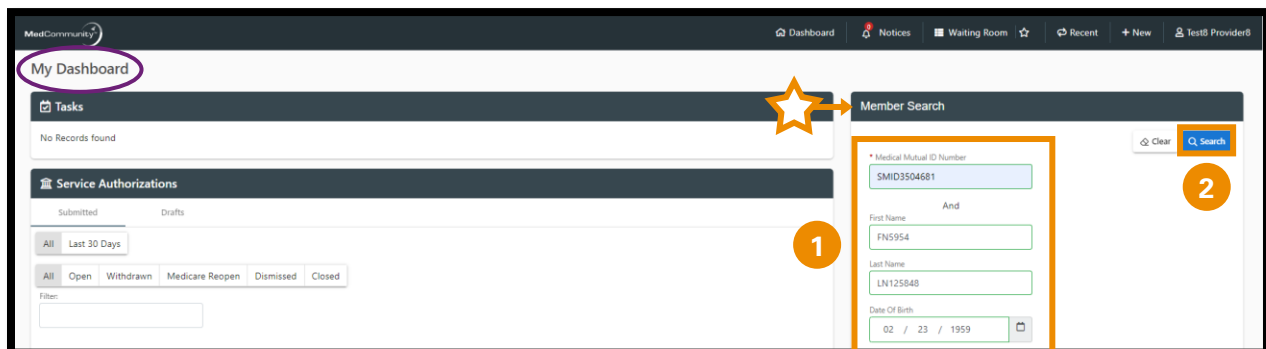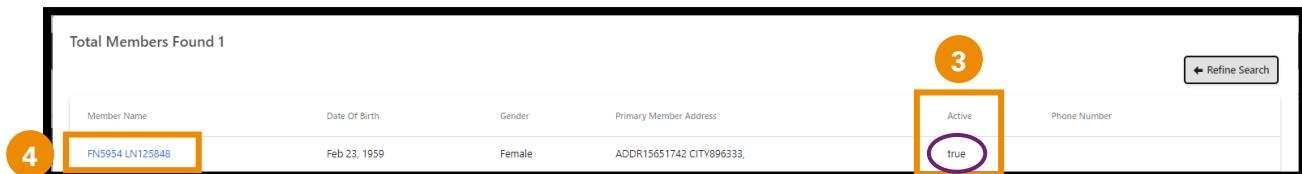# MEDICAL MUTUAL®

MedCommunity Reference Guide:
Submitting a Retrospective Review

STEP 1 – Search for Member on My Dashboard:

- Under Member Search, complete all fields with Subscribers information. (**1**)
  - ➢ **Note:** Medical Mutual ID Number, First Name, Last Name, DOB are all required fields to begin Member search.

- Click Search. (**2**)

- Review Active column for Subscribers active eligibility: (**3**)
  - ➢ True = active eligibility
  - ➢ False = no active eligibility
    - o Please contact Customer Care (located on Subscriber's MMO card) with question and to verify eligibility.

- Click Member Name blue hyperlink (**4**) to be directed to the Coverage Verification screen.

STEP 2 – Verify Member's Coverage:

- Review Member's Current Active Coverage. (**1**)
  - ➢ **Note:** Member must have had active coverage on the day of admission.
- Click Inpatient button (**2**) to begin the Service Authorization.

STEP 3 – Complete Service Auth Tab:

- You will note the tabs along the left side of the screen, which will be completed as outlined below.

- Under the Service Authorization tab, there are several fields that are grayed out. These fields are auto-filled and are not available for editing.

- All fields with a red asterisk must be completed before moving to the next tab.

- You may use the Save as Draft button (**1**) at any time during the submission process to complete the Service Authorization later.

  - ➢ **Note:** When the Save as Draft button is clicked, the Service Authorization is saved in draft format until all fields are completed.

  - ➢ **Note:** *A Service Authorization in draft status is not visible to Medical Mutual.*

  - ➢ To complete a Service Authorization request in Draft status see page 22.

- Confirm eligibility field (**2**) matches Member's current active coverage from the Coverage Verification screen.

- Complete the Admit/Effective Date field. (**3**)

- Complete the Discharge Date field. (**4**)

  - ➢ **Note:** A Retrospective review **MUST** include the discharge date.
    - o **DO NOT ADD** Discharge Date to the Comments section without completing the Discharge Date field.

 - ➢ **Note:** Admit date and Discharge date **may not** be in the future.

- ➢ **Note:** You will add the discharge destination (ex: Home, SNF, Home with Home Health Care, etc.) in the Comments section on the Procedures tab.

- Under Requesting Provider Details, use dropdown to complete the Provider Type field.
  - ➢ Provider Type = Servicing/Requesting. (**5**)
  - ➢ **Note:** The Institutional (Facility) Provider will always be entered on this tab. The Professional (Physician) Provider will be added on the Provider's tab.
  - ➢ **Note:** Each Service Authorization submission must have an Institutional Provider.

- Complete the Provider field.
  - ➢ To search for the Institutional Provider, click the magnifying glass icon to be directed to the Provider Search screen. (**6**)
  - ➢ **Note:** Temporary Provider MAY NOT be used for the Institutional Provider.

- Verify the toggle to the left is moved to Yes (**7**) to include Non-Participating (Non-Par) and Inactive Providers.

- Delete the Zip field. (**8**)

- Click Search (**9**) to view a complete list of Institutional Providers that are associated with your Provider Group.
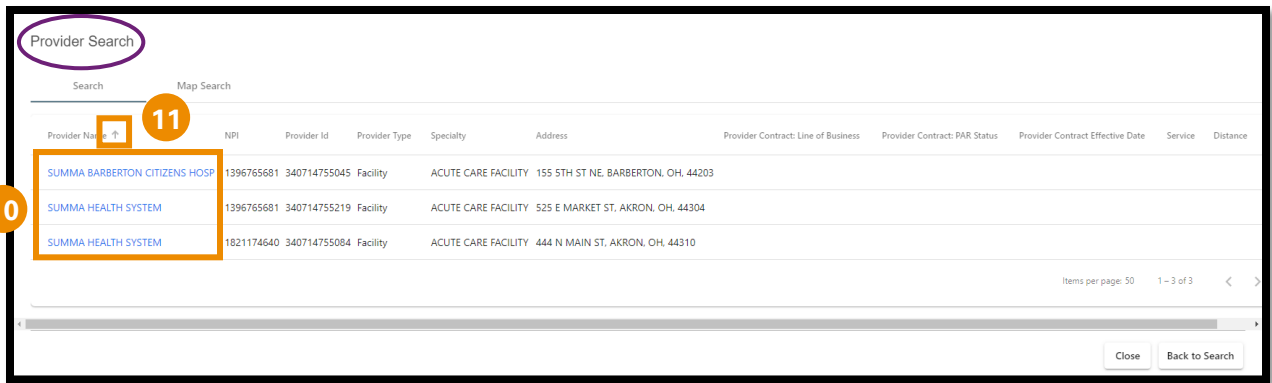
- Locate the correct Institutional Provider.
- Click Facility blue hyperlink (**10**) to add the Institutional Provider.
  - ➤ **Note:** Make sure to choose a Institutional Provider with a listed address.
  - ➤ **Note:** Hover next to the column headers (**11**) to sort list by preference.
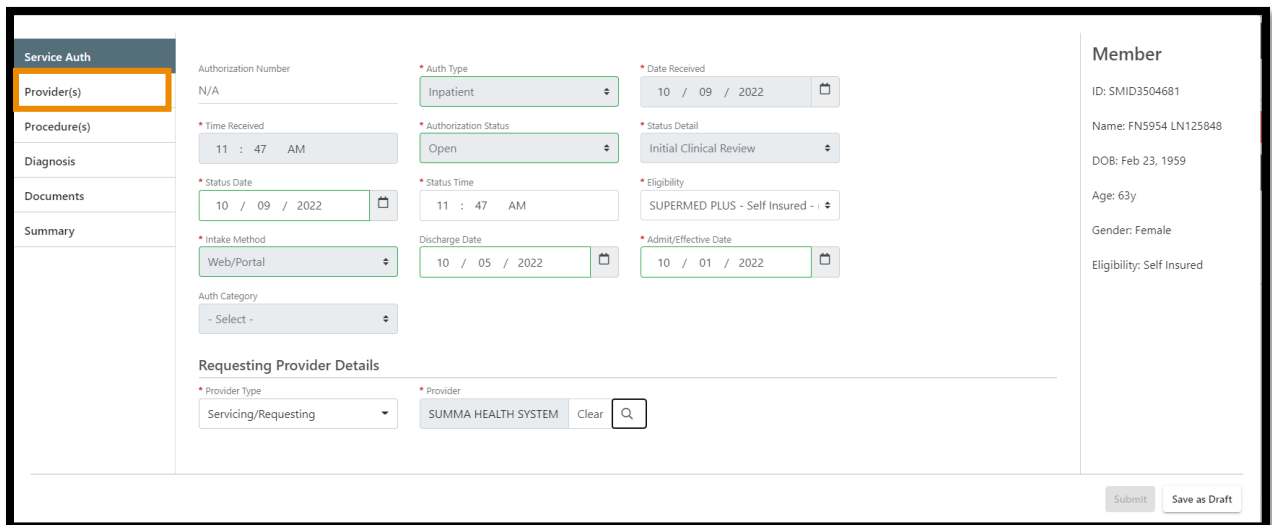
- After reviewing all information on the Service Auth tab, click Providers tab. (**12**)

STEP 4 – Complete Providers Tab:

- A pop-up notification (**1**) will appear indicating that the information on the previous tab has been saved.

- On this screen, you will add the Professional (Physician) Provider(s) associated with the Member's inpatient stay.

- Click +Add Provider button. (**2**)

- Use dropdown to complete Provider Type field.
  - ➢ Provider Type = Servicing. (**4**)

  - ➢ **Note:** Each Service Authorization submission must have at least one Professional Provider.

- Click the magnifying glass icon (**5**) to be directed to the Provider Search screen to search for the Professional Provider.

- Verify the toggle to the left is moved to Yes (**6**) to to include Non-Participating (Non-Par) and Inactive Providers.

- Add the Professional Provider's Name (7) if known enter NPI number or Provider ID number. (8)

  - **Note:** To broaden the search, delete Zip field. (**9**)

  - **Note:** If Professional Provider is not displaying in search results, refer to adding an unknown/not found Professional Provider on page 8.

- Click Search. (**10**)

- Click Professional Provider blue hyperlink (**11**) to add the Provider.

  - **Note:** If the list displays multiple results, click the blue hyperlink on the Provider that is associated with the Member's inpatient stay.

  - **Note:** You can use the sort arrows (**12**) next to the column headers to sort list by preference.

- Click the + Add Provider button (**13**) to add additional Professional Providers.

- If needed, you may remove any Providers that have been added. (**14**)

- After adding all Professional Providers, click the Procedure(s) tab. (**15**)

If Professional Provider Does Not Display in Search Results:

- In the Provider Type field, use the dropdown menu to select Servicing. (**1**)

- In the Provider field, click on the magnifying glass icon (**2**) to be directed to the Provider Search screen.

- Verify the toggle to the left is moved to Yes (**3**) to to include Non-Participating (Non-Par) and Inactive Providers.

- Delete the Zip field. (**4**)

- Last Name = Provider (**5**)

- First Name = Temporary (**6**)

- Click Search. (**7**)

- Click blue hyperlink (**8**) to add Temporary Provider.

  - **Note:** If Professional Provider was unknown on Providers tab, add information related to unknown Provider in the Comments section. (ex: Provider name, address, NPI, etc.)

STEP 5 – Complete Procedures Tab:

- A pop-up notification (**1**) will appear indicating that the information on the previous tab has been saved.

- There are several fields that are grayed out. These fields are auto-filled and are not available for editing.

- All fields with a red asterisk must be completed before moving to the next tab.

- Complete the Requestor-Contact Name and Contact Phone fields. (**2**)

- Use dropdown (**3**) to complete Service Type field.

  ➢ **Note:** For a successful Service Authorization submission, this field **MUST** be populated with the Service Type you are requesting.

- Every inpatient submission must have a Room & Board revenue code, including Request Start Date and Request Time.
  - ➢ **Note: DO NOT** edit any information populated in the Revenue Code fields. (**4**)

- Type or copy/paste relevant clinical information into the Comments section. (**5**)
  - ➢ **Note:** Include where Member discharged to (ex:: Home, SNF, Home with Home Health Care, etc.).
  - ➢ **Note:** Relevant clinical documentation is required to support the Service Authorization request and must be added prior to submission.
    - o Send only information that is relevant to your submission.
    - o Sending extra information may cause a delay in processing your request.
  - ➢ **Note:** Clinical information may be added to the Comments section and/or attached on the Documents tab.
    - o If the clinical information will be attached only, please type "See Attachments" in the Comments section.
    - o See Step #7 to attach documents to the Retrospective Review request.
  - ➢ **Note:** If "Temporary Provider" was populated on the Providers tab, add information related to unknown Provider in the Comments section. (ex: Provider name, address, NPI, etc.)
  - ➢ **Note:** Comment field allows a maximum of 3000 characters.

- To add medical/surgical procedures that have been completed during this inpatient stay, click Save and Add Another button. (**6**)

> **Note:** After clicking Save and Add Another button, a *duplicate* procedure screen will display.

- On the *duplicate* procedure screen, **DO NOT** edit any of these fields. (**7**)

- Use dropdown to select CPT Procedure Code Type. (**8**)

- In the Procedure Code field:
  > Free type procedure code if *known*. (**9**)

  > If procedure code is *unknown*, click on the magnifying glass (**10**) to search for a procedure code (see page 13).

- The Comments field will display a duplicate of the comments added previously. (**11**) Additional comments are not needed.

- Click Save and Add Another button (**12**) to add additional medical/surgical procedures.

- If needed, you may remove any of the medical/surgical procedure that you added. (**13**)

- After all required information is completed on the Procedure(s) tab, click the Diagnosis tab. (**14**)

To Search for Procedures:

- In the Description field, type an asterisk (*****) followed by the procedure description. (**1**)

- Click Search (**2**) to view CPT code list.

CPT QUERY

| Procedure Code	Procedure Cod ↑	DrgGlos	DrgGAlos	DrgRelWts	DrgMdc
31615	TRACHEOBRNCHSC THRU EST TRACHS INC				
31614	TRACHEOSTOMA REVJ CPLX W/FLAP ROTATION				
31613	TRACHEOSTOMA REVJ SMPL W/O FLAP ROTATION				
31612	TRACHEAL PNXR PRQ W/TRANSTRACHEAL ASPIR&/NJX				
31611	CONSTJ TRACHEOESOPHGL FSTL&INSJ SP PROSTH				
31610	TRACHEOSTOMY FENESTRATION W/SKIN FLAPS				

Items per page: 50   1 – 6 of 6   〈   〉

Close   Back to Search

➢ **Note:** If the list displays multiple results, click the blue hyperlink (**3**) on the correct procedure.

➢ **Note:** You can use the sort arrows (**4**) next to the column headers to sort list by preference.

<u>Adding Procedures That Require Prior Authorization:</u>

Note: If you add a procedure code that required Prior Authorization, you will receive a pop-up notification that Prior Authorization was required.

You have received a new
notification: Procedure Prior-
Auth Required
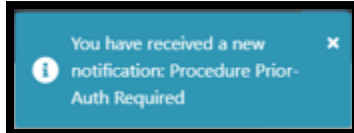
MedCommunity   Dashboard   Notices   Waiting Room   ☆   Recent

Inbox > Message

✉ Procedure Prior-Auth Required
5/16/22, 9:02 PM
❗ This message was sent with High importance.
FN7931 LN232791 > Service Authorization Line

From
MedCompass InruleActionAPI

To
Test3 Provider3

Attachments

- **The "Prior-Auth Required" notification can be found in your Inbox.**
- **Note Medical Mutual response in body of notification.**

The procedure 43881 for member FN7931 LN232791 indicates prior authorization is required. If prior authorization is not on file, your request will be returned with no decision until prior authorization approval is obtained.

STEP 6 – Complete Diagnosis Tab:

- A pop-up notification (**1**) will appear indicating that the information on the previous tab has been saved.

- If diagnosis code is *known*, enter the code with the decimal point. (**2**) Similar codes will auto-display. Click appropriate diagnosis code.

- If the diagnosis code is *not known*, click the magnifying glass (**3**) to search for diagnosis
  - ➢ **Note:** To search for diagnosis, see page 17.

- Click +Add Another Diagnosis button (**4**) to add additional diagnoses.

- Click Remove to delete any incorrect diagnosis codes. (**5**)
- After all diagnoses are added, click the Documents tab. (**6**)

To Search for Diagnosis:

- First, select the Diagnosis Code Type from the dropdown. (**1**)

- Next, in the Diagnosis Description field add an asterisk followed by the diagnosis description. (**2**)
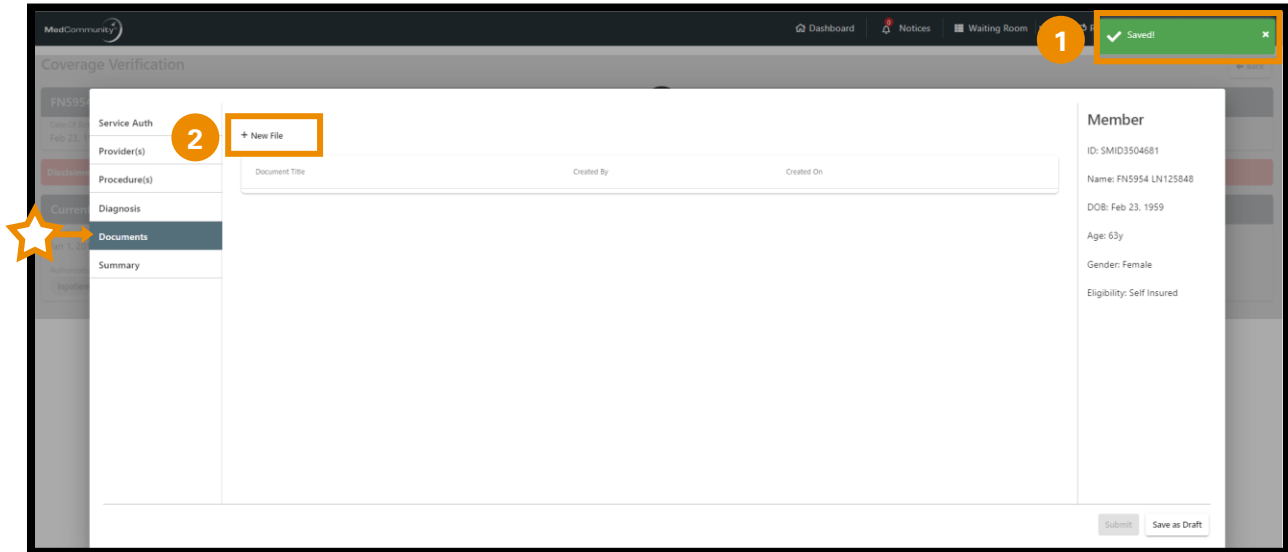
- Click Search (**3**) to display search results.

- Click blue hyperlink (**4**) on correct diagnosis to populate Code field.

## STEP 7 – <mark>Optional</mark> - Upload Documents:

- A pop-up notification (**1**) will appear indicating that the information on the previous tab has been saved.

- Click + New File (**2**) to upload a relevant clinical document.

  ➢ **Note:** Attaching documentation is not required if you added clinical information in the Comments section on the Procedure(s) tab.
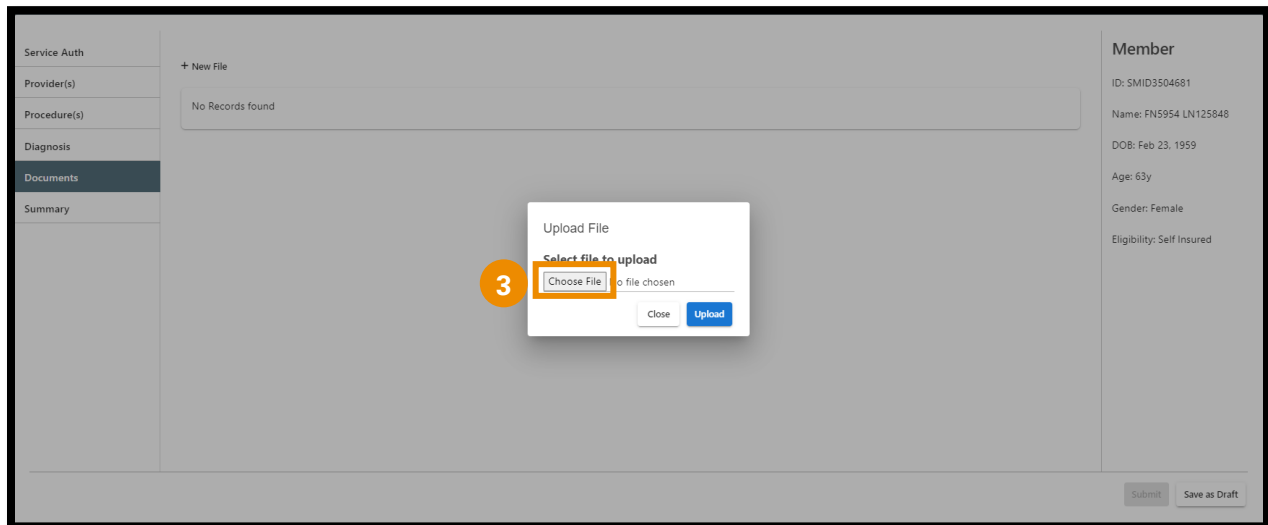
- Click Choose File (**3**) to select and upload a document from your computer.
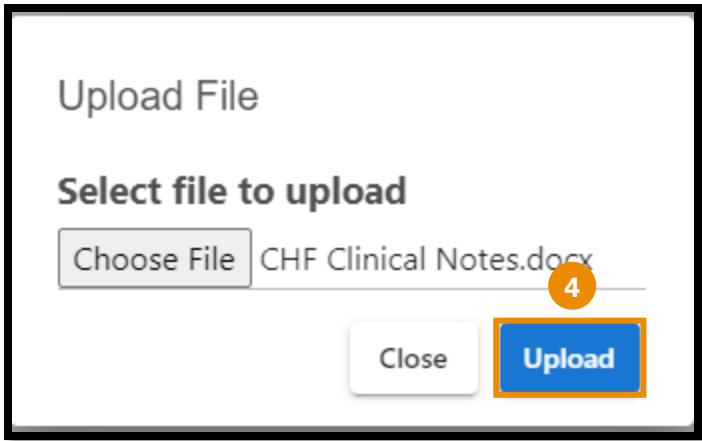
- After choosing file, click Upload (**4**) to upload your document.
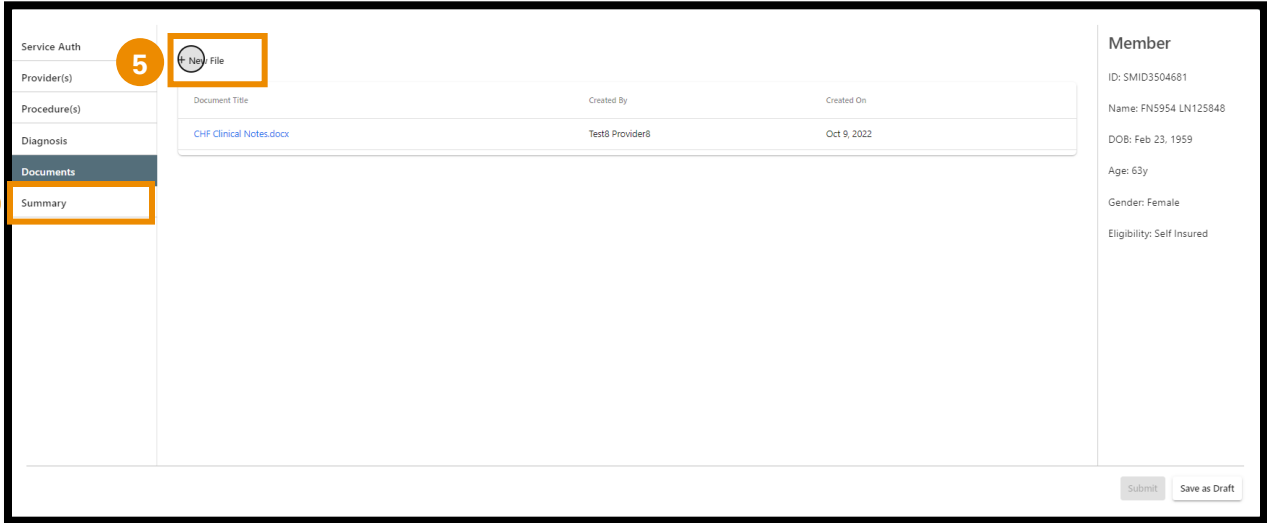
- Click + New File (**5**) to add *additional relevant* clinical documents.
- After all documents have added, click the Summary tab. (**6**)

STEP 8 – Review Summary Tab:

- The assigned Authorization Number will display on the Summary tab. (**1**)

- Use scroll bar (**2**) to review all fields in the Summary tab.

- If changes are needed to any fields, click appropriate left hand tab to correct appropriate field. (**3**)

- If your information is incomplete, or you need to come back to it later, click the Save as Draft button (**4**) to complete submission at a later time.

- If your Service Authorization request is complete, click Submit. (**5**)
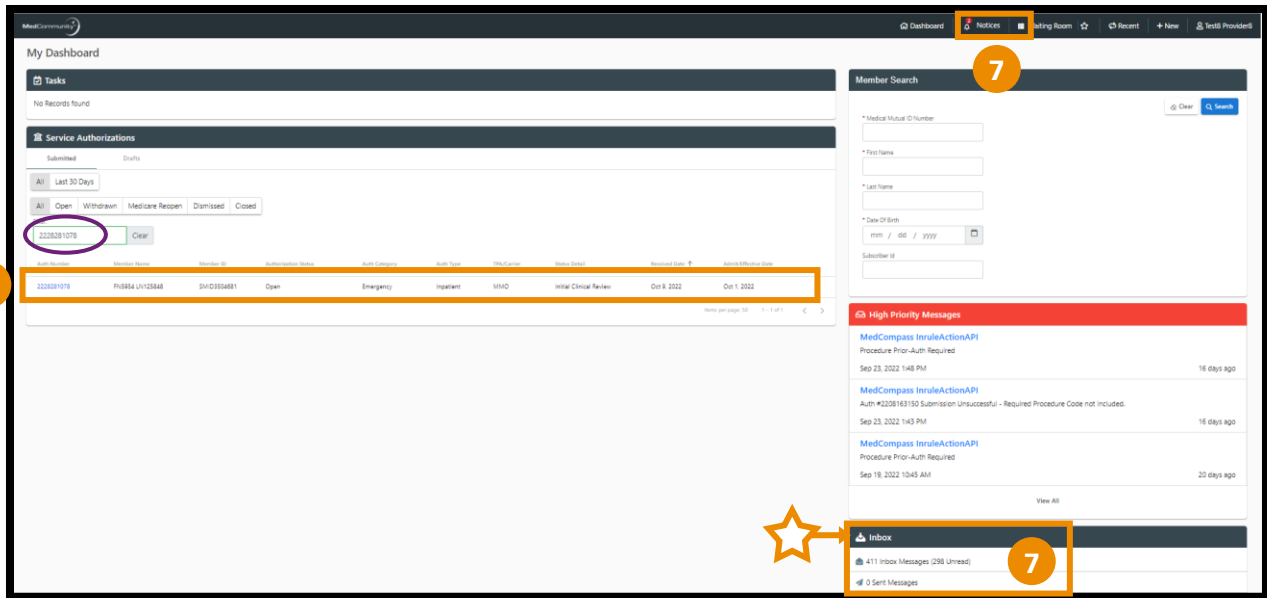
- A pop-up notification will appear (**6**) to advise that Service Authorization submission was successful.

  - ➢ **Note:** Submission notification can be accessed in Notices (**7**) on the global navigation bar or in the Provider's Inbox. (**7**)

- To locate the Service Authorization, use filter to search. (**8**)

  - ➢ **Note:** With the Shared Provider Dashboard feature, you may access any service authorization that was submitted by you or any other user in your Submitter Group.

To Complete a Service Authorization Request in Draft Status:

- When the "Save as Draft" button is clicked, the Service Authorization is saved in drafts format until all fields are completed.

  - ➢ **Note:** *A Service Authorization in draft status is not visible to Medical Mutual.*

- To complete Service Authorization submission, use filter function (**1**) under Draft header to search for the incomplete service authorization.

  - ➢ **Note:** Enter either the Authorization Number, Member Name, or Medical Mutual ID Number in filter field to search.

  - ➢ **Note:** With the Shared Prover Dashboard feature, you may access any service authorization that was placed in draft status by you or any other user in your Submitter Group.

- Once the correct line is found, click Edit (**2**) to open Service Authorization request screen to complete missing information.