

Prior Authorization/Advice (PAS) Instructions

Welcome to the CareConnections Prior Authorization/Advice System (PAS). This instructional document will help you to understand what scenarios will potentially require a PAS registration in CareConnections and how to navigate through the extra PAS registration fields. This is a supplement to other CareConnections manuals that is specific to registrations involving or requiring PAS. All other CareConnections Outcomes and Patient Satisfaction instructions can be found in the standard [CareConnections User Manual](#), available under the Help/Support link on the CareConnections home page.

In general, PAS is the CareConnections website's functional ability to integrate the use of clinical metrics, treatment guidelines, and tenants of utilization management into an overall Outcome Improvement System for payer organizations and provider groups.

When Do I Need to Enter PAS Information?

1. If your Practice, Hospital System, or Network contracts with an insurance payer that requires or has purchased CareConnections Prior Authorization/Advice (PAS), you may be required to enter PAS information in order to get an authorized or advised number of treatments
2. If your Practice, Hospital System, or Network wishes to pro-actively employ PAS as an Outcome Improvement System, PAS may be applied to ALL registrations so that the number of treatments can be tracked and managed across the entire organization

If your clinic or organization falls into one these two scenarios, use of the CareConnections Prior Authorization/Advice system may be required.

Registration Steps when PAS Required

Notice that the registration path will differ from what you typically see in a simple outcome registration following the input of the Demographics phase. On a PAS registration, you must complete all phases of the registration through **Intake** in order to determine how to proceed. Specifically in regard to PAS, you will need to supply elements of information noted on the Payer Detail phase of the registration when the indicated Insurance Payer and Plan or overarching organization (Clinic Practice, Hospital System, or Network) require PAS. These include the following fields:

PAYER DETAIL PHASE

Edit Treatments: Patient ID PAS Example Reg

PRIOR AUTHORIZATION REGISTRATION

Demographics | **Payer detail*** | Diagnosis | Intake | Interim | Extension | Discharge

Insurance Payer: DEMO Insurance Company ⓘ

Insurance Plan: DEMO Group Health ⓘ

This registration requires PAS: [Click here for PAS Registration Instructions](#)

Primary Patient Insurance ID ⓘ

Is Secondary Insurance Plan Applicable?

Are these applicable? Are symptoms related to Motor Vehicle Accident?
 Are symptoms related to Workers Comp?

Referring Practitioner: Select referring practitioner... ⓘ

Treating Practitioner: Select a treating practitioner... ⓘ

Custom Report Groups

<input type="checkbox"/> ASTYM	<input type="checkbox"/> Employer	<input type="checkbox"/> EWEB
<input type="checkbox"/> Litigation	<input type="checkbox"/> Starbucks	<input type="checkbox"/> ASTYM2
<input type="checkbox"/> Rotator Cuff Surgery		

Next

Registration Summary | Save Changes | Discard Changes

- **Primary Payer Insurance ID** – this is the patient’s insurance issued identification number found on patient’s insurance ID card
- **Is Secondary Insurance Plan Applicable?** - if there is a Second Insurer, check the box and add the information that is requested in the additional fields
- **Are these applicable?** – if the patient’s condition is the result of a motor vehicle accident or an on-the-job injury, these questions will help the insurer determine claim liability

DIAGNOSIS PHASE

In the Diagnosis Section of the registration you will be required to select the most appropriate Clinical Practice Guideline. This list of guidelines is based on the selected Primary Anatomic Group, so choose the guideline titled as closely to the patient's presented condition as possible. It is not critical that it be exact, but it should be closely related to the condition described by the treating therapist. If nothing in the list applies, you may select the "No applicable guideline" option.

The screenshot shows the 'PRIOR AUTHORIZATION REGISTRATION' form in the 'Diagnosis' phase. The navigation bar includes 'Demographics', 'Payer detail', 'Diagnosis*', 'Intake*', 'Interim', 'Extension', and 'Discharge'. The 'PRIMARY DIAGNOSIS' section has ICD-9 Code '726.0 - ADHESIVE CAPSULIT SHLI', ICD-10 Code 'M75.01 - ADHESIVE CAPSULITIS C', and Anatomic Group 'Shoulder'. The 'SECONDARY DIAGNOSIS' section has empty ICD-9 and ICD-10 code fields and an Anatomic Group dropdown set to 'Select secondary anatomic group...'. The 'Surgery?' dropdown is 'Non-Surgical'. The 'Clinical Practice Guideline' dropdown is open, showing a list of options: 'Select Guideline...', '*No applicable guideline', 'Adhesive Capsulitis', 'Amputations', 'Arthritis', 'Biceps Tendon Rupture', 'Elbow/Shoulder Injury - Return to Tennis', and 'Geriatric Rehabilitation'. A 'Show All Items' button is visible next to the dropdown. Navigation buttons include 'Next', 'Registration Summary', 'Save Changes', and 'Discard Changes'.

Every CareConnections Clinical Practice Guideline sets forth the general parameters for care relative to a group of diagnoses. This guideline may be used in discussions with any insurer's case manager, as they will also look to these overviews of care for guidance when making determinations about whether to proceed with care. The selected Clinical Practice Guideline will also help to determine the Authorized or Advised number of visits you are granted after your initial treatment request. You will have access to this guideline through your **Registration Summary** after submitting your initial treatment request. The guideline title will appear as a link that you can click on to view the guideline content (see also Understanding the Registration Summary later in this document).

TREATMENT OBJECTIVES

Clinically Meaningful Change: **Function MCID = 21***; **Pain MCID = 2** (*based on Problem Area & Starting Function)
Clinical Practice Guidelines: **Adhesive Capsulitis**
Guideline Intervention: **7-16 Visits**

TREATMENT STATUS

After completing your registration's **Intake Phase**, click "Next." This completes your initial treatment request. The request will then be **Approved**, **Pended to Case Management**, or **Denied**. If your request goes to Case Management, you may see another status of **Attention Required** if the case manager requires additional information. You will have two options for viewing the status of your treatment request.

1. Registration Summary

The Registration Summary opens automatically immediately after saving Intake outcomes information. If the document does not open automatically for you, please enable pop-ups for the CareConnections web site in your web browser. You can also access the summary by clicking on the "Registration Summary" button when the registration is open or by right-clicking on the registration in your active patient list and selecting "Print Registration Summary."

DEMO CLINIC			REGISTRATION SUMMARY			
PATIENT ID:	10/9 Demo	CHANGE IN FUNCTION:	0.00			
STATUS:	Intake (10/9/2015)	CHANGE IN PAIN:	0.00			
CURRENT PAS STATUS: 11 VISIT(S) AUTHORIZED - CNFNBR1384 10/27/2015						
PRIOR AUTHORIZATION						
Auth. #	Auth. Visits	Auth. Date	Req. Date	Function	Pain	Status
CNFNBR1384	11	10/27/2015	10/27/2015	60.00	2.30	Approved

2. Extension Phase

PRIOR AUTHORIZATION REGISTRATION

Demographics Payer detail Diagnosis Intake Interim Extension Discharge

Request Extension Treatment Request History

11 VISIT(S) AUTHORIZED - AUTH. # CNFNBR1384 (10/27/2015)

Auth. #	Req. Date	Auth. Date	Auth. Visits	Function	Pain	Status
cnfnbr1384	10/27/2015	10/27/2015	11	60.00	2.3	Approved

Next

Registration Summary Save Changes Discard Changes

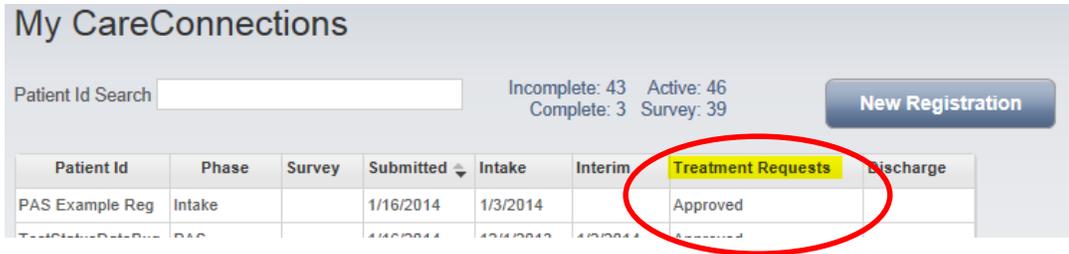
If you do not access the Registration Summary, the registration will advance to the Extension phase of the registration where you will see your patient's treatment status.

TREATMENT STATUS NOTIFICATIONS

After completing patient intake information, your treatment request will be Approved, Denied, or sent to Case Management.

To view the status of your registrations, there are two places you will need to monitor while logged into your CareConnections account.

1. Registration status may be viewed in the Treatment Requests column on your active patient list



The screenshot shows the 'My CareConnections' dashboard. At the top, there is a 'Patient Id Search' field and a 'New Registration' button. Below this, a summary shows: Incomplete: 43, Active: 46, Complete: 3, Survey: 39. A table below displays patient registration details. The 'Treatment Requests' column is highlighted in yellow and circled in red.

Patient Id	Phase	Survey	Submitted	Intake	Interim	Treatment Requests	Discharge
PAS Example Reg	Intake		1/16/2014	1/3/2014		Approved	
T-12345-6789	PAC		4/16/2014	4/14/2014	4/22/2014	Approved	

2. The quickest and easiest way to monitor treatment status is through the PAS Notifications section on the left-hand navigation links throughout CareConnections. Links displayed here can be clicked on to access registrations with a specific treatment status. For example, in the image below, clicking on the Approved (5) link would filter your active patient list to just those 5 registrations that have Approved treatment status. Counts listed next to each link will notify you how many cases may need your attention.



PAS NOTIFICATIONS

PAS Notifications

Pending Case Mgt. (1)

Approved (5)

A navigation section labeled **PAS Notifications** will appear on your Treatment Registrations page in CareConnections and will be listed in the top left above **Manage Treatment Episodes**. Notifications come from the Utilization Manager's (insurers/case managers) input into the system

about the registration or Extension Request you have entered that have been referred to Case Management. The **Notifications** section will contain quick links to PAS registrations that have been Approved, Denied, Pended to Case Management (status of Pending Case Mgt), or that require additional information (status of "Attention Req").

We recommend you check your CareConnections **Notifications** regularly to ensure you know your patients' treatment status.

APPROVED – When your treatment request is approved, the Registration Summary will display an approved number of visits (DOS) with a unique number (Auth #) to place in Box 23 of the CMS 1500 claim (PRIOR AUTHORIZATION). This means you have been advised or authorized to treat the patient for the specified number of visits.

PRIOR AUTHORIZATION

Auth. #	Auth. Visits	Auth. Date	Req. Date	Function	Pain	Status
CNFNBR1384	11	10/27/2015	10/27/2015	60.00	2.30	Approved

PRIOR AUTHORIZATION REGISTRATION

Demographics Payer detail Diagnosis Intake Interim Extension Discharge

Request Extension Treatment Request History

11 VISIT(S) AUTHORIZED - AUTH. # CNFNBR1384 (10/27/2015)

Auth. #	Req. Date	Auth. Date	Auth. Visits	Function	Pain	Status
cnfnbr1384	10/27/2015	10/27/2015	11	60.00	2.3	Approved

Next

Registration Summary Save Changes Discard Changes

DENIED – A treatment status of Denied means that a case manager has denied treatment for a patient based on information provided in your registration. If you see a treatment status of Denied, requested treatment has not been approved for your registered patient and the registration is automatically discharged in CareConnections. You may open the registration and go to the Discharge phase, or you may open the Registration Summary to view the denial reason.

You may explain to the patient that your services have not been approved and that they should contact their plan to request guidance. A plan representative can help determine if there may be medical necessity issues, benefit limits, or better treatment options than physical therapy.

PENDING CASE MANAGEMENT – A treatment status of “Pending Case Mgt” indicates that the requested course of treatment has been referred to a plan case manager for further review. Treatment beyond the initial evaluation has NOT yet been approved. You may be required to provide more information to help the plan’s medical management personnel better understand the treatment needs of your patient. If there is some potential third party liability, for instance another insurer (auto or workers’ compensation), there will be an automatic referral to case management.

The CareConnections UM system can be checked for a response by insurers and/or case managers. In most cases you should receive a response within 24 hours to notify you of whether or not additional treatment is approved or if additional information is required.

ATTENTION REQUIRED – A treatment status of “Attention Req” may only occur when a registration has gone to case management (i.e. status of Pending Case Mgt). Opening the registration and viewing the “Extension” phase will provide you with the requested activities required in order to pursue treatment approval. If additional information is requested, you must complete the activities, check the boxes on the Extension phase, and click on Save & Close. The registration will then return to Pending Case Mgt status and the Case Manager will be able to make a final determination on the treatment request.

Edit Treatments: Patient ID PAS Example Reg

PRIOR AUTHORIZATION REGISTRATION

Demographics | Payer detail | Diagnosis | Intake | Interim | **Extension** | Discharge

Treatment Request History

Auth #	Request Date	Auth. Date	Auth # Visits	Function	Pain	Status
cnfnbr10	1/16/2014	1/16/2014	13	52.00	4.3	Approved
Attention Req.	1/16/2014			90.00	1.0	Attention Req.

Attention! The following Utilization Review Activities have been requested by Case Manager. Please check the corresponding Activities when they have been completed and resubmit for treatment approval.

- Chart Review
- Consult Referring Physician
- New Prescription from Referring Physician
- Patient able to Demonstrate Home Program on Last Visit?
- Peer Review
- Reevaluate Functional/Objective Goals

Additional instructions:

Please supply the requested information in order to gain additional visits.

Please note: All charts are subject to audit and may be reviewed to verify completion of Utilization Review Activities.

Next | Save & Close

Registration Summary | Save Changes | Discard Changes

UNDERSTANDING THE REGISTRATION SUMMARY

Once the Intake Phase of your patient registration is complete, you will get a **Registration Summary** (note that you must enable pop-ups for the CareConnections web site in order for this document to open automatically). This is a printable document that can also be electronically saved as a pdf and can be included as part of the patient's chart. This Registration Summary can be accessed at any time when you are logged into your CareConnections account.

When PAS is part of your patient registration, this summary will note for you the treatment status that results with respect to your registration. There will also be a hyperlink in the document to a Clinical Practice Guideline. This hyperlink will produce a PDF version of the guideline that can also be saved and printed to become part of the patients EMR record or chart.

DEMO CLINIC

REGISTRATION SUMMARY

PATIENT ID: **10/9 Demo**
STATUS: **Intake (10/9/2015)**

CHANGE IN FUNCTION: **0.00**
CHANGE IN PAIN: **0.00**

CURRENT PAS STATUS: 11 VISIT(S) AUTHORIZED - CNFNBR1384 10/27/2015

PRIOR AUTHORIZATION

Auth. #	Auth. Visits	Auth. Date	Req. Date	Function	Pain	Status
CNFNBR1384	11	10/27/2015	10/27/2015	60.00	2.30	Approved

TREATMENT OBJECTIVES

Clinically Meaningful Change: **Function MCID = 21***; Pain MCID = 2 (*based on Problem Area & Starting Function)
Clinical Practice Guidelines: [Adhesive Capsulitis](#)
Guideline Intervention: **7-16 Visits**

RISK-ADJUSTED EXPECTED OUTCOME

NATIONAL AVERAGE: **26.94** points of functional change and **3.15** points of pain change over **12.79** visits for an average functional change per visit of **2.11**

[+] COMPARATIVE OUTCOMES

Based on Problem Area (**Upper Extremity**), Starting Function Range (**33.50 - 66.49**), and Age Range (**50 - 64**)

[-] DIAGNOSTIC SUMMARY

PRIMARY DIAGNOSIS:
ICD-9 Code: **726.0 - ADHESIVE CAPSULIT SHLDER**
ICD-10 Code: **M75.01 - ADHESIVE CAPSULITIS OF RIGHT SHOULDER**
Anatomic Group: **Shoulder**
Comorbidities: **None**

Problem Area: **Upper Extremity**
Acuity Days: **Chronic (91 - 120)**
Surgery: **Non-Surgical**

[-] ASSESSMENT HISTORY

Date	Type	Function	Fcn. Chg.	Fcn. MCID	Pain	GRC	# Visits
[-] 10/9/2015	Evaluation	60.00	N/A	N/A	2.30	N/A	N/A

> CMS Severity/Complexity Modifier: **CK**

[+] PATIENT INFORMATION

The Registration Summary will recount the demographic data that you have entered (**Patient Information**) and begin a table reflecting the start of the **Assessment History**. In general, clinicians should monitor the patient's progress with respect to the patient's function (preferably increasing) and the patient's pain (preferably decreasing). In the event of extension requests the **Assessment History** table will be augmented with the patient's new clinical metrics for easy review. Extension requests can be made if the clinician feels additional treatments are necessary, but this will require the patient's CareConnections outcomes assessment to be repeated. The new levels for function and pain will be entered and CareConnections will again respond with an approval, denial, or referral to case management.

[-] ASSESSMENT HISTORY

Date	Type	Function	Fcn. Chg.	Fcn. MCID	Pain	GRC	# Visits
10/9/2015	Evaluation	60.00	N/A	N/A	2.30	N/A	N/A

> CMS Severity/Complexity Modifier: CK

[-] PATIENT INFORMATION

Patient ID: 10/9 Demo	Pri. Ins. Payer: DEMO Insurance Company
DOB: 5/15/1955	Pri. Ins. Plan: DEMO Workers Comp
Gender: Male	Pri. Ins. ID: ZZZZzzzz
Email: spearson@taiweb.com	Work Status: Not reported
Treating Prov.: Adams PT, Samuel	Lost Work Days: N/A
Referring Prov.: Franklin III NP, Benjamin	

Finally, the **Registration Summary** will provide a **Comparative Outcomes** table (click **[+]** symbol to expand) that provides historical outcomes data for similar patients with similar conditions. Comparison data is based on patients with the same diagnosis, age range, and starting function range as your patient. Comparison of the patient's outcome values can be made according to treating therapist, clinic, network, and national CareConnections data. This information will provide the clinician with some expectations and goals for the patient's outcome of care.

RISK-ADJUSTED EXPECTED OUTCOME

NATIONAL AVERAGE: 26.94 points of functional change and 3.15 points of pain change over 12.79 visits for an average functional change per visit of 2.11

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Based on Problem Area (**Upper Extremity**), Starting Function Range (**33.50 - 66.49**), and Age Range (**50 - 64**)

For more information or questions about CareConnections, please contact CareConnections Customer Service for guidance (support@careconnections.com).