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. The prefix for Commercial members should not be entered 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.

There could be times when the 'No auth required' does not appear even though an authorization is not required. To verify when an authorization is required, complete a Benefits and Eligibility search in CareFirst Direct. From the Benefit Details screen, click on 'More' or 'Show Details' (for FEP members) to view information about whether an authorization is required. For assistance navigating CareFirst Direct, click here.

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Commercial Example:

Professional	Institutional Outpatient	Institutional Inpatient

33 - Chiropractic

Benefit Description	Place Of Service	Copay Amount	Coinsurance	
Chiropractic Manipulation (DC 200)	Freestanding Facility (Non-Hospital)	$40.00	0%	More
Chiropractic Manipulation (DC 200)	Outpatient Hospital	$40.00	0%	More
Chiropractic Manipulation (DC 200)	Office	$40.00	0%	More

Benefit Details

You Searched for

Jan 25, 2022 at 3:56 PM

Service Type: Health Benefit Plan Coverage **Date of Service:** 01/25/2022 **Network:** BlueChoice Specialist **Provider Type:** Professional
Benefit Details: Chiropractic Manipulation (DC 200) **Place of Service:** Outpatient Hospital

DOB: **Member ID:**

Medical

Copay Details

$40.00 per Day for a Specialist
Per provider

Authorization Required

FEP Example:

Hospital - Outpatient Show Details

Hospital - Outpatient Show Less

Co-Payment	$30 per Day BASIC - Authorization Required APPLIED BEHAVIOR ANALYSIS FOR AUTISM SPECTRUM DISORDER
Co-Payment	$25 per Day BASIC - Authorization Required BLUE DISTINCTION CENTER FOR KNEE AND HIP REPLACEMENT, SPINE SURGERY, COMPREHENSIVE BARIATRIC SURGERY

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

Provider Name | Begin typing name or code to select | Referred By Provider Name & Servicing Provider are same

Provider Name
Provider Code
NPI
Tax ID

Begin typing name or code to select

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.

Click 'Down Arrow' after entering first 3 characters to enable search.

Enter at least 3 characters for your search, and click the "down arrow" key.

Click here for Advanced Search

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

Q: I am unable to locate a provider using the 'Smart Search', or by 'Provider Name' in the Advanced Search option. What should I do?

A: Within the Advanced Search, under the 'Additional Provider Details' section, you can search by the provider's NPI or Tax ID. Here are the instructions for how to do this.

* Referred By Provider Name

Provider Name

Click 'Down Arrow' after entering first 3 characters to enable search.

Begin typing name or code to select

1

1. Select the magnifying glass icon

Find Provider

Additional Provider Identifiers 2

Index Name

Select

Index Value

Begin typing

1. Scroll down until you locate the section titled, Additional Provider Identifiers

1. From the 'Index Name' drop down you have the option of searching by NPI or TaxID.

1. Select the search method you would like (NPI or TaxID), and enter into Index Value.

Important Note: Ensure you are entering the individual provider TaxID or NPI vs. the groups.

1. Click Search.

Q: My practice is not listed in the authorization system. Only the providers tied to the practice display when I search by Tax ID and/or NPI. What should I include in the "Facility" field?

A: If you completed an Advanced Search for your practice (by name, NPI, Tax ID, address, etc.) and the system is only displaying the providers tied to the practice, you can enter the provider who you entered as the 'Servicing Provider' in the 'Facility' field to move forward with entering your authorization.

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:

Authorization List

Inpatient Outpatient

Authorization ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status
	Jan 14, 2022		COMMERCIAL			

Auth Details

Primary Diagnosis Monitoring of Sleep, External Approach

Referred By Provider Name

Notification Date 01/14/2022

Decision Date N/A

Carrier Member ID :

View & Print Auth · View Notes · View Docs · View Letter · View Guideline

+ Discharge Information · + Additional Information

From the Auth Details section, you can
- "View & Print" your authorization
- "View Notes" that you included
- "View Docs" to see information you attached.

You can also add "Additional Information" such as clinical notes as well as attachments.
- This is especially helpful when you may not have clinical information when you initially entered the authorization/notification.

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: When should I select 'Urgent Pre-Service Decision' when entering an authorization?

A: Urgent Pre-Service Decision should ONLY be selected 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 to regain maximum function. This Authorization Priority should not be utilized for any reason outside of this guideline.

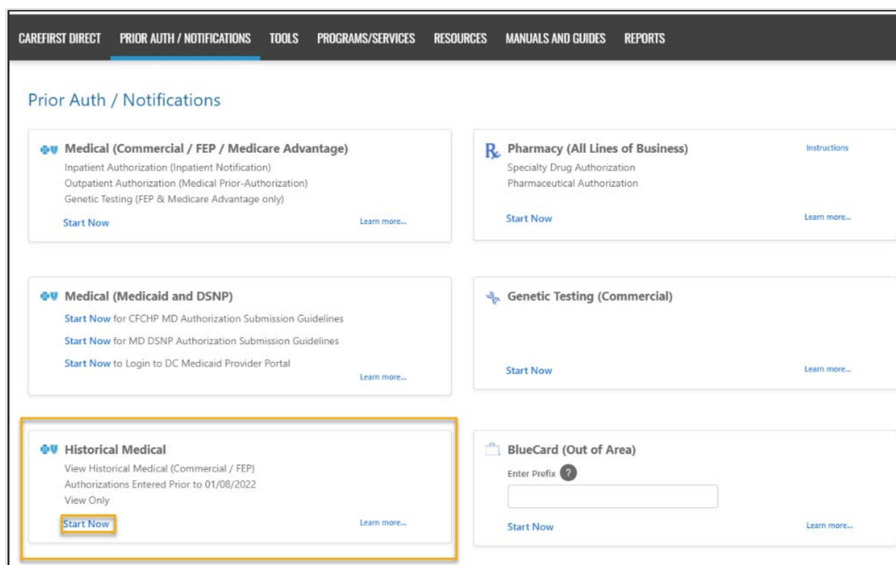
Q: Can simultaneous requests for two different physicians be entered or must information for one of them be entered in the notes field?

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 within 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.



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: Do I need to fax (or call) in my request in addition to submitting through Altruista?

A: No. In fact, duplicate requests delay processing time. If you entered the notification and/or authorization in Altruista you do not need to also fax or call in the same information. It is not necessary to do and results in extra work for you and the CareFirst team.

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.

altruista HEALTH

Welcome Jeffrey

Authorization List

Inpatient Outpatient

Member Id Filters Download Results Choose Columns

Authorization Created Date Clear All

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

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Q: What does an 'Auth Status' of "Closed" indicate?

A: Most likely, it means the authorization that was submitted included a service that did not require an authorization. You can access any 'Notes' about this authorization by clicking on 'View Notes' in the Auth Details section to view information about the authorization status from CareFirst. Keep in mind, CareFirst Direct can be utilized to verify what services require an authorization for a member.

Authorization List

Inpatient Outpatient

Authorization ID #	Created Date	Member Name	Plan Type	Admission Date	Type
	Jan 14, 2022		COMMERCIAL	Jan 14, 2022	Comm/FEP Emergent Inpatient Hospital

Auth Details

Primary Diagnosis **Monitoring of Sleep, External Approach** Referred By Provider Name

Notification Date **01/14/2022**

Decision Date **N/A**

Carrier Member ID :

View & Print Auth View Notes View Docs View Letter View Guidelines View Discharge Plan

Q: Why are my emergency admission notifications pending?

A: Any emergency admission notification entered for more than three days, will automatically pend. Be sure when entering emergency admissions, the days entered is three or less.

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 to review and decision 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. See Pharmacy Resources for additional information.

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 notifications 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.***

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.