Authorization Test cases - Against the Pseudo-Payer "INS-FHIR"

#	Test Case Name	HCP Steps	HIC Steps	Transaction specifications
1	**Institutional** Authorization With **unsolicited Communication**.	**1.**Send Institutional Authorization Request (***To get the pended response, enter Claim.priority as "deferred".***) to HIC with 4 services/items. **3.**Recieve the Realtime Queued/Pended response. **4.**Send an unsolicited **Communication** transaction for the Institutional Authorization Request. **6.** Receive the acknowledgment for the communication from the HIC. Nphies will place the Completed/Adjudicated Institutional Authorization Response in the transaction Queue. **8.**HCP should send a poll request transaction to Nphies and receive	**2.** Receive the institutional Authorization request and send a Realtime Queued/Pended response. **5.** Receive communication transaction for the Institutional Authorization Request and send an acknowledgment to the HCP. **7.**Adjudicate the Authorization request and generate an authorization response Completed/Adjudicated, then send it to HCP through Nphies.	1. **Authorization request should contain the following support information elements: Vital-Sign-Diastolic Vital-Sign-Height Vital-Sign-Systolic Vital-Sign-Weight Chief compliant both Text & ICD** 2. **Authorization request should contain encounter resource with start period (mandatory) and end period (optional).** 3. **Authorization item reference inside the unsolicited communication > Communication.payload.extension.ClaimItemSequence** 4. **Authorization should contain at least one Package item = "true"** 5. **Communication payload to include free text.**

		the poll-response which contains the HIC Completed/Adjudicated authorization response.	
2	**Professional** Authorization with **Nphies eligibility** response reference with **solicited communication**.	1. Send Eligibility Request (any purpose type) and receive automated approved response. 2. Send Professional Authorization Request (***To get the pended response, enter Claim.priority as "deferred".***) to HIC including the Eligibility response reference. 5. Receive the Realtime Queued/Pended response. Nphies will place the communication request in the transaction Queue. 6. HCP should send a poll request transaction to Nphies and receive the poll-response which contains the communication request. 7. Generate and send a solicited **Communication** transaction <u>based on</u> the received communication request. 10. Receive the acknowledgment for the communication from the HIC. Nphies will place the Completed/Adjudicated authorization request in the transaction Queue.	**3.** Receive the Professional Authorization request and send a Realtime Queued/Pended response. 4. Send a **Communication Request** transaction for the Professional Authorization Request and receive Nphies acknowledgment for the communication request. 8. Receive communication transaction for the Professional Authorization Request and send an acknowledgment to the HCP. 9.Adjudicate the Authorization request and generate an authorization response Completed/Adjudicated, then send it to HCP through Nphies.	1. **Include a reference to online eligibility** 2. **Authorization should contain at least 1 item from the lab services with supporting information lab-test using LOINC codes.** (**Testing LOINC codes** "80096-1", "43863-0" , "43863-0", "55951-8", "12419-8 **)** 3. **Communication payload to include attachment.**

		11. HCP should send a poll request transaction to Nphies and receive the poll-response which contains the HIC Completed/Adjudicated authorization response.		
3	**Oral (Dental)** Authorization with **Offline eligibility** references with **Cancellation** Cancel or Nullify	**1.**Send Dental Authorization Request (***Enter Claim.priority as "normal".***) to HIC including an offline eligibility number. **3.**Recieve the Realtime Completed/Adjudicated response. **4.**Send a **Cancellation** Request transaction for the Dental Authorization Request. **7.** Receive the Cancellation response for the Dental Authorization from the HIC.	**2.** Receive the Dental Authorization request and send a Realtime Completed/Adjudicated response. **5.** Receive Cancellation Request transaction for the Dental Authorization Request. **6.** Send a Realtime Cancellation response.	1. **Include a reference to offline eligibility.** 2. **Include bodysite as fdi-oral-region (to indicate the tooth number)**
4	**Optical** Authorization (**Only for Optical Centers**) **Approved** case.	1. HCP sends an Authorization request (***Enter Claim.priority as "normal".***) including vision prescription.	2. Receive the Professional Authorization request and send a Realtime Completed/Adjudicated response.	1. **Include VisionPrescription resource**

5	Pharmacy Authorization – partial Rejection case	1.Send Pharmacy Authorization Request (*Enter Claim.priority as "normal".*) to HIC. **Use these drug codes:** 06285097000056 06285096000798 99999999999999 3.Recieve the Realtime completed response.	2. Receive the Pharmacy Authorization request and send a Realtime Completed/Adjudicated response.	1. **Auth. request should contain multiple supporting information sequences with (days-supply) category.** 2. **Support info (days-supply) should be linked with its sequence on item level using Claim.item.informationSequence.** 3. **One of the billed items, should be unlisted Drug code (99999999999999) with SFDA added to demonstrate the underline shadow billing.**
6	**Rejected Authorization Resubmission (optional)**	1.Send Authorization request including **Claim.Related**; Claim.related.claim = reference to the previous rejected Pharmacy Authorization Request in TC #4 and Claim.Related.Relationship = "Prior"	2.Receive the Authorization request and send Queued/Pended response 3. Send the Authorization Final response	Including Claim.Related.Relationship = "Prior"
7	**Follow Up institutional Authorization**	1.Send Authorization request *Enter Claim.priority as "normal".* including **Claim.Related**; Claim.related.claim = reference to the previous institutional Authorization Request in TC #1 with the previous 4 services and **add 1 additional service**, with Claim.Related.Relationship = "Prior"	2.Receive the Authorization request and send Queued/Pended response 3. Send the Authorization Final response	1. **The previously approved services should be reflected with the same service dates in the initial request.** 2. Including Claim.Related.Relationship = "Prior"

8	**Authorization Request (any type) for newborn patient**	1. Send Authorization request for newborn patient (***Enter Claim.priority as "deferred".***). 3. Receive the Authorization pended response.	2. Send the authorization Final response.	**Authorization request should include Newborn extension with the birth-weight and one of ICD10 Z38 Codes with the birth date is less than 90 days old**
9	**Authorization referral Request (any type)**	1. Send Authorization request (normal priority) as referral request (***Enter Claim.priority as "deferred".***). 2. Receive the Authorization pended response.	3. Send the authorization Final response.	**Include Transfer extension**
10	**NEW** **Advanced Prior Authorization APA**	2. Provider will send Poll Request to receive the APA. 3. Provider will display the APA details (Payer, Auth Nr. Items …… etc) in the Authorization Module of the solution like other Authorizations. 5. Provider will Poll the Communication Request. 6. Provider will send Communication 8. Provider will send Poll request with *include message type advanced-prior-authorization* to receive the cancelled APA. System must be updated with **Cancel** status for the APA.	1. Payer will send APA Advance Prior Authorization including "*advancedAuth-reason*" = **referral** Referring To Provider will be the Provider performing this test case. 4. Payer will send Communication Request for this APA. 7. Payer will Cancel the APA using reissue reason "**cancel**".	