

Authorization management

Frequently asked questions

The terms prior authorization, precertification, preadmission, preauthorization and notification are used to refer to the preauthorization process. This document answers common questions about Humana's authorization management tool. Should you need further assistance, please send an email to eBusiness@humana.com.

General questions

1. Q. What does the authorization management tool allow me to do?

- A. It allows you to search for and view current and past authorization/referral submissions and get status updates on current requests. In addition, you can submit additional information and make changes to selected requests, depending on the authorization type and status.

2. Q. Where do I access the authorization management tool?

- A. The tool is available on the Availity Web Portal (selected states) and the Humana.com secure provider portal.
- Sign in at Availity.com and select "More" from the top navigation. Under the "Auths and Referrals" heading, select the "Authorization Management (Humana)" link.
 - Or sign in to the Humana.com secure portal and select the "Authorization Management" icon on the home page.

If you do not have access, see question 11.

3. Q. What is the difference between an inpatient and an outpatient authorization/referral?

- A. Inpatient authorizations are for services provided while a patient is admitted to a facility. Outpatient authorizations are for services provided while a patient is not confined to a facility. These services include hospital observations, home health services, durable medical equipment rental and/or purchase, health maintenance organization (HMO) referrals, etc.

4. Q. What is the purpose of the identification number field?

- A. It allows you to select one or all of the tax identification numbers (TINs) associated with your portal account. The TIN(s) selected will determine what authorization/referral submissions display.

5. Q. What does the preferences feature do?

- A. The preferences feature allows you to select and save viewing preferences (sort/filter).



Current authorizations tab

6. Q. What is meant by the term “current authorization?”

A. Current authorizations are those submitted within the past 30 days.

7. Q. What does the sort feature do?

A. The sort feature allows you to arrange records in order by criteria, such as authorization number and admission date. The records can be displayed in ascending or descending order.

8. Q. What does the filter feature do?

A. It allows you to organize current authorizations/referrals by type of authorization, authorization status, entry date and admission/service date.

Search authorizations tab

9. Q. What can I do when using the search authorizations feature?

A. You can search for authorization/referral submissions dating back as far as 18 months. You can search by member ID, authorization number, date (admission/service date or entry date) or by current admissions. The authorization type field allows for selection of inpatient or outpatient submission types. Please note searches by date can only be performed using a date range of 30 days.

10. Q. How do I return to the home page of the secure provider portal?

A. Select the “Exit” button at the bottom of the tab.

Viewing and updating authorizations

11. Q. How do I gain access to the authorization/referral update capability?

A. Your organization's administrator for Availity or primary access administrator (PAA) for the secure Humana.com portal must grant you access to the Authorization Management tool.

- If you use the Availity Web Portal, your Availity administrator should select “Manage Users” and add the Authorization Management access to your user account.
- If you use the Humana.com secure portal, your PAA should go to the “Security Administration” area, click on “Assign Web Access Rights,” select the user and then select the “Authorization Management Update” function by placing a check in the selection check box. This function is found under the “Humana Authorizations/Referrals” category.

12. Q. Once I submit an authorization/referral, how long does it take it to appear in the authorization management tool?

A. New authorizations, as well as updates to existing authorizations, generally are accessible immediately.

13. Q. I contacted a vendor directly for my authorization. Can I view that authorization request through the authorization management tool?

A. Yes, if the vendor is one that forwards those authorizations to Humana electronically. Most vendors do, which makes them available on the authorization management tool.



14. Q. What types of authorizations/referrals can be updated?

- A. Clinicians may update existing inpatient and outpatient authorizations/referrals with a pended or approved status for all commercial and Medicare members, with the exception of inpatient approved authorizations and the other types listed in question 15.

15. Q. What types of authorizations/referrals cannot be updated?

- A. You cannot update:
- Authorizations/referrals for claims that already have been processed.
 - Authorizations/referrals for members with eligibility changes.
 - Inpatient authorizations that have already been approved.
 - Authorizations/referrals that are void or partially approved/denied.
 - Retroactive authorizations/referrals.

16. Q. What fields can be updated for an inpatient authorization?

- A. The following fields can be updated for a pended inpatient authorization:

- Admission date.
- Discharge date (add a date only).
- Procedure codes (up to five total).
- Add attachments.

Note: Inpatient authorizations that have been approved by Humana cannot be updated.

17. Q. What fields can be updated for an outpatient authorization/referral?

- A. The fields that can be updated vary depending on authorization type and status, as indicated below:

Outpatient Pended Authorizations

- Service from and to dates.
- Service quantity (increase only).
- Procedure codes (up to five total).
- Attachments.

Outpatient Approved Authorizations

- Number of visits (increase only).
- Attachments.

Referrals Pended

- Service date.
- Type of service (add up to a total of four; however, the previously entered service type can't be deleted).
- Service quantity (increase only).
- Procedure codes (up to five total).
- Attachments.

Referrals Approved

- Number of visits (increase only).
- Attachments.



18. Q. Can updates be made more than once?

A. Yes. There is no limit to the number of updates per authorization/referral.

19. Q. Who can update an existing authorization/referral?

A. For inpatient/outpatient authorizations: Any health care provider on the initial authorization (e.g., requesting clinician, treating clinician or facility) can update the authorization.

For referrals: Only the member's PCP or, in some markets, the specialist or ancillary clinician, can update the authorization. If you are unsure whether you are in one of these markets, please contact our clinical intake department at 1-800-523-0023. Representatives are available Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

20. Q. What should I know about adding attachments to an existing authorization/referral?

A. Only clinical documentation supporting the medical necessity of the service(s) requested should be added. Only TIF and PDF are acceptable file types. Up to 10 attachments can be added. Files can be up to 2MB each.

A clinical intake team (CIT) nurse will then review the entire submission, including the attachments. If more information is needed, a CIT nurse will contact the clinician and provide a secure fax number to which the information should be sent.

21. Q. Will the updates show on the original authorization/referral, or will a new one be created?

A. The updates will show on the original authorization/referral.

22. Q. How long will it take before I see my update on the authorization management tool?

A. After you receive the message indicating that your "authorization has been successfully updated," the updates will appear immediately under the "current authorizations" tab.

23. Q. How can I arrange for training on the authorization management tool for my staff?

A. These training options are available:

- To see an online demo, sign in to the secure portal at Humana.com and select the "Training & Demos" icon. Then, select the "Tracking and Updating Your Authorizations: The Authorization Management Tool" demo.
- Contact your Humana eBusiness consultant or send an email to eBusiness@humana.com to request training from a Humana consultant assigned to your area.

