

How to Submit an Authorization

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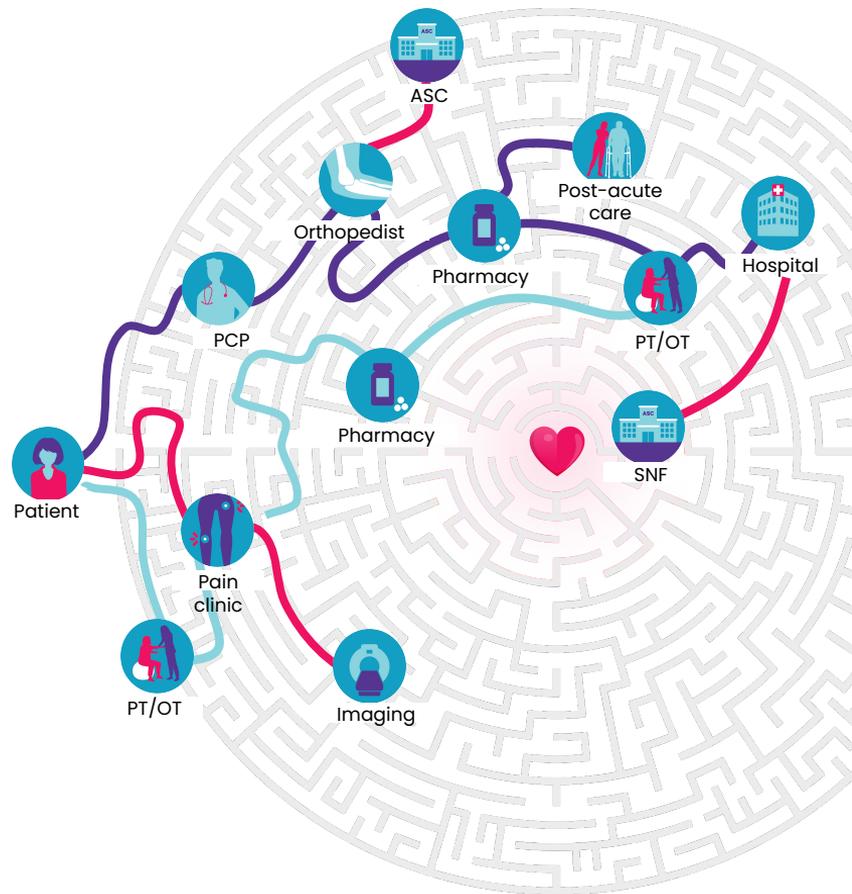
What is Cohere Health?

Improving the authorization experience

Clinical care journeys have become increasingly complex

There is great opportunity to improve patient health and experience by **streamlining** and **simplifying** the care journey.

Our innovative collaboration portal does just that by combining **cutting-edge clinical science**, **technology**, and **analytics** with **common sense**.



Built around how physicians practice

Organized around care *journeys*, not transactions

Developed with a physician-centric mindset while acknowledging the realities of practice process variation.

- ❖ Encompasses the entire patient journey
- ❖ Considers how providers **actually** deliver patient care
- ❖ Support patient care decision-making



Cohere Guidelines

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Magnetic Resonance Imaging (MRI), Spine (Cervical, Thoracic, and Lumbar) - Single Service

Clinical Guidelines for Medical Necessity Review

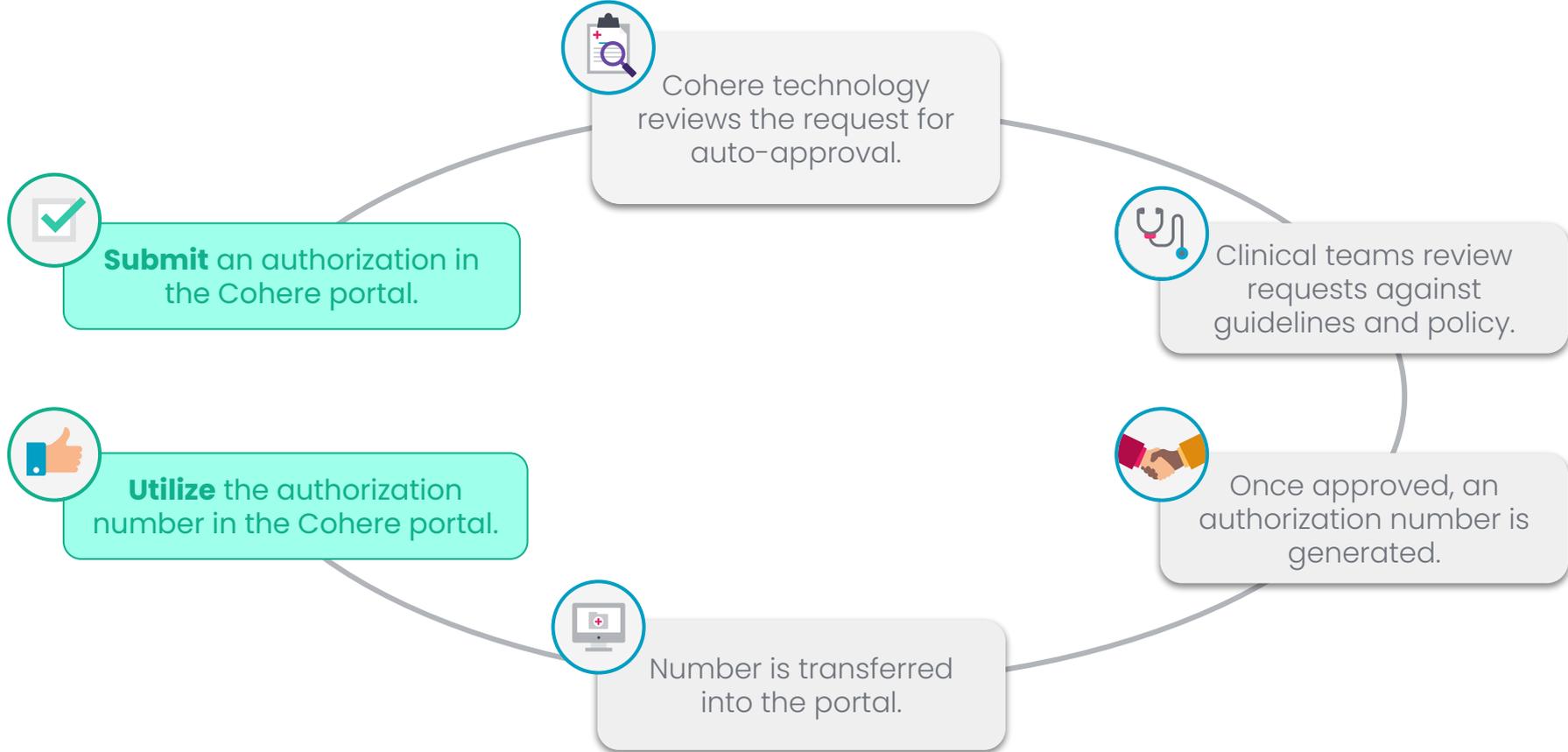
Version: 1.0
Effective Date: April 1, 2022



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How does Cohere work?



Clinical review process

At Cohere we strive to **automatically approve** as many cases as possible with our technology.

If a request pends, the correct clinical team will be engaged as needed, depending on the member's insurance information.

Finally, the submitter will receive outreach if more information is needed to make a determination on the request.



Missing Information Outreach

- **Number of outreaches:** typically a total of 3 outreaches will occur
- **How:** Either automated or manual outreach via phone, fax, and/or email



Turnaround time

- If the service date passes before receiving a decision, you **do not** need to take any action, we will process the request as a **retro authorization**.
- Specific turnaround time requirements can be found in the Learning Center.

Average time to decision:
20 hours

Peer-to-Peer Consultations

What is a peer-to-peer?

- ❖ A call **with a Cohere clinician** to discuss a case and reach an appropriate outcome, requested for either **medical necessity** or missing documentation.

How and when should I schedule this call?

- ❖ **Cohere will** contact you or you can request one **proactively** if you know the request will require one.
- ❖ You can fill out a **request form** at coherehealth.com/p2p

Who should participate in the peer-to-peer?

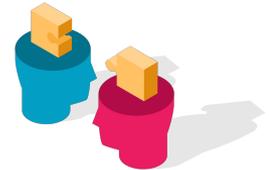
- ❖ The requesting **provider or another clinical staff member** can attend. See the Learning Center for more details.



Methods of Outreach from Cohere

- 1 **Manual** outreach by **fax** (or email if fax not available)
- 2 **Manual** outreach by **email** (fax if no email available)
- 3 **Phone call** from our team*

Peer-to-Peer Request Form



coherehealth.com/p2p

*we will offer to withdraw case during this call.

Resources developed to provide clarity

We realize there can be confusion around what is needed within each authorization request, so we build materials with transparency in mind.

In order to support your submissions with Cohere we have developed a few helpful resources:

- Documentation and clinical assessment question best practices
- Specific speciality checklists



| Best Practice | Example of correct documentation |
|---|---|
| Include two patient identifiers | Name & date of birth (DOB) are preferred. Please also include the member's legal name if they go by a nickname. |
| Document pertinent test/imaging findings | The patient has an ejection fraction of 55% |
| Demonstrate a consecutive timeline <i>The specific date range that the treatment(s) was completed should be included.</i> | The patient attempted Nitroglycerin therapy from 03/07/22-06/05/2022. |
| Medications <i>The medication name, dosage and duration must be documented.</i> | The patient took Lisinopril 5mg QD 01/03/22-02/26/22. |
| Attempts & Contraindications <i>Even if the treatment was unsuccessful it must still be documented.</i> | The patient completed 8 weeks of Nitrate therapy from 01/03/22-02/21/22 and did not see improvement in symptoms. The patient is unable to undergo select imaging due to contrast medium allergy. |

Denials & Appeals

If your request is denied, you have the right to appeal any decision not to provide you with or pay for an item or service (in whole or in part).

The appeal process *will vary by payer and line of business.*



Visit the Learning Center to view the specifics for each payer's appeal process.

- ❖ [Denials & appeals](#)
- ❖ [Lifecycle of an authorization](#)



Appeal Considerations

- ❖ The **way to submit** the appeal (fax, mail, phone)
- ❖ **Where** to send the appeal
- ❖ Appeal **timing window**



If you are outside the appeal window you must submit a new request to Cohere.





How to submit an authorization

Register for an account

Step 1:
Complete registration

Step 2:
Activate account

Step 3:
Login

- 1 Visit coherehealth.com/provider/register/, and click the pink **“Start my registration”** button.
- 2 To start registration, enter the main practice/organization’s tax ID number (TIN) and your email address.
→ Click “Create an account”
- 3 Share more about yourself by answering a few basic questions, including:
 - Name & Title
 - Contact information
 - Specialties you submit

Have these 5 things ready when starting registration...



5 member IDs and DOBs



Your organization’s name, NPI and TIN



Phone Number



Fax Number



Primary Address

Admins: How to add users

There are **2 situations** in which you may need to manually add a user. This can be done within the management page of the Cohere portal.

- 1. Proactive:** You want to add all users to your organization (does not require those users to register)
- 2. Reactive:** A user has requested to join your organization manually (no member ID information and email domain off). You will receive an email from Cohere asking you to manually add this user.

| Name | Email | Phone Number | Admin | Status | |
|----------------|--|--------------|---|---------|-----------------------------|
| Brandon Miller | Brandon.Walter.Miller@coherehealth.com | 5555555555 | Yes <input checked="" type="checkbox"/> | Pending | ... |
| Walter Miller | Walter.Miller@coherehealth.com | 5555555555 | No <input type="checkbox"/> | Pending | Edit User Delete Account |

First Name

Last Name

Phone Number Ext.

Email Address

Title (e.g. Pre-cert manager)

User specialties (for any vendor, not just Cohere)

Organization admin No

Create

1

Click on **Add Member**.

2

Enter the new user's information in the pop-up window.

3

Click **Create** to complete the process of adding the user.

❖ Once completed, the user will receive an email with instructions to complete activating their account

Admins have the ability to add and remove other users at the organization.

 [Click here](#) to learn more about other important admin tasks.

Logging in & resetting your password

Both of these actions can be completed right on the sign in page of the Cohere portal.

- 1 Go to next.coherehealth.com
- 2 Enter your email address and password.
- 3 Click 'Sign in'.

If you need to reset your password, select **“Need Help Signing In?”** and then when the other menu options appear, press **“Forgot Password”**.

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Sign In

Email Address

Password

Remember me

Sign In

Need help signing in?

Need help signing in?

Reset Password

Unlock account?

Need an account? Register here!

View User Guide

Dashboard

Click the Cohere Health icon at the top of any screen within the portal to return to the dashboard.

The dashboard is a useful resource to view all of your practice's authorizations in one location.

- Filter requests by different criteria:
 - Authorization status
 - Submitter
 - Patient name, member ID, tracking ID, authorization ID
- Sort by different criteria
 - Most recently submitted or edited authorization
 - Date of service

The screenshot displays the Cohere Health dashboard interface. At the top right, the Cohere Health logo and 'My Account' link are visible. A 'Start auth request' button is located in the top right corner. The main heading is 'Dashboard'. On the left, there is a 'Filters' section with a dropdown menu for 'Filter by user' and a list of radio button options: 'All Upcoming (2)', 'Pending Review (1)', 'Approved (1)', 'Denied (0)', 'Draft (0)', 'Withdrawn (0)', and 'Completed (0)'. A search bar is present with the placeholder text 'Search existing services (Patient name, Member ID, Tracking ID, Auth ID)'. Below the search bar, the 'Sort By' is set to 'Most Recent'. The main content area shows two authorization requests for 'Shangraw, Rumur' (DOB: 07/11/1982, Member ID: H91001351, Health plan: Humana). The first request is for 'Physical Therapy - Initial Request' (Procedure codes: 97110, 97112, 97535; Submission date: 8/23/2022 2:45 PM; Dates of service: 09/19/2022 - 10/28/2022) and is marked as 'Approved' with a green checkmark. A message below it says 'Tracking #KWQE4541 - Please check back later for the auth number or refresh the page now.' The second request is for 'Total Knee Arthroplasty (TKA)' (Procedure code: 27447; Submission date: 8/23/2022 2:44 PM; Date of service: 09/19/2022) and is marked as 'Pending: In RN review' with an orange warning icon. A message below it says 'Tracking #TZEM9222 - Note: This request is in the queue to be evaluated by an RN reviewer. If not done already, please upload clinical documentation which demonstrates completion or contraindication of Physical Therapy, Physician-directed home exercise program, Medications, Injections, and Bracing or assistive devices. Humana Commercial patients must complete all types of conservative therapy before knee arthroplasty surgery.'

Patient Summary

There are two ways to get to the *Patient Summary*:

- 1 Find and click an authorization from the dashboard
- 2 Search for a member by pressing **“Start auth request”**. Once the member is returned press the **“Patient summary”** link below the member’s name.

Once on the Patient summary, you can...

- View details about a specific patient.
- Edit, print or view **all services** requested for the patient.
- Start a new authorization for this patient from this page by pressing **“Start auth Request”**.

The screenshot displays the Cohere Health interface for a patient summary. The patient's name is Shangraw, Rumur, with Member ID H91001351. The page is titled "Patient Summary" and includes a "Start auth request" button. The patient's details include Sex: Male, Member ID: H91001351, DOB: 07/11/1982, Age: 40 years, Address: 571 GRANT VIEW DRIVE NEWPORT, KY 41071, and Phone: (296) 851-4189. The patient has a pending authorization for Total Knee Arthroplasty (TKA) under Surgical Management, with a note indicating it is in RN review. A search overlay is shown, allowing the user to find a patient by Member ID (H91001351) and Member date of birth (07/11/1982). The search results show one result for Shangraw, Rumur, with a link to "Patient summary" and a "Start auth request" button.

Starting a request

1 From the dashboard, press the blue **“Start Auth request”** button at the top right of the screen.

2 Search for a patient by entering:

- Insurance Member ID
- Date of birth

3 Press **“Start auth request”**.

The screenshot displays the Cohere Health dashboard. At the top right, there is a 'My Account' link and a blue button labeled 'Start auth request'. The main area is titled 'Dashboard' and contains a 'Filters' section with a dropdown menu set to 'Filter by user'. Below this is a search bar for 'Search existing services (Patient name, Member ID, Tracking ID, Auth ID)'. A 'Sort By: Most Recent' dropdown is also present. The dashboard lists two patient entries for 'Shangraw, Rumur' (DOB: 07/11/1982, Member ID: H91001351, Health plan: Humana). The first entry shows a 'Physical Therapy - Initial Request' with procedure codes 97110, 97112, 97535, a submission date of 8/23/2022 2:45 PM, and service dates from 09/19/2022 to 10/28/2022. This entry is marked as 'Approved' with a green checkmark and a note: 'Tracking #KWQE4541 • Please check back later for the auth number or refresh the page now.' The second entry shows a 'Total Knee Arthroplasty (TKA)' with procedure code 27447. A yellow warning box indicates it is 'Pending: In RN review' with tracking #TZEM9222 and a note about clinical documentation. An inset window titled 'Patient search' shows a search form with 'Member ID: H91001351' and 'Member date of birth (MM/DD/YYYY): 07/11/1982'. A blue 'Search' button is below the form. The search results show '1 RESULT' for 'Shangraw, Rumur' (Humana) with a 'Patient summary' link and a red-bordered box containing the 'Start auth request' button.

Enter primary details

Enter the following information on the next screen to initiate your request:

- Care type (outpatient or inpatient)
- Start date (date of service)
- Date of admission (inpatient)
- Primary diagnosis code
- Secondary diagnosis codes (optional)
- Procedure codes (optional for inpatient requests)

You are able to save the authorization and return at anytime. Click **'Save and exit'** at the bottom left of your screen.

After entering all of the information, select **'Continue'**.

Tell us about your request

Request details

Outpatient Inpatient

Start date
05/01/2024

Diagnosis codes

Primary diagnosis code
M25.561

Search for secondary diagnosis codes (optional)

Procedure codes

CPT/HCPCS codes
97110 x 97112 x Enter another procedure code

Save and exit Cancel Continue

You can add up to 10 procedure codes within each request. If you need to add more than 10, please submit a second request.

Select services

Depending on the procedure codes and diagnosis, we may ask for additional information in order to best guide your request, shown as boxes you can select. Select the options that best describes the request.

The screenshot shows a mobile application interface titled "Select services". At the top left is a back arrow and the text "Back". The main heading is "Select services". Below this is a purple banner with a star icon and the text: "For faster approval, let us know which services fit best. We found a few matches for the procedure codes you're requesting".

There are four sections, each representing a procedure code:

- 92507** Treatment of speech, language, voice, communication, and/or...
Select all that apply
Buttons: Gender Dysphoria and Gender Confirmation Treatment, Speech Therapy (Outpatient Rehab)
- 93798** Physician or other qualified health care professional service...
Button: Uncategorized Service
- 97110** Therapeutic procedure, 1 or more areas, each 15 minutes...
Select all that apply
Buttons: Chiropractic Services, Occupational Therapy (Outpatient Rehab), Physical Therapy (Outpatient Rehab)
- 97112** Therapeutic procedure, 1 or more areas, each 15 minutes...
Select all that apply
Buttons: Chiropractic Services, Occupational Therapy (Outpatient Rehab), Physical Therapy (Outpatient Rehab), Speech Therapy (Outpatient Rehab)



Select the options that best describes the patient's request. If you feel that none of these align, we recommend contacting the ordering provider.

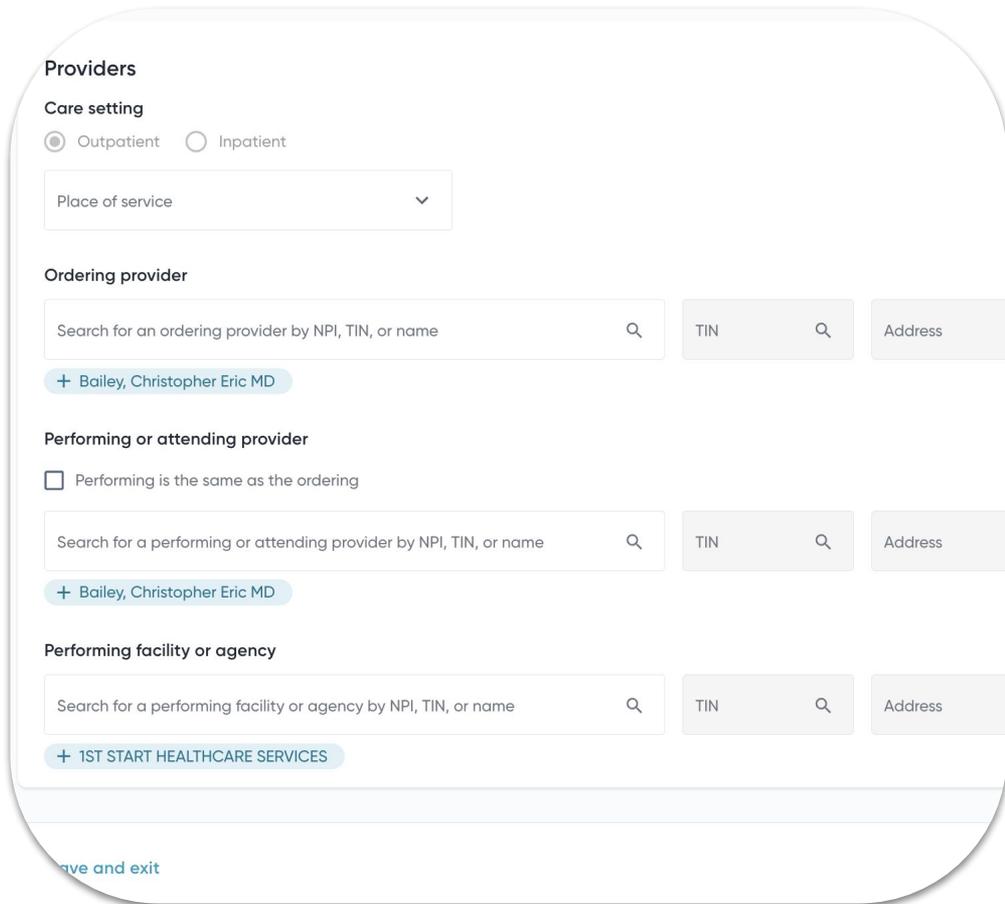
Provider and facility details

First, you will need to indicate the place of service. The options in this drop down will differ depending on whether you select *inpatient* or *outpatient* care.

Next, you need to fill in the provider and facility details. The provider and facility fields are searchable by NPI, tax ID number, or name.

You can also use the **blue boxes** to automatically fill in the details for the most recently used provider and facility.

If the facility or provider you are searching for is missing, you are able to make changes directly within the Cohere portal.



The screenshot displays the 'Providers' section of a web interface. It includes a 'Care setting' section with radio buttons for 'Outpatient' (selected) and 'Inpatient'. Below this is a 'Place of service' dropdown menu. The 'Ordering provider' section features a search input field with a magnifying glass icon, a 'TIN' field with a magnifying glass icon, and an 'Address' field. A blue pill-shaped button with a plus sign and the text '+ Bailey, Christopher Eric MD' is shown below the search field. The 'Performing or attending provider' section has a checkbox labeled 'Performing is the same as the ordering' which is unchecked, followed by a search input field, a 'TIN' field, and an 'Address' field. A similar blue pill button is present. The 'Performing facility or agency' section follows the same layout with a search input field, a 'TIN' field, and an 'Address' field, with a blue pill button containing '+ 1ST START HEALTHCARE SERVICES'. At the bottom left, a 'Save and exit' link is partially visible.

The remaining details

At the top of this page, you will see a notice that you have entered services that **require authorization by Cohere**.

At the bottom of the page, you can see any codes that **do not** require authorization. You can download and/or print a confirmation for your records.

You will need to indicate:

- The end date to show the time frame the services will take place
- Total units or visits for each procedure
- Whether your request needs to be expedited

When the details of the request are complete, press **'Continue'** at the bottom right of the page.

The screenshot displays a web form for service authorization. At the top, a green checkmark icon is followed by the text "Requires authorization by Cohere". Below this, there are two input fields: "Start date" with the value "04/30/2024" and "End date" with a placeholder "mm/dd/yyyy".

The form is divided into sections. The first section is titled "Physical Therapy (PT)". It contains a "Number of visits" input field with the value "1". Below this is a procedure code "97110" with a description: "Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility". There is a link to "Add a procedure code".

The second section is titled "Total Knee Arthroplasty (TKA)". It features a procedure code "27447" and a "Units" input field with the value "1". The description reads: "Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)". A "Remove" button is located to the right of the description. There is also a link to "Add a procedure code".

Below these sections is a checkbox labeled "Expedite".

At the bottom of the form, there is a notice: "Doesn't require authorization in most cases" with a code "93798" in a grey pill. To the right of this notice is a "Download PDF" button with a dropdown arrow.

At the very bottom of the page, there is a "Save and exit" button on the left and a "Continue with 2 codes" button on the right.

Upload attachments & answer CAQs

Next, you will need to upload relevant files by clicking **“Add files”**. These attachments should support the details of your request.

See our recommendations for documentation best practices [here](#).

Click **“Continue”** to advance to the clinical assessment questions (CAQs).

Your answers to the CAQs should support the uploaded clinical documents. You can typically find the answers to these questions in the patient’s chart.

< Back Add attachments

Choose files to upload
Please add clinical documentation to support this authorization and accelerate the review.

Add files

Clinical Note.pdf
Uploaded on 05/08/2023 at 12:00:07 PM

< Back Clinical assessment

Physical Therapy (PT)

1. Which side is symptomatic?
REQUIRED

Select all that apply.

Left

Right

Not applicable, symptoms are not localized



[Click here](#) to view our suggestions for documentation best practices. We also have specific documentation checklists for **some** procedures.

Evidence-based suggestions

The portal may prompt you on this page with **evidence-based suggestions**.

In this example, you can see the suggestion on the screen stating that we should decrease our physical therapy visits to that which is deemed more clinically appropriate.

You do not **have** to accept these suggestions, but if you do your request should then be eligible for approval.

Review recommendation

Review number of visits requested

Physical Therapy (PT) 60 → 10 visits

The number of visits you have requested exceeds our recommended thresholds for this service. Please consider reducing the number of units.

Change to **10 visits**
Recommended for approval

Keep as **60 visits**
Documentation to justify is recommended

Review & submit

- Prior to submitting your service request(s), you have the ability to review and make edits to any details within the authorization.
 - This includes making edits to the clinical assessment questions.
- Upon submission, the portal immediately begins processing your request.
 - When possible, based on the information provided, an auto-approval will be issued.
 - Otherwise, an authorization status will appear indicating the current stage of review.

Back

Review services before submitting

Physical Therapy (PT), Total Knee Arthroplasty (TKA)

This request duplicates an existing one
Duplicate submissions may be voided. The care setting (outpatient or inpatient), performing provider (if applicable), and facility match an existing request, including overlap in procedure codes and service dates.

You can choose to withdraw the existing request, change details to avoid duplication, or call Cohere for assistance at (833) 283-0033.

Draft
Tracking #WKGGB4665 Delete

Details Edit

| | |
|---------------------|------------------------------|
| Primary diagnosis | M25.561 - Pain in right knee |
| Secondary diagnosis | -- |
| Care setting | Outpatient |
| Place of service | Ambulatory Surgical Center |

[Save and exit](#) [Submit services](#)

1 evidence-based suggestion to improve your request:

Expedited → Not expedited
The coverage and/or services on this request do not meet the requirements for an expedited request.

[Accept](#)

Indicating an inpatient request

- This is a screenshot of the first step of the submission process for an **inpatient request**.
- For **inpatient requests**, you will be asked to enter a specific admission date. This can be either:
 - The date the patient was admitted **OR**
 - The *future* date of a planned admission
- You'll then be asked to choose an authorization category.
- You will need to enter a diagnosis code, but the procedure codes field is optional.

The screenshot shows the Cohere Health interface for submitting a request. At the top left, it displays 'Patient, Test' and 'DOB: 10/10/2000'. The Cohere Health logo is in the top right. The main heading is 'Tell us about your request'. Under 'Request details', there are radio buttons for 'Outpatient' and 'Inpatient', with 'Inpatient' selected. Below this, a red box highlights two fields: 'Admission date' with the value '02/07/2024' and 'Auth category' with the value 'Medical Care'. The 'Diagnosis codes' section includes a 'Primary diagnosis code' field with 'R079' and a search field for 'secondary diagnosis codes (optional)'. The 'Procedure codes (optional)' section includes a search field for 'CPT/HCPCS codes (optional)'.

Patient stay details

- For **inpatient requests**, you must accurately capture the status of the patient's stay:
 - Currently admitted: use for patients admitted at the time of request, whether it is planned or unplanned.
 - Not yet admitted: use for future planned admissions.
 - Discharged: only use this option for a patient that is *already* discharged.
- Capture the admission date and any additional days that can be reviewed based on clinical documentation.
- *Optional*: include an admission source and specify at what **level of care** the member is being treated.

Patient, Test
DOB: 10/10/2000

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< Back Tell us about your request

✔ Requires authorization by Cohere

Patient stay

Currently admitted Discharged Not yet admitted

Admission date: 02/07/2024 Admission time (24-hour format): 12:00 Admission source (optional): Emergency room

From: 02/07/2024 - To: 02/07/2024 # of days: 1 Level of care (optional)

+ Add a date range

Editing an inpatient authorization for review

For any new or updates to existing requests, you will need to **upload supporting clinical documentation**. You can also make edits to:

- Diagnosis
- Change in admission status
- Days requested
- Level of care

To **edit an authorization**, locate it in the patient summary, then click “edit”.

The screenshot shows a user interface for 'Inpatient Medical Care'. At the top, there is a header with a medical icon and the text 'Inpatient Medical Care'. Below this is a status bar with a warning icon and the text 'Pending: In clinical review' and 'Authorization #RDRE5733 • Tracking #RDRE5733'. The main content area is divided into two sections: 'Details' on the left and 'Attachments (1)' on the right. The 'Details' section has a sub-section for 'Primary diagnosis'. The 'Attachments (1)' section has a sub-section for 'Choose files to upload' with the text 'Please add clinical documentation to support this authorization' and an 'Add files' button. An 'Edit' button with a pencil icon is located to the right of the 'Attachments (1)' section.

Wondering when to make updates to your authorization? You can see the review date displayed on the authorization.

*Be sure to make any edits **by the indicated date.***

Next review date

04/18/2024

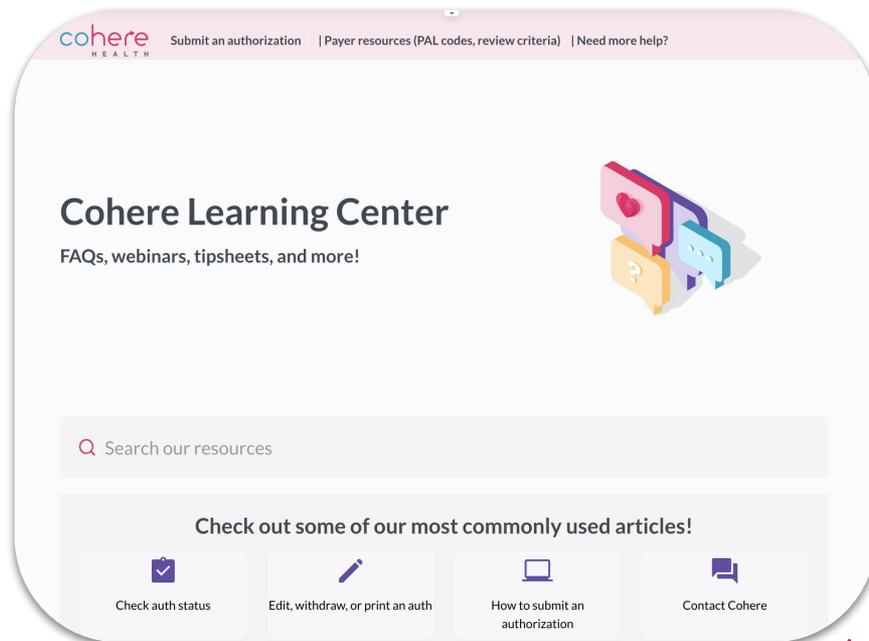
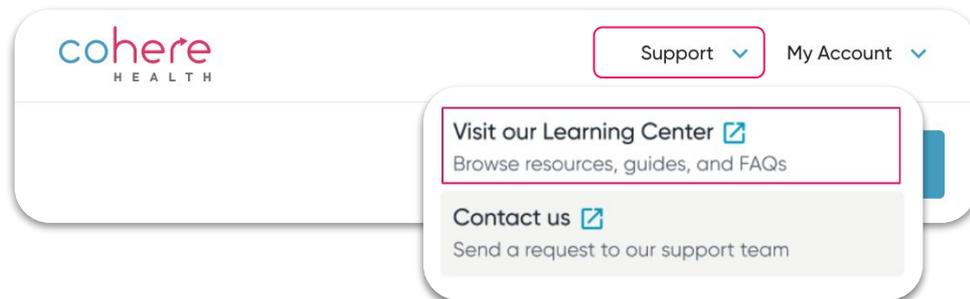


Wrapping up

Use the Learning Center

Self-service resource for you to view...

- ❖ Frequently asked questions
- ❖ Tip sheets
- ❖ Payer specific information and resources
- ❖ Webinar schedule and recordings



Contact Us

Before calling us, check out these self-service resources that are available **24/7**:

- 1 The Learning Center
- 2 Support form
- 3 Monthly Provider Newsletter



Want to attend another webinar or share with a coworker?

Go to
coherehealth.com/webinars
to view the schedule.

Thank you.

For more information, please visit the [Learning Center](#).



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