

AUTO-AUTHORIZATION TIP SHEET

The following tips are general rules that are applicable with any type of authorization request. The key fields addressed here need to be filled out in order to trigger auto-authorization rules:

1. **Provider Selection**
 - a. To Provider Field – This is the organization (not practitioner) you are referring to
 - i. Without this field populated, the referred to provider will not be able to see their referral and it will pend for manual intervention
 - b. To Location/POS – This is the location of the referring provider. This field automatically populates when you choose your referred To Provider and does not need to be filled in separately.
2. **Comments**
 - a. **This field no longer stops the referral for manual review.** Notes put in the comments field will not be reviewed for coverage determination if the request auto-adjudicates
 - b. If the referral reason applicable to your request is not listed, use the “Other – Provide Detailed” comment field to provide the information. Using “Other – Provide Detailed” will always cause the referral to pend so we can review your comments.
 - c. If the procedure notification doesn’t include the Facility you are looking for, provide detailed facility information in this field
3. **Duplicate Checking** – The system will check your request against the authorization history and will let you know if your request might be a duplicate to another authorization.
4. **Member Coverage** – Active coverage is required for auto authorization. The requested service must also show as covered under the member’s coverage agreement.
5. **Diagnosis Exclusions** – Some diagnoses are flagged for review to determine if the request is for a possible cosmetic or dental condition.
6. **Procedure Reviews** – Some procedures, services, and equipment require medical necessity review and will not auto-authorize.
7. **Quantities** – Referral templates have built-in quantities. We are working on updating some quantities in those templates based on feedback from you. If you think the quantity assigned in the referral is too low, you can send a Referral Message to request an update.
8. **Sign the Order** – Once you have completed all the orders for the patient, you must click the Sign Order button in the bottom right corner to transmit the requests for adjudication.

For questions regarding a specific authorization, please contact the Kaiser Permanente Provider Assistance Unit toll-free at 1-888-767-4670.