example user chooses the June 26 by clicking on 26 (June is noted on top of the calendar – B)



Expected Admission Date

MM/DD/YYYY

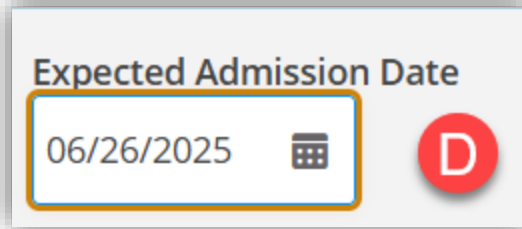
< June, 2025 >

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5

Today : June 19, 2025

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D. The Expected Admission Date now indicates 06/26/2025



Note: The user can change the date if needed, by following the steps outlined above.

Note: User should submit “Additional Information” on a previously submitted pre-service admission request, so HSCSN UM is informed when the enrollee is actually admitted.

Concurrent Review Requests:

- A. Navigate to the Actual Admission Date and time
- B. Toggler back and forth to find date as needed
- C. Select date

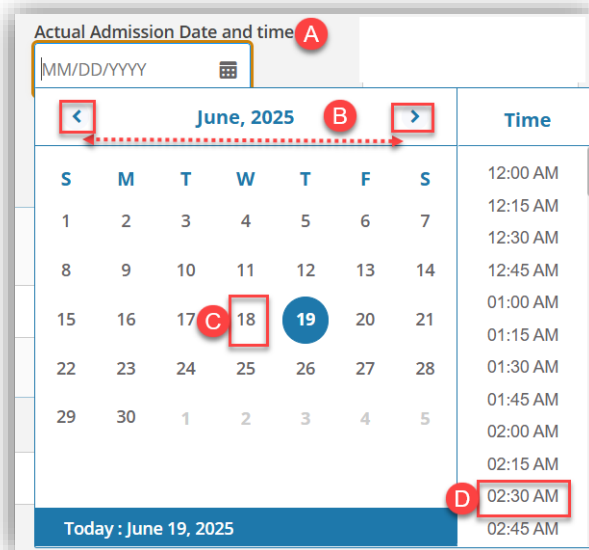
Note: in this example the user is providing the admission notification which is required within 24 hours of admission and selects the day prior to the current day

- D. Select the closest time to the actual admission (in this example enrollee was admitted at 2:36 AM; user can update this selected time – see next step)

Auth Portal

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Actual Admission Date and time **A**

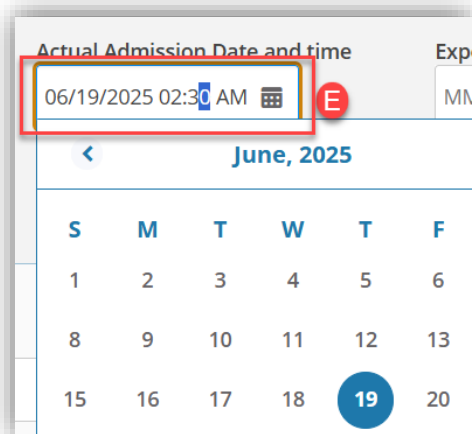
MM/DD/YYYY

< June, 2025 **B** >

S	M	T	W	T	F	S	Time
							12:00 AM
1	2	3	4	5	6	7	12:15 AM
							12:30 AM
8	9	10	11	12	13	14	12:45 AM
15	16	17 C	18	19	20	21	01:00 AM
							01:15 AM
22	23	24	25	26	27	28	01:30 AM
							01:45 AM
29	30	1	2	3	4	5	02:00 AM
							02:15 AM
							02:30 AM D
							02:45 AM

Today : June 19, 2025

- E. Click on the box that now has the date and time noted; this allows user to edit the time; highlight and enter '6' on your keyboard to change the '0' to '6'



Actual Admission Date and time **E**

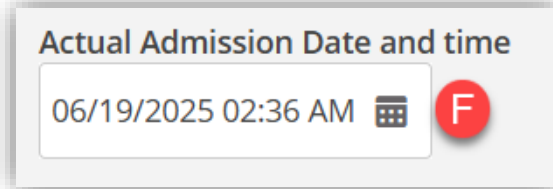
06/19/2025 02:30 AM

< June, 2025



S	M	T	W	T	F
1	2	3	4	5	6
8	9	10	11	12	13
15	16	17	18	19	20

Auth Portal Desk Level Procedure (DLP) Submitting an Inpatient Request

- F. Once the change is made, the user clicks outside of the Date/Time box and sees the change is updated and the time is now 2:36 AM

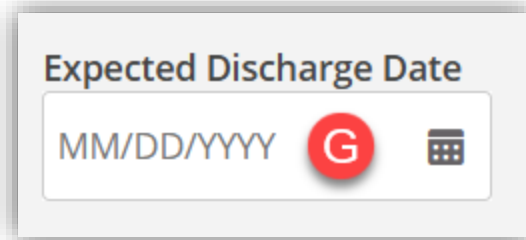


Actual Admission Date and time



06/19/2025 02:36 AM  

- G. Expected Discharge date is optional – user is not required to enter Expected Discharge Date at this time

Note: User will provide discharge information at time of discharge



Expected Discharge Date

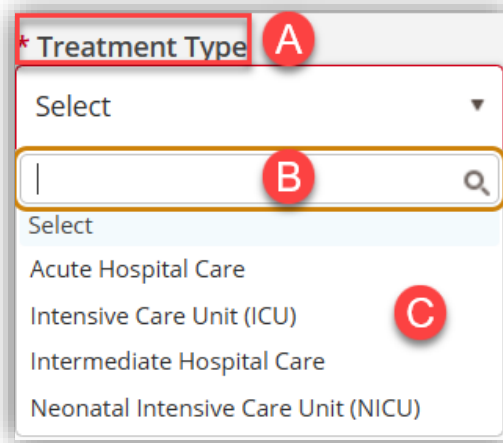
MM/DD/YYYY  

4.9 Entering the Treatment Type

User must enter the Treatment Type that is most appropriate for the admission.

- A. Navigate to Treatment Type
- B. Click in the box marked 'Select'
- C. Click on the most appropriate option from the drop down list

Auth Portal Desk Level Procedure (DLP) Submitting an Inpatient Request



* Treatment Type A

Select

B

Select

Acute Hospital Care

Intensive Care Unit (ICU) C

Intermediate Hospital Care

Neonatal Intensive Care Unit (NICU)

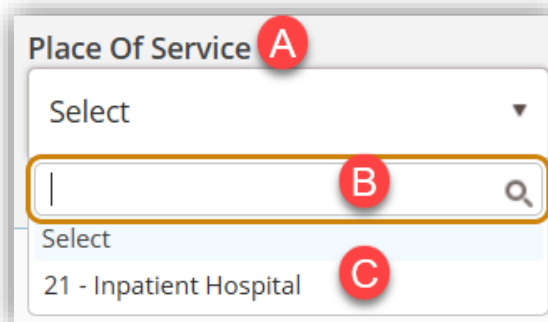
4.10 Entering Place of Service

User enters the Place of Service (POS) based on the most appropriate option.

Navigate to Place of Service

- A. Click in the box marked 'Select'
- B. Click on the most appropriate option from the drop down list

Note: in this example only one POS is displayed but it may include other options



Place Of Service A

Select

B

Select

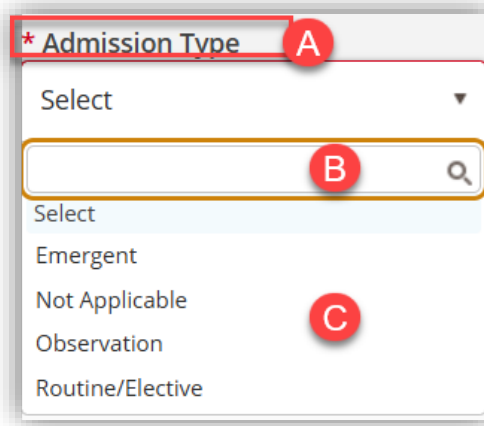
21 - Inpatient Hospital C

Auth Portal Desk Level Procedure (DLP) Submitting an Inpatient Request

4.11 Entering the Admission Type

User must enter the Admission Type that is most appropriate for the admission.

- C. Navigate to Admission Type
- D. Click in the box marked 'Select'
- E. Click on the most appropriate option from the drop down list



The screenshot shows a web form with a dropdown menu for 'Admission Type'. The dropdown is open, showing a list of options. A red box labeled 'A' highlights the 'Admission Type' header. A yellow box labeled 'B' highlights the search bar. A red circle labeled 'C' highlights the 'Observation' option in the list.

* Admission Type
Select
Select
Emergent
Not Applicable
Observation
Routine/Elective

Note: Authorization for in-network Observation is not required for the first 48 hours and it should not be selected as an Admission Type.

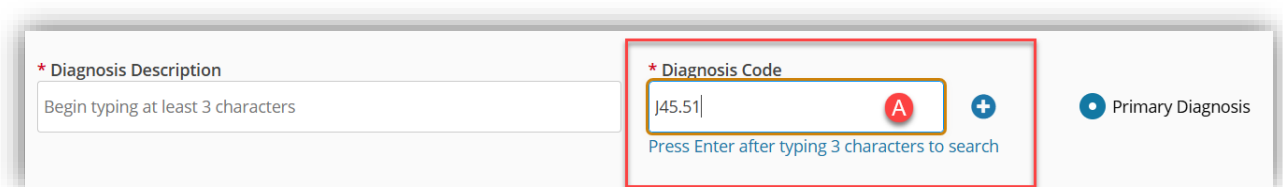
Auth Portal Desk Level Procedure (DLP) Submitting an Inpatient Request

4.12 Entering the Diagnosis/Diagnoses

HSCSN requires providers to use ICD-10 codes. While the system allows user to search by Diagnosis Description or Diagnosis code, it is imperative that the user selects the correct Diagnosis (ICD-10) Code. This includes ensuring the Diagnosis code aligns with the age of the enrollee.

User can enter as many diagnoses as needed to fully support medical necessity review. See below instructions how to enter the primary and secondary diagnosis codes.

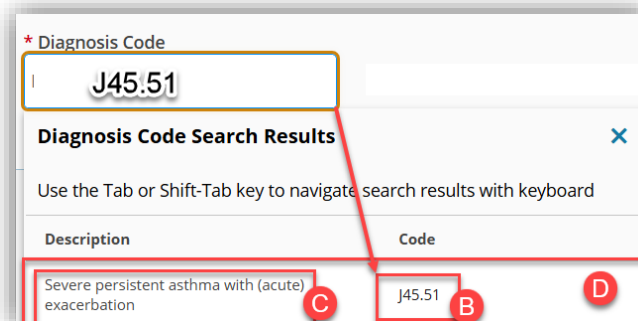
A. Diagnosis Code – enter the age-specific ICD-10 code then click enter



B. When entering the specific ICD-10 code, the system will display the Code

C. The system also displays the corresponding diagnosis description

D. User clicks anywhere in the line that lists the correct code and description



Description	Code
Severe persistent asthma with (acute) exacerbation	J45.51

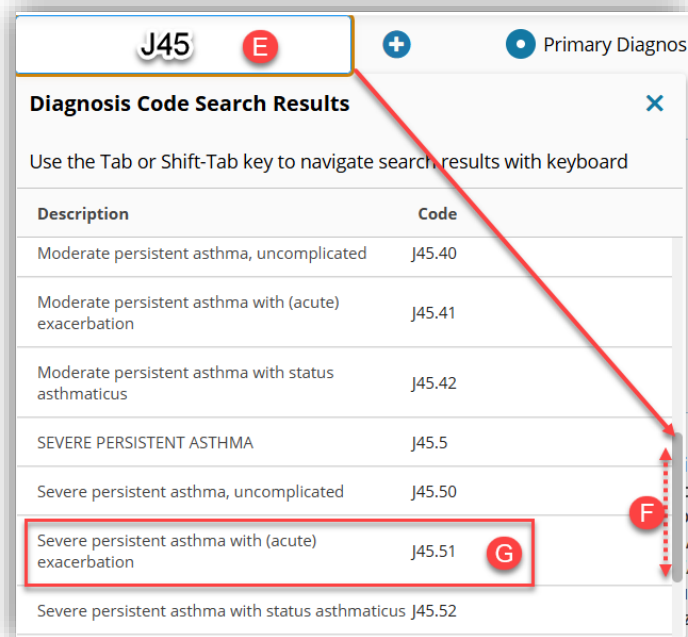
Auth Portal

Desk Level Procedure (DLP)

Submitting an Inpatient Request

Note: If the user only enters a portion of the ICD-10 code, the system will search for potential ICD-10 Codes; user clicks anywhere in the row with the appropriate ICD-10 code and description to select the appropriate ICD-10 code

- E. User enters a partial ICD-10 code; in this example J45
- F. User needs to scroll to find the appropriate code within the presented list of options (all J45)
- G. User clicks anywhere in the row that has the correct Diagnosis code and description



J45 E + ● Primary Diagnos

Diagnosis Code Search Results ✕

Use the Tab or Shift-Tab key to navigate search results with keyboard

Description	Code
Moderate persistent asthma, uncomplicated	J45.40
Moderate persistent asthma with (acute) exacerbation	J45.41
Moderate persistent asthma with status asthmaticus	J45.42
SEVERE PERSISTENT ASTHMA	J45.5
Severe persistent asthma, uncomplicated	J45.50
Severe persistent asthma with (acute) exacerbation	J45.51 G
Severe persistent asthma with status asthmaticus	J45.52

F

This populated the Diagnosis Description and Diagnosis Code

Auth Portal Desk Level Procedure (DLP) Submitting an Inpatient Request

Adding Secondary Diagnosis/Diagnoses

H. Click on the (+) symbol



* Diagnosis Description: Severe persistent asthma with (acute) exacerbation

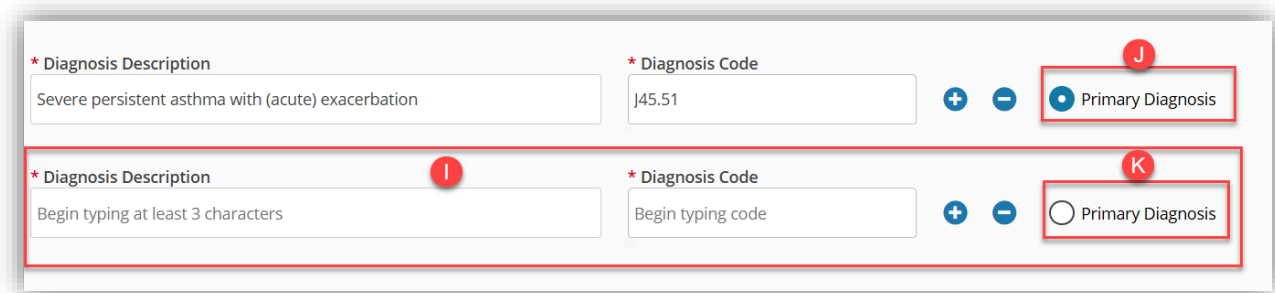
* Diagnosis Code: J45.51

Press Enter after typing 3 characters to search

H (Red circle with H) and **+** (Blue circle with +) are highlighted.

Note: user can enter as many diagnoses as needed to inform the medical necessity review

- I. A new Diagnosis line is added (user follows the same steps identified above to search and select the Diagnosis Code and Diagnosis Description)
- J. The system defaults to the first diagnosis being listed as the Primary Diagnosis denoted by the selected (blue) circle in front of “Primary Diagnosis”
- K. The user can change the “Primary Diagnosis” designation by clicking on the white/blank circle in front of a different “Primary Diagnosis” designation on another Diagnosis row



* Diagnosis Description: Severe persistent asthma with (acute) exacerbation

* Diagnosis Code: J45.51

J (Red circle with J) highlights the blue circle next to "Primary Diagnosis".

* Diagnosis Description: Begin typing at least 3 characters

* Diagnosis Code: Begin typing code

I (Red circle with I) highlights the second row's description field.

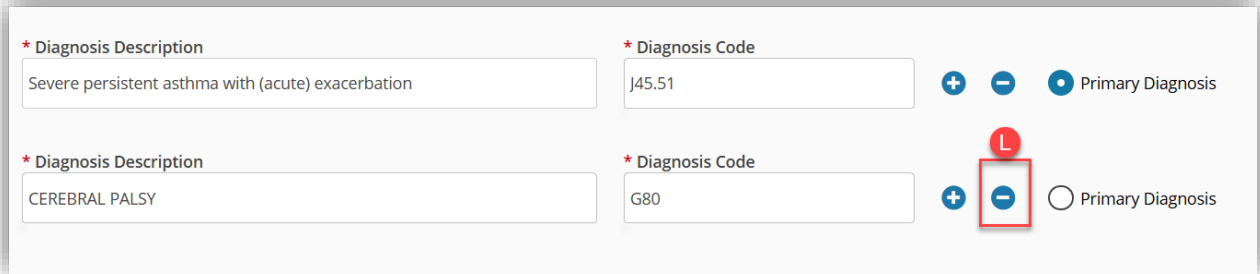
K (Red circle with K) highlights the white circle next to "Primary Diagnosis" for the second row.

Auth Portal

Desk Level Procedure (DLP)

Submitting an Inpatient Request

- L. Select the (-) symbol to remove a diagnosis that is entered in error



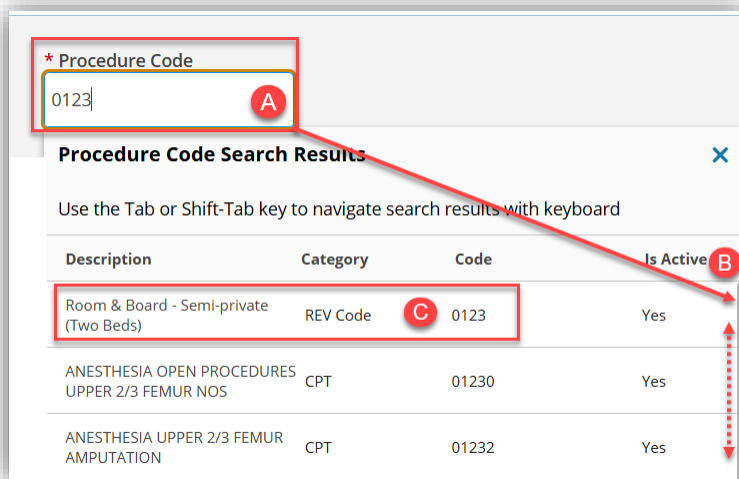
* Diagnosis Description: Severe persistent asthma with (acute) exacerbation
* Diagnosis Code: J45.51
+ - ● Primary Diagnosis

* Diagnosis Description: CEREBRAL PALSY
* Diagnosis Code: G80
+ - ○ Primary Diagnosis

4.13 Entering the Procedure/Procedures

Entering the Procedure Code and Procedure Descriptions uses the same steps identified in section [4.12 Entering the Diagnosis/Diagnoses](#)

- A. Enter the Procedure Code
- B. Scroll down to find the appropriate code match
- C. Click anywhere in the applicable row to select the procedure code/description



* Procedure Code: 0123

Procedure Code Search Results

Use the Tab or Shift-Tab key to navigate search results with keyboard

Description	Category	Code	Is Active
Room & Board - Semi-private (Two Beds)	REV Code	0123	Yes
ANESTHESIA OPEN PROCEDURES UPPER 2/3 FEMUR NOS	CPT	01230	Yes
ANESTHESIA UPPER 2/3 FEMUR AMPUTATION	CPT	01232	Yes

Auth Portal Desk Level Procedure (DLP) Submitting an Inpatient Request

4.14 Ready to Submit the Inpatient Request

Review the authorization details. Once the user is satisfied with content, review the Inpatient Request disclaimer (the paragraph immediately below the procedure section).

The disclaimer provides essential information that the user needs to know to accurately complete the Inpatient Request submission.

Once the disclaimer is reviewed the user will check the box (A). Until the box is checked, the system displays additional options as described below.

- A. User will click this box once the disclaimer is reviewed and the user is ready to submit the Inpatient Request
- B. Save as Draft: if the user needs to step away for any reason, the entered content can be saved for seven (7) calendar days by selecting 'Draft'.

IMPORTANT INFORMATION

Saving as Draft does not start the authorization request, it does not start the UM review, and it does not start the review time clock/due date. The Draft is not visible to the HSCSN UM team, and it is deleted from the system after seven (7) calendar days.

Please see the below DLP for further information about Drafts.

- HSCSN_DLP_Provider_Draft Authorizations
- C. Next: notice that this button is not available for user to select (this is activated when the user checks the box acknowledging the disclaimer)
- D. Reset: this option removes all authorization detail content except the enrollee demographics and the authorization class; user would need to reenter authorization details
- E. Cancel: this option entirely removes the authorization request from the system

Auth Portal

Desk Level Procedure (DLP)

Submitting an Inpatient Request

*** Procedure Description**

*** Procedure Code**

*** From Date**

*** To Date**

*** Unit Type**

*** Req.**

Primary Procedure

A ☐ Checking this box indicates that I agree with the following statements:

I attest that I verified that this Enrollee/Patient's First & Last Name, Date of Birth, and Medicaid ID number are correct.

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.

Acute inpatient hospitalization can be authorized pre-service or concurrently.

I acknowledge that NOTIFICATION is required within 24 hours of inpatient admission and written clinical information supporting medical necessity must be submitted by the next business day after the admission. This can be accomplished by one two ways:

1) This NOTIFICATION can be submitted via the Authorization Portal within 24 hours of admission without the attached required clinical documentation, but the submitter must submit/upload the required clinical documents for INITIAL AUTHORIZATION by the next business day after admission.

2) Alternatively, the notification can be submitted to the UM Department via fax to (202) 721-7190 within 24 hours of admission without attaching required clinical documentation, but the submitter must submit/upload the required clinical documents for INITIAL AUTHORIZATION by the next business day after admission – preferably using the Authorization Portal.

I acknowledge that the documents referenced below are required for authorization of inpatient hospitalization and must be submitted within one business day after admission.

-- Clinical documents to show medical necessity: UR Notes and/or Medical Records (H&P, Progress Notes, Consultant Notes, Labs, Imaging, etc.)

Clinical review for continuing stay (concurrent review) is required every three (3) days unless otherwise specified. Please submit UR Notes and/or Medical Records via the Authorization Portal with each continuing stay request (extension request).

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.

SAVING AS DRAFT: If the required documents are not available at this time, I can save this request by clicking the 'Save as Draft' button below, and I come back to complete the submission once the documents are available. NOTE: Saved Drafts do NOT initiate the UM review process, do not start the review timeframe, and HSCSN staff cannot see the Drafts. Drafts must be completed within seven (7) calendar days, or they are completely removed from the system automatically (if the Draft is not converted to an authorization submission by clicking 'SUBMIT').

B

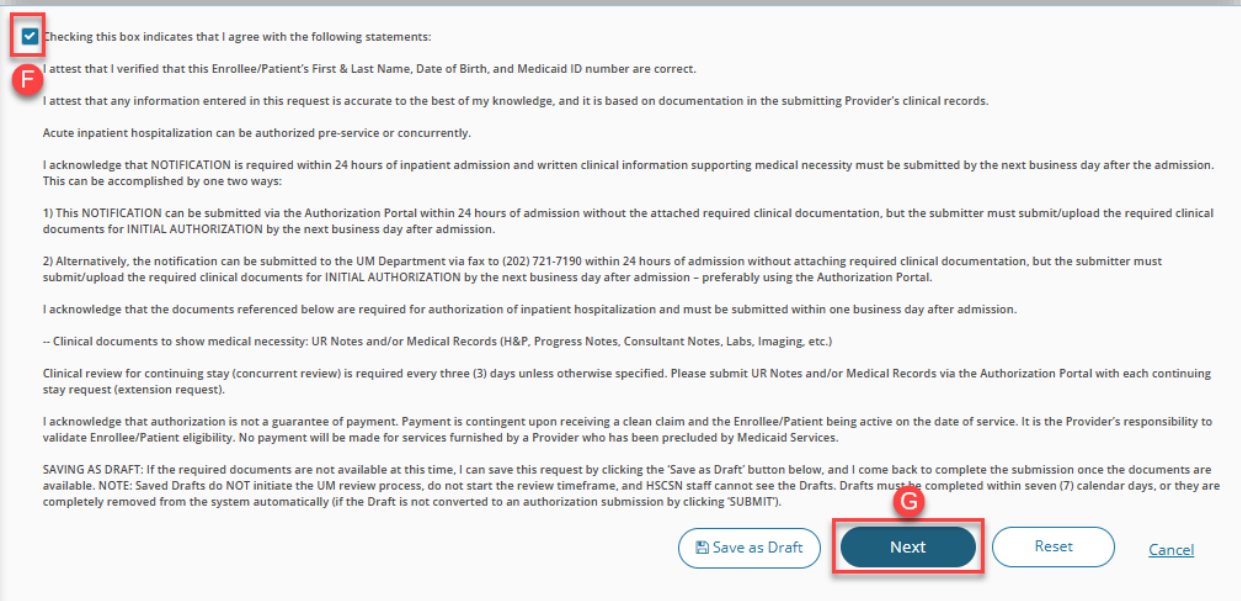
C

D

E

Auth Portal Desk Level Procedure (DLP) Submitting an Inpatient Request

- F. When ready to submit the Inpatient Request, user clicks the box; this acknowledges the information in the disclaimer
- G. Clicking the box activates the “Next” button: select Next to proceed to the next step of the submission process



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

F I attest that I verified that this Enrollee/Patient's First & Last Name, Date of Birth, and Medicaid ID number are correct.

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.

Acute inpatient hospitalization can be authorized pre-service or concurrently.

I acknowledge that NOTIFICATION is required within 24 hours of inpatient admission and written clinical information supporting medical necessity must be submitted by the next business day after the admission. This can be accomplished by one two ways:

1) This NOTIFICATION can be submitted via the Authorization Portal within 24 hours of admission without the attached required clinical documentation, but the submitter must submit/upload the required clinical documents for INITIAL AUTHORIZATION by the next business day after admission.

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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.

SAVING AS DRAFT: If the required documents are not available at this time, I can save this request by clicking the 'Save as Draft' button below, and I come back to complete the submission once the documents are available. NOTE: Saved Drafts do NOT initiate the UM review process, do not start the review timeframe, and HSCSN staff cannot see the Drafts. Drafts must be completed within seven (7) calendar days, or they are completely removed from the system automatically (if the Draft is not converted to an authorization submission by clicking 'SUBMIT').

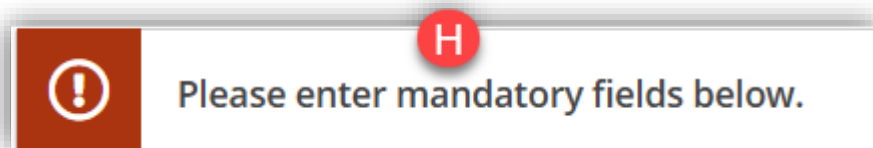
G

[Save as Draft](#) [Next](#) [Reset](#) [Cancel](#)

Auth Portal Desk Level Procedure (DLP) Submitting an Inpatient Request

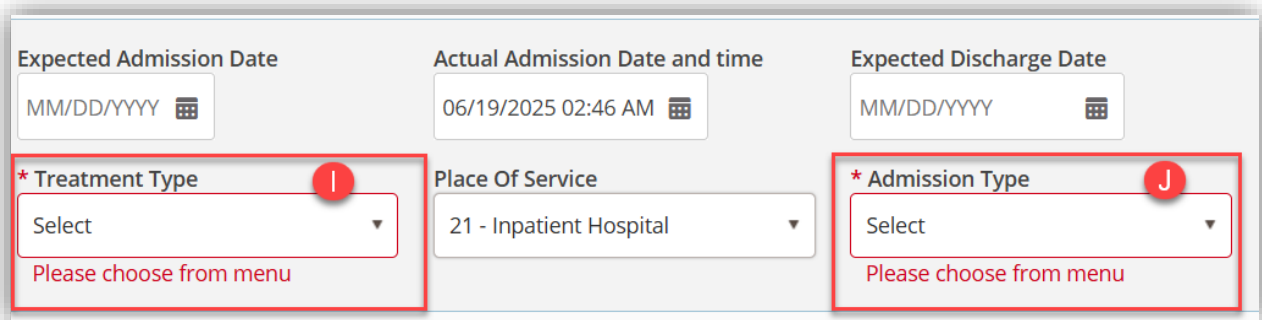
H. After clicking Next, if user did not complete any mandatory fields, the user will see a pop up message 'Please enter mandatory fields below'

Note: This means the request is not yet submitted and the user must review the request and complete all mandatory fields



In this example the user receives an alert that the following two fields must be completed:

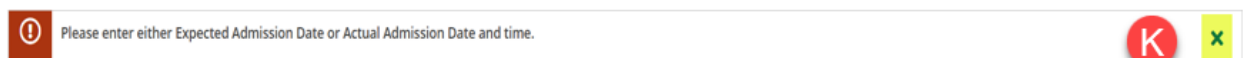
- I. Treatment Type
- J. Admission Type



The form displays three date/time input fields at the top: "Expected Admission Date" (MM/DD/YYYY), "Actual Admission Date and time" (06/19/2025 02:46 AM), and "Expected Discharge Date" (MM/DD/YYYY). Below these are three mandatory fields, each with a red box and a red letter indicator (I, J, and K respectively):

- * Treatment Type** (I): A dropdown menu with "Select" and "Please choose from menu" below it.
- Place Of Service**: A dropdown menu with "21 - Inpatient Hospital" selected.
- * Admission Type** (J): A dropdown menu with "Select" and "Please choose from menu" below it.

K. If the user did not enter the Expected Admission Date or Actual Admission Date and time, the user will receive a pop-up message 'Please enter either Expected Admission Date or Actual Admission Date and time'; click on the 'x' to remove the pop-up and enter the mandatory information to proceed.



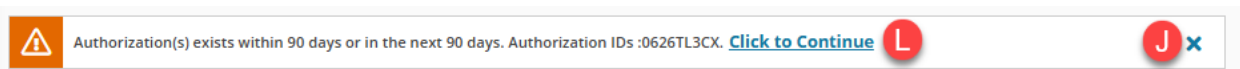
Auth Portal

Desk Level Procedure (DLP)

Submitting an Inpatient Request

Note: User may see a pop-up message if the authorization request may be a duplicate of a request submitted within the past 90 days

- L. Click to Continue if user still wants to submit the request
- M. Click x to close the pop up message



Once all pop-up messages are addressed and mandatory information is entered, click 'Next' again. This brings the user to the Initial Inpatient Request questionnaire.

4.15 Entering Initial Request Information

HSCSN has developed intake questions as a guided assessment to support the user in submitting all required information to inform the medical necessity review. Each question must be answered. Any drop down field in a question that is denoted with the (*) asterisk is mandatory.

Each Authorization Type has targeted questions for the requested service.

This is an example of the first question for Acute Hospital Admission - Initial Request

- A. User clicks on the radio button that is front of the appropriate response
- B. Click Next to proceed to the next question
- C. Click 'Cancel' to cancel the entire authorization (not recommended unless the authorization is entered in error)

Acute Hospital Admission - Initial Request Reset

* 1. Is this notification for placement in Observation?

☐ Yes - Note: For in-network providers, prior authorization is not required for Observation less than 48 hours.

☐ No - this request is for an inpatient admission.

Next
Cancel

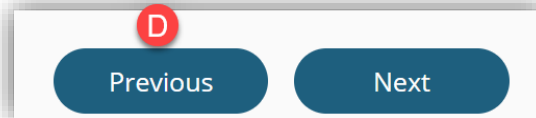
Auth Portal

Desk Level Procedure (DLP)

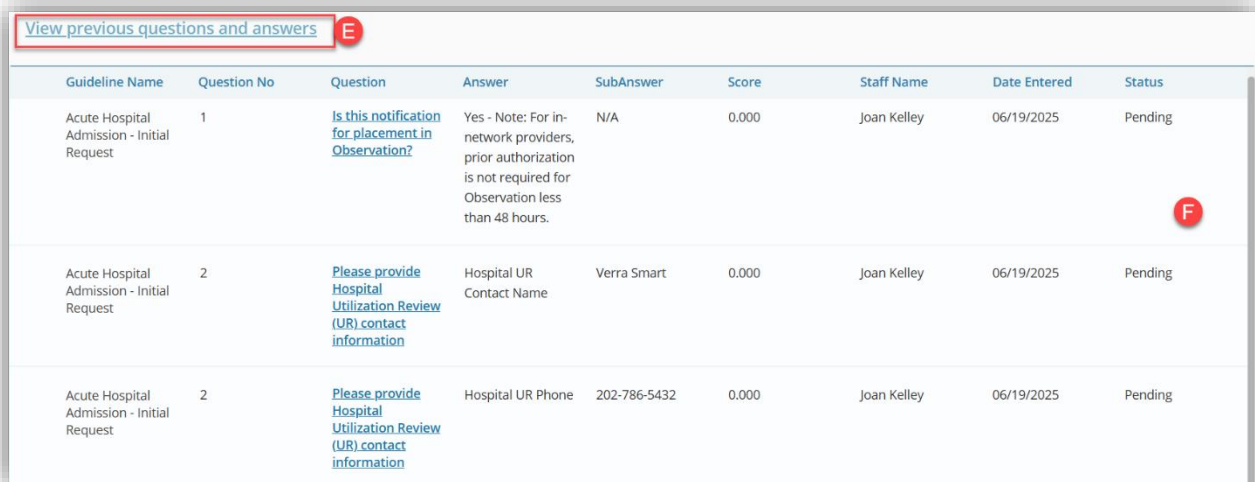
Submitting an Inpatient Request

Note: User continues to answer each subsequent question until finished.

- D. User can select Previous to review the prior question; select Next to proceed to the next question



- E. User can also select 'View previous questions and answers' to see all of the questions and responses at one time
- F. Example of completed responses



A screenshot of a web application interface. At the top, there is a red-bordered box containing the text 'View previous questions and answers' and a red circle with a white letter 'E'. Below this is a table with the following columns: Guideline Name, Question No, Question, Answer, SubAnswer, Score, Staff Name, Date Entered, and Status. The table contains three rows of data. A red circle with a white letter 'F' is located to the right of the first row.

Guideline Name	Question No	Question	Answer	SubAnswer	Score	Staff Name	Date Entered	Status
Acute Hospital Admission - Initial Request	1	Is this notification for placement in Observation?	Yes - Note: For in-network providers, prior authorization is not required for Observation less than 48 hours.	N/A	0.000	Joan Kelley	06/19/2025	Pending
Acute Hospital Admission - Initial Request	2	Please provide Hospital Utilization Review (UR) contact information	Hospital UR Contact Name	Verra Smart	0.000	Joan Kelley	06/19/2025	Pending
Acute Hospital Admission - Initial Request	2	Please provide Hospital Utilization Review (UR) contact information	Hospital UR Phone	202-786-5432	0.000	Joan Kelley	06/19/2025	Pending

- G. The final question of the assessment is an acknowledgement statement informing the user what documents must be uploaded on an upcoming screen.
- H. Once reviewed, the user clicks the check box acknowledging this content
- I. Click 'Next' to proceed

Auth Portal Desk Level Procedure (DLP) Submitting an Inpatient Request

Acute Hospital Admission - Initial Request G

* 7. I acknowledge that the following clinical documents are required for an Inpatient Admission and will be submitted within one business day after admission. If I do not have the documents yet, I can return to this authorization request and click the "Additional Information" button which opens a page where I can add a note and attach documents.

☒ Clinical documents to show medical necessity: UR Notes and/or Medical Records (H&P, Progress Notes, Consultant Notes, Labs, Imaging, etc.)

H

I

Next

Previous
Cancel

4.16 Adding Medical Records and Notes

User must upload required documents. Adding a note is optional.

- A. The system navigates the user to the Medical Records and Notes page.
- B. Click on 'Add Attachments'

Medical Records and Notes A

Add Note ⓘ

Begin typing

* ⓘ Add Attachments ⓘ B

Submit
Cancel

- C. This navigates user to their browser (select whatever site is approved by user's organization); click on the appropriate document (to upload into the Auth Portal)
- D. Click Open

Auth Portal

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	HSCSN Quick Links	6/5/2025 10:11 AM	Microsoft Word Doc...	15 KB
	HSCSN TEST DOCUMENT - DISCHARGE INSTRUCTIONS	5/22/2025 12:20 PM	Microsoft Word Doc...	14 KB
	HSCSN TEST DOCUMENT - MEDICAL RECORDS	5/22/2025 12:19 PM	Microsoft Word Doc...	14 KB
	HSCSN TEST DOCUMENT _ DISCHARGE SUMMARY	5/22/2025 12:21 PM	Microsoft Word Doc...	14 KB
	HSCSN TEST DOCUMENT	5/16/2025 11:27 AM	Microsoft Word Doc...	13 KB
	Test1047 Member1047	5/27/2025 4:00 PM	Microsoft Word Doc...	17 KB

ne: HSCSN TEST DOCUMENT - MEDICAL RECORDS
Cust Des

Upload from mobile
Open
Cancel

Note: User can click on the (i) next to Add Attachments for further information about Document Attachments

Add Attachments

HSCSN TEST DOCUMENT - M...

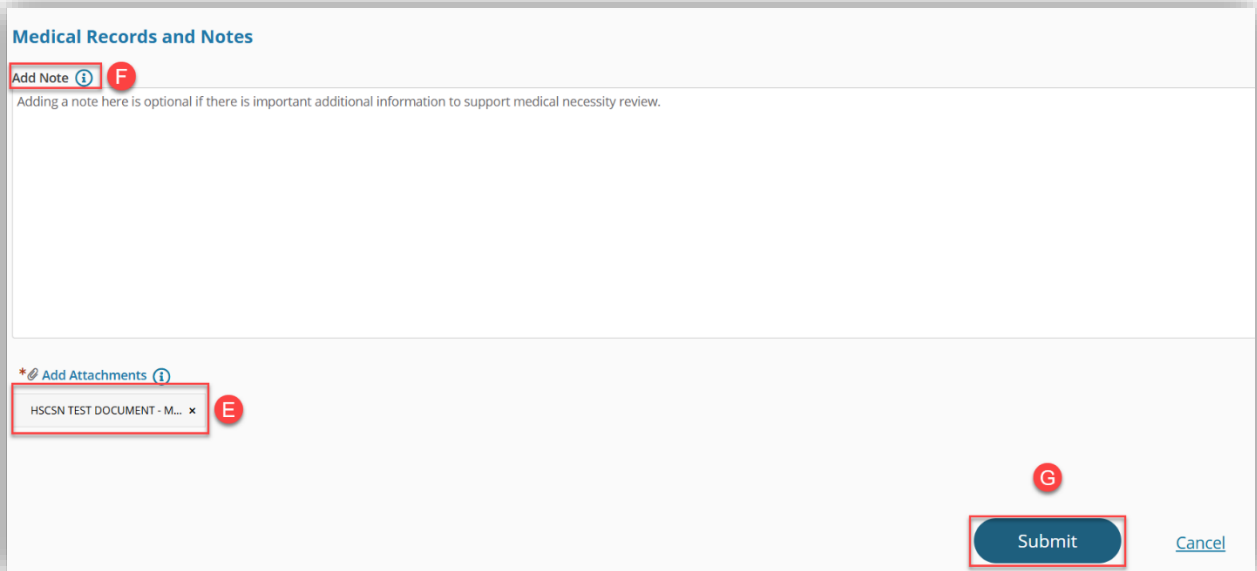
*** Document Attachments** ✕

Document size allowed per file is 25 MB and 100 MB per submission and Document types allowed are jpeg, png, jpg, bmp, gif, pdf, docx, doc, txt, xlsx, xls and pdf.

Unsupported special characters will be removed in the filename while saving.

- E. See attached document reference (user can add as many documents as needed)
- F. Adding a note with additional information to support medical necessity review is optional
- G. When all required documents are attached, click Submit

Auth Portal Desk Level Procedure (DLP) Submitting an Inpatient Request



Medical Records and Notes

Add Note ⓘ F

Adding a note here is optional if there is important additional information to support medical necessity review.

* Add Attachments ⓘ

HSCSN TEST DOCUMENT - M... x E

Submit G Cancel

4.17 Confirming Authorization Request Submission

The system generates a pop up message confirming that the request has been submitted.

- A. Results: Navigate to the top of the page
- B. Review message: Your request (unique authorization request #) has been pended (for internal review by HSCSN UM team).

Note: User can use the authorization reference number to follow the progress of the authorization review and decisioning. Pended means the authorization request has been successfully transmitted to the HSCSN UM team for review.


Auth Portal

Desk Level Procedure (DLP)

Submitting an Inpatient Request

Results

1 Member Search
2 Member Eligibility
3 Authorization Basics
4 Additional Details
5 Results


Your request #0619T0RZ has been **pending**.
[Click to print](#)

C. Click to print opens a user-friendly view of the submission request which can be downloaded as needed. Note: This example is truncated to fit on this page.

Authorization Details

Authorization Class	InPatient	Authorization Type	Acute Hospital	Authorization Status	Open
---------------------	-----------	--------------------	----------------	----------------------	------

Authorization Basic Details

Auth Created On	06/19/2025 01:19:18 PM	Request Sent	Web Portal	Actual Admission Date and time	06/18/2025 02:36:00 AM
Place Of Service	Inpatient Hospital	Notification Date and Time	06/19/2025 01:19:18 PM	Treatment Type	Acute Hospital Care
Service End Date	6/21/2025				

Provider Details

Servicing Provider

Provider Name	GEORGETOWN UNIVERSITY HOSPITAL	Provider Type	Servicing	NPI	1063541266
Tax ID	522228444	Provider Phone No	202-444-2000	Provider Fax	202-444-9876
Address	3800 RESERVOIR ROAD, WASHINGTON, DC, 20007				

Referred From Provider

Referred From Provider	GEORGETOWN UNIVERSITY HOSPITAL	Provider Type	Referred By	NPI	1063541266
Tax ID	522228444	Provider Phone No	202-444-2000	Provider Fax	202-444-9876
Address	3800 RESERVOIR ROAD, WASHINGTON, DC, 20007				

Facility Provider Name

Facility Provider Name	GEORGETOWN UNIVERSITY HOSPITAL	Provider Type	Facility	NPI	1063541266
Tax ID	522228444	Provider Phone No	202-444-2000	Provider Fax	202-444-9876
Address	3800 RESERVOIR ROAD, WASHINGTON, DC, 20007				

Diagnosis and Service Codes

Diagnosis Codes ICD Version ICD-10

Diagnosis Code	J45.51	Primary Diagnosis	
Diagnosis Description	Severe persistent asthma with (acute) exacerbation		

Procedure Codes

Procedure Code	0123	Primary Procedure		Alternate Service ID	F8C6075AC
Procedure Description	Room & Board - Semi-private (Two Beds)				
Unit Type	Days	Req.	4	Approved Units	0
From Date	06/18/2025	To Date	06/21/2025	Denied Units	0

Auth Portal Desk Level Procedure (DLP) Submitting an Inpatient Request

5. Version History:

Version #	Comments	Created By and Date	Review By and Date	Approved By and Date
1.0	Initial Version	Maggie Kelley, Anoteros, 06/19/2025		
1.1	Updated “Respite” priority guiding Provider to contact UM for Post Service request Selecting Inpatient Authorization Priority	Maggie Kelley, Anoteros, 07/15/2025		
1.2	Changed Respite Auth Portal submission from 3 BD to 5 BD pending further system updates. Selecting Inpatient Authorization Priority	Maggie Kelley, Anoteros, 07/29/2025		Verbally approved by Nikki Reed- Countee, 07/28/2025
1.3	Added note RE: servicing provider Selecting Provider Details Updated screenshots due to formatting update Ready to Submit the Inpatient Request Added note to submit ‘Additional information’ to inform UM when pre- service admission is actually confirmed Entering Admission Date and Time	Maggie Kelley, Anoteros, 08/19/2025		