

Prior Authorization Error Messages in MITS

There are two types of error messages generated by MITS when submitting a Prior Authorization: **Soft Edits** and **Hard Edits**.

Soft Edit – These messages begin with “Warning:” and are typically informational. These messages can be bypassed using the “**Ignore** and **Continue**” process shown below.

Hard Edit – These messages do not begin with “Warning:” and cannot be bypassed; they must be corrected in order to complete and submit the Prior Authorization.

Welcome,

Super User Providers Cost Report Account Trading Partners Claims Episode Claims Eligibility **Prior Authorization** Reports Portal Admin Publications Security

Trade Files Admin

search **new**

Base Information > Line Item

The following messages were generated:

Message Description	Panel	Field	Row	Action
Warning: Consumer is Medicare eligible during the requested timeframe. Please verify that Medicare does not cover this procedure, service or supply. Please correct the PA or provide reason for submission.	Line		1	<input type="checkbox"/> Ignore

Continue

Provider NPI -

If all of the error messages generated are **Soft Edits**, you will see “**Ignore**” to the right of the error message(s) and “**Continue**” directly beneath the error(s). To move forward put a checkmark in the box by each “**Ignore**” and then click on the word “**Continue**”.

When attempting to identify error messages that need correction and you do not see the option to “**Ignore**” and “**Continue**”, do not center your attention on any message that begins with “**Warning:**”. Instead look for any message that does **not** begin with “**Warning:**” to identify the **Hard Edit(s)** present. You must correct all **Hard Edits** in order to proceed and complete the Prior Authorization.

If you have a **Soft Edit** and do *not* see “**Ignore**” to the right of the error, then a **Hard Edit** is present, as shown below.

Welcome,

Super User Providers Cost Report Account Trading Partners Claims Episode Claims Eligibility **Prior Authorization** Reports Portal Admin Publications Security

Trade Files Admin

search **new**

Base Information > **Line Item**

The following messages were generated:

Message Description	Panel	Field	Row
Warning: Consumer is Medicare eligible during the requested timeframe. Please verify that Medicare does not cover this procedure, service or supply. Please correct the PA or provide reason for submission.	Line Item		1
Warning: Consumer is Medicare eligible during the requested timeframe. Please verify that Medicare does not cover this procedure, service or supply. Please correct the PA or provide reason for submission.	Line Item		2
Procedure Code not valid for PA Assignment.	Line Item		2

Provider NPI -

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Service Type Code	Service Code	Service Code Thru	Status
A 02	1	\$1,000.00	0	\$0.00	HCPCS Procedure	D5214		PENDING REVIEW
A 01	1	\$500.00	0	\$0.00	HCPCS Procedure	D8670		PENDING REVIEW

Select row above to update -or- click Add button below.

In the example above, the error preventing you from moving forward is: “**Procedure Code not valid for PA Assignment**”.

Important note: MITS will generate error messages for each Line Item separately. Notice that both Line Items are displaying the “**Warning:**” message, while only **Line Item number 2** is generating the error that needs correcting. Now that you have identified the error message that needs correction, look to the right side. MITS will tell you which **Line Item** is causing this error. In the example above **only Line Item number 2** is causing the error. You should now open **Line Item number 2** and correct the error while leaving **Line Item number 1** as is.

Multiple Error Messages

It is possible for multiple **Hard Edits** to be present for the same Line Item.

If you receive **Procedure Code not valid for PA Assignment AND Provider not eligible to provide the service for the requested timeframe** for the same Line Item it usually means the code being requested is not currently an Ohio Medicaid covered item/service. Consult the current Medicaid Supply List before taking other actions.

The following pages list the most common **Hard Edits** and how to correct them.

Procedure Code not valid for PA Assignment

This error generates if the Assignment selected in the Base Information section (first page) of the PA does not match the procedure code.

For example:

#1 If a wheelchair code is being requested and the selected assignment on the Base Information section is Dental.

#2 The code being requested does not allow Prior Authorization.

Correction:

#1 Click the “Previous” button to move back to the Base Information section, and change the assignment to the correct one.

#2 Delete the code from the current PA and submit a claim

Please note:

If you are entering a PA with multiple Line Items and only one procedure code is generating the error message you will need to remove it from the PA being entered and submit that code on a separate PA under the proper assignment.

Consumer is enrolled in Managed Care during the requested timeframe

This error generates if the consumer is enrolled with a Medicaid managed care plan for at least one day being requested on the PA (this time may be in the past, present, or even **in the future**).

For example:

#1 If you are requesting dates of service 12/1/2016 through 11/30/2017 and the consumer **was** enrolled with a managed care plan 12/1/2016 through 12/31/2016

OR

#2 You are requesting dates of service 12/1/2016 through 11/30/2017 and the consumer is **currently** enrolled with a managed care plan

OR

#3 You are requesting dates of service 12/1/2016 through 11/30/2017 and the consumer **will be** enrolled with a managed care plan at the start of the next calendar month

Correction:

The correction to this error depends on which scenario above is applicable.

#1 You cannot request any dates of service in December of 2016 on the PA. You may request 1/1/2017 onward. You will need to submit a PA to the managed care plan for the dates in December.

#2 Check the consumer's eligibility in MITS. If the consumer was enrolled with the managed care plan for all dates of service being requested you must submit the PA to the managed care plan.

#3 Change the requested end date of service on the Line Item(s). You may attempt to request the PA through the end of the following month. If you are still receiving this message, it means the consumer is switching to the managed care plan at the beginning of the next month, and you may only submit the PA through the current month.

Consumer not eligible for Medicaid services on the requested service date indicated on the PA

This error will generate if the consumer does not have full Medicaid coverage for at least one day being requested on the PA (this time may be in the past, present, or even in the future).

For example:

#1 If you are requesting dates of service 12/1/2016 through 11/30/2017 and the consumer **did not** have Medicaid coverage for 12/1/2016 through 12/31/2016

OR

#2 You are requesting dates of service 12/1/2016 through 11/30/2017 and the consumer **currently** does not have Medicaid coverage

OR

#3 You are requesting dates of service 12/1/2016 through 11/30/2017 and the consumer **will not** have Medicaid coverage at the start of the next calendar month

Correction:

The correction to this error depends on which scenario above is applicable.

#1 You cannot request any dates of service in December of 2016 on the PA. You may only request dates of service 1/1/2017 onward.

#2 Check the consumer's eligibility in MITS. You may only request the dates of service that the consumer had Medicaid coverage

#3 Change the requested end date of service on the Line Item(s). You may attempt to request the PA through the end of the following month. If you are still receiving this message it means the consumer will no longer have Medicaid coverage at the beginning of the next month. You may only submit the PA through the current month.

Provider not eligible to provide the service for the requested timeframe

This error will post if the NPI of the entity entered in the **Service Provider** field (top right on the Base Information page) is not currently contracted by Ohio Medicaid to dispense the item or perform the service.

For example:

If a professional medical group (or group provider) is requesting the PA and did not enter the individual doctor's NPI in the Service Provider field

Correction:

Click the Previous button to move back to the Base Information section and enter the correct NPI in the Service Provider field.

Bilaterally dispensed procedures require either the LT or RT modifier to be entered

This error generates if a code that requires the use of either the LT or RT modifier was submitted without the LT or RT in the Modifier 1 field of the Line Item

For example:

Line Item 1 is requesting A5500 without a modifier being entered and Line Item 2 is requesting A5500 with the RT modifier entered; Line 1 will generate this error.

Correction:

Enter the appropriate modifier in the Modifier 1 field of the Line Item that is generating the error message.

Exact duplicate of previously submitted request

This error will post if there is an existing **Pending or Approved** PA with the same requested consumer, procedure code, dates of service, units, requested dollar amount, and modifier combination.

For example:

The PA being entered is requesting 1 unit A5500 with modifier LT on date of service 1/15/2017 for \$250.00 and there is already a PA in MITS for this consumer with a pending or approved status requesting the same combination as above **submitted by any provider**. (Pending Additional Information, Pending Review, Approved, or Modified Approved are all pending or approved statuses.)

Correction:

If you have entered the previous PA with a pending or approved status use, cancel, or correct it before entering a new PA.

Important note:

If another provider has requested the previous PA with a pending or approved status; contact the consumer to ensure he/she wants you to provide the service. If the consumer has chosen you the other provider must cancel their PA before you may enter a new one.

Duplicate of line item already entered on this PA

This error generates when you have the same code and modifier combination on multiple line items of the PA being entered.

For example:

#1 Line Items 1 & 2 are both requesting A5500 with modifier LT (instead of one line using LT and the other using RT)

#2 Line Items 1 & 25 are both requesting A5500 with modifier LT (Line Item #25 was mistakenly re-entered)

Correction:

#1 Correct the modifier on one of the Line Items

#2 Delete Line Item # 25, the improperly entered Line Item