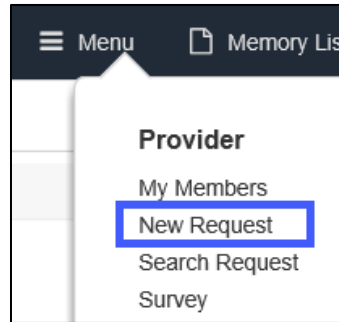


WELLMARK MEDICAL AUTHORIZATION TOOL: QUICK GUIDE FOR SUBMITTING OUTPATIENT (OP) REQUESTS

*This is an abridged version of the [Wellmark Medical Authorization Tool Guide for End Users](#).

Start a new request by selecting New Request from the Jiva Menu.



Enter the Subscriber ID and click Search to search for the member.

A screenshot of a web form titled 'New Request'. The form contains several input fields: 'Member Last Name', 'Member First Name', 'Member DOB' (with a calendar icon), and 'Subscriber ID'. The 'Subscriber ID' field contains the text 'W123456789'. At the bottom left of the form, there are two buttons: 'Search' and 'Reset'. The 'Search' button is highlighted with a blue rectangular box.

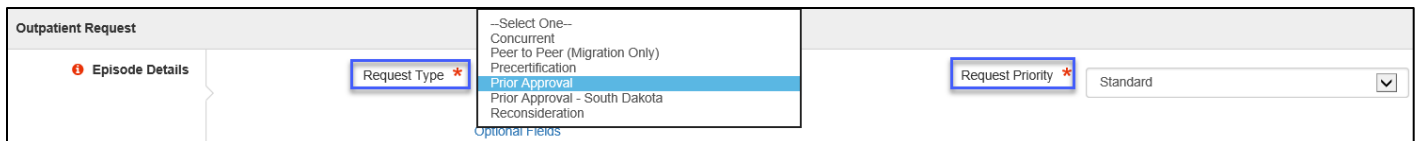
You can also search by First Name, Last Name and Member DOB

When results appear, chose the request type from the dropdown.

A screenshot of a search results table. The table has several columns with data: a redacted name, 'SMITH, JOHN', a redacted name, 'M', '01/01/2019', '12/31/2999', a redacted name, 'PPO', a redacted name, and 'Y'. To the right of the table, there is a dropdown menu with three options: 'Add Request', 'Case Management', and 'Outpatient'. The 'Add Request' option is highlighted with a blue rectangular box.

Episode Details

Chose the appropriate Request Type and Request Priority.

A screenshot of a form titled 'Outpatient Request'. The form has a tab labeled 'Episode Details'. There are two dropdown menus: 'Request Type' and 'Request Priority'. The 'Request Type' dropdown is open, showing a list of options: '--Select One--', 'Concurrent', 'Peer to Peer (Migration Only)', 'Precertification', 'Prior Approval', 'Prior Approval - South Dakota', and 'Reconsideration'. The 'Request Priority' dropdown is set to 'Standard'. Both dropdown menus are highlighted with blue rectangular boxes.

Coverage Details

This will default to the member's primary coverage.

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Diagnosis

Add all appropriate diagnosis codes by searching by code or text description.

Diagnosis Code Type * ICD10

Diagnosis * scoliosis

Primary Dx	Code Type	Diagnosis
★	ICD10	R51.0--Headache with orthostatic component, not elsewhere classified

- M41.00--Infantile idiopathic scoliosis, site unspecified
- M41.02--Infantile idiopathic scoliosis, cervical region
- M41.04--Infantile idiopathic scoliosis, thoracic region
- M41.06--Infantile idiopathic scoliosis,

Provider Details

Click Attach Providers

Attach Providers

Enter the provider's NPI and click Search. When the search results appear to the right, chose the appropriate Provider Role, then click the and choose Multiple Attach.

Provider Last Name:

Provider First Name:

NPI:

Provider ID:

[Advanced Search](#)

Provider ID	Provider Name	Location	Type	Provider Role	Specialty
000000001	Provider, Generic	1331 Grand Ave Des Moines, IA - 50309-2901 US	Not Eligible	Admitting	General Practice

Repeat this process for all appropriate providers.

Inpatient requests require **Admitting** and **Facility/Vendor** provider roles.

Outpatient requests require **Treating** and **Facility/Vendor** provider roles.

Once the appropriate providers are displayed under Selected Provider List, click Attach.

Selected Providers List

Provider ID	Provider Name	Location	Provider Role	In Network?
000000001	Provider, Generic	1331 Grand Ave Des Moines, IA - 50309-2901 US	Admitting	N
000000001	Provider, Generic	1331 Grand Ave Des Moines, IA - 50309-2901 US	Facility/Vendor	N

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Service Request

Choose the appropriate Service Type and Service Code. If the code requires a modifier, you will receive an alert until a modifier is added. Enter a Start Date, and the End Date will populate for you.

Once all details have been entered click Add.

Service/Specialty Drug Request

Service Type * Imaging

Place of Service --Select One--

Code Type * CPT

Service Code * 73218--MRI UPPER EXTREMITY OTH TF

[Advanced Search](#)

[Optional Fields](#)

Add

Modifier Right side-RT

Start Date * 01/12/2021

End Date * 01/13/2021

Requested # 1

You may repeat this process for all services you are requesting.

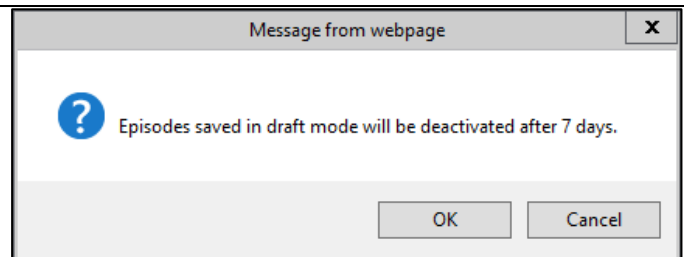
The details will now display in the **Service Request** section.

Service Request						
Action	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service
-	73218(CPT)	1	01/12/2021	01/13/2021	Imaging	

Once all services are entered, click Check for Review.

Check For Review

You will see a pop-up regarding episodes in draft mode. This does not impact your request. Click OK.



The system will refresh and take you to the top of the request screen. Scroll down to the **Service Request** section. Check the box in the grey row to select all appropriate services. This will activate green button that says Review. Click this button to launch InterQual® (IQ).

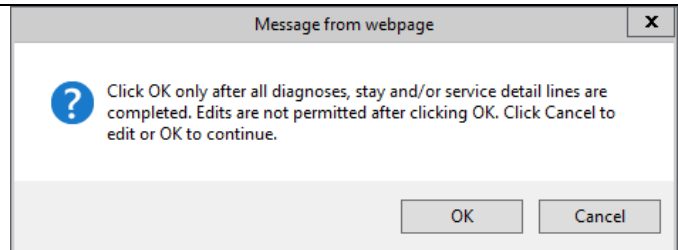
Review

Service Request

	Action	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service	Review Status
<input checked="" type="checkbox"/>		73218(CPT)	1	01/12/2021	01/13/2021	Imaging		

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You will see another pop-up regarding edits. No edits are allowed once you click OK.



InterQual will populate in a new tab in your web browser. Click Medical Review to begin the review process.



Once you are finished entering IQ details, you will have a View Recommendations button.



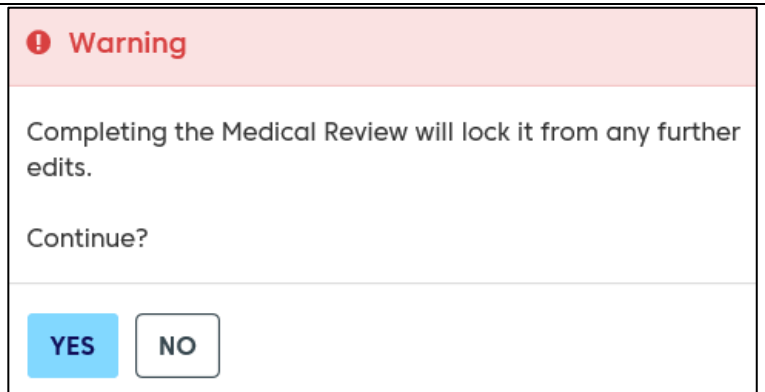
Depending on the results, a recommendation will be provided. Click Review Summary to view a final summary.



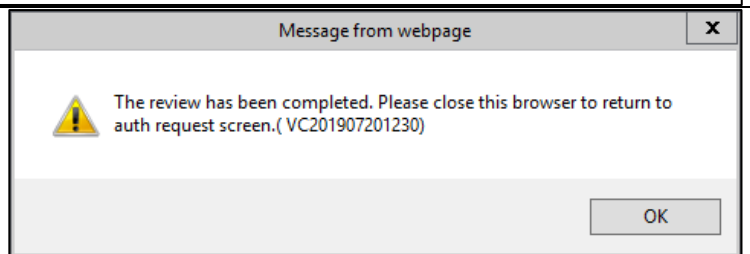
After reviewing the IQ summary, click Complete to save and complete the IQ.



Click YES on the warning box acknowledging completion of the review.



You will see one final pop-up. Click OK and then close the tab that has IQ open. Do not close the entire browser window.



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Jiva will update the Review Status field.

Service Request								
<input type="checkbox"/>	Action	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service	Review Status
		73218(CPT)	1	01/12/2021	01/13/2021	Imaging		Automatic Approval

Documents

Add a Document Title. Click Browse and find the document you want to attach. Once selected, click Open to attach. The name will display next to the Browse button once attached properly. (This step is not required if the status is Automatic Approval.)

Documents	Document Title *	<input type="text" value="John Clinical"/>	Document Description	<input type="text" value="Clinical History"/>
	Document Type	<input type="text" value="Medical Document"/> <input type="button" value="v"/>		
	Select Document	<input type="button" value="Browse"/> <input type="text" value="John Clinical.pdf"/>		

Requestor Attestation

Read the attestation and select Yes.

<p>As the submitter of this request, I attest that I have reviewed the Wellmark Authorization table, checked the member's benefits, and verified the member's coverage eligibility for this request.</p>	
Requestor Attestation	As the submit... <input checked="" type="radio"/> Yes <input type="radio"/> No

Expedited Priority Rationale

Choose the appropriate priority rationale for the request.

Expedited Priority Rationale	Expedited Prior...	--Select One-- <input checked="" type="radio"/> Standard N/A <input type="radio"/> Seriously jeopardize the life or health of the member or the member's ability to regain maximum function <input type="radio"/> Subject the member to severe pain that cannot be adequately managed without the care or treatment requested
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Contact Information for Request

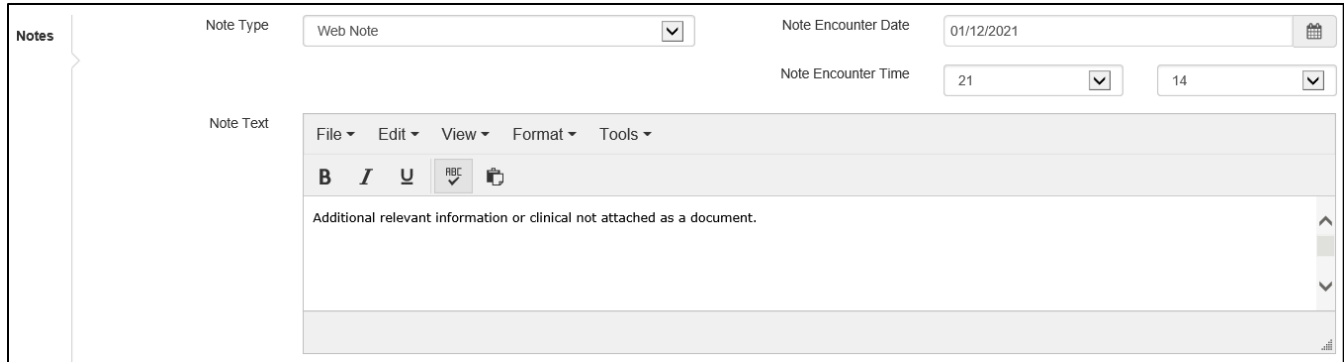
Complete all 3 required fields.

Contact Information for Request	Requestor Name *	<input type="text" value="James"/>	Requestor Phone *	<input type="text" value="641-867-5309"/>	Is this voice mail confidential?	<input type="text" value="Yes"/> <input type="button" value="v"/>

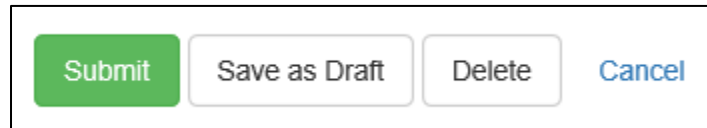
WELLMARK MEDICAL AUTHORIZATION TOOL: QUICK GUIDE FOR SUBMITTING OUTPATIENT (OP) REQUESTS

Notes

Include any additional relevant information or clinical not attached in a document. (This step is not required if the status is Automatic Approval.)



When finished, click the green Submit button.



You will once again see the draft message. Click OK to continue.


If there were any errors, an appropriate message would be displayed at this point.

Request Details

Once submitted, you will be navigated to the Request Details screen. Here you will be able to see the reference number (labeled as Certification #) as well as the initial decision.

Expected Decision Date : 01/27/2021	Authorization Type : OP	Episode Number : 284347	Episode Status : OpenRequest	Certification # 21100168					
Authorization Details									
Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency	Decision
104563	73218(CPT)	1	1	0	01/12/2021	04/12/2021	Imaging	Per Day	Approved

You can click on the Authorization Type hyperlink ([OP](#)) to navigate into the request to add additional notes or documents.

Be sure to hit the  to close out of the request when you are done. If you are in the request, Wellmark cannot complete their review.

This request will now be reflected once you refresh your Dashboard.



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