



Medicaid Information
Technology System

Provider Medicaid Portal User Manual

Volume 6B

Prior Authorization

T4D027_Provider_Medicaid_Portal_UM_06B_Prior_Auth.docx

Version R5.2

December 6, 2011

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1 WORKING WITH PRIOR AUTHORIZATION PANELS

The ability to electronically request PA (prior authorization) for procedures that require authorization before they can be rendered or submitted for reimbursement is one of the features of the Ohio Provider Medicaid Portal. Before claims and supporting information for procedures that require prior authorization can be electronically submitted over the Internet to obtain authorization, the prior authorization form for the type of service and rendering provider must be completed. The general prior authorization process is as follows:

1. Determine the **Assignment**, which identifies the type of PA being requested.
2. Determine the **Authorization Type**. Valid values are: blank (default value); Prior Authorization, Prior Authorization – Hospital; and Pre-certification – Hospital.
3. Enter the appropriate **Contact** information.
4. Follow the instructions provided for each PA type to enter information. Note that fields that appear with an asterisk (*) are required fields and must have data entered in them before proceeding to the next panel in the PA process.

1.1 Submitting a Prior Authorization Request

Many procedures on a claim require that prior authorization approval be obtained before they can be submitted for payment on a claim. When prior authorization is necessary, Ohio Medicaid providers must use the online process described in this section.

5. Log into the Provider Medicaid Portal.
6. With the mouse, hover over the **Prior Authorization** menu option in the Main Menu. A sub-menu displays. Select the **New** option.



7. The **Prior Authorization - Base Information** panel displays.

PA Submit New – Base Information

The PA Submit New-Base Information panel is the first page of the wizard process for submitting a new PA. The base information for the PA is entered on this panel.

| Sequence | Diagnosis | Description |
|----------|-----------|------------------------------|
| A | 2 | 5678 PERITONITIS NEC |
| A | 1 | 1234 DIPHYLLOBOTHRIAS INTEST |

Note: For a managed care provider, when the **Service Provider** number that is auto-populated by the system is tied to multiple managed care IDs, clicking the **MCD** link opens a pop-up that displays the correct MCD ID for the provider. Refer to Step 4 below.

A link for National Provider Indicator (**NPI**) will appear instead of the MCD ID if the provider has an NPI. Clicking the NPI link will open the same pop-up panel, and an NPI number will also display.

Tasks for this Panel

To **begin** a new prior authorization request:

1. Select a value from the **Assignment** field. The value selected in this field determines the fields that subsequently display in the **Line Item** panel, and how they are used.
2. Enter a valid value in the **Medicaid Billing Number**, **Date of Birth**, **Contact Name**, and **Contact Number/Ext** fields.
3. Enter values in the **Authorization Type**, **LTCF Discharge Date**, and **Admission Date** fields, if applicable.
4. If submitting the PA request as a managed care **Service Provider**, click the **MCD** or **NPI** link to the right of the Service Provider field. The **Provider IDs** pop-up panel displays.

| Provider [Close] | |
|--------------------------|---------|
| Provider IDs | |
| Provider ID ^A | ID Type |
| 8095774166 | NPI |
| 779504877 | MCD |

- a. Click on the managed care **MCD ID Type** to select it for a managed care provider.
 - b. Click on the **NPI ID Type** for a provider with an NPI.
 - c. Click **[Close]** to exit the pop-up panel.
5. Select values from the **Special Indicator** field, if known.
 6. Enter the diagnosis associated with the PA request information:

7. **If the diagnosis code information is known:**
 - a. Select a value for the **Sequence Number**.
 - b. Enter a value for the **Diagnosis Code**.
 - c. Click the **add** button. The diagnosis code and its description display in the detail area of the **Base Information** panel.
8. **.If the diagnosis code is not known:**
 - a. Click the **add** button to create a blank diagnosis and description line.
 - b. Click the **[Search]** link next to the **Diagnosis** field. The **Diagnosis Search** pop-up panel displays:
 - c. Enter a whole or partial diagnosis number in the **Diagnosis** field, if known, or
 - d. Enter the description for the diagnosis in the **Description** field.
 - e. Click the **search** button. Diagnosis codes that match the search criteria are displayed in the **Search Results** area.
 - f. To remove all search criteria and begin a new search, click the **clear** button, then re-enter the desired information and click **search**.
 - g. The **Diagnosis** panel with search results displays.
 - h. Click on the row that shows the desired diagnosis code and its description from the **Search Results** area to select it. The **Diagnosis Search** pop-up will automatically close.
9. Repeat **Step 5** to add additional diagnosis codes that pertain to the prior authorization request.
10. The selected diagnosis displays in the detail area of the **Base Information** panel.
11. When all diagnosis codes have been added to the **Base Information** panel, click the **next** button to proceed to the **PA Line Item** panel.

To **delete** a diagnosis from a prior authorization request:

1. Select the row that displays the diagnosis code to be deleted from the **Diagnosis** detail list in the **Base Information** panel.
2. Select the **delete** button.

Field Descriptions – Submit New – Base Information

| Field | Description | Field Type | Data Type | Length |
|----------------|---|------------|--------------------|--------|
| Next | Advances to next panel in PA new submit process. | Button | N/A | 0 |
| Admission Date | Date the recipient was admitted to the facility. | Field | Date (MM/DD/CCYY) | 8 |
| Assignment | Identifies the type of PA being requested. This field is not updateable once the PA has been submitted. | Field | Drop Down List Box | 0 |

| Field | Description | Field Type | Data Type | Length |
|-------------------------|--|------------|--------------------|--------|
| Authorization Type | Type of authorization request. Values are blank (default), Prior Authorization, Prior Authorization / Hospital, and Pre-certification? Hospital. | Field | Drop Down List Box | 30 |
| Contact Name | Name of the PA request contact. | Field | Character | 50 |
| Contact Number | Phone number of the PA request contact. | Field | Number | 10 |
| Date of Birth | Recipient's date of birth. This field is not updateable once the PA has been submitted. | Field | Date (MM/DD/CCYY) | 8 |
| Description | The short nomenclature for a medical condition. | Field | Character | 40 |
| Diagnosis | Code that indicates the type of diagnosis according to ICD-9-CM. Click [Search] to search for and select a diagnosis code. | Field | Character | 7 |
| First Name, MI | Recipient's first name and middle initial. Read-only. | Field | Character | 15 |
| LTCF Discharge Date | Date the provider has indicated the recipient was discharged or will be discharged from a Long Term Care Facility. | Field | Date (MM/DD/CCYY) | 8 |
| Last Name | Recipient's last name. Read-only. | Field | Character | 15 |
| Medicaid Billing Number | Recipient's Medicaid identification number. This field is not updateable once the PA has been submitted. | Field | Number | 12 |
| Sequence | The number that identifies the sequence of the diagnosis code on the prior authorization request. Values are 1 through 8, with Primary diagnosis as number 1. | Field | Drop Down List Box | 1 |
| Service Provider | Servicing or rendering provider. Click [Search] to search for and select a rendering provider. This field is not updateable once the PA has been submitted. | Field | Number | 10 |
| Special Indicator | Indicator of any special circumstances surrounding the PA (such as the consumer's age, residence, and program type). Valid values are: blank (default), Healthcheck/EPSTD (Age 0-20), LTCF Resident, Personal Residence, Waiver, PDN Initial, and PDN Recertification. | Field | Drop Down List Box | 0 |

Field Edits – Base Information

| Field | Field Type | Error Code | Error Message | To Correct |
|--------------------|------------|------------|---|--|
| All fields | Field | 0 | Invalid number / Invalid date / Invalid character data. | Ensure that the field matches the datatype as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates. |
| Assignment | Field | 0 | A valid assignment is required. | Choose a PA assignment code. |
| Authorization Type | Field | 1 | Authorization Type is Required | Choose an authorization type from the dropdown. |
| Contact Name | Field | 1 | A Contact Name is required. | Enter a Contact Name. |
| Contact Number | Field | 1 | A Contact Number is required. | Enter a numeric Contact Number. |
| Contact Number | Field | 2 | Contact Number must be 10 numeric digits. | Enter a 10-digit numeric Contact Number. |
| Date of Birth | Field | 1 | Date of Birth is required. | Enter Date of Birth for given Medicaid Billing Number. |
| Date of Birth | Field | 2 | Incorrect Date of Birth for Medicaid Billing Number | Enter the correct Date of Birth for the given Medicaid Billing Number. |
| Diagnosis | Field | 1 | Invalid diagnosis code. | Enter a valid diagnosis code or select one using the search function. |
| Diagnosis | Field | 2 | Diagnosis code is required. | Enter a valid diagnosis code or select one using the search function. |
| Diagnosis | Field | 3 | Duplicate diagnosis code. | The diagnosis code is already associated with this prior authorization request. Enter a different diagnosis code. |
| Diagnosis | Field | 4 | To obtain precertification for all inpatient psychiatric stays, please contact: Health Care Excel, Telephone: 1-800-580-1937, https://ohiourip.hce.org | Enter a non-Psychiatric Diagnosis code or contact the Health Care Excel as directed. |
| Diagnosis | Field | 5 | Hospital predeterminations require at least one diagnosis code. | Enter a valid diagnosis code or select one using the search |

| Field | Field Type | Error Code | Error Message | To Correct |
|-------------------------|------------|------------|-------------------------------|--|
| | | | | function. |
| Medicaid Billing Number | Field | 0 | Required. | Enter a valid Medicaid ID. |
| Sequence | Field | 1 | Duplicate diagnosis sequence. | A diagnosis in this sequence already exists. Select a different sequence. |
| Sequence | Field | 2 | Sequence is required. | Select a diagnosis sequence from the drop down list. |
| Service Provider | Field | 0 | Service Provider is required. | Assignment Code requires a Service Provider. Enter a valid Service Provider ID or select one from the search list. |
| Service Provider | Field | 1 | Invalid Service Provider ID. | Enter a valid Service Provider ID or select one from the search list. |

PA Submit New – Line Item

The PA Submit New-Line Item panel is used to add line items to a PA request. Multiple line items can be added on this panel.

Base Information

Provider 1720159288 NPI - HARRISON CHARLES S MD

| Base Information | | | |
|--|------------------------------------|---------------------|---------------------------------|
| *Assignment | <input type="text"/> | Service Provider | 1720159288 NPI |
| *Authorization Type | Prior Authorization | *Contact Name | OK |
| *Medicaid Billing Number | <input type="text"/> | *Contact Number/Ext | 55555555 |
| *Date of Birth | <input type="text"/> | Special Indicator | <input type="text"/> |
| Last Name | <input type="text"/> | LTCF Discharge Date | <input type="text"/> |
| First Name, MI | <input type="text"/> | Admission Date | <input type="text"/> |
| -Diagnosis Codes- Primary Diagnosis is sequence number 1. | | | |
| Sequence | Diagnosis | Description | |
| A | 0 | | |
| A | 1 1111 | TINEA NIGRA | |
| Select row above to update -or- click Add button below. | | | |
| <input type="button" value="delete"/> | <input type="button" value="add"/> | | |
| *Sequence | 2 | *Diagnosis | <input type="text"/> [Search] |
| <input type="button" value="next"/> | | | |

Base Information > Line Item

Provider 8893718079 NPI - PATIENT CARE, INC.

| Line Item | | | | | | | | | |
|-----------|-----------------|-------------------|------------------|--------------------|-------------------|--------------|-------------------|----------------|--|
| Line Item | Requested Units | Requested Dollars | Authorized Units | Authorized Dollars | Service Type Code | Service Code | Service Code Thru | Status | |
| A 01 | 1 | \$0.00 | 0 | \$0.00 | Procedure Code | | | PENDING REVIEW | |

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

delete add

Line Item 01 Requested Eff Date *Requested Units
 *Service Type Code Procedure Code Requested End Date *Requested Dollars \$140.00

*Procedure D0160 [Search] Modifier 1 [Search] PROSTHODONTICS
 Modifier 2 [Search] Initial Placement
 Tooth [Search] Modifier 3 [Search] Prior Placement
 Quad [Search] Modifier 4 [Search] Date of Extraction

Associated PA Number Bill Direct From Date
 Bill Direct To Date

previous next

Base Information > Line Item > Provider Notes

Provider 8893718079 NPI - PATIENT CARE, INC.

| Provider Notes | |
|----------------|----------------------|
| Date Entered | Description |
| A 08/26/2009 | C NOTE FROM PROVIDER |
| A 08/26/2009 | B NOTE FROM PROVIDER |
| A 08/26/2009 | A NOTE FROM PROVIDER |

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

delete add

B NOTE FROM PROVIDER

*Description

previous next

Base Information > Line Item > Provider Notes > Attachments

Provider 8893718079 NPI - PATIENT CARE, INC.

| Attachments | | |
|--------------------|-------------------|-------------|
| Type of Document | Transmission Type | Description |
| A MEDICATION LIST | MAIL | MEDS |
| A LABORATORY TESTS | FAX | LAB RESULTS |
| A PHOTOGRAPHS | UPLOAD | MY PHOTOS |

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

delete add

*Type of Document PHOTOGRAPHS
 *Transmission Type UPLOAD
 *Description MY PHOTOS

previous save cancel

Tasks for this Panel

To **add** a procedure code line item to a prior authorization request:

1. Select **Procedure Code** from the Service Type Code drop down field.
2. Enter a valid value in the **Requested Units**, **Requested Dollars**, and **Procedure** fields.
3. Enter values in any other fields, if known.
4. Select the **add** button. The new line item will display in the detail area at the top of the panel.

To **delete** a line item from a prior authorization request:

1. Highlight the row that contains the line item to delete from the detail area at the top of the panel.

2. Click the **delete** button.

To **add** an ICD-9 procedure code line item to a prior authorization request:

1. Select **ICD-9 Procedure Code** from the **Service Type Code** drop down field.
2. If the desired ICD-9 procedure code is not known, click the **[Search]** hyperlink to access a pop-up panel in which to search for the procedure code.
3. Enter values in any other fields, if known.
4. Select the **add** button. The new line item will display in the detail area at the top of the panel.

Field Descriptions – Line Item

| Field | Description | Field Type | Data Type | Length |
|---------------------------|--|------------|-------------------|--------|
| Add (Reason Code) | Allows the user to enter a new reason code record for the line item. (This field to be determined.) | Button | N/A | 0 |
| Delete (Reason Code) | Allows the user to delete a reason code record associated with a line item. (This field to be determined.) | Button | N/A | 0 |
| add | Inserts a new detail line item record. Proper permissions are required to perform an add. | Button | N/A | 0 |
| delete | Deletes the selected record. Proper permissions are required to perform a delete. | Button | N/A | 0 |
| next | Advances to next panel in PA new submit process. | Button | N/A | 0 |
| previous | Returns to previous panel in PA new submit process. | Button | N/A | 0 |
| Associated PA Number | PA Number associated with PA for this same service or equipment. | Field | Character | 10 |
| Authorized Dollars | Dollar amount authorized for the PA line item service. Read-only. | Field | Number | 9 |
| Authorized Effective Date | Requested PA start date for the line item. Read-only. | Field | Date (MM/DD/CCYY) | 10 |
| Authorized End Date | Authorized PA end date for the line item. Read-only. | Field | Date (MM/DD/CCYY) | 10 |
| Authorized Units | Number of units authorized for the PA line item service. Read-only. | Field | Number | 6 |
| Balance Dollars | Dollar amount remaining for the PA line | Field | Number | 9 |

| Field | Description | Field Type | Data Type | Length |
|-----------------------|--|------------|--------------------|--------|
| | item service. Read-only. | | | |
| Balance Units | Number of units remaining for the PA line item service. Read-only. | Field | Number | 6 |
| Bill Direct From Date | From date billed for this service not requiring PA. | Field | Date (MM/DD/CCYY) | 8 |
| Bill Direct To Date | To date billed for this service not requiring PA. | Field | Date (MM/DD/CCYY) | 8 |
| Date of Extraction | Date of tooth extraction. | Field | Date (MM/DD/CCYY) | 8 |
| ICD-9 Procedure | Line item ICD-9 service code. The user will not be able to enter a value in this field unless the Service Type Code selected is ICD-9 Procedure. This field will be disabled if a claim has paid against the line item. Click [Search] to search for and select an ICD-9 procedure code. | Field | Character | 4 |
| Initial Placement | Indicates if it is the first time dentures were seated for the consumer. Values are: blank (default), Yes, or No. | Field | Drop Down List Box | 0 |
| Line Item | Represents the line items (or details) of a PA record. There can be up to 25 line items per PA record. | Field | Number | 2 |
| Modifier 1 | Procedure code modifier that is available when Procedure is selected from the service type code. Click [Search] to search for and select a procedure code modifier. | Field | Character | 2 |
| Modifier 2 | Procedure code modifier that is available when Procedure is selected from the service type code. Click [Search] to search for and select a procedure code modifier. | Field | Character | 2 |
| Modifier 3 | Procedure code modifier that is available when Procedure is selected from the service type code. Click [Search] to search for and select a procedure code modifier. | Field | Character | 2 |
| Modifier 4 | Procedure code modifier that is available when Procedure is selected from the | Field | Character | 2 |

| Field | Description | Field Type | Data Type | Length |
|-----------------------|---|------------|--------------------|--------|
| | service type code. Click [Search] to search for and select a procedure code modifier. | | | |
| NDC Lock | Indicates the level of drug validation performed during claims processing. Values are: blank, NDC, GCN, and GC3. If NDC is selected, the claim will only pay the exact NDC listed in the UPC/NDC field. If GCN is selected, the claim will pay any code in the Generic Code Number sequence related to the NDC entered in the UPC/NDC field. If GC3 is selected, the claim will pay any code in the therapeutic class of the NDC entered in the UPC/NDC field. The user will not be able to enter a value in this field unless the Service Type Code selected is NDC. | Field | Drop Down List Box | 0 |
| Prior Placement | Prior placement location of dentures. Values are: blank (default), Full Upper, Full Lower, Partial Upper, and Partial Lower. | Field | Drop Down List Box | 0 |
| Procedure | Dynamic field that appears when Procedure is selected from the Service Type Code drop-down list box. This field appears both in the line item summary table and in the line item detail section. Click [Search] to search for and select a procedure code. | Field | Character | 5 |
| Quad | Indicates the tooth quadrant. Dynamic field that appears when Procedure is selected from the Service Type Code drop-down list box. Click [Search] to search for and select a quadrant. | Field | Character | 3 |
| Quantity Used Dollars | Dollar amount used for the PA line item service. Read-only. | Field | Number | 9 |
| Quantity Used Units | Number of units used for the PA line item service. Read-only. | Field | Number | 9 |
| Reason Code | Code identifying the reason for the line item decision. Reference the T_PA_IAC_TEXT table for valid values. The search function is available on this field. (This field to be determined.) | Field | Character | 25 |

| Field | Description | Field Type | Data Type | Length |
|--------------------------|--|------------|--------------------|--------|
| Reason Description | Descriptive text associated with a reason code. This field is displayed only based on the reason code entered in the Reason Code field. If the description is longer than the field can display, there will be a scroll feature on the field. (This field to be determined.) | Field | Character | 500 |
| Requested Dollars | Dollar amount requested for the PA line item service. | Field | Number | 9 |
| Requested Effective Date | Requested PA start date for the line item. | Field | Date (MM/DD/CCYY) | 10 |
| Requested End Date | Requested PA stop date for the line item. | Field | Date (MM/DD/CCYY) | 10 |
| Requested Units | Number of units requested for the PA line item service. | Field | Number | 9 |
| Service Type Code | Drop-down list box to indicate the type of service. Example of valid value: Procedure. | Field | Drop Down List Box | 0 |
| Service/Rental From Date | Begin date the medical equipment was dispensed, rented, and/or custom equipment ordered. | Field | Date (MM/DD/CCYY) | 8 |
| Service/Rental To Date | End date the medical equipment was dispensed, rented, and/or custom equipment ordered. | Field | Date (MM/DD/CCYY) | 8 |
| Status | Status of the PA line item. Read-Only. Default value: Evaluation. | Field | Drop Down List Box | 0 |
| Thru Service | Thru procedure code used to represent a range of procedure codes. Click [Search] to search for and select a thru service code. | Field | Character | 6 |
| Tooth | Indicates the tooth number. Dynamic field that appears when Procedure is selected from the Service Type Code drop-down list box. Click [Search] to search for and select a tooth. | Field | Character | 2 |
| UPC/NDC Code | National Drug Code used to uniquely identify a drug. The user will not be able to enter a value in this field unless the Service Type Code selected is NDC. This field will be disabled if a claim has paid | Field | Character | 11 |

| Field | Description | Field Type | Data Type | Length |
|---------------------------|--|------------|-----------|--------|
| | against the line item. Click [Search] to search for and select a UPC/NDC. | | | |
| Authorized Dollars (List) | Dollar amount authorized for the PA line item service. Read-only. | Listview | Number | 9 |
| Authorized Units (List) | Number of units authorized for the PA line item service. Read-only. | Listview | Number | 6 |
| Line Item (List) | Represents the line items (or details) of a PA record. There can be up to 25 line items per PA record. | Listview | Number | 2 |
| Requested Dollars (List) | Dollar amount requested for the PA line item service. | Listview | Number | 9 |
| Requested Units (List) | Number of units requested for the PA line item service. | Listview | Number | 9 |
| Service Code | Service code for the PA line item. | Listview | Character | 6 |
| Service Type Code (List) | Drop-down list box to indicate the type of service. Example of valid value: Procedure. | Listview | Character | 0 |
| Status (List) | Status of the PA line item. Read-Only. Default value: Evaluation. | Listview | Character | 0 |
| Thru Service (List) | Thru service code used to represent a range of service codes. | Listview | Character | 6 |

Field Edits – Line Item

| Field | Field Type | Error Code | Error Message | To Correct |
|-----------------|------------|------------|---|--|
| add | Button | 0 | Add button is disabled. | Line Item max count is 25. |
| All fields | Field | 0 | Invalid number / Invalid date / Invalid character data. | Ensure that the field matches the datatype as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates. |
| All fields | Field | 1 | Field exceeds max length. | Ensure that the number of characters entered does not exceed the length of the field as documented in the field descriptions above. |
| Balance Dollars | Field | 0 | Must be numeric. | Ensure that this field has numeric data. |

| Field | Field Type | Error Code | Error Message | To Correct |
|-----------------------|------------|------------|--|--|
| Balance Dollars | Field | 1 | Dollar and cents. | Ensure that the figure is represented in dollars and cents. |
| Balance Units | Field | 0 | Must be numeric. | Ensure that this field has numeric data. |
| Bill Direct From Date | Field | 0 | Bill Direct From Date is required. | Bill Direct To Date has been entered. Enter a Bill Direct From Date or remove the date in the Bill Direct To Date field. |
| Bill Direct From Date | Field | 1 | Invalid date. Format is mm/dd/ccyy. | Verify and re-enter date in valid format. |
| Bill Direct To Date | Field | 0 | Bill Direct To Date is required. | Bill Direct From Date has been entered. Enter a Bill Direct To Date or remove the date in the Bill Direct From Date field. |
| Bill Direct To Date | Field | 1 | Invalid date. Format is mm/dd/ccyy. | Verify and re-enter date in valid format. |
| Bill Direct To Date | Field | 2 | Bill Direct From Date must be less than or equal to Bill Direct To Date. | Verify and re-enter either the Bill Direct From Date or the Bill Direct To Date. |
| Date of Extraction | Field | 1 | Invalid date. Format is mm/dd/ccyy. | Verify and re-enter date in valid format. |
| Date of Extraction | Field | 2 | Extraction Date cannot be greater than current system date. | Verify date and re-enter. |
| ICD-9 Procedure | Field | 0 | ICD-9 Procedure Code is required. | Enter a valid ICD-9 Procedure Code when ICD-9 Procedure is selected as Service Type Code. |
| ICD-9 Procedure | Field | 1 | Invalid ICD-9 Procedure Code. | Enter a valid ICD-9 Procedure Code. |
| ICD-9 Procedure | Field | 2 | Rejected Transplant Procedure Code | Transplant Prior Authorizations must be requested through the Transplant Consortium. |
| Modifier 1 | Field | 0 | Cannot have a Thru Service and a Modifier. | Modifiers cannot be used when Thru Service is entered. |
| Modifier 1 | Field | 1 | Duplicate Modifier on same Line Item. | Ensure all modifiers are unique for line item. |
| Modifier 1 | Field | 2 | Modifier required for | Ensure a Modifier is entered when |

| Field | Field Type | Error Code | Error Message | To Correct |
|--------------------------|------------|------------|---|---|
| | | | Procedure Code. | Procedure is entered. |
| Modifier 2 | Field | 0 | Cannot have a Thru Service and a Modifier. | Modifiers cannot be used when Thru Service is entered. |
| Modifier 3 | Field | 0 | Cannot have a Thru Service and a Modifier. | Modifiers cannot be used when Thru Service is entered. |
| Modifier 4 | Field | 0 | Cannot have a Thru Service and a Modifier. | Modifiers cannot be used when Thru Service is entered. |
| NDC Lock | Field | 0 | NDC Lock is required. | Enter a valid NDC Lock when the Service Type Code selected is NDC Code. |
| Procedure | Field | 0 | Procedure Code is invalid. | Enter a valid Procedure Code. |
| Procedure | Field | 1 | Procedure or Revenue Code is required. | Enter either a valid Procedure or Revenue Code. |
| Procedure | Field | 2 | Procedure Code may not be used during the selected date range. | Enter requested date ranges that can be used with this procedure code. |
| Requested Dollars | Field | 0 | Must be numeric. | Ensure that this field has numeric data. |
| Requested Dollars | Field | 1 | Greater than zero. | Ensure that this field is greater than zero. |
| Requested Dollars | Field | 2 | Dollar and cents. | Ensure that the figure is represented in dollars and cents. |
| Requested Effective Date | Field | 0 | Requested Eff. Date is required. | Requested End Date has been entered. Enter a Requested Eff. Date or remove the date in the Requested End Date field. |
| Requested Effective Date | Field | 2 | Invalid date. Format is mm/dd/ccyy. | Verify and re-enter date in valid format. |
| Requested End Date | Field | 0 | Requested End Date is required. | Requested Eff. Date has been entered. Enter a Requested End Date or remove the date in the Requested Eff. Date field. |
| Requested End Date | Field | 1 | Ensure Requested End Date is greater than or equal to the Requested Effective Date. | Requested End Date cannot be before the Requested Effective Date. |
| Requested End | Field | 2 | Invalid date. Format is | Verify and re-enter date in valid |

| Field | Field Type | Error Code | Error Message | To Correct |
|--------------------------|------------|------------|--|---|
| Date | | | mm/dd/ccyy. | format. |
| Requested Units | Field | 0 | Must be numeric. | Ensure that this field has numeric data. |
| Requested Units | Field | 1 | Either Requested Units or Requested Dollars must be present. | Enter either Requested Units or Requested Dollars. |
| Service/Rental From Date | Field | 0 | Service/Rental From Date is required. | Service/Rental To Date has been entered. Enter a Service/Rental From Date or remove the date in the Service/Rental To Date field. |
| Service/Rental From Date | Field | 1 | Invalid date. Format is mm/dd/ccyy. | Verify and re-enter date in valid format. |
| Service/Rental To Date | Field | 0 | Service/Rental To Date is required. | Service/Rental From Date has been entered. Enter a Service/Rental To Date or remove the date in the Service/Rental From Date field. |
| Service/Rental To Date | Field | 1 | Invalid date. Format is mm/dd/ccyy. | Verify and re-enter date in valid format. |
| Service/Rental To Date | Field | 2 | Service/Rental From Date must be less than or equal to Service/Rental To Date. | Verify and re-enter either the Service/Rental From Date or the Service/Rental To Date. |
| Thru Service | Field | 0 | Cannot have a Thru Service and a Modifier. | Thru Service cannot be used with modifiers. |
| Thru Service | Field | 1 | Invalid Thru Service. | Thru Service must be a valid procedure code. |
| UPC/NDC Code | Field | 0 | UPC/NDC Code is required. | Enter a valid UPC/NDC Code when the Service Type Code selected is NDC Code. |
| UPC/NDC Code | Field | 1 | Invalid UPC/NDC Code | Enter a valid UPC/NDC Code or select one from the search list. |

PA Submit New – Provider Notes

The PA Submit New-Provider Notes panel is used to enter internal text notes to be associated with a PA request. Multiple notes can be added on this panel.

Tasks for this Panel

To **add** a note to a prior authorization:

1. Click the **add** button.
2. Enter text in the **Description** field.
3. Click the **add** button again to save.
4. Click **next** to proceed to the **Attachments** panel.

To **modify** a note for a prior authorization:

1. Select a row with an existing note from the **Provider Notes** list. The text of the existing note displays in the **Description** field.
2. Enter text in the **Description** field.
3. Click the **add** button to save.
4. Click **next** to proceed to the **Attachments** panel.

To **delete** a note for a prior authorization:

1. Select an active row from the **Provider Notes** list.
2. Select the **delete** button.
3. Click **next** to proceed to the **Attachments** panel.

Field Descriptions – Provider Notes

| Field | Description | Field Type | Data Type | Length |
|--------|---|------------|-----------|--------|
| add | Inserts a new free form text record. Proper permissions are required to perform an add. | Button | N/A | 0 |
| delete | Deletes the selected record. Proper permissions are required | Button | N/A | 0 |

| Field | Description | Field Type | Data Type | Length |
|--------------------------|---|------------|-------------------|--------|
| | to perform a delete. | | | |
| next | Advances to next panel in PA new submit process. | Button | N/A | 0 |
| previous | Returns to previous panel in PA new submit process. | Button | N/A | 0 |
| Date Entered | Date the internal text description for the PA notice was entered. (This field to be determined.) | Field | Date (MM/DD/CCYY) | 10 |
| Description[List/Detail] | PA internal free form text entered by the PA Analyst for internal use only. | Field | Character | 500 |
| Line Item | Line number of the PA external free form text entered by the PA Analyst. (This field to be determined.) | Field | Number | 2 |

Field Edits – Provider Notes

| Field | Field Type | Error Code | Error Message | To Correct |
|--------------------------|------------|------------|--|------------------------------------|
| Description[List/Detail] | Field | 0 | Description is required. | Enter a description. |
| Description[List/Detail] | Field | 1 | Provider Notes must be entered when using miscellaneous procedure code | Click add to enter provider notes. |

PA Submit – External Notes

The PA Submit-External Notes panel is used to view external text notes associated with a PA request. These notes are written by the PA analyst for the provider to view. Multiple notes can reside on this panel. This panel is read-only and will not appear until after the PA request has been submitted.

| Line Item | Date | Description |
|-----------|------------|-------------------------------|
| 1 | 04/28/2009 | EXTERNAL TEXT FROM ODJFS (#1) |
| 2 | 04/28/2009 | EXTERNAL TEXT FROM ODJFS (#2) |
| 3 | 04/28/2009 | EXTERNAL TEXT FROM ODJFS (#3) |

Select row above to view complete description.

Line Item: Date:

*Description

Tasks for this Panel

To **view** notes for a prior authorization:

1. Select an active row from the list of notes to view the note.

Field Descriptions – External Notes

| Field | Description | Field Type | Data Type | Length |
|-------------|--|------------|-------------------|--------|
| Date | Date the external text description for the PA notice was entered. | Field | Date (MM/DD/CCYY) | 10 |
| Description | Free form text for the note. | Field | Character | 500 |
| Line Item | Line number of the PA external free form text entered by the PA Analyst. | Field | Number | 2 |

PA Submit New – Attachments

The PA Submit New-Attachments panel allows the addition of multiple attachments to inform the PA reviewer of any hard copy or electronic material sent to assist with the approval process.

| Attachments | | |
|---|----------------------|----------------------|
| Type of Document | Transmission Type | Description |
| A | | |
| Select row above to update -or- click Add button below. | | |
| <input type="button" value="delete"/> <input type="button" value="add"/> | | |
| <p>For attachments submitted via mail, not electronically attached, please send to the appropriate address. A button for printing a cover page and a button to view mailing address will appear after the Prior Authorization has been submitted.</p> <p>For documents transmitted via Upload, an upload button will appear after the claim has been submitted. Only file types of gif, tiff, bmp, jpg, ppt, doc, xls, pdf, txt, and mdi can be uploaded.</p> | | |
| *Type of Document | <input type="text"/> | <input type="text"/> |
| *Transmission Type | <input type="text"/> | <input type="text"/> |
| *Description | <input type="text"/> | <input type="text"/> |

Tasks for this Panel

To **add** attachments to the PA request:

1. Select the **add** button.
2. The required fields for entering information display in the **Hard-Copy Attachments** panel.
3. Enter the **Control Number**.
4. Select a value for the **Type of Document**.
5. Select a value for the **Transmission Type**.
 - a. If the **Transmission** value selected is **Mail**, the **view mailing address** button will display after the PA is submitted.
 - b. If the transmission is an electronic file, select **Upload** for the **Transmission Type**.
6. Enter a brief description to describe the general content of the attachment in the **Description** field.
7. If no additional attachments will accompany the request, information entered for this panel is complete and the prior authorization request is ready to submit.
 - a. Click the **save** button to save the request.
 - b. The **PA Confirmation** panel displays.
8. If additional attachments should accompany the prior authorization request:
 - a. Repeat **Steps 1 to 4**.
 - b. When all attachments have been added, click the **save** button to save the request.
 - c. The **PA Confirmation** panel displays.

To **delete** the current attachment information:

1. Select the detail row to be deleted and click the **delete** button.

2. The message displays: **Are you sure this is the row you want marked for deletion?**
Press **OK** to delete the row of attachment information entered in the panel.
3. Click the **save** button to save the deletion.

To **cancel** the prior authorization attachments without saving the information:

1. Click the **cancel** button.

Field Descriptions – Attachments

| Field | Description | Field Type | Data Type | Length |
|-------------------|--|------------|--------------------|--------|
| add | Inserts a new attachment record. Proper permissions are required to perform an add. | Button | N/A | 0 |
| cancel | Cancels all changes applied to all panels on the page. | Button | N/A | 0 |
| delete | Deletes the selected record. Proper permissions are required to perform a delete. | Button | N/A | 0 |
| mailing address | Pops up the mailing address in a popup box. | Button | N/A | 0 |
| previous | Returns to previous panel in the PA new submit process. | Button | N/A | 0 |
| print cover page | Button to print cover page for attachments that will be mailed. | Button | N/A | 0 |
| save | Saves the updated information on all panels on the page. | Button | N/A | 0 |
| upload | Button to upload attachments. | Button | N/A | 0 |
| Description | Free form text description associated with the attachment or its content. | Field | Character | 15 |
| File Name | Allows the user to select the file they wish to upload. Field length is not limited because it is populated with the actual file path. | Field | Alphanumeric | 0 |
| Transmission Type | Code defining the timing, transmission method, or format by which attachments are to be sent. | Field | Drop Down List Box | 0 |
| Type of Document | Indicates the type of data contained within the file. | Field | Drop Down List Box | 0 |

Field Edits – Attachments

| Field | Field Type | Error Code | Error Message | To Correct |
|-------------------|------------|------------|---------------------------|-----------------------------------|
| Transmission Type | Field | 0 | Transmission is required. | Select a valid transmission type. |

| Field | Field Type | Error Code | Error Message | To Correct |
|------------------|------------|------------|-------------------------------|--------------------------|
| Type of Document | Field | 0 | Type of Document is required. | Select type of document. |

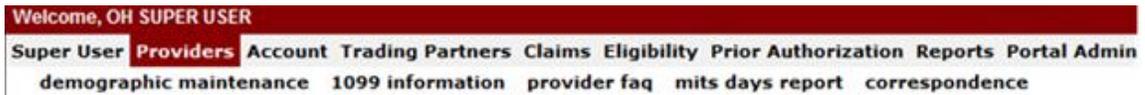
Adding Attachments to Existing PA Request.

Scenario 1: Adding attachments to an existing PA that does not have added attachments:

Tasks for this Panel

To **add** attachments to an existing PA request:

1. Log into the Provider Portal:



2. Select **Prior Authorization**, then select **Search**.



3. Enter the PA number, then click the **search** button.

4. The existing PA opens with the **add** button enabled for attachments. Click the **add** button.

- The **Attachments** section displays. Click the **add** button and enter information in all required fields.

Attachments

| Type of Document | Transmission Type | Description |
|------------------|-------------------|-------------|
| A | | |

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

delete add

For attachments submitted via mail, not electronically attached, please send to the appropriate address. A button for printing a cover page and a button to view mailing address will appear after the Prior Authorization has been submitted.

For documents transmitted via Upload, an upload button will appear after the claim has been submitted. Only file types of gif, tiff, bmp, jpg, ppt, doc, xls, pdf, txt, and mdi can be uploaded.

*Type of Document

*Transmission Type

*Description

External Notes

*** No rows found ***

None.

save cancel void

- When all attachments have been added, click the **save** button. Review any warnings or edits and clear them.
- Click the **save** button. The upload button displays as active.
- Click the **upload** button.

Attachments

| Type of Document | Transmission Type | Description |
|------------------|-------------------|---------------|
| OTHER | UPLOAD | PA ATTACHMENT |

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

delete add **upload** print cover page mailing address

For attachments submitted via mail, not electronically attached, please send to the appropriate address. A button for printing a cover page and a button to view mailing address will appear after the Prior Authorization has been submitted.

For documents transmitted via Upload, an upload button will appear after the claim has been submitted. Only file types of gif, tiff, bmp, jpg, ppt, doc, xls, pdf, txt, and mdi can be uploaded.

Type of Document

Transmission Type

Description

External Notes

*** No rows found ***

None.

- The **Attachment Upload** panel displays.

Attachment Upload

| Type of Document | Reference |
|------------------|--------------------------|
| OTHER | 1011294001 PA ATTACHMENT |

Please note the following important parameters when uploading files:

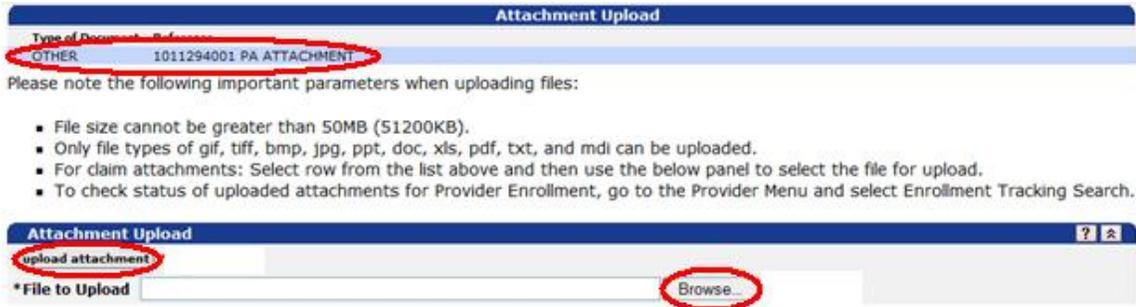
- File size cannot be greater than 50MB (51200KB).
- Only file types of gif, tiff, bmp, jpg, ppt, doc, xls, pdf, txt, and mdi can be uploaded.
- For claim attachments: Select row from the list above and then use the below panel to select the file for upload.
- To check status of uploaded attachments for Provider Enrollment, go to the Provider Menu and select Enrollment Tracking Search.

Attachment Upload ?

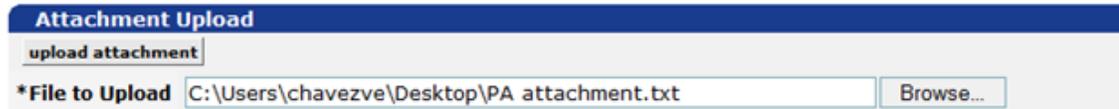
upload attachment

*File to Upload Browse...

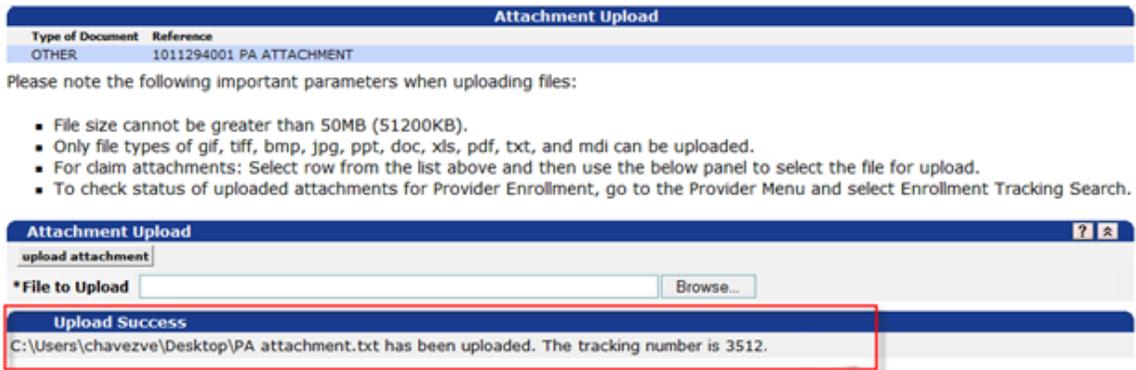
10. Select and click document from list on the **Attachment Upload** panel. The **upload attachment** and the **Browse** buttons are enabled.



11. Browse for the document:



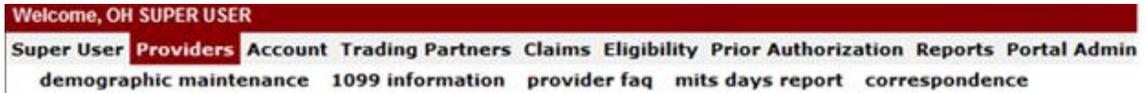
12. Click the **upload attachment** button. An upload success confirmation displays with an attachment tracking number:



Scenario 2: Adding attachments to an existing PA which includes previous attachments:**Tasks for this Panel**

To **add** attachments to an existing PA request:

1. Log into the Provider Portal:



2. Select **Prior Authorization**, then select **Search**.

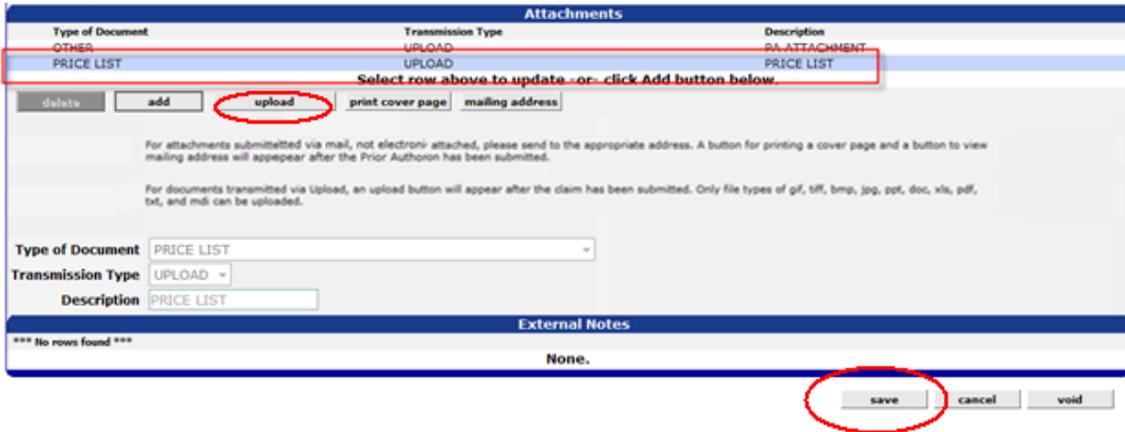


3. Enter the PA number, then click the **search** button.

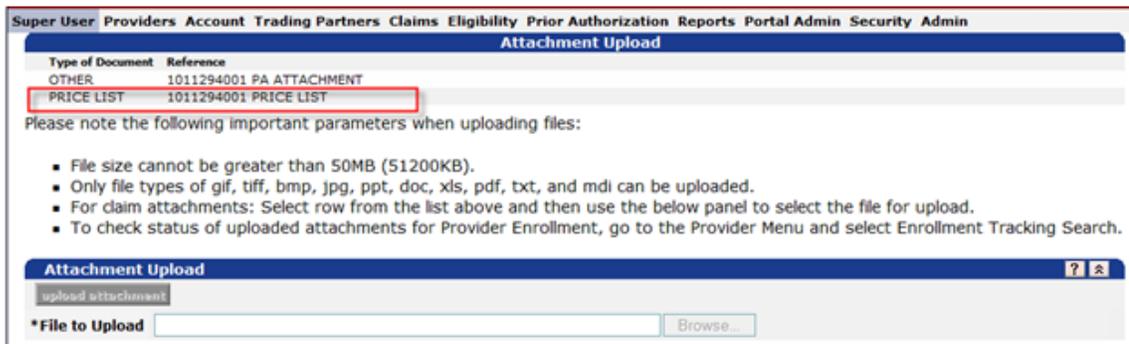
4. The existing PA with previous attachments opens. Previous attachments are visible and the **add** and **upload** buttons are visible and enabled:

5. Click the **add** button and enter information in all required fields.

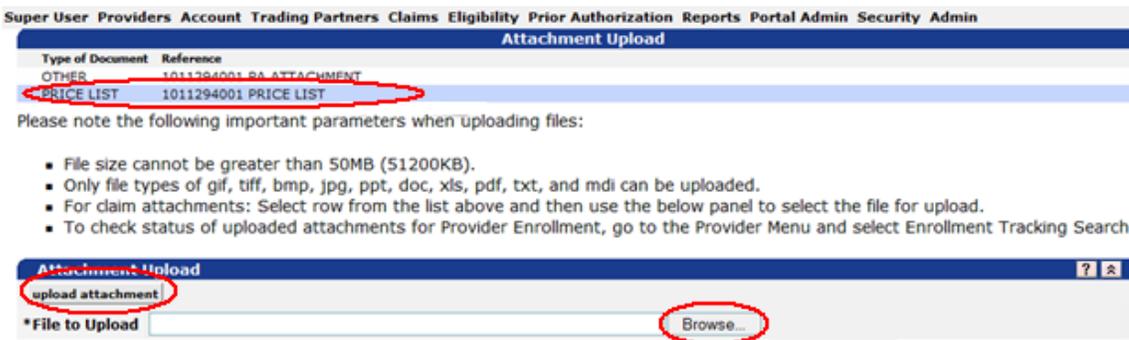
- 6. Click the **save** button. A line with a new attachment displays:



- 7. Select the new attachment from the list. Click the **upload** button:
- 8. The **Attachments Upload** panel displays with a new attachment listed:



- 9. Select an attachment from the list. The **upload attachment** and **Browse** buttons are enabled.



10. Browse for a document:

| Attachment Upload | |
|-------------------|--------------------------|
| Type of Document | Reference |
| OTHER | 1011294001 PA ATTACHMENT |
| PRICE LIST | 1011294001 PRICE LIST |

Please note the following important parameters when uploading files:

- File size cannot be greater than 50MB (51200KB).
- Only file types of gif, tiff, bmp, jpg, ppt, doc, xls, pdf, txt, and mdi can be uploaded.
- For claim attachments: Select row from the list above and then use the below panel to select the file for upload.
- To check status of uploaded attachments for Provider Enrollment, go to the Provider Menu and select Enrollment Tracking Search.

| Attachment Upload | |
|-------------------|---|
| upload attachment | |
| *File to Upload | C:\Users\chavezve\Desktop\PA Price List.txt |
| | Browse... |

11. Click the **upload attachment** button. An upload success message with a tracking number displays.

| Attachment Upload | |
|-------------------|--------------------------|
| Type of Document | Reference |
| OTHER | 1011294001 PA ATTACHMENT |
| PRICE LIST | 1011294001 PRICE LIST |

Please note the following important parameters when uploading files:

- File size cannot be greater than 50MB (51200KB).
- Only file types of gif, tiff, bmp, jpg, ppt, doc, xls, pdf, txt, and mdi can be uploaded.
- For claim attachments: Select row from the list above and then use the below panel to select the file for upload.
- To check status of uploaded attachments for Provider Enrollment, go to the Provider Menu and select Enrollment Tracking Search.

| Attachment Upload | |
|--|-----------|
| upload attachment | |
| *File to Upload | Browse... |
| Upload Success C:\Users\chavezve\Desktop\PA Price List.txt has been uploaded. The tracking number is 3514. | |

Attachment Cover – PA

This panel displays the attachment cover sheet for Prior Authorization (PA) submission.

EDMS COVER SHEET

Name: Date: No. of Pages: (Including this cover sheet)

Phone:

Document Type:

Provider
 Recipient
 Correspondence
 Prior authorization
 Supporting documents for claim
 Accounts receivable
 Payment deduction
 Expenditure
 Hospital cost settlement
 LTC cost settlement
 Declaration of election of hospice benefit
 Attending physician written certification
 Revocation of hospice benefit
 Statement of termination of hospice benefit
 Selection of a different hospice provider
 IDG written certification
 Programs
 RetroDUR profile
 RetroDUR survey
 RetroDUR reports
 RetroDUR other documents

Sub Categories for Prior Authorization Documents

Compression Garments
 Decubitus Care Equipment
 Dental
 Dressings, Surgical
 Enteral Nutrition & Supplies
 EPSDT
 Hospital Beds
 Hospital Inpatient
 Hospital Outpatient
 Hearing Aids
 Incontinence Supplies
 Increased State Plan Home Health
 Misc Equipment
 Orthodontics
 Orthotics (MTA)
 Orthotics/Prosthetics (Nurses)
 PDN
 Repairs
 Respiratory (MTA)
 Respiratory (Nurses)
 Supplies (Misc)
 Speech Generating Devices
 Transportation
 Therapies
 Vision
 Wheelchairs
 Others

Index Field & Values (if applicable):

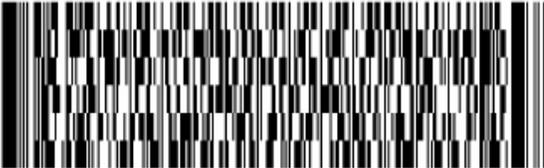
ATN:
 Recipient ID:
 Prior Authorization Number:

NPI:
 Medicaid Provider ID: Use only if you do not have NPI.

ICN:
 Contact Tracking Number:

Financial Record Number:
 Status:
 Program Control Number:

Hospice Enrollment ID:
 Hospice Attachment ID:
 Intervention ID:



Confidentiality Notice:

The sender of this facsimile transmission intends to communicate the contents of this transmission only to the Ohio Department of Job and Family Services. This transmission may contain information that is privileged, confidential or otherwise exempt from disclosure under applicable law. If you are not the designated recipient or the employee or agent responsible for delivering this transmission to the designated recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone at 1-800-686-1516 and promptly destroy the original transmission. Thank you for your assistance.

JFS 00000 (Rev. 06/10/2011 v2)
Ohio Department of Job and Family Services



Tasks for this Panel

There are no tasks to perform in this panel.

Field Descriptions – Attachment Cover

| Field | Description | Field Type | Data Type | Length |
|-----------------|--|------------|-------------------|--------|
| Control Number | Control number assigned to the attachment for identification purposes. | Label | Number | 80 |
| Date of Service | Date of first service on the claim. | Label | Date (MM/DD/CCYY) | 10 |
| Medicaid ID | The recipient's Medicaid identification number. | Label | Alphanumeric | 12 |
| Prior Auth # | Prior Authorization Number. | Label | Number | 10 |
| Provider ID | Identification number and service location of the provider. | Label | Alphanumeric | 15 |

PA Confirmation

The PA Confirmation panel displays a confirmation message indicating that a PA request has been received. The system assigned PA number is also displayed.



Tasks for this Panel

There are no tasks available for this panel.

Field Descriptions – Confirmation

| Field | Description | Field Type | Data Type | Length |
|---------|---|------------|-----------|--------|
| Message | Submission info of the PA request. Message contains status and the system assigned PA number. | Label | N/A | 0 |

1.2 Searching for a Submitted Prior Authorization

When a request for a prior authorization has been submitted and not yet approved, the status of the PA request can be viewed by performing a search for it. Ohio MITS has a search function for this purpose. To view the status of a previously submitted PA, access the PA search panel from the Prior Authorization main menu.

8. Log into the Provider Medicaid Portal.
9. With the mouse, hover over the **Prior Authorization** menu option in the main menu. A sub-menu displays. Select the **Search** option.



10. The **Prior Authorization Search** panel displays.

Prior Authorization Search Panel

The Prior Authorization Search panel is used to search for and view the status of a PA. When one or more matching records are found, they display in the Search Results panel, which appears below the Prior Authorization Search panel.

Prior Authorization Search: 775024377 MCD - MNM MEDICAL EQUIPMENT

| | | | |
|---------------------|---------------------------------|-------------------------|---------------------------------|
| Prior Authorization | <input type="text"/> | Medicaid Billing Number | <input type="text"/> |
| Submission Date | <input type="text"/> | Date Of Birth | <input type="text"/> |
| ICD-9 Procedure | <input type="text"/> [Search] | Name | <input type="text"/> |
| Procedure | <input type="text"/> [Search] | Procedure Code Thru | <input type="text"/> [Search] |
| UPC/NDC Code | <input type="text"/> [Search] | Revenue Code Thru | <input type="text"/> [Search] |
| Revenue Code | <input type="text"/> [Search] | Diagnosis | <input type="text"/> [Search] |
| Status | <input type="text"/> | | |
| Assignment Code | <input type="text"/> | | |

Records

The matching search results are presented in a formatted data list:

| Search Results | | | | | | | | | | | | | |
|---------------------|-------------------------|-----------|------------|--------|---------------|----------------------|--------------|-------------------|-------------------|------------|------------|------------|--------------|
| Prior Authorization | Medicaid Billing Number | Last Name | First Name | Status | PA Assignment | Service Type Code | Service Code | Service Code Thru | Primary Diagnosis | Auth Eff | Auth End | Auth Units | Auth Dollars |
| 4009138006 | 777777777 | LASTNAME7 | FIRSTNAME7 | P | 34 | ICD-9 Procedure Code | 00 | | 345 | 01/01/2011 | 01/10/2011 | 0 | 0 |
| 1009128007 | 999999999 | LASTNAME9 | FIRSTNAME9 | P | 03 | ICD-9 Procedure Code | 0012 | | | 0 | 0 | 0 | 0 |
| 4009138005 | 888888888 | LASTNAME8 | FIRSTNAME8 | P | 38 | Procedure Code | 01442 | | | 0 | 0 | 0 | 0 |
| 4009136003 | 999999999 | LASTNAME9 | FIRSTNAME9 | P | 03 | Procedure Code | 11404 | | 111 | 0 | 0 | 0 | 0 |
| 4009136001 | 999999999 | LASTNAME9 | FIRSTNAME9 | P | 03 | Procedure Code | 11404 | | 123 | 0 | 0 | 0 | 0 |
| 1009133004 | 999999999 | LASTNAME9 | FIRSTNAME9 | P | 03 | Procedure Code | 11404 | | 999 | 0 | 0 | 0 | 0 |
| 3009118001 | 111111111 | LASTNAME1 | FIRSTNAME1 | P | 03 | Procedure Code | 11404 | | 123 | 0 | 0 | 0 | 0 |
| 1009133003 | 999999999 | LASTNAME9 | FIRSTNAME9 | P | 03 | Procedure Code | 11406 | | 111 | 0 | 0 | 0 | 0 |
| 1009132003 | 222222222 | LASTNAME2 | FIRSTNAME2 | P | 03 | Procedure Code | 11406 | | 111 | 0 | 0 | 0 | 0 |
| 1009133005 | 999999999 | LASTNAME9 | FIRSTNAME9 | P | 03 | Procedure Code | 11406 | | 123 | 01/01/2001 | 02/02/2001 | 0 | 0 |
| 4009138001 | 333333333 | LASTNAME3 | FIRSTNAME3 | P | 03 | Procedure Code | 11420 | | | 0 | 0 | 0 | 0 |
| 4009138002 | 222222222 | LASTNAME2 | FIRSTNAME2 | P | 34 | ICD-9 Procedure Code | 222 | | 123 | 0 | 0 | 0 | 0 |
| 4009138004 | 444444444 | LASTNAME4 | FIRSTNAME4 | P | 16 | Procedure Code | 44700 | | | 0 | 0 | 0 | 0 |
| 4009138004 | 444444444 | LASTNAME4 | FIRSTNAME4 | P | 16 | Procedure Code | 44799 | | | 0 | 0 | 0 | 0 |
| 4009138004 | 444444444 | LASTNAME4 | FIRSTNAME4 | P | 16 | Procedure Code | 76999 | | | 0 | 0 | 0 | 0 |
| 4009142001 | 888888888 | LASTNAME8 | FIRSTNAME8 | P | 24 | Procedure Code | 90749 | | | 0 | 0 | 0 | 0 |
| 1009128010 | 999999999 | LASTNAME9 | FIRSTNAME9 | P | 03 | Procedure Code | D0120 | | | 0 | 0 | 0 | 0 |
| 1009121002 | 999999999 | LASTNAME9 | FIRSTNAME9 | P | 03 | Procedure Code | D0120 | | | 0 | 0 | 0 | 0 |
| 1009125001 | 999999999 | LASTNAME9 | FIRSTNAME9 | P | 20 | Procedure Code | D0120 | | | 0 | 0 | 0 | 0 |
| 4009138007 | 777777777 | LASTNAME7 | FIRSTNAME7 | P | 07 | Procedure Code | G0177 | | 345 | 0 | 0 | 0 | 0 |

1 2 Next >

This data list contains summary information about the prior authorization records returned for the search inquiry. The PA number is hyperlinked. When clicked, this hyperlink opens the **PA Submit** page. Additional search results are available when the Next arrow appears. Click **Next** to see the next list of records. A Previous button will appear to go back.

Tasks for this Panel

To **search** for a prior authorization:

1. Enter a valid value in any of the fields on the panel.
2. Select the **search** button.

To **add** a prior authorization:

1. Select an active row from the **Other Payer** list.
2. Select the **add** button.

Field Descriptions – Search

| Field | Description | Field Type | Data Type | Length |
|-------|---------------------------------|------------|-----------|--------|
| add | Initiates the new PA wizard. | Button | N/A | 0 |
| clear | Clears all the search criteria. | Button | N/A | 0 |

| Field | Description | Field Type | Data Type | Length |
|-------------------------|--|------------|--------------------|--------|
| search | Displays the Search Results based on the criteria entered on the search panel. | Button | N/A | 0 |
| Assignment Code | Indicates the type of Prior Authorization. | Field | Drop Down List Box | 0 |
| Date of Birth | Recipient's date of birth. | Field | Date (MM/DD/CCYY) | 10 |
| Diagnosis | Diagnosis code. Click [Search] to search for and select a diagnosis code. | Field | Character | 5 |
| ICD-9 Procedure | Code to uniquely identify an ICD-9 procedure. Click [Search] to search for and select an ICD-9 procedure code. | Field | Character | 4 |
| Medicaid Billing Number | Recipient's Medicaid identification number. | Field | Number | 12 |
| Name | Recipient's name. Read-only. | Field | Character | 40 |
| Prior Authorization | Number assigned to a PA request. | Field | Character | 10 |
| Procedure | Code to uniquely identify a procedure. Click [Search] to search for and select a procedure code. | Field | Character | 6 |
| Procedure Code Thru | HCPCS, CPT-4, or Dental procedure code ending the procedure code range. This field is an Advanced Search criterion. Click [Search] to search for and select a Procedure Code Thru item. | Field | Character | 6 |
| Records | Allows the user to specify the number of rows returned per page from the search. | Field | Drop Down List Box | 0 |
| Revenue Code | Identifies a specific accommodation or ancillary service. This field is an Advanced Search criterion. Click [Search] to search for and select a revenue code. | Field | Number | 4 |
| Revenue Code Thru | Specific accommodation or ancillary service ending the revenue code range. This field is an Advanced Search criterion. Click [Search] to search for and select a Revenue Code Thru item. | Field | Number | 4 |
| Status | Status of the PA. | Field | Drop Down List Box | 0 |

| Field | Description | Field Type | Data Type | Length |
|-----------------|--|------------|-------------------|--------|
| Submission Date | Search criteria that indicate the received date. (This field to be determined.) | Field | Date (MM/DD/CCYY) | 10 |
| UPC/NDC Code | National Drug Code used to uniquely identify a drug. This field is an Advanced Search criterion. Click [Search] to search for and select an NDC. | Field | Character | 11 |

Field Edits – Search

| Field | Field Type | Error Code | Error Message | To Correct |
|-------------------------|------------|------------|--|--|
| Date of Birth | Field | 0 | Date Of Birth is required when Medicaid Billing Number is entered. | Enter Date of Birth for given Medicaid Billing Number. |
| Date of Birth | Field | 1 | Date of Birth: Invalid date. Format is mm/dd/ccyy. | Enter date of birth in correct format. |
| Date of Birth | Field | 2 | Date of Birth inconsistent with Medicaid Billing Number. | Enter correct Date of Birth for given Medicaid Billing Number. |
| Medicaid Billing Number | Field | 0 | Medicaid Billing Number is required when Date Of Birth is entered. | Enter a valid Medicaid Billing Number. |
| Medicaid Billing Number | Field | 1 | Medicaid Billing Number is not valid. | Medicaid Billing Number not valid. Please verify and re-type. |
| Prior Authorization | Field | 0 | Prior Authorization is not valid. | Verify and re-type. |
| Procedure | Field | 0 | Cannot search for Procedure Code Thru without Procedure Code. | Enter a valid Procedure code. |
| Procedure | Field | 1 | Search criteria may not contain both a Procedure code and a Revenue code. | Enter only one type of service code (Procedure, ICD-9 Procedure, NDC, or Revenue). |
| Procedure | Field | 2 | Search criteria may not contain both a Procedure code and an ICD-9 Procedure code. | Enter only one type of service code (Procedure, ICD-9 Procedure, NDC, or Revenue). |
| Procedure | Field | 3 | Search criteria may not contain both a Procedure code and a Drug code. | Enter only one type of service code (Procedure, ICD-9 Procedure, NDC, or Revenue). |
| Revenue Code | Field | 0 | Cannot search for Revenue Code Thru without Revenue | Enter a valid Revenue code. |

| Field | Field Type | Error Code | Error Message | To Correct |
|-----------------|------------|------------|--|--|
| | | | Code. | |
| Revenue Code | Field | 1 | Search criteria may not contain both a Revenue code and a Drug code. | Enter only one type of service code (Procedure, ICD-9 Procedure, NDC, or Revenue). |
| Revenue Code | Field | 2 | Search criteria may not contain both a Revenue code and an ICD-9 Procedure code. | Enter only one type of service code (Procedure, ICD-9 Procedure, NDC, or Revenue). |
| Submission Date | Field | 0 | Submission Date: Invalid date. Format is mm/dd/ccyy. | Enter a valid date. |
| UPC/NDC Code | Field | 0 | Search criteria may not contain both a Drug code and an ICD-9 Procedure code. | Enter only one type of service code (Procedure, ICD-9 Procedure, NDC, or Revenue). |

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