

Quick Reference Guide: Interpreting MHK Authorization Correspondence

The purpose of this guide is to assist providers in how to interpret MHK (formerly MedHOK – Medical House of Knowledge) medical management system authorization correspondence. The following are examples highlighting key sections.

GENERAL

The authorization is not solely based on the specific code listed. The Procedure Code Description may include more detail or special instruction:

Re: Approval of Coverage Requested

Procedure Code	Procedure Code Description	From	To	Quantity	Units	Status
J3380	Entyvio As Prescribed	03/23/2021	03/23/2022	0.0	Units	Approved

Note: If a code(s) listed above has a decision of Void, no prior authorization was required for the code(s).

Summary

The Procedure Code Description column includes special instructions. In this example the Entyvio is to be performed or administered 'As Prescribed.'

PHYSICAL THERAPY (PT)

The authorization is not solely based on the specific code listed. Although we only list the evaluation procedure code on the authorization, the quantity listed includes treatment visits:

Re: Approval of Coverage Requested

Procedure Code	Procedure Code Description	From	To	Quantity	Units	Status
97164	Pt Re-Eval Est Plan Care	02/15/2021	06/30/2021	6.0	Visits	Approved

Note: If a code(s) listed above has a decision of Void, no prior authorization was required for the code(s).

Summary

For PT the quantity is the number of visits that was approved. While the re-evaluation procedure code is listed, 6 total PT visits were approved that also include the re-evaluation.

MEDICATION: BOTOX

The authorization is not solely based on the specific code listed. The Procedure Code Description may include more detail or special instructions:

Re: Approval of Coverage Requested

Procedure Code	Procedure Code Description	From	To	Quantity	Units	Status
J0585	Botulinum Toxin Type A Per Unit May repeat every 12 weeks	03/08/2021	12/31/2039	200.0	Units	Approved
64615	Chemodenev Musc Migraine May repeat every 12 weeks	03/08/2021	12/31/2039	0.0	Procedure	Approved

Note: If a code(s) listed above has a decision of Void, no prior authorization was required for the code(s).

Summary

The Procedure Code Description column includes special instructions. In this example the Botox injection may be repeated every 12 weeks.

MEDICATION: EUFLEXXA

The authorization is not solely based on the specific code listed. The Procedure Code Description may include more detail or special instruction:

Re: Approval of Coverage Requested

Procedure Code	Procedure Code Description	From	To	Quantity	Units	Status
20610	Drain/Inject, Joint/Bursa	03/23/2021	03/23/2022	3.0	Procedure	Void
J7323	Hyaluronan/Deriv Euflexxa Ia Inj Pd Euflexxa (R) Knee	03/23/2021	09/23/2021	3.0	Units	Approved

Note: If a code(s) listed above has a decision of Void, no prior authorization was required for the code(s).

Summary

The Procedure Code Description column includes special instructions. In this example the Euflexxa injection indicates it is for the right knee (R). The Status column has a Void for one of the procedure codes. At the bottom where the 'Note' is, it states that Void means no prior authorization was required.

FORMULA

The authorization is not solely based on the specific code listed. Notice there is no procedure code listed in this example. The Procedure Code Description may include more detail or special instruction:

Re: Approval of Coverage Requested

Procedure Code	Procedure Code Description	From	To	Quantity	Units	Status
XXXXX	Neocate as prescribed	03/26/2021	09/18/2021	0.0	Units	Approved

Note: If a code(s) listed above has a decision of Void, no prior authorization was required for the code(s).

Summary

The Procedure Code column does not include a procedure code for the formula. The Procedure Code Description however includes the name and special instruction 'Neocate as prescribed.'