



AUTHORIZATION MANAGER TIPS

- Inpatient musculoskeletal services (spine and joint)

INTRODUCTION

Use this tip when you submit an inpatient musculoskeletal (spine, joint) 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
<p>Elective, scheduled inpatient musculoskeletal admissions</p>	<ul style="list-style-type: none"> • Request type: Inpatient • Place of service: 21-Inpatient hospital • Review type: Pre-cert admission • From: Requested admit date for service • Requested admit date: Requested admit date for service • Actual admit date: Requested admit date for service • Admit from: Select Unknown if not known • Add Servicing/Facility Provider: <ul style="list-style-type: none"> ○ Enter physician as the servicing provider ○ Enter facility as the facility • 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 (if approved, the number of days approved will be based on the service requested) • Units: Units • Frequency: As prescribed • Start date: Requested admit date for service <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. • 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.

	<ul style="list-style-type: none">• 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. <p>Requesting Provider Same as Servicing Provider</p> <p><input checked="" type="radio"/> YES <input type="radio"/> NO</p>
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**RELATED
RESOURCES**

[Authorization Manager Guide](#)

[Accessing Case Details and Printing Correspondence](#)

[Attaching Clinical to an Existing Case](#)

[Musculoskeletal \(MSK\) Inpatient Request](#)