

ELECTRONIC VISIT VERIFICATION: NO AUTHORIZATION WORKFLOW

Certain service codes will sometimes or never have authorizations associated with them for scheduling appointments or completing visits. In these instances, providers will be able to schedule appointments and complete visits for their members without an authorization.

To begin, a member profile must be loaded if the member does not have an existing profile in the *CareBridge Provider Portal*. On the *Members* page, select the **+ IMPORT MEMBER** option in the top right-hand corner (*Figure 1*).

After clicking **+ IMPORT MEMBER**, you will be directed to the *Import Member* form (*Figure 2*). Fill in the insured/ member ID, member date of birth, and payer fields, then click **Member Search** to locate the member's profile. Once the profile has populated, click **Import Member** to complete the profile loading process. If the member cannot be located using the insured or member ID, confirm with the member's payer that the ID is correct and that the member's data has been provided to CareBridge.

Figure 1. **Import Member** option

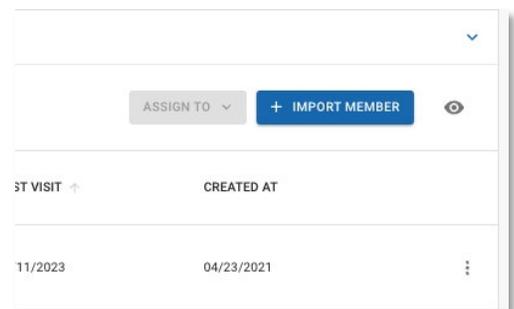
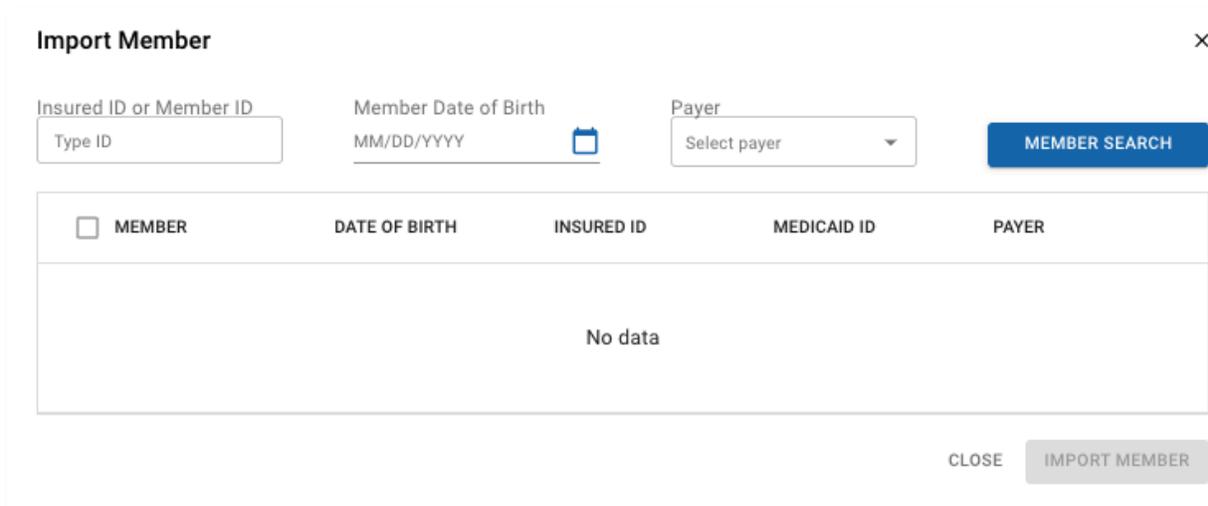


Figure 2. **Import Member** form



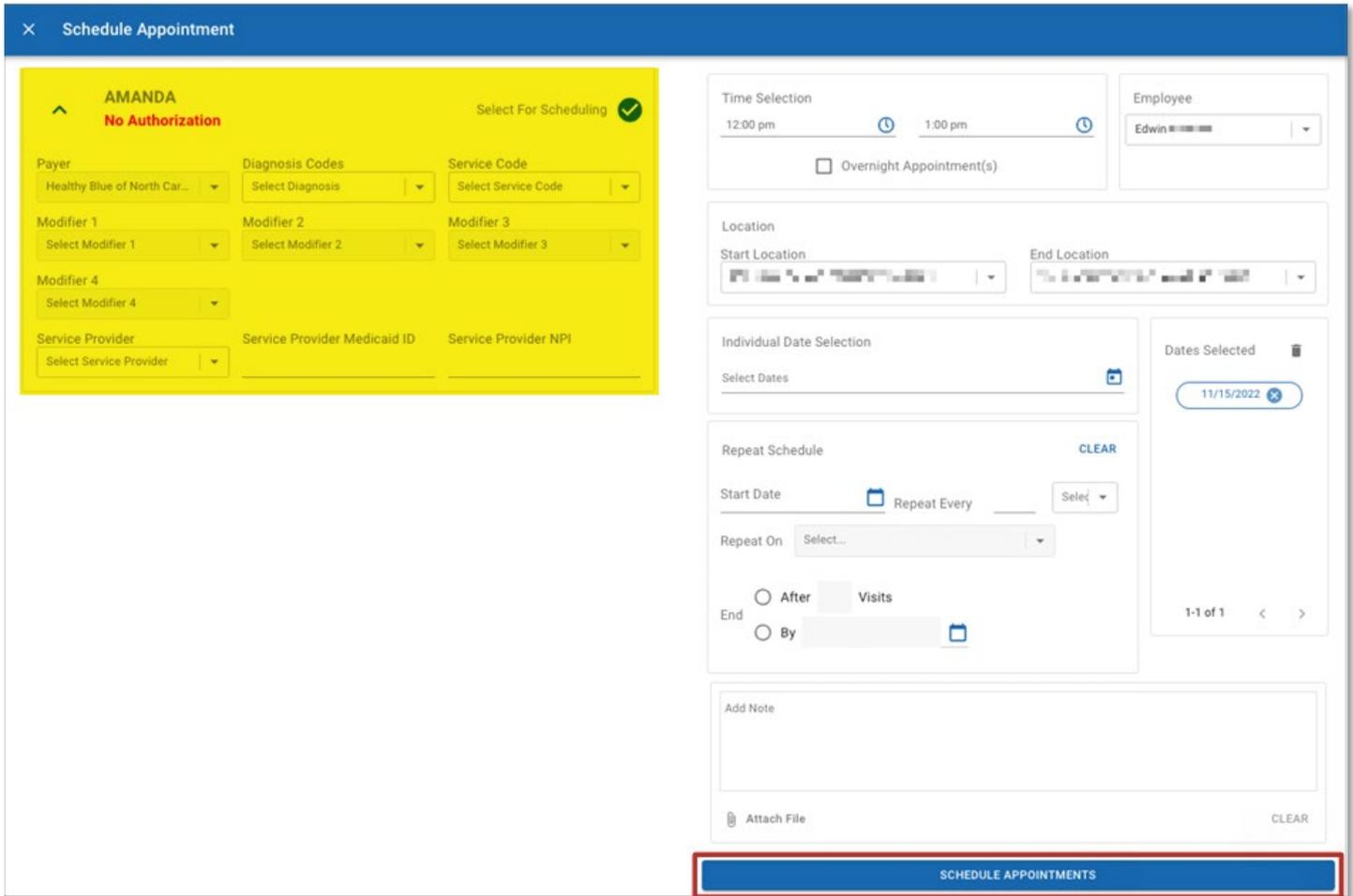
The screenshot shows the 'Import Member' form. It has three input fields: 'Insured ID or Member ID' (with a 'Type ID' placeholder), 'Member Date of Birth' (with a calendar icon and 'MM/DD/YYYY' format), and 'Payer' (with a 'Select payer' dropdown). A blue 'MEMBER SEARCH' button is to the right. Below the form is a table with columns: 'MEMBER', 'DATE OF BIRTH', 'INSURED ID', 'MEDICAID ID', and 'PAYER'. The table is currently empty, showing 'No data'. At the bottom right, there are 'CLOSE' and 'IMPORT MEMBER' buttons.

SCHEDULE APPOINTMENTS

Providers can choose the **“No Authorization”** option in the **Schedule Appointment** screen, then select the *diagnosis code, service code, modifiers (if any), and the service provider (Figure 3)*.

The *service provider Medicaid ID and NPI* will automatically populate once the provider has been selected. Once the **No Authorization details** have been completed, the selections will apply to the single scheduled appointment, or to all appointments if a repeat schedule is selected. The schedule appointments screen can be accessed by clicking the **schedule appointment button** on the authorizations page.

Figure 3. **Schedule Appointment** detail screen



The screenshot shows the 'Schedule Appointment' interface. On the left, a yellow panel for 'AMANDA' is highlighted, containing a 'No Authorization' status and a 'Select For Scheduling' checkmark. Below this are fields for Payer (Healthy Blue of North Car...), Diagnosis Codes (Select Diagnosis), Service Code (Select Service Code), and four Modifiers (Select Modifier 1-4). At the bottom of this panel are fields for Service Provider (Select Service Provider), Service Provider Medicaid ID, and Service Provider NPI.

The right side of the screen includes:

- Time Selection:** 12:00 pm and 1:00 pm with clock icons, and an 'Overnight Appointment(s)' checkbox.
- Employee:** Edwin [redacted] dropdown.
- Location:** Start Location and End Location dropdowns.
- Individual Date Selection:** Select Dates field with a calendar icon.
- Dates Selected:** 11/15/2022 with a close icon.
- Repeat Schedule:** CLEAR button, Start Date field, Repeat Every dropdown, Repeat On dropdown, and radio buttons for 'After Visits' and 'By'.
- Add Note:** A text area for notes.
- Attach File:** A file upload button and a CLEAR button.

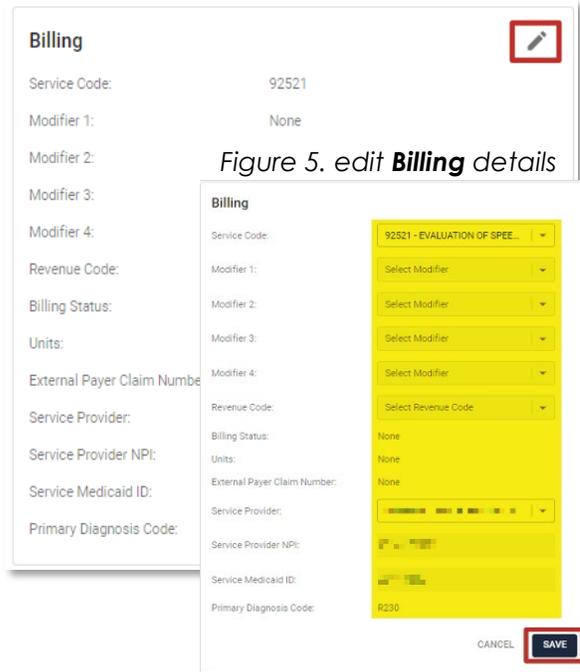
A blue bar at the bottom of the interface contains the text 'SCHEDULE APPOINTMENTS'.

Providers can also make changes to the **No Authorization** selections on already scheduled appointments (Figures 4 & 5).

Click the **pencil icon** under the *billing card* on the *Appointment Details* page to edit the selections (Figure 5).

Once the changes have been made, simply click **Save**.

Figure 4. **Billing** card

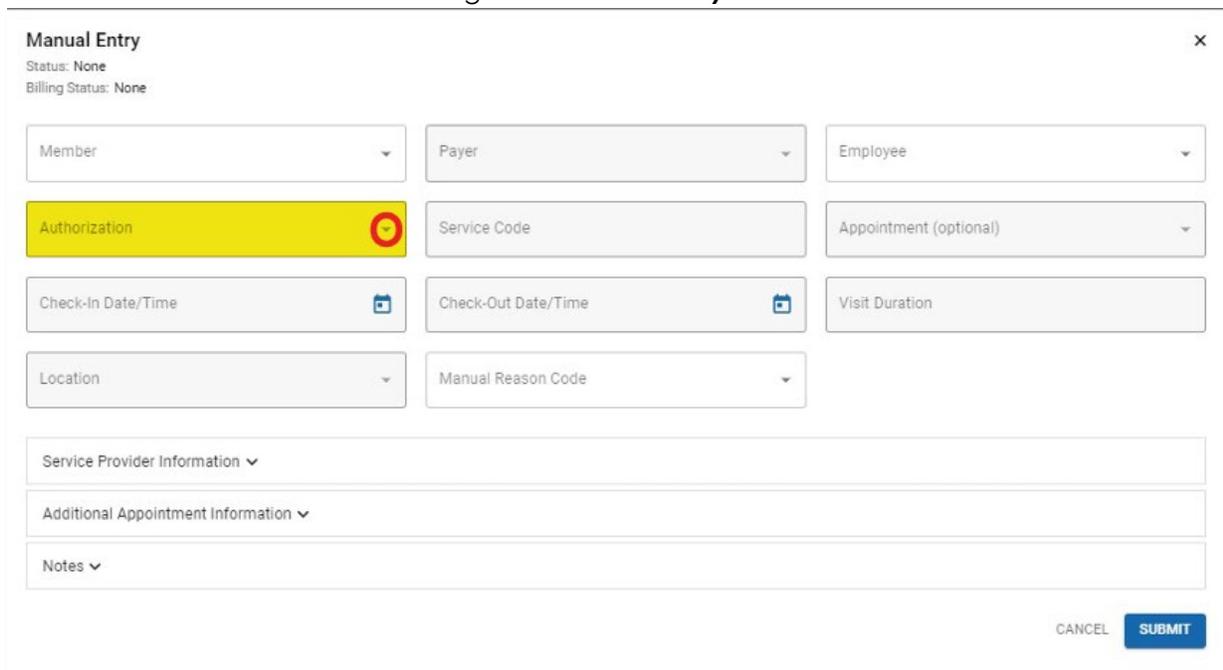


The image shows two overlapping screenshots. The background screenshot, labeled 'Figure 4. Billing card', displays a 'Billing' section with the following fields: Service Code (92521), Modifier 1 (None), Modifier 2, Modifier 3, Modifier 4, Revenue Code, Billing Status, Units, External Payer Claim Number, Service Provider, Service Provider NPI, Service Medicaid ID, and Primary Diagnosis Code. A pencil icon is visible in the top right corner. The foreground screenshot, labeled 'Figure 5. edit Billing details', shows the same form with a yellow background and dropdown menus for Service Code (92521 - EVALUATION OF SPEE...), Modifier 1-4 (all set to 'Select Modifier'), Revenue Code (Select Revenue Code), Billing Status (None), Units (None), External Payer Claim Number (None), Service Provider, Service Provider NPI, Service Medicaid ID, and Primary Diagnosis Code (R230). 'CANCEL' and 'SAVE' buttons are at the bottom right.

MANUAL ENTRY

To create a direct manual entry in the portal without an authorization, select the manual entry button on the Visits page. In the manual entry screen, select the "No Authorization" option in the Authorization drop down menu.

Figure 6. **Manual Entry** form



The image shows the 'Manual Entry' form with the following fields: Member, Payer, Employee, Authorization (highlighted in yellow with a red circle around the dropdown arrow), Service Code, Appointment (optional), Check-In Date/Time, Check-Out Date/Time, Visit Duration, Location, and Manual Reason Code. Below these are sections for Service Provider Information, Additional Appointment Information, and Notes. 'CANCEL' and 'SUBMIT' buttons are at the bottom right.