

# Entering Authorizations via the Altruista Health System

## Frequently Asked Questions (FAQs)

Refer to the FAQs below if you need assistance using Altruista while submitting authorizations.

### System Functionality Questions

#### Q: How do I register on Altruista if I am not currently registered on iCentric?

**A:** If you created an account for the CareFirst Provider Portal (CareFirst Direct) then you automatically have access to our authorization system, Altruista. There is no additional registration required to use Altruista, since it is fully integrated within our Provider Portal and CareFirst Direct. If you would like to create an account for the CareFirst Provider Portal, please review our [user guides](#). You can find these user guides in the CareFirst Direct accordion on the [Courses by Topic](#) page.

#### Q: How do I find the member in Altruista?

**A:** You can search for a member by entering the Last Name, First Name and Date of Birth in their respective fields or by entering just the Member ID. You do not need to enter the prefix for Commercial members since it's not needed to locate the member; however please include the 'R' prefix for Federal Employee Program members

**Note:** If you receive a "Member not Found" message when entering a Member ID, enter the First name, Last Name and Date of Birth to locate the member instead.

#### Q: If no authorization is required, does anything show on the screen?

**A:** If an authorization is not required, the system will display a "No auth required" message once the diagnosis and procedure codes are entered, and you will not be able to move forward in the system. 'No Auth Required' means that the combination of diagnosis and procedure codes entered do not require authorization for that member.

#### Q: I am entering provider information in the appropriate field, but nothing is coming up. What am I doing wrong?

**A:** You can search for providers by Provider Name, Provider Code, NPI or Tax ID. **Note: Be sure you are entering the individual provider's information and not the group's information.**

\* Referred By Provider Name

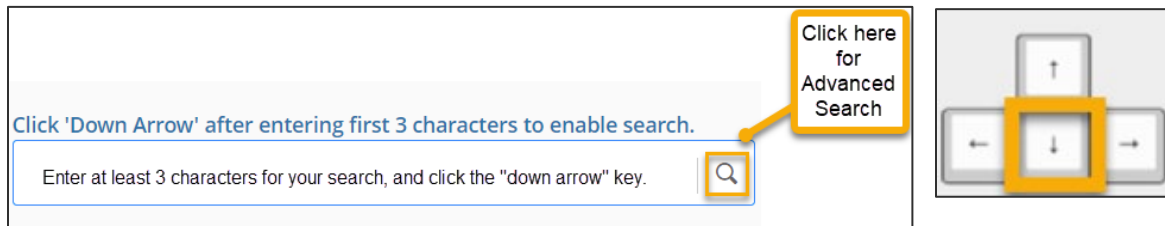
<div style="border: 1px solid #ccc; padding: 2px;">             Provider Name <span style="float: right;">v</span> </div> <div style="border: 1px solid #ccc; padding: 2px; margin-top: 2px;">             Provider Name              Provider Code              NPI              Tax ID           </div>	<input style="width: 95%;" type="text" value="Begin typing name or code to select"/> <span style="float: right; font-size: 1em;">Q</span>	<input type="checkbox"/> Referred By Provider Name & Servicing Provider are same
<div style="border: 1px solid #ccc; padding: 2px;">             Provider Name <span style="float: right;">v</span> </div> <div style="border: 1px solid #ccc; padding: 2px; margin-top: 2px;">             Provider Code              NPI              Tax ID           </div>	<input style="width: 95%;" type="text" value="Begin typing name or code to select"/> <span style="float: right; font-size: 1em;">Q</span>	

When performing a search for:

- Providers

- Diagnosis Description
- Procedure Description

Type the first 3 letters and select the Down Arrow on the Keyboard to activate the search.



Searching here will display the Top 10 participating providers with active addresses. If you cannot locate your provider here, you can use the Advanced Search by clicking on the magnifying glass.

**Q: Is the provider's/facility's name information saved, or does it need to be entered every time an authorization is entered?**

**A:** You will need to enter the appropriate name in the fields each time you enter an authorization; the system does not save previously entered information.

**Q: What authorizations are we able to view?**

**A:** You will be able to view all authorizations entered under your Tax ID under 'View All Authorizations' on the Altruista Home Page.

**Q: How do I verify the information I entered and add additional information if needed?**

**A:** You can access any authorizations you entered from your 'Authorizations List' accessible from the Altruista home page. To view the information you entered, click on the "arrow" next to the Authorization ID, to display the following:

## Q: When should I use the available “Auth Priority” options?

A: Here is some guidance on the “Auth Priority” options:

- **Non-urgent Pre-Service Decision:** This is the most used option and is for routine pre-service requests.
- **Urgent Pre-Service Decision:** This should only be used when the request made is supported by a physician, prescribing physician, or other prescriber who indicates applying the standard timeframe could seriously jeopardize the life or health of the member or the member’s ability regain maximum function.
- **Concurrent Review:** This should be used for a continued stay review while the patient is still hospitalized.

## Q: Can simultaneous requests for two different physicians be entered or must information for one of them be entered in the notes field?

A: You have the choice of doing either – enter a note in the notes field or enter a request for each provider. In the notes section, enter the same information for the second physician as you entered for the first.

## Q: Where can I find information on the authorizations I entered prior to the launch of Altruista?

A: You can find authorizations that were entered prior to the launch of Altruista under the ‘Historical Medical’ section on the ‘Prior Auth/Notification’ landing page.

Important Note: The status of the authorizations will not be updated withing the ‘Historical Medical’ section – this section is ‘read only’. Any authorizations that are listed as “pending” in the Historical Medical section will be viewable within your ‘Authorizations List’ within Altruista once they have been approved or denied. The original authorization ID will remain with the authorization.

The screenshot shows the 'Prior Auth / Notifications' page in the Altruista system. The navigation bar includes: CAREFIRST DIRECT, PRIOR AUTH / NOTIFICATIONS, TOOLS, PROGRAMS/SERVICES, RESOURCES, MANUALS AND GUIDES, and REPORTS. The main content area is titled 'Prior Auth / Notifications' and contains several cards for different authorization types:

- Medical (Commercial / FEP / Medicare Advantage)**: Includes Inpatient Authorization (Inpatient Notification), Outpatient Authorization (Medical Prior-Authorization), and Genetic Testing (FEP & Medicare Advantage only). Buttons: Start Now, Learn more...
- Pharmacy (All Lines of Business)**: Includes Specialty Drug Authorization and Pharmaceutical Authorization. Buttons: Start Now, Learn more...
- Medical (Medicaid and DSNP)**: Includes Start Now for CFCHP MD Authorization Submission Guidelines, Start Now for MD DSNP Authorization Submission Guidelines, and Start Now to Login to DC Medicaid Provider Portal. Buttons: Start Now, Learn more...
- Genetic Testing (Commercial)**: Button: Start Now, Learn more...
- Historical Medical**: View Historical Medical (Commercial / FEP) Authorizations Entered Prior to 01/08/2022 View Only. Button: Start Now, Learn more...
- BlueCard (Out of Area)**: Enter Prefix [input field]. Button: Start Now, Learn more...

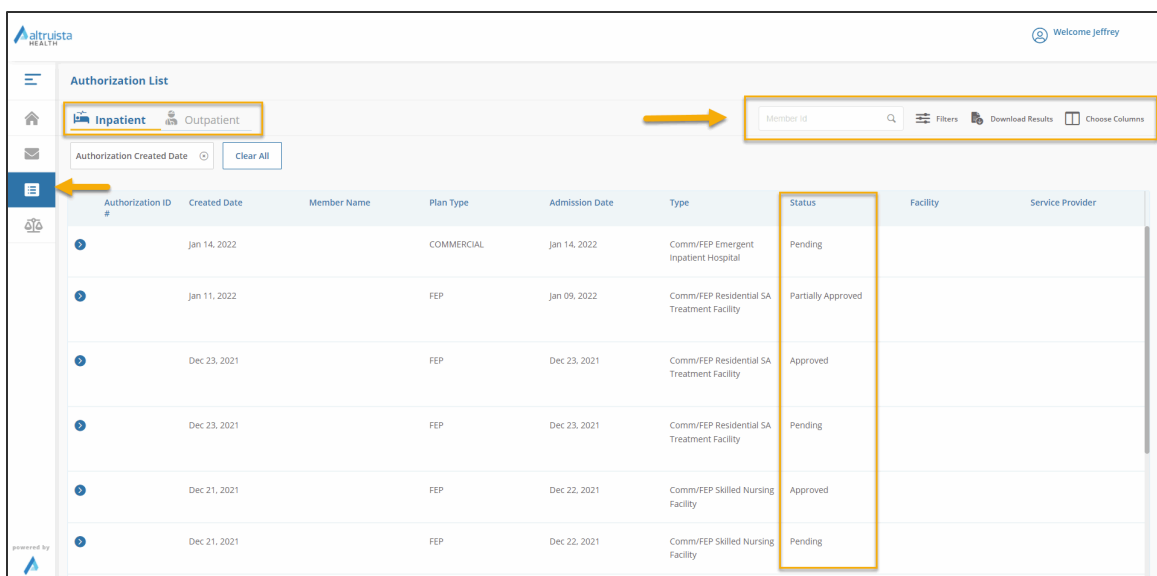
## Q: Will we be able to view authorizations that were obtained on paper and

## not submitted through the system?

**A:** Yes, Altruista will house all authorizations regardless of how they were entered/obtained. You can locate authorizations on your 'Authorization List' from the Altruista home page.

## Q: How will I know when a decision is made on a request?

**A:** Each request receives a status once submitted. Altruista will show that the authorization status is either Approved, Pended, or Denied, and you can search requests by status in your 'Authorization List'. There is no email notification functionality.



Authorization ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Facility	Service Provider
1	Jan 14, 2022		COMMERCIAL	Jan 14, 2022	Comm/FEP Emergent Inpatient Hospital	Pending		
2	Jan 11, 2022		FEP	Jan 09, 2022	Comm/FEP Residential SA Treatment Facility	Partially Approved		
3	Dec 23, 2021		FEP	Dec 23, 2021	Comm/FEP Residential SA Treatment Facility	Approved		
4	Dec 23, 2021		FEP	Dec 23, 2021	Comm/FEP Residential SA Treatment Facility	Pending		
5	Dec 21, 2021		FEP	Dec 22, 2021	Comm/FEP Skilled Nursing Facility	Approved		
6	Dec 21, 2021		FEP	Dec 22, 2021	Comm/FEP Skilled Nursing Facility	Pending		

## Q: Are we able to view authorizations for procedures that are being done at the hospital, but the request was entered by the patient's provider not the hospital?

**A:** Yes, if your facility was entered as part of the authorization, then you will be able to access the authorization.

## Q: When authorization requests are submitted is there a live person that accepts or reviews the request?

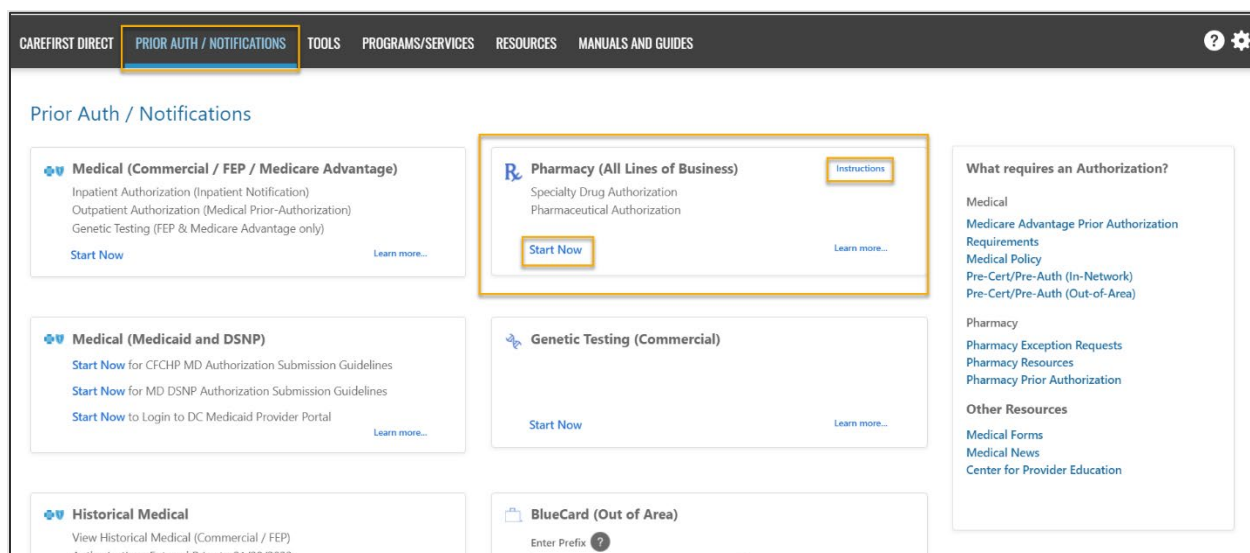
**A:** The Utilization Management team monitors the assigned queue and reviews pended requests.

## Q: Can appeals be submitted via Altruista?

**A:** Appeals are not to be submitted via the Altruista system – follow your current process for submitting appeals since that process has not changed.

## Q: Where do I submit drug authorizations for those that require prior authorization?

A: For Commercial, Medicare Advantage, and FEP members, from the 'Prior Auth/Notifications' landing page, click "Start Now" to be transferred to CareFirst's Pharmacy Benefits Manager, CVS, for drugs covered under both medical and pharmacy policies. For step-by-step instructions for submitting a request, click on "Instructions." Drug authorizations cannot be submitted through Altruista.



## Billing Questions

**Q: Will this system allow Healthcare Common Procedure Coding System (HCPCS) codes and Current Procedural Terminology (CPT®) codes?**

**A:** Yes, you may enter either HCPCS or CPT codes.

**Q: Are we able to enter more than two procedure codes if more than two require approval?**

**A:** Yes, you can enter an unlimited number of CPT/HCPCS and diagnosis codes in Altruista. The system checks each procedure code line by line.

**Q: For physical therapy authorizations, is it necessary to enter every CPT code that might be billed or just one CPT code to get authorization?**

**A:** You should enter all CPT/HCPCS that will be provided and billed. Do not use generic or unspecified codes.

**Q: Will there be an area to designate that the services provided are habilitative (like at the top of the OPAP form)?**

**A:** In Altruista, there is a space for Modifiers. You can enter the appropriate modifier if requesting Habilitative or Rehabilitative Services.

## Clinical Notes and Authorization Questions

### Q: Can we add clinical notes, rather than an attachment?

**A:** Yes, there is a free text box for you to enter patient information (clinical notes), as well as the ability to add an attachment.

### Q: Are clinical reviews required at the time of the inpatient request?

**A:** Yes, unless you have an onsite nurse, you must submit the clinical reviews at the time of the request, or the request will be pended for review. **Note:** Additional information can be added after the request has been submitted in the 'Auth Details' section.

### Q: Is there a limit on how much clinical information you can attach?

**A:** The document size allowed per file is 25MB and 100MB for all the files together. Hover over the 'Add Attachments' link to see all the requirements.

### Q: Will out-of-area authorizations be done through this system, or will I be redirected to the home plan?

**A:** You will continue to enter out-of-area authorizations just as you currently do. You will be redirected to the home plan based on the member's prefix.

### Q: Do commercial authorizations include NASCO and FACETS?

**A:** Commercial includes NASCO and FACETS. Authorizations for FEP members will also be entered via Altruista.

### Q: Does inpatient and outpatient substance abuse treatment count as medical services? Will these change to Altruista as well?

**A:** Yes, inpatient and outpatient substance abuse treatment is considered medical services, and those authorizations will be entered via Altruista.

### Q: When inpatient authorizations for ER admissions are entered, must we use clinicals to answer the MCG questions in the document clinicals section?

**A:** Generally, emergent or urgent admissions will auto approve and will bypass MCG review. If MCG guidelines trigger, you can select "No guidelines apply" to move forward.

### Q: I am not clinical and unable to enter information within MCG, what should I do?

**A:** If you are unable to accurately select the appropriate guidelines/information for your patient, you can select "No guideline applies" from the MCG options to continue submitting the authorization. **Important: When you complete the MCG section, be sure to click "Save" before "Submit Request" even if you select no guidelines apply.**

L35049R012 - LCD Monitored Anesthesia Care (L35049) Revision 12 - (MCR)

*This guideline is a Local Coverage Determination (LCD) that identifies circumstances under which services are considered reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1) (A). MCG Health may have made minor modifications in the language of the LCDs for clarity or to facilitate documentation in MCG software solutions.*

The healthcare resource is/was needed for appropriate care of the patient because of ...

- Monitored anesthesia care (MAC) service rendered must be reasonable, appropriate, and medically necessary, as indicated by ...
- Anesthesia procedure which is usually performed by attending surgeon (see CPT/HCPCS Codes in related Local Coverage Article Billing and Coding: Monitored Anesthesia Care (A57361)), when ... criteria are met:
- MAC performed for procedure that does not usually require anesthesia services, for ...
- Quality monitored anesthesia care (MAC), which requires same expertise and same effort (work) as required in delivery of general anesthetic, is provided. [🔗](#)

The healthcare resource is/was not covered because of

- Monitored anesthesia care (MAC) performed for anesthesia procedure which is usually performed by attending surgeon when requirements are not fulfilled or procedure is unnecessary [🔗](#)

Geographic Regions Maryland ✖ Clear

Maryland

✔ Procedure Code: 01992 (CPT/HCPCS) ▼ show more

**Description:** Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position

✔ Submit Request
✖ Cancel Request
↩ Back

✔ Save
✖ Cancel

**Q: Do all procedures being done as inpatient admission require notification?**

**A:** Yes, they will require notification because the place of service is an inpatient hospital. We require inpatient notifications to be entered within 7 days and outpatient authorizations to be entered within 3 days.