

AULTCARE ON THE WEB

Electronic Medical Prior Authorization and Referral Form

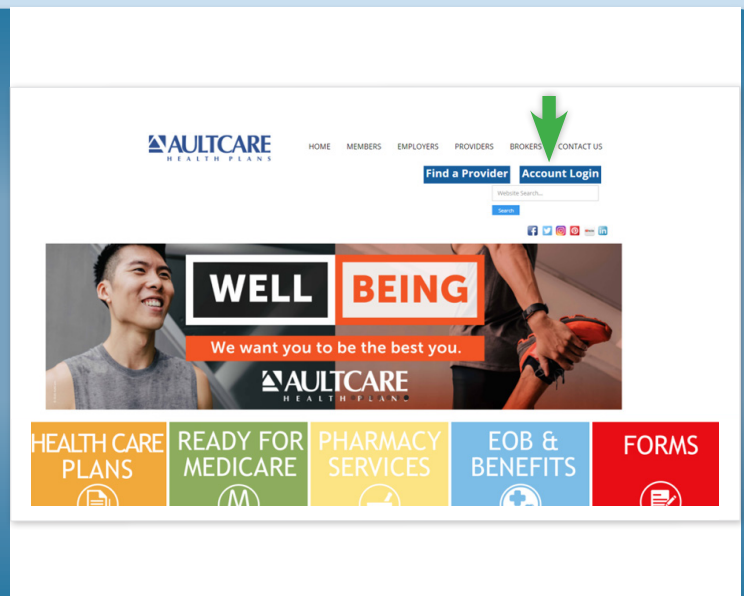
www.aultcare.com

The Electronic Medical Prior Authorization and Referral Forms are for services **not** housed in TTAP or for referrals. These electronic forms replace forms that were previously faxed or uploaded through our website for AultCare Commercial members. They do not apply to PrimeTime Health Plan members.



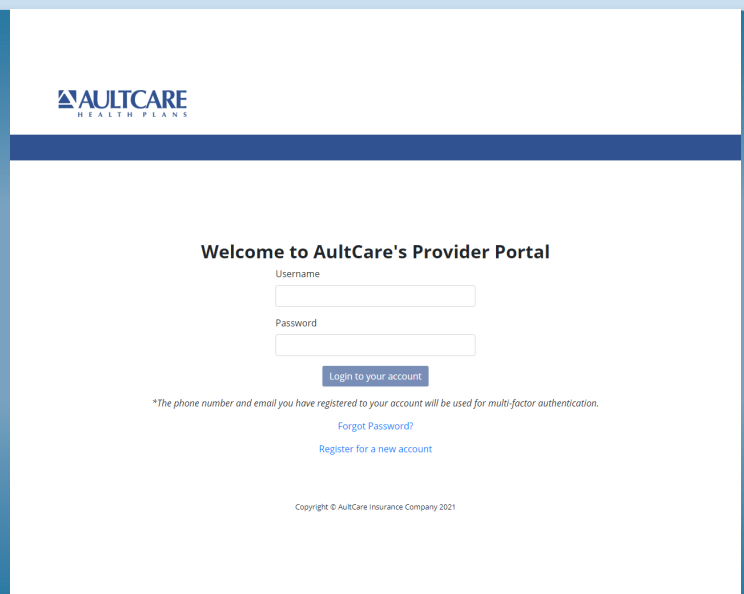
STEP 01

- Visit www.aultcare.com.
- Click [Account Login](#).
- Select [Provider Login](#).



STEP 02

- On the Account Login screen, enter your username and password to access your secured account.
- If you have not yet established a secured account, please click [Register](#) for a new account.



STEP 03

- Once you are logged into your secure account, click on **Prior Auth** on the toolbar at the top of the provider portal or click on the green **Prior Authorization** tile on the main page of the dashboard.
- Search for Member Eligibility.
- Click the orange **Prior Auth** button next to the appropriate member. You will be directed to the prior authorization navigation tool.
- Click **Go to Medical Prior Auth & Referral Forms**.

The screenshot shows a dashboard with several sections:

- eviCore**
 - Advanced imaging which includes all CT, MRI, PET scans and nuclear cardiology
 - Oncology-related requests that include chemo-therapeutic agents paid by the medical plan, and radiation therapy for a new diagnosis and treatment plan
 - All Genetic testing[Go to eviCore](#)
- MHK**
 - Medications subject to prior authorization that are paid by the pharmacy benefit
 - Medications not related to a cancer diagnosis that are paid by the medical benefit[Go to MHK Pharmacy \(Medical Medication PAs\)](#)
Need assistance understanding the MHK platform? [MHK Informational Guide](#)
Medication not listed in MHK? [Go to Rx Fillable Forms](#)
- TTAP (Trizetto® Touchless Authorization Processing)**
 - Select DME Items[Go to TTAP \(Trizetto® Touchless Authorization Processing\)](#)
Need assistance understanding the TTAP platform? [TTAP Provider Guide](#)
- Medical Prior Auth & Referral Forms**
 - Home healthcare, DME not in TTAP
 - For anything not listed above (experimental treatments and surgery, new technology, cosmetic).[Go to Medical Prior Auth & Referral Forms](#)

For a complete list, please review the [Utilization Management Guidelines](#) Live Chat

STEP 04

- Click the applicable form type: **AultCare Home Health Care Services, Pre-Authorization and Referral, or Molecular Diagnostic Request.**

The screenshot shows the **Medical Prior Auth & Referral Forms** page with a navigation bar (Home, Eligibility, Claims, Prior Auth, Enhanced Encounter, Upload, Important Forms, News, Manuals, Contact Us) and a breadcrumb trail (HOME, INTER-QUAL, PHARMACY, MEDICAL PRIOR AUTH & REFERRAL FORMS). The main content area includes:

- The preferred method of prior authorization submission is through TTAP.
- For services not housed in TTAP or for referrals, please use the appropriate Electronic Submission Form below.
- Three form type buttons: **AultCare Home Health Care Services** (Form for AultCare Home Health Care Services), **Prior Authorization and Referral** (Form for Prior Authorization and referral to a Specialist or Facility by the Primary Care Physician), and **Molecular Diagnostic Request** (Form for Molecular Diagnostic Request).
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- Live Chat

STEP 05

- Open the form and complete all of the requested information.
- You will be prompted to click **Next** at the bottom of the screen.

The screenshot shows the **AULTCARE PREAUTHORIZATION AND REFERRAL** form with a progress indicator (1-7) and the following sections:

- Request Information**
- Priority *** (required)
 - Standard
 - Expedited
 - Post Service
- ICD-10 Codes *** (required)
 - Input field
 - [Click to Add](#)
 - # of Items: 0
- CPT/HCPCS Codes *** (required)
 - Input field
 - [Click to Add](#)
 - # of Items: 0
- [Next](#)

STEP 06

- Submit clinical notes and/or documentation in the **File Attachments** section (required).
- The following file types are accepted: .pdf, .xls, .zip, .txt, .xlsx, .doc, .docx, .html, .csv, .rar, .xlsb, .ppt.
- Click **Upload** to attach files.
- Confirm the number of files uploaded is correct.
- Click **Submit** to finish or **Back** to make changes.
- Note: once **Submit** is clicked, you will not be able to make changes to the form.

AULTCARE PREAUTHORIZATION AND REFERRAL

Request In... Patient Inf... Requesting Provide... Servicing Provider/Faci... Services R... Acknowle... Finalize

File Attachments

Please attach any supplemental files needed to accompany this form

Upload

of files uploaded: 0 (required)

Please review that you have completed this form completely and accurately. Click "Submit" below to finish.

Back Submit

- PREAUTHORIZATION NEEDS TO BE RECEIVED BEFORE THE REFERRAL APPOINTMENT!
- ***ALL FIELDS ARE MANDATORY AND REQUIRE COMPLETION FOR PROCESSING***
- ***An updated plan of care and progress notes must be submitted with request for continued services***
- A preauthorization does not guarantee payment or authorize coverage for services not covered through the member benefit plan. Claims are subject to review upon receipt of the claim/documentation.

STEP 07

- If successful, a confirmation message will display.

AULTCARE PREAUTHORIZATION AND REFERRAL

Thank you, your form has been submitted. You may close this window.

- PREAUTHORIZATION NEEDS TO BE RECEIVED BEFORE THE REFERRAL APPOINTMENT!
- ***ALL FIELDS ARE MANDATORY AND REQUIRE COMPLETION FOR PROCESSING***
- ***An updated plan of care and progress notes must be submitted with request for continued services***
- A preauthorization does not guarantee payment or authorize coverage for services not covered through the member benefit plan. Claims are subject to review upon receipt of the claim/documentation.