# **Outpatient Chiropractic Tip Guide**

Electronic Prior Authorization Submission (Initial Authorization) via Availity

#### For providers in Delaware, Pennsylvania, and West Virginia

Note: The following data is **test only**. All screenshots below are included in Training Videos on the Provider Resource Center (PRC). Please see direct links to these videos at the bottom of this document.

#### Availity

- Choose your state from the top navigation bar.
- Click Payer Spaces in the lower navigation bar.
- Select the Highmark Payer Spaces for the appropriate health plan.
- Once within the Payer Spaces section, look under Applications and click Predictal.



- On the next screen, choose your Organization.
- Select a Provider (which is optional)
- Click Submit.

redictal	
Select an Organization	
Highmark - QA	x   ~
Select a Provider (Optional)	
Select	
	13
Cancel	Submit

# **Predictal Auth Automation Hub**

• In the Predictal Auth Automation Hub, click New Auth Submission.



#### Predictal<sup>™</sup> Member Search

• Use the dropdown to select Ordering/Attending Provider.

pre	dictal Auth Automation Hub	¢.	Exit AAH
0	Authorization Request		
+	Member Name Member ID Date of Birth Client Name Plan Type Case Type Authorization Type Service Type		
Q A	Member Search 2. Authorization Details 3. Enter Provider 4. Review Authorization     Tools     Confirmation		i
Q	Ordering/Attending Provider Select provider *		_
8	AMN FAMILY HEALTHCARE PARTNERS -1013519859 /004516520 V		+
ų	To select a member, click on the search results table to expand the desired member. Then, highlight the correct Group Number/LOB row to select and continue		
	Search Search For		
	Member		
	Search for member * Start of Care Date *		

- Search for Member.
- Search using the dropdown options. Select Member ID, enter Start of Care Date, Member UMI, and click Search.

ore	edictal" Auth Automation Hub	🥼 💽 Exit AAH
0	Authorization Request	
+	Member Name Member ID Date of Birth Client Name Plan Type Case Type Authorization Type Service Type	
۹	To select a member, click on the search results table to expand the desired member. Then, highlight the correct Group Number/LOB row to select and continue.	
đ,	Search	
ñ	Search For	
	Member	
8	Search for member * Start of Care Date *	
	Member ID v 12/22/2023	
Q	Member UMI *	
	1146374850010 Sdyrch	
	Evit	

- •
- Choose Correct Member by selecting the Member. Use the arrow on the left to expand and select the Group for the Member. •
- Click Submit. •

pre	dictal Auth Automation Hub			CP Exit AAH
0	Authorization Request			
+	Member Name Member ID D	ate of Birth Client Name	Plan Type Case Type Authorization Type Service Type	
Q.				
æ.	- 1146374850010 LATOYRIA	HEFLEN	07/30/1970 FEMALE	
Q	UMI Client Name	Group Name Group Number	LOB COB Start Date End date Relationship	
Ø	Joint_SIT_Test_The 1106374850010 Acutronic Company	The Acutronic 10551416 Company Active	PPO 03/01/2021 SPOUSE	
	<ul> <li>1146374850010 KHALINA</li> </ul>	HEFLEN	12/23/2001 FEMALE	
	► 1146374850010 SYLENA	HEFLEN	11/04/2003 FEMALE	

Auth	orizatio	n Requ	lest							
Memb	er Name	Member	ID D	ate of Birth	Client Name	Plan Type	Case Type	Authorization Type	Service Type	
114	63748500	0 Acutri Comp	onic Jany	Active	10551416	PPO 03	/01/2021	SPOUSE		
1	1146374	1850010	KHALINA	н	IEFLEN	12/23/2001		FEMALE		
1	1146374	1850010	SYLENA	н	IEFLEN	11/04/2003		FEMALE	1	
Exit							Save	Submit		

# Predictal<sup>™</sup> Authorization Details

- Enter Case Information.
- Authorization Type: Medical-Outpatient.
- Select Place of Service.
- Select Service Type: Rehabilitation.
  - Note: Please ensure service type is **Rehabilitation.**

pre	dictal auth a	utomation H	lub						Exit AAH
0	Authorization R	equest							(Actions ~)
+	Member Name Men LATOYRIA 1146 HEFLEN	nber ID 5374850010	Date of Birth 07/30/1970	Client Name The Acutronic Company Activ	Plan Type Commercial e	Case Type Prior Authorization	Authorization Type Medical-Outpatient	Service Type	
Q	1. Member Searc	h 2.A	uthorization De	tails 3. En	ter Provider	4. Review Author	ization	*****	
æ	5. Confirmation							- History	
Q.	Case Information	1		Req	uest informati	ion			
ø	Authorization Type Medical-Inpatien	t d		Star	of Care Date *		10	Recent attachments (0)	+
Q	Medical-Outpatie	ent lent							
	Behavioral-Outpi	atient							
	Case Type								
	Prior Authorization								

etail Information					
Place of Service *		Service Type *			
Office	$\sim$	Rehabilitation	$\sim$	$\langle \cdot \cdot \cdot \rangle$	

- Enter Diagnosis Information.
- Enter ICD-10 Codes.
- Enter Primary Diagnosis and other Diagnosis codes deemed necessary for the patient's Plan of Care.

Diagnosis Information			
Code Set Type*	Code*	Description *	
ICD 10 V	Enter Code/Description		Remove
Add			
Service Information			
If any of the services ensure all applicable	you will perform during treatm codes are included on this aut	nent are not listed, there is horization request.	not an authorization for them. Please
Sub-service Type *	Proposed date of service *	Is this a primary service?	
Sub-service Type			

- Enter Service Information.
- Select the Sub-service dropdown. For Chiropractic, choose Chiropractic.
- Sub-service types will show relevant procedure codes that are included in the Sub-service type.
- Select **Add** to add the Sub-service type.
- Click Submit at bottom right when all applicable selections are made.

Service Information				
If any of the service     Please ensure all ap	s you will perform duri oplicable codes are incli	ng treatn uded on t	nent are not listed, there is this authorization request.	not an authorization for them.
Sub-service Type *	Proposed date of se	ervice *	Is this a primary service?	Remove
Select	12/22/2023	83	<u>w</u>	Renove
Select	1			
Chiropractic Occupational Therapy				
Physical Medicine				
Speech Therapy				

ub-service Type *	Proposed date of ser	vice • Is ti	his a primary servic	ce?	
Chiropractic	✓ 12/22/2023	<b>R</b>		Remove	
				7122103	
This selection incl	udes the following procedu	ure codes: 9	8940, 98941, 98942	, 98943.	

ub-service Type *		Proposed date of s	ervice *	Is this a primary service?	
Chiropractic	$\sim$	12/22/2023			Remove
ub-service Type *		Proposed date of s	ervice *	Is this a primary service?	
ub-service Type *		Proposed date of s	ervice *	Is this a primary service?	Remove
Physical Medicine	$\vee$	12/22/2023	222*		
Physical Medicine This selection i	√ nclude	12/22/2023 s the following proce	dure coc	des: 97010, 97012, 97014, 9	Remove 7016, 97018, 97022, 9
26, 97028, 50, 97164,	97032, 97750,	97033, 97034, 97035 97799, 98925, 98926	, 97036, , 98927,	97039, 97110, 97112, 97113 98928, 98929, G0283.	3, 97116, 97124, 97139, 9714

ub-service Type *	Proposed date of service *	* Is this a primary service?
Physical Medicine 🗸 🗸	12/22/2023	Remove
<ul> <li>97026, 97028, 97032, 97150, 97164, 97750,</li> <li>ub-service Type *</li> </ul>	97033, 97034, 97035, 97036 97799, 98925, 98926, 98927 Proposed date of service •	<ul> <li>7, 98928, 98929, G0283.</li> <li>Is this a primary service?</li> </ul>
	12/22/2023	Remove
occupational merupy +		

#### Predictal<sup>™</sup> Provider Details

Г

- Select Ordering/Attending Provider in the dropdown and click Search.
- Select Provider and use the arrow on the left-hand side to expand to select address.
- Copy as Performing Provider to copy provider details for performing provider.

Select provider			
AHN FAMILY H	EALTHCARE PARTNERS -1013519859 /	04516520 🗸	Search

٦

M01351	9859	AHN FAMILY HEALTHCARE	1245209	469	DAVID	ноут		GROVE CIT	TY PA	
Addresses Practice Gr *****7977	oup Tax ID	Practice Grou 004516520	ıp BSID	Pra 000	ctitioner BSID 189604	Affili 0027	ation ID 47874			
Address ype	Practice	Group Address		V	Practice Group City	State	Zip code	Contact	Details	
Main	420 HILLO	CREST AVENUE			GROVE CITY	PA	16127	Phone Fax Fax	(724) 458-4950 (724) 458-4822 (814) 452-7005	1
/endor	420 HILLO	CREST AVENUE			GROVE CITY	PA	} 16127	Phone Fax Fax	(724) 458-4950 (724) 458-4822 (814) 452-7005	1

- Enter the Servicing Facility/Vendor and search and select if applicable. Enter the Performing Provider and search and select. ٠
- •

Servicing Facility/Vend	dor
Search for	
<ul> <li>Facility / Vendor</li> </ul>	
Search by	
O Provider ID	<ul> <li>Name</li> </ul>
Facility / Vendor Name	Search

Use the dropdown to select Authorization Request Submitted field and click Submit. •

Authorization Request Submit	ved By*	1
Back		Save Submit

### Predictal<sup>™</sup> Review Authorization

• Now you can review all details entered and select Submit.

and										
Au	uthorizatio	on Request							A	ctions ~
Me LAT HE	ember Name TOYRIA FLEN	Member ID 1146374850010	Date of Birth 07/30/1970	Client Name The Acutronic Company Active	Plan Type Commercial	Case Type Prior Authorization	Authorization Typ Medical-Outpatien	e Service Type t Rehabilitation		
	1. Member 5. Confirma	Search 2. / tion	Authorization De	itails 3. Ent	ter Provider	4. Review Autho	rization	Tools		
	Review ti click the	he information yo Submit button to	u've entered. You finalize your requ	u can use the Bac uest.	k button to mak	ke corrections. When	you are ready,	() History		
R	Review Auth	orization Deta	ills					Recent attachments (0)		+
	ase Inform	ation								
	Authorization	Type		Case T	vpe					
Ň	vedical-Outpa	tient		care i	10-					
R	Request info	ormation		Prior A	uthorization					
R sedio	Request info itart of Care D ctal ^ A	ormation ate with Automation H	iub	Prior A	uthorization					kit AAH
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R edic Au Me LAT HE	Request info start of Care D ctol and athorizatio ember Name TOYRIA FLEN	uth Automation H on Request Member ID 1146374850010	UD Date of Birth 07/30/1970	Prior A Client Name The Acutronic Company Active	Plan Type Commercial	Case Type Prior Authorization	Authorization Type Medical-Outpatient	Service Type Rehabilitation	Action	kit AAH
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R S C C C C C C C C C C C C C C C C C C	Request info itart of Care D ctcl <sup>®</sup> An uthorizatio ember Name TOYRIA FLEN Provider ID Performing F	rmation ate uth Automation H on Request Member ID 1146374850010	Date of Birth 07/30/1970	Client Name The Acutronic Company Active Provid	Plan Type Commercial er Name	Case Type Prior Authorization ALLIED CLINICAL LAR	Authorization Type Medical-Outpatient	Service Type Rehabilitation	Action	kit AAH
R S Au Me LAT HEI	Request info tart of Care D ctcl and care D ctcl and care D authorizatic sember Name TOYRIA FLEN Provider ID	rmation ate uth Automation F on Request Member ID 1146374850010  Provider 12452094	Date of Birth 07/30/1970	Prior A Client Name The Acutronic Company Active Provid Provid	Plan Type Commercial er Name	Case Type Prior Authorization ALLIED CLINICAL LAR DAVID HOYT	Authorization Type Medical-Outpatient IS	Service Type Rehabilitation	Action	xit AAH ns ∽
R S C C C C C C C C C C C C C C C C C C	Request info start of Care D ctol and authorizatio ember Name TOYRIA FIEN Provider ID Provider ID Provider ID	rmation ate uth Automation H on Request Member ID 1146374850010  Provider 12452094	Date of Birth 07/30/1970	Client Name The Acutronic Company Active Provid Provid	Plan Type Commercial er Name er Name	Case Type Prior Authorization ALLIED CLINICAL LAR DAVID HOYT	Authorization Type Medical-Outpatient IS	Service Type Rehabilitation	(Action	kit AAH ns ♥)
R S C C C C C C C C C C C C C C C C C C	Request info tart of Care D ctcl and uthorizatio ember Name TOYRIA FLEN Provider ID Performing F	Armation ate uth Automation H on Request Member ID 1146374850010  Provider 12452094	Date of Birth 07/30/1970	Prior A Client Name The Acutronic Company Active Provid Provid	Plan Type Commercial er Name er Name	Case Type Prior Authorization ALLIED CLINICAL LAR DAVID HOYT	Authorization Type Medical-Outpatient IS	Service Type Rehabilitation	Action	RÌÈ AAH ns ❤

• Click Submit to complete the authorization in the Helion Arc Technology Platform.

- THE	Member Name LATOYRIA HEFLEN	Member ID 1146374850010	Date of Birth 07/30/1970	Client Name The Acutronic Company Active	Plan Type Commercial	Case Type Prior Authorization	Authorization Type Medical-Outpatient	Service Type Rehabilitation
	Thank you.							
	THIS REQUEST	IS INCOMPLETE	JNTIL YOU ENT	ER HELION CRITER	IIA			
	Your authoriz	ation number is A	AUTH-7015882.	Please select the	submit button t	o launch Helion Po	ortal.	
							Submit	
	Concernance of the second	or New Authoriza	tion Go Ba	ck to Home				

# **Helion Arc Technology Platform**

- In Helion Arc, you will have **five** steps to complete as seen at the top of the screen. You can start by uploading documents. "Plan of Care" or "Supporting Documentation" can be uploaded.
  - Please note: Helion Arc **does not** require the Plan of Care for initial authorization requests but does require a Plan of Care for extension requests.
  - Please go to the FAQs on the Provider Resource Center (PRC) for additional information. The pathway is at bottom of this document.

0	_	- 12	3			5
Documents		Status	Requested Services	Review		Results
	Patient Name	Authorizatio	n Request Time Limit		thod	
		(i) 90-minute	time limit			
	Docum	Please be aware authorization re and start over w	e, you have 90 minutes to complete and s quest. If more time is needed you may ca /hen you have dedicated time.	ubmit this ancel the request	PSE ALL	¥
	Plan of (	Don't show	again.	CONTINUE	^	
	Please pr	ovide an updated	plan of care.			
			CANCEL & BACK NEXT >			89 min 55 sec     Time Limit

0 —		2		3	4		5
Documents	s	Status	Request	ed Services	Review	N	Results
	Patient Name	Date of Birth	Patient ID	Auth ID AUTH-283102	Request Type	Method Fee for Service	
	Document	S			EXPAND ALL	COLLAPSE ALL	₽.
	Plan of Care Please provid	le an updated plan o	f care.			^	
		CA	ANCEL	BACK NEXT >			89 min 39 sec     Time Limit

• Next, you'll go to the Status tab and complete the Attestation statement.

cuments	Status Status Required time Complete Reques	sted Services	Review	Results
		EXPAN	ND ALL COLLAPSE ALL	
	Outpatient Therapy Criteria		~ ^	
	* At least one question requires a response in this se	ection.		
	I confirm the patient meets Highmark Med	lical Policy and/or Medicare G	uidelines.	
	CANCEL			0 89 min 13 sec

• Then, you'll go to the Requested Services tab, answer the questions, and click Next.

Documents	s	e itatus	Requeste	3 d Services	4 Review		S Results
	Patient Name Requested	Date of Birth	Patient ID 0 of 10 Required	Auth ID AUTH-283102 tems Complete	Request Type Initial	Method Fee for Service	4
					EXPAND ALL	COLLAPSE ALL	
	Physical Ther Reasons fo	apy or Treatment	PDS: 2	3-Dec-2023	0	Required A	
		C	ANCEL +	BACK NEXT →	This step missing	req'd items!	89 min 11 sec     Time Limit

Status	Requested Services	Deview	
	PDS. 23-Dec-2023	Reguireo	Results
asons for Treatment			
dicates a required item			
dalities and Treatment Notice			6
* I confirm that I have read a	and understand the Modalities and	d Treatment Notice *	
naximum of four (4) physical med vider including:	licine modalities/procedures on any giv	ven date of service, per performing	
<ul> <li>Modalities (91012-97039, G02</li> <li>Therapeutic procedures (9711</li> <li>Tests and measurements (972)</li> </ul>	283, S8950) 10-97542) 750)		
Muscle and range of motion (F	ROM) testing (95831-95852)		
	easons for Treatment indicates a required item dalities and Treatment Notice * I confirm that I have read a vider including: • Modalities (91012-97039, G02 • Therapeutic procedures (9711 • Tests and measurements (97 • Muscle and range of motion (1	Aasons for Treatment indicates a required item dalities and Treatment Notice * I confirm that I have read and understand the Modalities and inaximum of four (4) physical medicine modalities/procedures on any giv vider including: • Modalities (91012-97039, G0283, S8950) • Therapeutic procedures (97110-97542) • Tests and measurements (97750) • Muscle and range of motion (ROM) testing (95831-95852)	Addities and Treatment Addities and Treatment Notice  * I confirm that I have read and understand the Modalities and Treatment Notice *  maximum of four (4) physical medicine modalities/procedures on any given date of service, per performing vider including:  Modalities (91012-97039, 60283, S8950) Therapeutic procedures (97110-97542) Tests and measurements (97750) Muscle and range of motion (ROM) testing (95831-95852)



- You should review all the information provided.
- Click Submit.

Documents	Status	Requested Services	Review	Results
	is this treatment for chronic pair	*		
	Is this a maintenance therapy re- prevent regression of that functi Ø Yes	quest which intends to preserve the individuation?	al's present level of function and	
	Is there an Autism Spectrum Dia	gnosis added for this member?		
	I confirm that I have a treatment of the second	nent plan for this patient		
		1		(
		CANCEL C BACK SURMIT	1 II.	88 min 48 a Time Limit

- The Results page will show the determination of request.
- Select Submit to Insurer to finalize request to Highmark Utilization Management.

Documents	Status		Requested Services		Review		Results
	Patient Name HEFLEN, LATOYRIA	Date of Birth 30-Jul-1970	Patient ID	Auth ID AUTH-7015882	Request Type Initial	Method Fee for Service	
	Results Disclaimer This authorization request will be approved. This Notice of Coverage Approval is not a guarantee of payment. This approval is based on the information available to us at the time it is issued (including information regarding the member's eligibility for coverage and/or the availability of benefits). If the information later proves to have been incorrect, incomplete or otherwise different than what was represented or if it changes, we may still ultimately deny payment of the claim.						W
			Country				88 min 44

0		Operations Parts of Births Parts of D     D	
Documenta	Q	Weight Name       Date of Girls       Water 13	3 Results
		Please allow time for the review process and determination.           Image: Manipulative Therapy           * necketted visits           10	
		SUBMIT TO INSURER	ì

• You will be directed to the Helion Arc Dashboard where you can view the details of the request.



#### **Check Status of Authorization**

You can check the status of your authorization or submit an authorization within Availity by following these steps:

- Choose your state from the top navigation bar.
- Click Payer Spaces in the lower navigation bar.
- Select the Highmark Payer Spaces for the appropriate health plan.
- Once within the Payer Spaces section, look under Applications and click Predictal.

### **Predictal Auth Automation Hub**

- The left-hand navigation panel includes links to the functions available within Predictal.
- Select Auth Inquiry to check auth status, change/update start of care date, review approval/denial letters, etc.
- Search for the authorization by member, date of service, or request ID.
- View the authorization status by clicking on the authorization number.
- Search for the authorization by member, date of service, or request ID.

#### **Additional Educational Materials**

Please visit your region's Provider Resource Center (PRC) to view the detailed **training videos**, **tip sheet**, **and FAQs**. Select **Care Management Programs** on the left-hand navigation menu and select **Physical Medicine Management**.

- Highmark Blue Cross Blue Shield (DE)
- Highmark Blue Cross Blue Shield (PA)
- Highmark Blue Shield (PA)
- Highmark Blue Cross Blue Shield (WV)

https://hdebcbs.highmarkprc.com/ https://hbcbs.highmarkprc.com/ https://hbs.highmarkprc.com/ https://hwvbcbs.highmarkprc.com/

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Screen captures are conducted in the staging environment. Data is fabricated. Actual screens may vary.

