



AUTHORIZATION MANAGER TIPS

- Musculoskeletal services (spine, joint, and pain management)

INTRODUCTION

Use this tip when you submit a musculoskeletal (spine, joint) or pain management request using the Authorization Manager tool. To correctly complete an authorization request, providers are required to include certain information.

REQUIRED INFORMATION

| FOR | THE FOLLOWING INFORMATION IS REQUIRED |
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| <p>Musculoskeletal or pain management</p> | <ul style="list-style-type: none"> • Request type: Service Request • Place of service: <ul style="list-style-type: none"> ○ 11- Office ○ 19- Off Campus Outpatient Hospital ○ 22- On Campus – Outpatient Hospital ○ 24- Ambulatory Surgical Center • Review type: Initial • Add Servicing/Facility Provider: <ul style="list-style-type: none"> ○ Enter physician as the servicing provider ○ Enter facility as the facility (unless done in the office) • Diagnosis: Enter diagnosis code or description • Procedure: Enter CPT code(s) <p>After submitting, a new window opens. Populate details as follows:</p> <ul style="list-style-type: none"> • Quantity: 1 (may request up to 4 units per code for pain management) • Units: Units • Frequency: As prescribed • Start date: Requested start date for service <p>For bilateral pain injections:</p> <ul style="list-style-type: none"> • When requesting authorization, submit 2 units for each CPT code that represents a bilateral injection. • When submitting a claim for reimbursement, refer to our Bilateral Services payment policy for billing guidelines. <p>Click submit, then submit again on the Prior Authorization page and wait for InterQual to launch.</p> <p>Notes</p> <ul style="list-style-type: none"> • Please complete the InterQual submission from start to finish based on the member’s clinical information. Choosing “None of the above” or “Other clinical information (add comment)” may result in slower processing of your request. When finished, be sure to click “COMPLETE” at the bottom of the screen to end the review. |

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| | <ul style="list-style-type: none"> • For Medicare Advantage members, you must select National Government Services, Inc. for the local guidelines. • Once you click submit, a case has already been started, even if you do not complete InterQual. If you are unable to complete InterQual, close out your session and go back in to attach clinical to your existing case. • Once you complete the InterQual criteria, wait for the screen to load and take you back to Authorization Manager. You will either be provided with an automatic approval, or you will be asked to upload clinical documentation. Clinical is required if the criteria were not met. • If you are signed in as the servicing provider who will bill for the service, select yes for the question below and you can skip adding the servicing provider information. <div style="text-align: right; margin-top: 20px;"> <p>Requesting Provider Same as Servicing Provider</p> <p><input checked="" type="radio"/> YES <input type="radio"/> NO</p> </div> |
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**RELATED
RESOURCES**

[Authorization Manager Guide](#)

[Accessing Case Details and Printing Correspondence](#)

[Attaching Clinical to an Existing Case](#)

[Musculoskeletal \(MSK\) Service \(Outpatient\) Requests](#)

[Pain Management Requests](#)