

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

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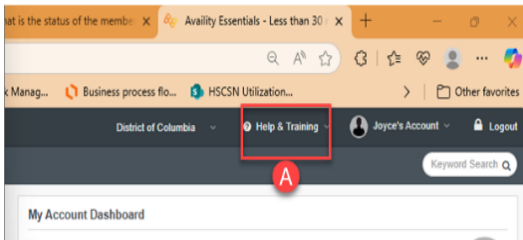
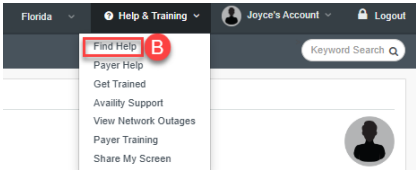
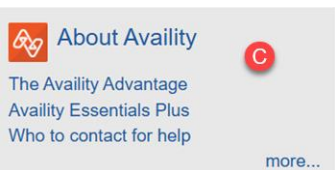
Auth Portal Desk Level Procedure (DLP) Submitting an Outpatient Request

1. Key Information:

Title	Auth Portal – Submitting Outpatient 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   

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3. High-level Description:

From the Authorization Portal Home Page, user can submit new requests for outpatient services.

These services include:

- BH-Applied Behavioral Analysis
- BH-Day Program
- BH-Outpatient Testing
- BH-Partial Hospitalization
- Durable Medical Equipment
- Eyeglasses
- Home Health
- Hospice
- Medical Injections/Infusions
- Medical Supplies
- Nutritional Supplements
- Procedures
- Rehabilitation
- Respite
- Tele-Nutrition Services
- Therapeutic School Break Services

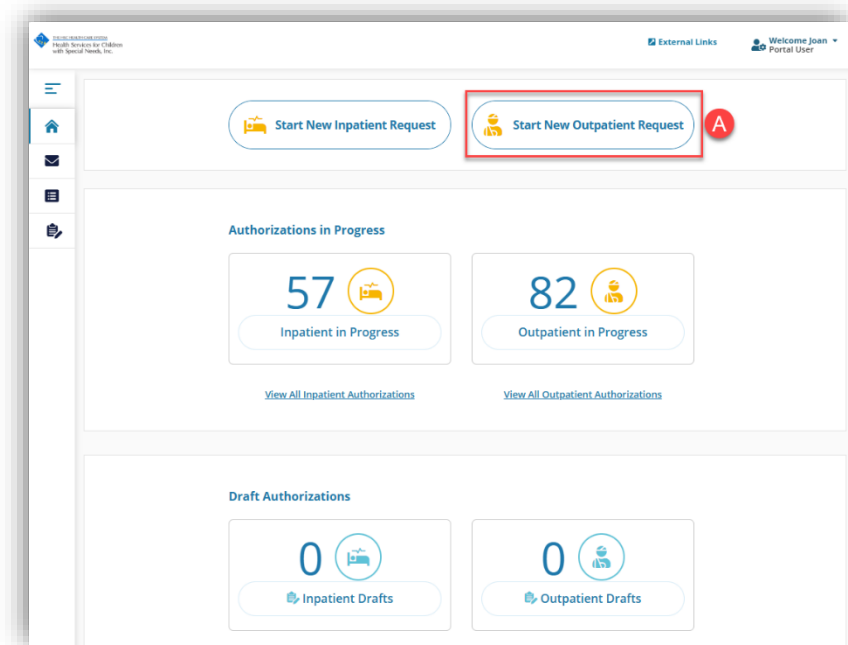
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4. Detailed Steps:

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 Outpatient Request' to initiate a new inpatient request



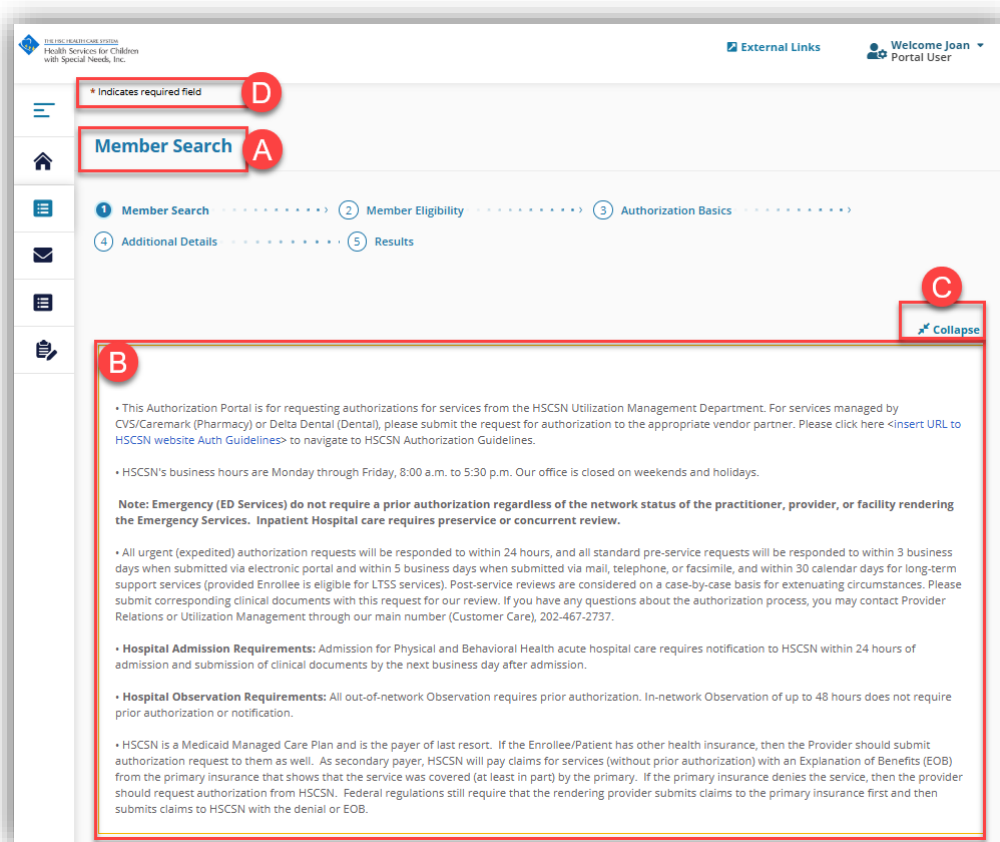
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4.2 Member Search Page

- 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)



The screenshot shows the HSCSN Member Search page. The header includes the HSCSN logo and the text "THE HSC HEALTH CARE SYSTEM Health Services for Children with Special Needs, Inc." on the left, and "External Links" and "Welcome Joan Portal User" on the right. A red box labeled 'D' highlights the text "* Indicates required field". A red box labeled 'A' highlights the "Member Search" button. A red box labeled 'B' highlights a large banner area containing authorization guidelines. A red box labeled 'C' highlights a "Collapse" button in the top right corner of the banner area. The banner text includes: "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." It also lists business hours, emergency services requirements, and hospital admission/observation requirements.

Auth Portal

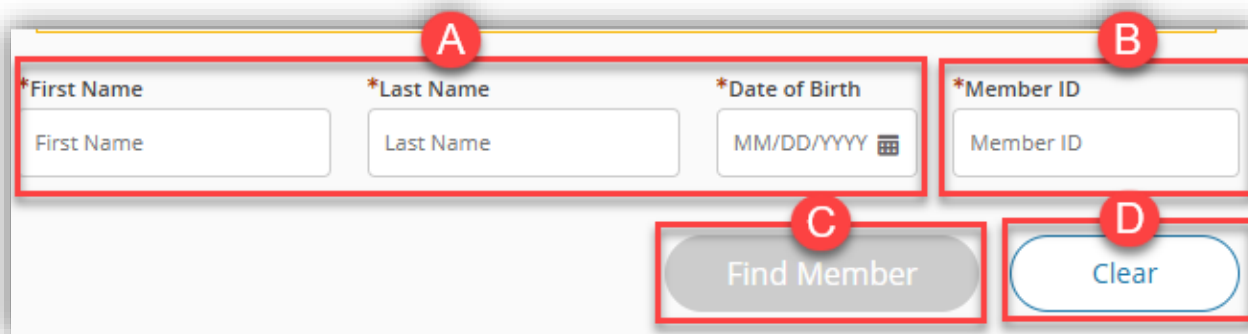
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4.3 Searching for Enrollee

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)

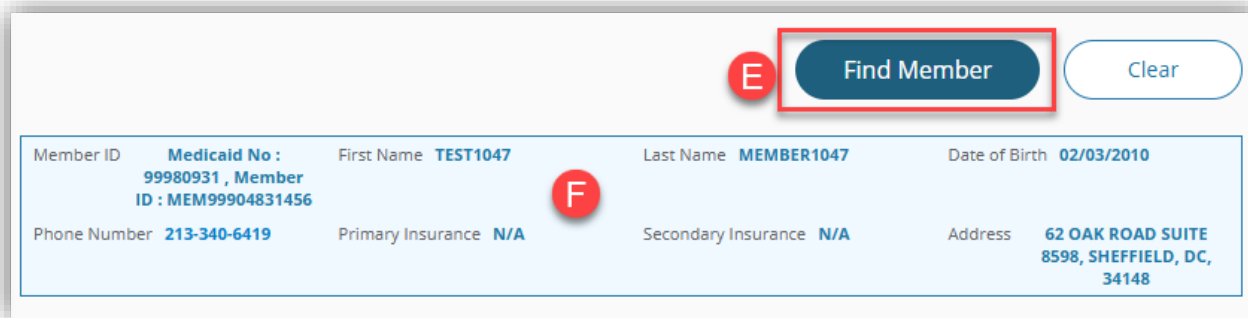


The form contains four input fields and two buttons. Red circles with letters A, B, C, and D are placed above the fields and buttons respectively.

- A**: *First Name, *Last Name, *Date of Birth
- B**: *Member ID
- C**: Find Member button
- D**: Clear button

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 displays the enrollee's information in a blue box. Red circles with letters E and F are placed above the 'Find Member' button and the enrollee information box respectively.

E: Find Member button

F: Enrollee information box

Member ID	Medicaid 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

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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.

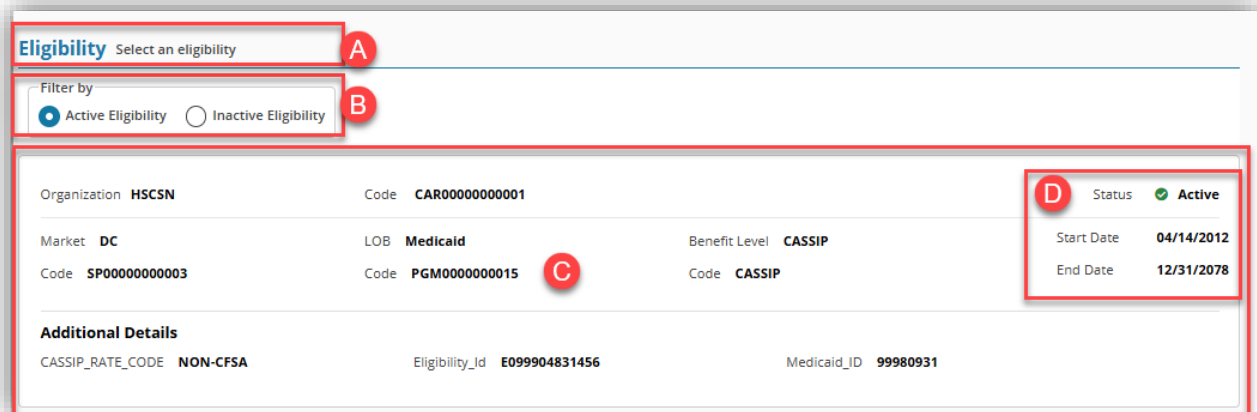
- A. Navigate to the Eligibility page
- B. Filter by Eligibility status

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

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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	CAR0000000001	Status	✓ Active
Market	DC	LOB	Medicaid	Benefit Level	CASSIP
Code	SP0000000003	Code	PGM0000000015	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 Outpatient Authorization Type

- A. Navigate to the *Authorization Type field, click on the down arrow

Eligibility Select an eligibility

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

Organization	HSCSN	Code	CAR0000000001	Status	✓ Active
Market	DC	LOB	Medicaid	Benefit Level	CASSIP
Code	SP0000000003	Code	PGM0000000015	Start Date	04/14/2012
		Code	CASSIP	End Date	12/31/2078

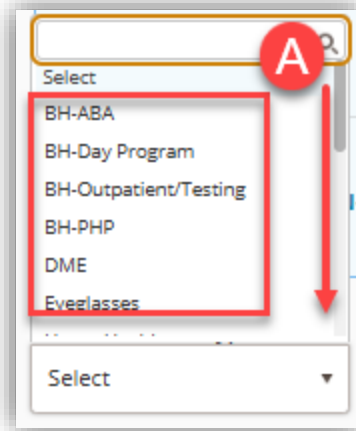
Additional Details
 CASSIP_RATE_CODE NON-CFSA Eligibility_Id E099904831456 Medicaid_ID 99980931

* Authorization Type
 Select

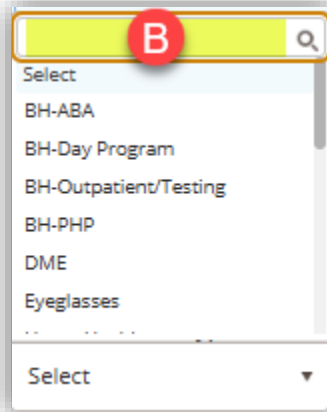
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- A. Scroll through options and click on the applicable Authorization Type to choose selection

See Table A: Outpatient Authorization Type Reference Table below for full list



- B. 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



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A. Outpatient Authorization/Treatment Type Reference Table

Ref#	Behavioral or Physical Health	Auth Type	Instructions – select the appropriate Auth Type (left column) for the applicable Treatment Type listed below
A	Behavioral Health (Mental Health, Substance Use Disorder)	BH-ABA	Applied Behavioral Analysis (ABA)
		BH-Day Program	Therapeutic Day Program
		BH-Outpatient/ Testing	ASAM 2.5 PHP
			BH - Intensive Outpatient
			BH - Outpatient
			BH - PHP
			Neuropsychological Testing
			Psychological Testing
		BH-PHP	ASAM 2.1 IOP
			ASAM 2.5 PHP
			Partial Hospitalization
A	Physical Health (Medical)	DME	Note: Use DME for Durable Medical Equipment; do not use for disposable medical supplies or eyeglasses
			DME
			Orthotics
			Prosthetics
		Eye glasses	Eye glasses
		Home Health	Note: Use for initial and re-authorization for Home Care Services. Initial requests for PCA services are submitted by the prescriber to HSCSN.
			Home Health Aide (HHA)
			Occupational Therapy (OT)
			Personal Care Aide (PCA)
			Physical Therapy (PT)
			Private Duty Nursing (PDN)
			Skilled Nursing
			Social Work Assessment
			Speech Therapy (ST)
		Hospice	Hospice
		Medical Injectables/Infusions	Medical Injection/Infusions
		Medical Supplies	Medical Supplies

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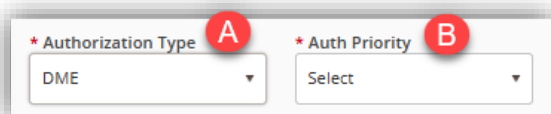
Ref#	Behavioral or Physical Health	Auth Type	Instructions – select the appropriate Auth Type (left column) for the applicable Treatment Type listed below
		Nutritional Supplements	Nutritional Supplements
		Other	Note: Use Other for Tele-Nutrition Services.
			Observation – Do not select
			Tele-Nutrition
		Procedures	User Procedures for procedures or surgeries.
			Procedure
			Surgery
		Rehabilitation	Note: Use Rehabilitation for outpatient PT, OT, ST, or other outpatient rehabilitative therapies.
			Equipment Clinic
			Intensive Outpatient Rehab
			Occupational Therapy (OT)
			Other Therapy
			Physical Therapy (PT)
			Speech Therapy (ST)
		Respite	Respite Care
		Therapeutic School Break Service	Applied Behavior Analysis (ABA)
			Day Program
			Occupational Therapy (OT)
			Other Therapy
			Physical Therapy (PT)
			Speech Therapy (ST)
			Therapeutic Day Program

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4.6 Select Outpatient 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

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.)
B	Preservice Expedited	Within 24 hours of receipt of all required information	<ul style="list-style-type: none"> Select this option when selecting the preservice

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		Extension may be applied when applicable	<p>standard timeframe could seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function</p> <ul style="list-style-type: none"> 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

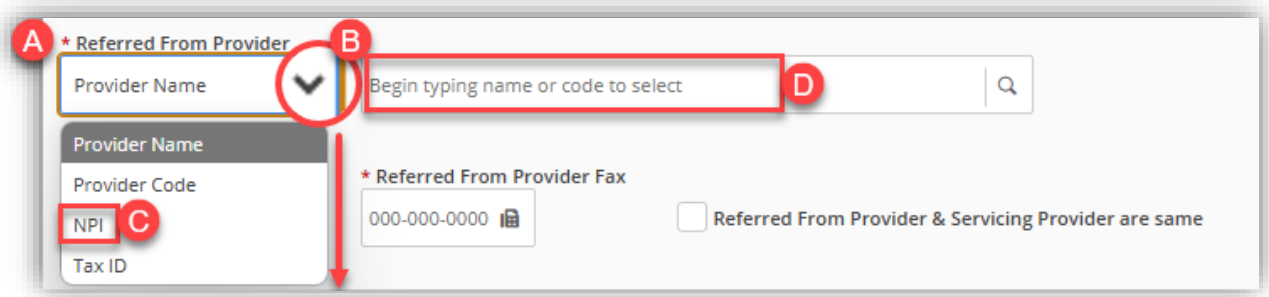
This DLP describes the Quick Search option. Please see the below DLP for further instructions in using Advanced Search option

- 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

Provider Search Results X

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	3800 RESERVOIR ROAD, WASHINGTON, DC, 20007	01/01/2012	12/31/2078
GEORGETO... UNIVERSITY HOSPITAL	Hospital	MSC0020...	1063541...	5222284...	Medicaid	PAR	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.

- A. Referred From Provider Phone
- B. Referred From Provider Fax

*** Referred From Provider**

NPI

GEORGETOWN UNIVERSITY HOSPITAL

Q

Press Enter after typing 3 characters to search

*** Referred From Provider**

Phone

202-444-2000

📞

*** Referred From Provider Fax**

000-000-0000

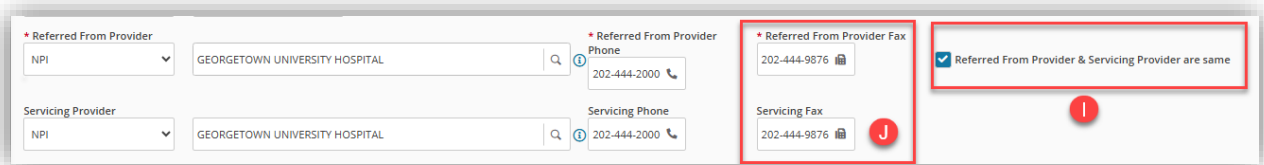
15

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When the Referred From Provider and Servicing Provider are the same, user can select the Referred from Provider & Servicing Provider are same check box to auto-populate the Servicing Provider content (checking this box is optional, but Servicing Provider information is required)

- 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



The screenshot shows the 'Referred From Provider' and 'Servicing Provider' sections, both populated with 'GEORGETOWN UNIVERSITY HOSPITAL'. The 'Referred From Provider Phone' and 'Servicing Phone' fields both contain '202-444-2000'. The 'Referred From Provider Fax' field contains '202-444-9876'. The checkbox 'Referred From Provider & Servicing Provider are same' is checked. A red box highlights the checkbox area, and a red circle with a downward arrow points to the 'Servicing Fax' field, which also contains '202-444-9876'.

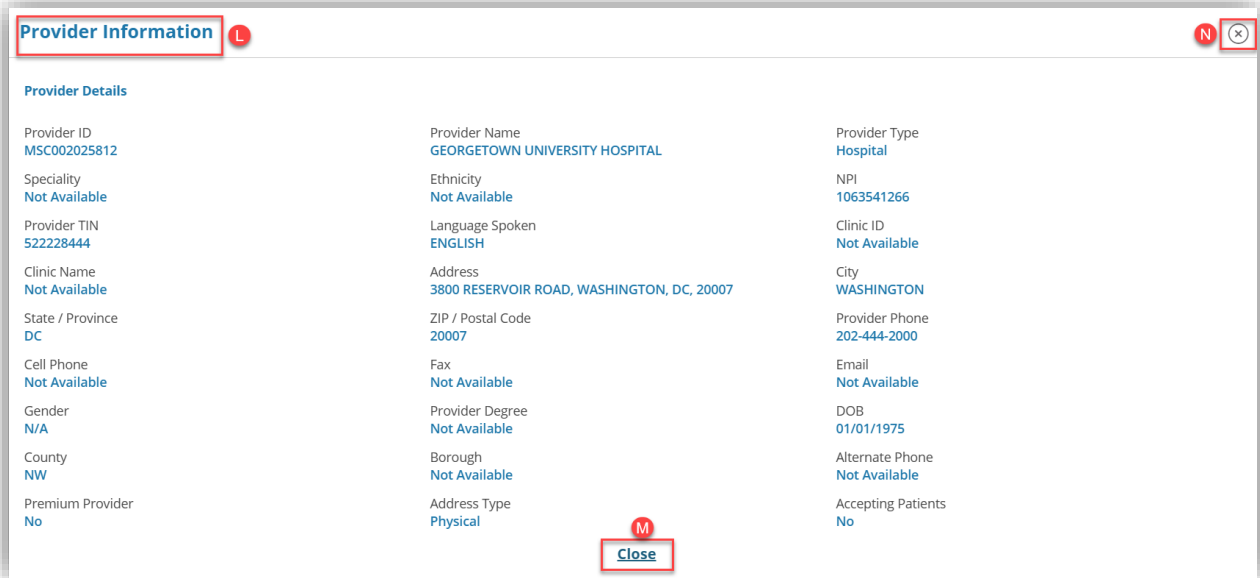
- K. Clicking "i" icon  next to the Provider information box, opens further information about the provider



The screenshot shows the same form as before, but with a red circle containing the letter 'K' and a red arrow pointing to the information icon (a lowercase 'i' inside a circle) next to the 'Referred From Provider' field.

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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

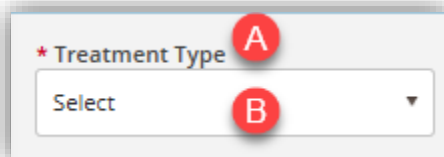


Provider Details		
Provider ID MSC002025812	Provider Name GEORGETOWN UNIVERSITY HOSPITAL	Provider Type Hospital
Specialty Not Available	Ethnicity Not Available	NPI 1063541266
Provider TIN 522228444	Language Spoken ENGLISH	Clinic ID Not Available
Clinic Name Not Available	Address 3800 RESERVOIR ROAD, 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

4.8 Entering the Treatment Type

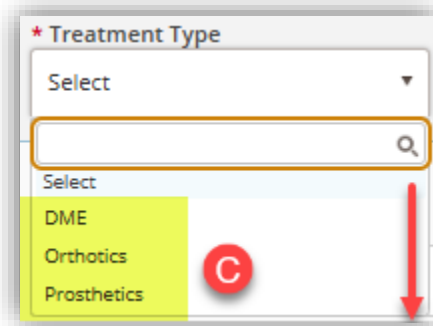
User must enter the Treatment Type that is most appropriate for the service being requested.

- A. Navigate to Treatment Type (see Table C: Treatment Type Reference Table below)
- B. Click in the box marked 'Select'



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C. Click on the most appropriate option from the drop down list



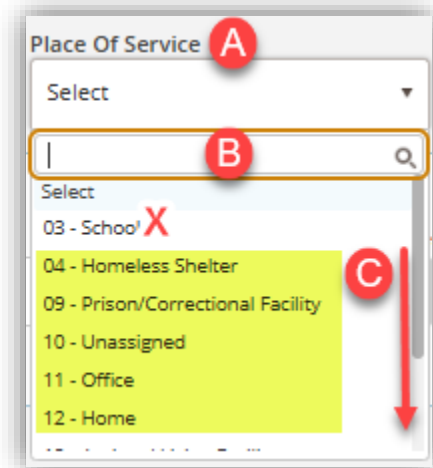
4.9 Entering Place of Service

While this field is not designated as mandatory (*), please select the most appropriate option from the drop down list.

Note: Do not select 'school' as schools are not a covered place of service.

Navigate to Place of Service

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



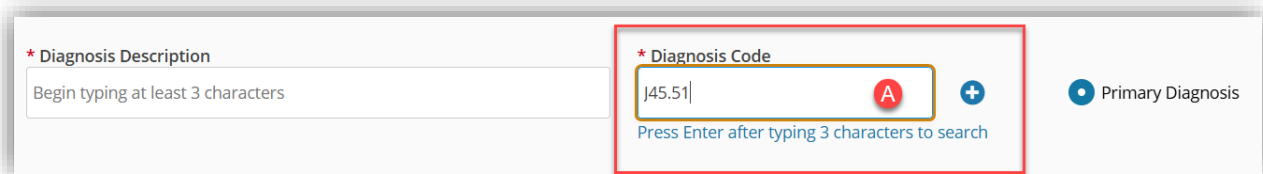
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4.10 Entering the Diagnosis/Diagnoses

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.

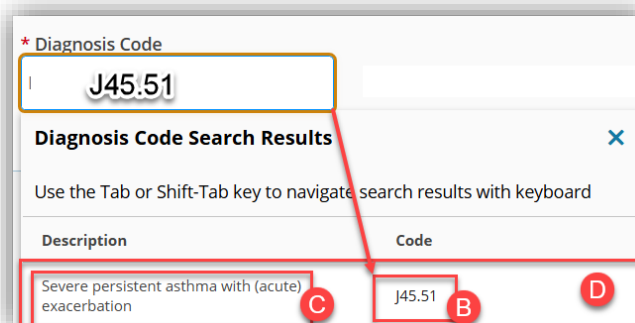
A. Diagnosis Code – enter the age-specific ICD-10 code then click enter



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

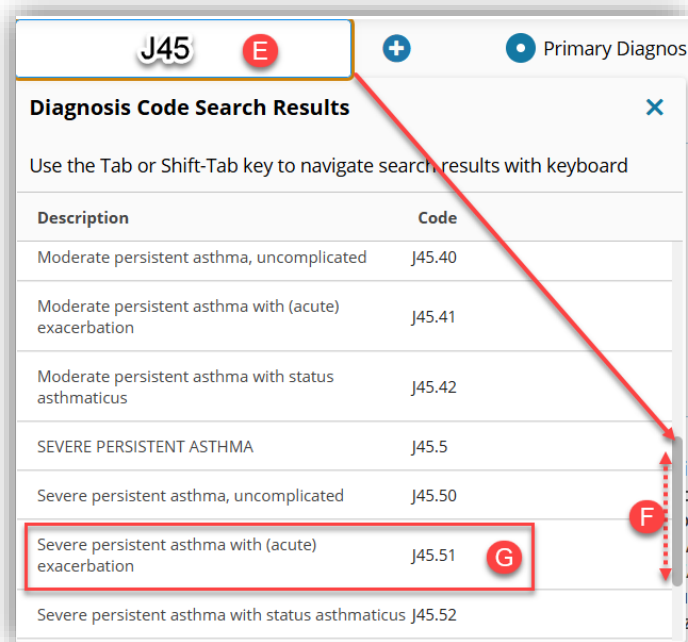
Note: If the user only enters a portion of the ICD-10 code, the system will search for potential ICD-10 Codes; user clicks anywhere in the row with the appropriate ICD-10 code and description to select the appropriate ICD-10 code

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- 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

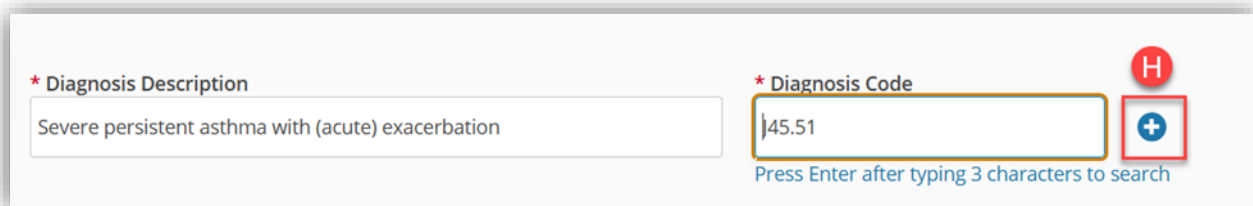


Description	Code
Moderate persistent asthma, uncomplicated	J45.40
Moderate persistent asthma with (acute) exacerbation	J45.41
Moderate persistent asthma with status asthmaticus	J45.42
SEVERE PERSISTENT ASTHMA	J45.5
Severe persistent asthma, uncomplicated	J45.50
Severe persistent asthma with (acute) exacerbation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

This populated the Diagnosis Description and Diagnosis Code

Adding Secondary Diagnosis/Diagnoses

- H. Click on the (+) symbol



* Diagnosis Description
 Severe persistent asthma with (acute) exacerbation

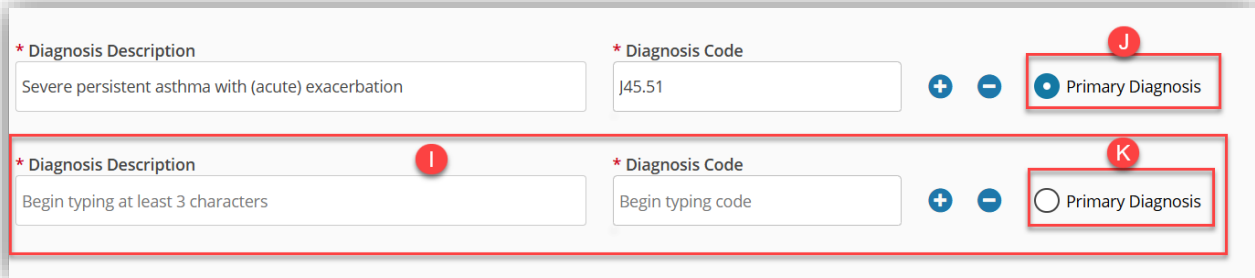
* Diagnosis Code
 J45.51
 Press Enter after typing 3 characters to search

H
 +

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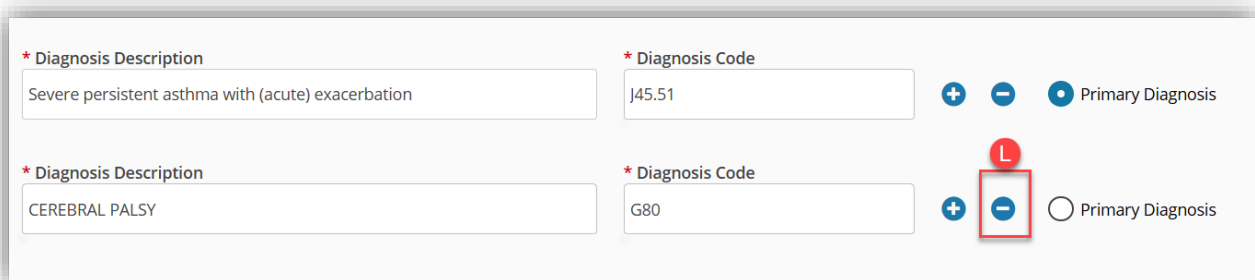
Note: user can enter as many diagnoses as needed to inform the medical necessity review

- 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



The screenshot shows the Auth Portal interface for submitting an outpatient request. It displays two rows of diagnosis information. The first row shows a diagnosis description of "Severe persistent asthma with (acute) exacerbation" and a diagnosis code of "J45.51". The second row shows a placeholder for a diagnosis description, "Begin typing at least 3 characters", and a placeholder for a diagnosis code, "Begin typing code". Both rows have a "Primary Diagnosis" designation, indicated by a blue circle in the first row and a white circle in the second row. A red box highlights the "Primary Diagnosis" selection area for both rows, with a red letter 'J' above the first row and a red letter 'K' above the second row.

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



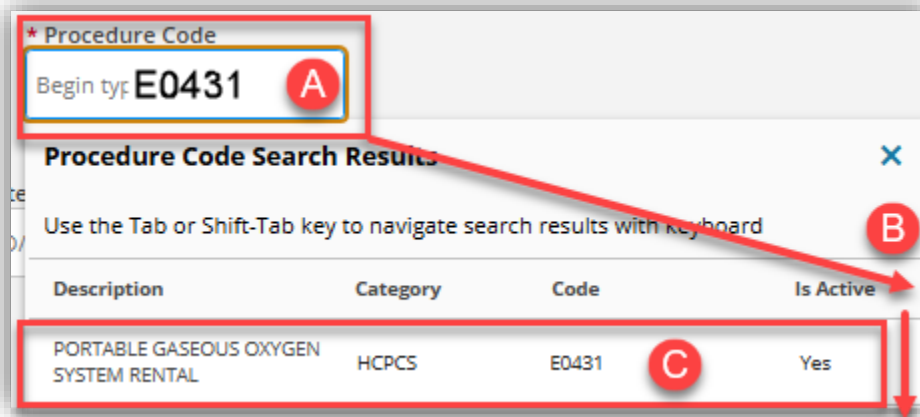
The screenshot shows the Auth Portal interface for submitting an outpatient request. It displays two rows of diagnosis information. The first row shows a diagnosis description of "Severe persistent asthma with (acute) exacerbation" and a diagnosis code of "J45.51". The second row shows a diagnosis description of "CEREBRAL PALSY" and a diagnosis code of "G80". Both rows have a "Primary Diagnosis" designation, indicated by a blue circle in the first row and a white circle in the second row. A red box highlights the minus (-) symbol next to the second row, indicating it can be removed, with a red letter 'L' above the box.

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

4.11 Entering the Procedure/Procedures

Entering the Procedure Code and Procedure Descriptions uses the same steps identified in section [4.10 Entering the Diagnosis/Diagnoses](#)

- A. Enter the Procedure Code
- B. Scroll down to find the appropriate code match, when more than one option is displayed
- C. Click anywhere in the applicable row to select the procedure code/description



*** Procedure Code**

Begin type **E0431** **A**

Procedure Code Search Results ✕

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

Description	Category	Code	Is Active
PORTABLE GASEOUS OXYGEN SYSTEM RENTAL	HCPCS	E0431	Yes

C

- D. Modifier: use only when required for requested procedure (e.g., DME, Home Health Services)
- E. From Date: known or anticipated start of care date for requested services
- F. To Date: known or anticipated end date for requested services
- G. Unit Type: Select Days or Units from drop down list
- H. Req: When days are selected, the system automatically calculates the number of days based on the entered From and To Dates; when units are selected the user must enter number of requested units that correspond to the requested authorization date range
- I. Select (+) to add more procedures (see prior section of this DLP for further details)
- J. Primary Procedure: system defaults to the first procedure entered; user can change the primary procedure by clicking on the circle in front of Procedure (see prior section of the DLP for further instructions)

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

D
E
F
G
H
I
J

Modifier ⓘ

* From Date
 MM/DD/YYYY

* To Date
 MM/DD/YYYY

* Unit Type
 Select ▼

* Req.

+
● Primary Procedure

(E/F) Further instructions how to enter From Date and To Date from the calendar drop down

1. Click anywhere in the From (or To) Date box
2. Toggle back and forth using the (>) and back (<) as arrows as needed to find the applicable month
3. Click on the applicable date
4. Date is then displayed in the From (or To) Date box

* From Date

06/26/2025
1

* To 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

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

4.12 Ready to Submit the Outpatient Request

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

The disclaimer provides essential information that the user needs to know to accurately complete the Outpatient 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 Outpatient 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 Outpatient Request

*** Procedure Description**

*** Procedure Code**

Modifier

*** From Date**

*** To Date**

*** Unit Type**

*** Req.**

Primary Procedure

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

A 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.

Note: It is preferred that DME requests are submitted by the Rendering/Servicing Provider.

I acknowledge that the documents referenced below are required for this request and will be uploaded when I am prompted to "Add Attachments" on an upcoming screen. I will not be able to complete this submission until I have all of the required documents to upload, but I can save this as a DRAFT. Please see DRAFT instructions at the end of this section.

- HSCSN Durable Medical Equipment Order Form or Physician Order
- Medical Records and/or Letter of Medical Necessity to provide medical justification for this request
- Documentation of Face-to-Face visit with prescriber within the last 6 months

HSCSN Forms can be found by clicking on the 'External Link' button at the top of the Auth Portal page.

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
 Save as Draft

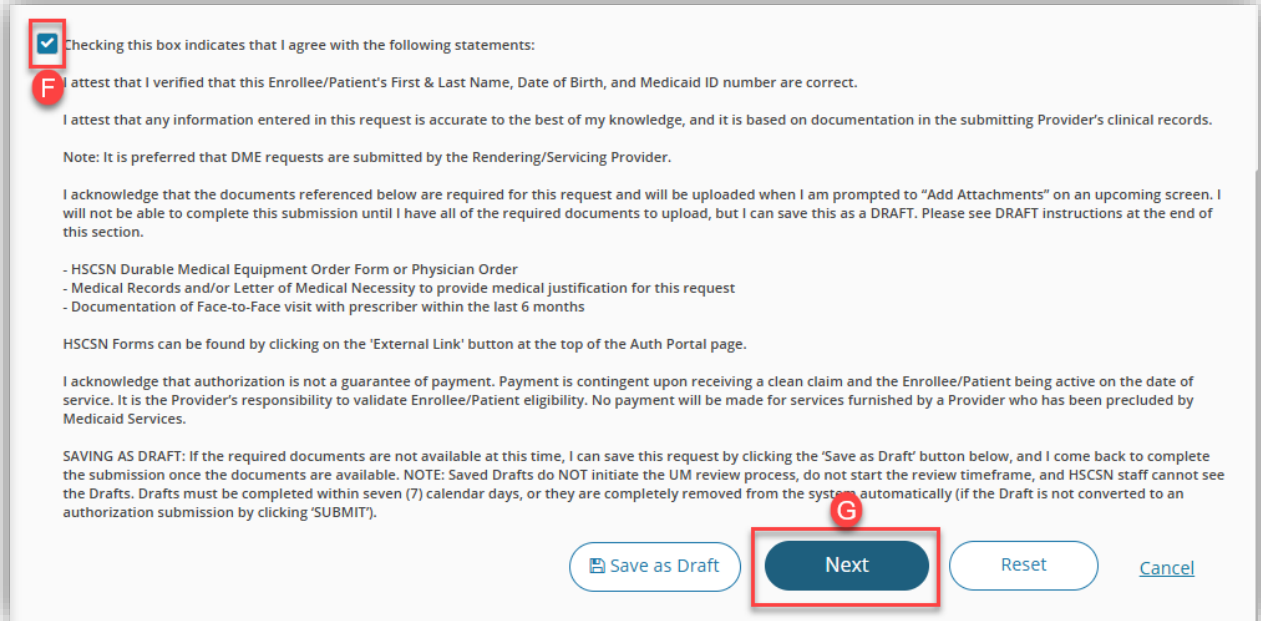
C
 Next

D
 Reset

E
[Cancel](#)

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

- F. When ready to submit the Outpatient 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.

Note: It is preferred that DME requests are submitted by the Rendering/Servicing Provider.

I acknowledge that the documents referenced below are required for this request and will be uploaded when I am prompted to "Add Attachments" on an upcoming screen. I will not be able to complete this submission until I have all of the required documents to upload, but I can save this as a DRAFT. Please see DRAFT instructions at the end of this section.

- HSCSN Durable Medical Equipment Order Form or Physician Order
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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.

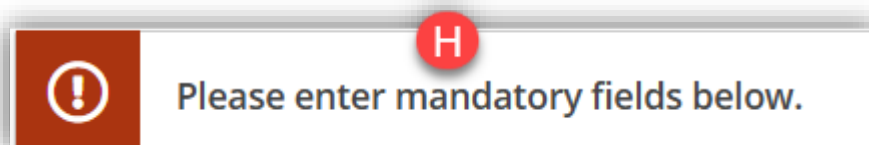
SAVING AS DRAFT: If the required documents are not available at this time, I can save this request by clicking the 'Save as Draft' button below, and I come back to complete the submission once the documents are available. NOTE: Saved Drafts do NOT initiate the UM review process, do not start the review 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](#)

- 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'

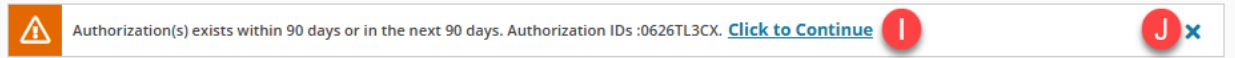
Note: This means the request is not yet submitted and the user must review the request and complete all mandatory fields



Auth Portal Desk Level Procedure (DLP) Submitting an Outpatient 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

- I. Click to Continue if user still wants to submit the request
- J. Click to cancel the remove 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.

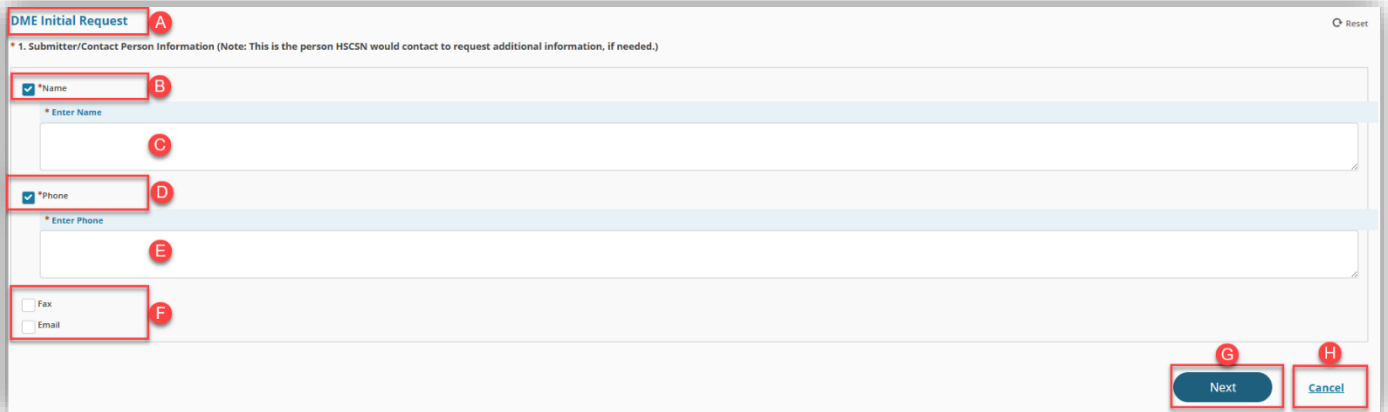
4.13 Entering Initial Request Information

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.

- A. Title of the Initial Request assessment
- B. In this example user clicks on the first mandatory box (denoted by *)
- C. User must enter a corresponding note (mandatory)
- D. User clicks next mandatory box (denoted by *)
- E. User must enter a corresponding note (mandatory)
- F. User has the option to check Fax or Email box
Note: While these two fields are optional, if selected the user must enter a corresponding note (mandatory only when the option is selected)
- G. Click Next to proceed to the next question
- H. Only click 'Cancel' to cancel the entire authorization (not recommended unless the authorization is entered in error)

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



DME Initial Request Reset

* 1. Submitter/Contact Person Information (Note: This is the person HSCSN would contact to request additional information, if needed.)

☒ *Name Enter Name

☒ *Phone Enter Phone

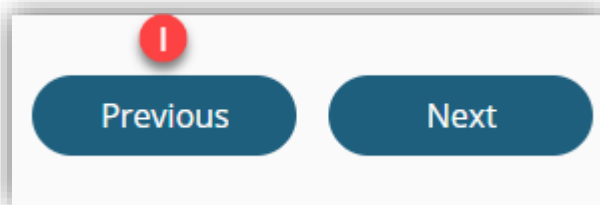
☐ Fax
☐ Email

Next Cancel

Callouts: A (Form Title), B (*Name), C (Enter Name), D (*Phone), E (Enter Phone), F (Fax/Email), G (Next), H (Cancel)

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

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



Previous Next

Callout: I (Previous button)

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

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

[View previous questions and answers](#) J

Guideline Name	Question No	Question	Answer	SubAnswer	Score	Staff Name	Date Entered	Status
DME Initial Request	1	Submitter/Contact Person Information (Note: This is the person HSCSN would contact to request additional information, if needed.)	Name	Verra Smart	0.000	Joan Kelley	06/26/2025	Pending
DME Initial Request	1	Submitter/Contact Person Information (Note: This is the person HSCSN would contact to request additional information, if needed.)	Phone	202-987-6543	0.000	Joan Kelley	06/26/2025	Pending
DME Initial Request	2	Referred To Provider (Servicing/Rendering Provider) Information (one option must be selected)	N/A - This service is not provided by a specific individual provider	Acknowledged	0.000	Joan Kelley	06/26/2025	Pending

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

DME Initial Request Reset

*** 7. Each of the required documents must be uploaded with this request when prompted to 'Add Attachments' on an upcoming screen.** L

☒ ***Acknowledged**

M

Previous

Next N

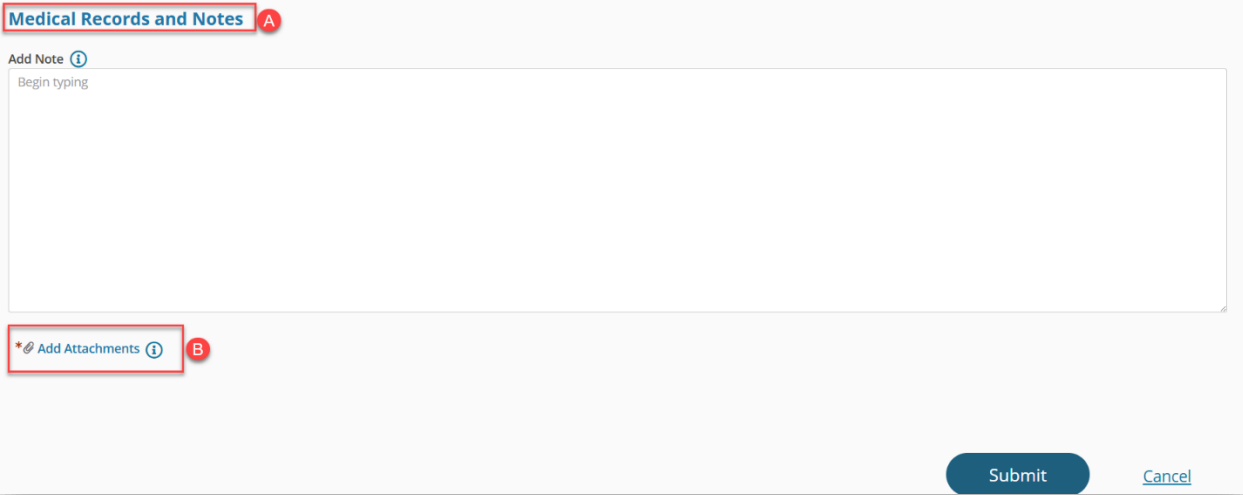
Cancel

4.14 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'

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

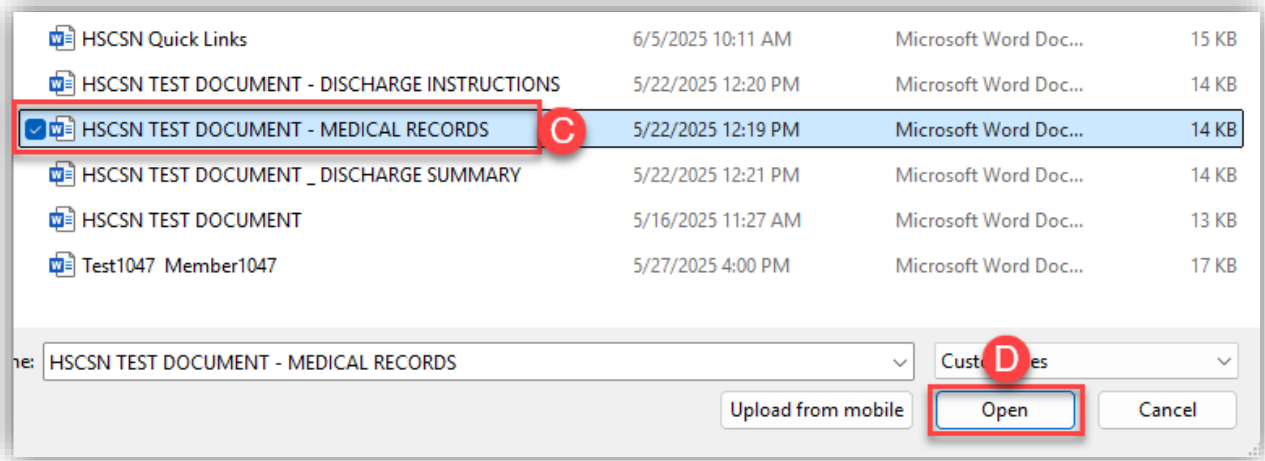


The screenshot shows a web interface titled "Medical Records and Notes" with a red notification bubble labeled "A". Below the title is a section labeled "Add Note" with an information icon and a large text area containing the placeholder "Begin typing". At the bottom left, there is a button labeled "Add Attachments" with a paperclip icon, an information icon, and a red notification bubble labeled "B". At the bottom right, there are two buttons: "Submit" and "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)

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

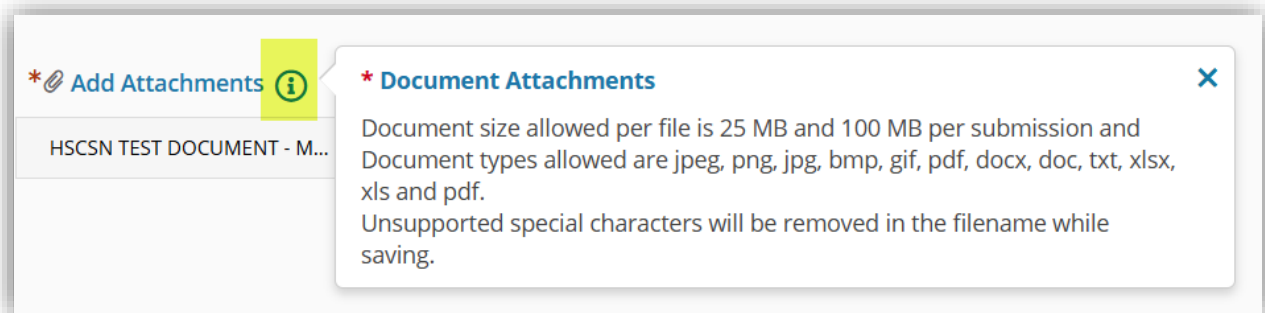
D. Click Open



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
<input checked="" type="checkbox"/> 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:

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** ✕

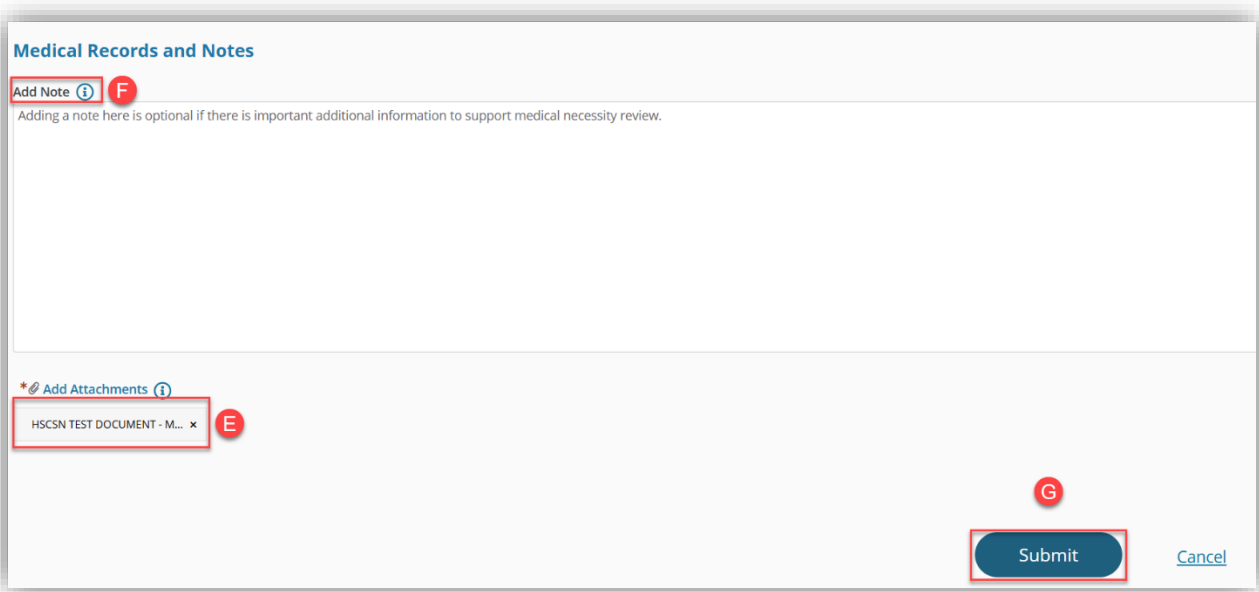
Document size allowed per file is 25 MB and 100 MB per submission and Document types allowed are jpeg, png, jpg, bmp, gif, pdf, docx, doc, txt, xlsx, xls and pdf.

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

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

G. When all required documents are attached, click Submit



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**

G

Submit [Cancel](#)

4.15 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 Outpatient Request

Results
A

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

B
C

⚠

Your request #0619T0RZ has been pending.

[Click to print](#)

X

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
C

Authorization Class: OutPatient	Authorization Type: DME	Authorization Status: Open
---------------------------------	-------------------------	----------------------------

Authorization Basic Details

Auth Created On: 06/26/2025 12:01:27 PM	Request Sent: Web Portal	Place Of Service: Office
Notification Date and Time: 06/26/2025 12:01:27 PM	Treatment Type: DME	Service End Date: 12/23/2025

Provider Details

Referred From Provider

Referred From Provider: MEDI-RENTS & SALES	Provider Type: Referred By	NPI: 1861480048
Tax ID: 521180041	Provider Phone No: 800-540-7252	Provider Fax: 111-111-1111
Address: 743 S CONKLING STREET, BALTIMORE, MD, 21224		

Servicing Provider

Provider Name: MEDI-RENTS & SALES	Provider Type: Servicing	NPI: 1861480048
Tax ID: 521180041	Provider Phone No: 800-540-7252	Provider Fax: 111-111-111
Address: 743 S CONKLING STREET, BALTIMORE, MD, 21224		

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: E0431	Primary Procedure	Alternate Service ID: BDB3A38CE
Procedure Description: PORTABLE GASEOUS OXYGEN SYSTEM RENTAL		
Unit Type: Units	Req.: 6	Approved Units: 0
From Date: 06/26/2025	To Date: 12/23/2025	Denied Units: 0

Auth Portal Desk Level Procedure (DLP) Submitting an Outpatient 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 06/24/2025		
1.1	Updated “Respite” priority guiding Provider to contact UM for Post Service request Select Outpatient 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. Select Outpatient Authorization	Maggie Kelley, Anoteros, 07/29/2025		Verbally approved by Nikki Reed- Countee, 07/28/2025
1.3	Place of Service – note not to choose school as option Entering Place of Service Removed reference to cheat sheets and refreshed screenshots due to formatting Entering the Procedure/Procedures	Maggie Kelley, Anoteros, 08/19/2025		