Authorization tip sheet

Submitting a request
Administrative and clinical staff can use the provider portal to submit prior authorizations. Register and log in at provider.massgeneralbrighamhealthplan.org. Each practice has a user administrator (UA) who manages access requests. If you have questions about registering, contact the user administrator at your practice. If there is no UA for your site, please send an email to HealthPlanprweb@mgb.org.

Watch a video overview of the prior authorization submission process or follow the below guides for submitting authorizations:

- Home Health Care
- Inpatient
- Outpatient
- Referrals
- Fax Coversheet

Services that require prior authorization
If you need to look up a service that requires prior authorization, start by viewing the Prior Authorization, Notification, and Referral Guidelines. For member-specific information, log into the provider portal. In the portal, use the code checker tool to search prior authorization requirements by code and member ID.

Check the status of your authorization request
Use the Authorization Look Up function to check the status of a request. Providers will be notified verbally and will receive denial letters via mail for any request that may be denied.

Validating authorizations
Authorization information can be found in the provider portal. Be sure to confirm the following information:
- Dates approved on Authorization
- Service that is Authorized
- Pay-to or Rendering Provider that is Authorized
- Units Authorized

Revising an authorization

- An authorization should be revised**:**

    1. When a change is needed to a prior auth before services are rendered. Example: Date change, facility change, changes or corrections to procedure code.
    2. For Concurrent authorizations - inpatient continued stay. Example: Acute Inpatient, Acute Rehab, Skilled Nursing Facility requests.
    3. Continued services of outpatient authorizations. Example: Homecare, outpatient therapy.

- Providers may go into the provider portal to request a revision to an Existing Auth and upload clinical information as soon as the need is known.
- Additional clinical information can be entered via the provider portal.
- Important to indicate Circumstances / Reason for Revision in the Remarks Section.

- Revisions to an existing auth can be requested at any point during the life of the auth, but no later than 30 days following the auth term date. Once an existing auth has been expired for 30 days, then a new auth will need to be submitted.
- Revisions can be submitted by amending the authorizations via provider portal or fax.

For additional information and questions about our resources on prior authorizations
- View the Mass General Brigham Health Plan Authorization guidelines page
- Review the provider manual
- Contact Provider Service 855-444-4647 or email us at HealthPlanProviderService@mgb.org
- For Provider Portal related issues please contact HealthPlanprweb@mgb.org