

Appendix F: Instructions to fill out the General Information for Authorization Request Form

Authorization for services does not guarantee payment. Providers must meet administrative requirements (client eligibility, claim timeliness, third-party insurance, etc.) before the Agency pays for services. Download the General Information for Authorization form, HCA [13-835](#).

Note: Due to the length and table formatting of the General Information for Authorization form (13-835), the below screenshots of the form and the instructions are pictures only so the hyperlinks within the table instructions are non-functioning. The actual authorization form [13-835](#) has working hyperlinks to various resources and is a fill-in electronic form available both in PDF and in Word.

ProviderOne Billing and Resource Guide

FIELD	NAME	ACTION																																																																																																																								
ALL FIELDS MUST BE TYPED.																																																																																																																										
1	Org (Required)	Enter the Number that Matches the Program/Unit for the Request 501 – Dental 502 – Durable Medical Equipment (DME) 504 – Home Health 505 – Hospice 506 – Inpatient Hospital 508 – Medical 509 – Medical Nutrition 511 – Outpt Proc/Diag 513 – Physical Medicine & Rehabilitation (PM & R) 514 – Aging and Long-Term Support Administration (AL TSA) 518 – LTAC 519 – Respiratory 521 – Maternity Support/Infant Case Management 524 – Concurrent Care 525 – ABA Services 526 – Complex Rehabilitation Technology (CRT) 527 – Chemical-Using Pregnant (CUP) Women Program																																																																																																																								
2	Service Type (Required)	Enter the letter(s) in all CAPS that represent the service type you are requesting. If you selected "501 – Dental" for field #1, please select one of the following codes for this field: <table style="width: 100%; border: none;"> <tr> <td>ASC</td><td>for ASC</td><td>OUTP</td><td>for Out-Patient</td></tr> <tr> <td>CWN</td><td>for Crowns</td><td>PSM</td><td>for Perio-Scaling/Maintenance</td></tr> <tr> <td>DEN</td><td>for Dentures</td><td>PTL</td><td>for Partial</td></tr> <tr> <td>DP</td><td>for Denture/Partial</td><td>RBS</td><td>for Rebases</td></tr> <tr> <td>ERSO</td><td>for ERSO-PA</td><td>RLNS</td><td>for Relines</td></tr> <tr> <td>EXT</td><td>for Extractions</td><td>MISC</td><td>for Miscellaneous</td></tr> <tr> <td>EXTD</td><td>for Extractions w/Dentures</td><td></td><td></td></tr> <tr> <td>IP</td><td>for In-Patient</td><td></td><td></td></tr> <tr> <td>ODC</td><td>for Orthodontic</td><td></td><td></td></tr> </table> If you selected "502 – Durable Medical Equipment (DME)" for field #1, please select one of the following codes for this field: <table style="width: 100%; border: none;"> <tr> <td>AA</td><td>for Ambulatory Aids</td><td>OS</td><td>for Orthopedic Shoes</td></tr> <tr> <td>BB</td><td>for Bath Bench</td><td>OTC</td><td>for Orthotics</td></tr> <tr> <td>BEM</td><td>for Bath Equipment (misc.)</td><td>OP</td><td>for Ostomy Products</td></tr> <tr> <td>BGS</td><td>for Bone Growth Stimulator</td><td>ODME</td><td>for Other DME</td></tr> <tr> <td>BP</td><td>for Breast Pump</td><td>OTRR</td><td>for Other Repairs</td></tr> <tr> <td>C</td><td>for Commode</td><td>PL</td><td>for Patient Lifts</td></tr> <tr> <td>CG</td><td>for Compression Garments</td><td>PWH</td><td>for Power Wheelchair - Home</td></tr> <tr> <td>CSC</td><td>for Commode/Shower Chair</td><td>PWNF</td><td>for Power Wheelchair – NF</td></tr> <tr> <td>DTS</td><td>for Diabetic Testing Supplies (See Pharmacy Billing Instructions for POS Billing)</td><td>PWR</td><td>for Power Wheelchair Repair</td></tr> <tr> <td>ERSO</td><td>for ERSO-PA</td><td>PRS</td><td>for Prone Standers</td></tr> <tr> <td>FSFS</td><td>for Floor Sitter/Feeder Seat</td><td>PROS</td><td>for Prosthetics</td></tr> <tr> <td>HB</td><td>for Hospital Beds</td><td>RE</td><td>for Room Equipment</td></tr> <tr> <td>HC</td><td>for Hospital Cribs</td><td>SC</td><td>for Shower Chairs</td></tr> <tr> <td>IS</td><td>for Incontinent Supplies</td><td>SBS</td><td>for Specialty "Beds/Surfaces</td></tr> <tr> <td>MWH</td><td>for Manual Wheelchair - Home</td><td>SGD</td><td>for Speech Generating Devices</td></tr> <tr> <td>MWNF</td><td>for Manual Wheelchair – NF</td><td>SF</td><td>for Standing Frames</td></tr> <tr> <td>MWR</td><td>for Manual Wheelchair Repair</td><td>STND</td><td>for Standers</td></tr> <tr> <td></td><td></td><td>TU</td><td>for TENS Units</td></tr> <tr> <td></td><td></td><td>US</td><td>for Urinary Supplies</td></tr> <tr> <td></td><td></td><td>WDCS</td><td>for VAC/Wound - decubiti supplies</td></tr> <tr> <td></td><td></td><td>MISC</td><td>for Miscellaneous</td></tr> </table>	ASC	for ASC	OUTP	for Out-Patient	CWN	for Crowns	PSM	for Perio-Scaling/Maintenance	DEN	for Dentures	PTL	for Partial	DP	for Denture/Partial	RBS	for Rebases	ERSO	for ERSO-PA	RLNS	for Relines	EXT	for Extractions	MISC	for Miscellaneous	EXTD	for Extractions w/Dentures			IP	for In-Patient			ODC	for Orthodontic			AA	for Ambulatory Aids	OS	for Orthopedic Shoes	BB	for Bath Bench	OTC	for Orthotics	BEM	for Bath Equipment (misc.)	OP	for Ostomy Products	BGS	for Bone Growth Stimulator	ODME	for Other DME	BP	for Breast Pump	OTRR	for Other Repairs	C	for Commode	PL	for Patient Lifts	CG	for Compression Garments	PWH	for Power Wheelchair - Home	CSC	for Commode/Shower Chair	PWNF	for Power Wheelchair – NF	DTS	for Diabetic Testing Supplies (See Pharmacy Billing Instructions for POS Billing)	PWR	for Power Wheelchair Repair	ERSO	for ERSO-PA	PRS	for Prone Standers	FSFS	for Floor Sitter/Feeder Seat	PROS	for Prosthetics	HB	for Hospital Beds	RE	for Room Equipment	HC	for Hospital Cribs	SC	for Shower Chairs	IS	for Incontinent Supplies	SBS	for Specialty "Beds/Surfaces	MWH	for Manual Wheelchair - Home	SGD	for Speech Generating Devices	MWNF	for Manual Wheelchair – NF	SF	for Standing Frames	MWR	for Manual Wheelchair Repair	STND	for Standers			TU	for TENS Units			US	for Urinary Supplies			WDCS	for VAC/Wound - decubiti supplies			MISC	for Miscellaneous
ASC	for ASC	OUTP	for Out-Patient																																																																																																																							
CWN	for Crowns	PSM	for Perio-Scaling/Maintenance																																																																																																																							
DEN	for Dentures	PTL	for Partial																																																																																																																							
DP	for Denture/Partial	RBS	for Rebases																																																																																																																							
ERSO	for ERSO-PA	RLNS	for Relines																																																																																																																							
EXT	for Extractions	MISC	for Miscellaneous																																																																																																																							
EXTD	for Extractions w/Dentures																																																																																																																									
IP	for In-Patient																																																																																																																									
ODC	for Orthodontic																																																																																																																									
AA	for Ambulatory Aids	OS	for Orthopedic Shoes																																																																																																																							
BB	for Bath Bench	OTC	for Orthotics																																																																																																																							
BEM	for Bath Equipment (misc.)	OP	for Ostomy Products																																																																																																																							
BGS	for Bone Growth Stimulator	ODME	for Other DME																																																																																																																							
BP	for Breast Pump	OTRR	for Other Repairs																																																																																																																							
C	for Commode	PL	for Patient Lifts																																																																																																																							
CG	for Compression Garments	PWH	for Power Wheelchair - Home																																																																																																																							
CSC	for Commode/Shower Chair	PWNF	for Power Wheelchair – NF																																																																																																																							
DTS	for Diabetic Testing Supplies (See Pharmacy Billing Instructions for POS Billing)	PWR	for Power Wheelchair Repair																																																																																																																							
ERSO	for ERSO-PA	PRS	for Prone Standers																																																																																																																							
FSFS	for Floor Sitter/Feeder Seat	PROS	for Prosthetics																																																																																																																							
HB	for Hospital Beds	RE	for Room Equipment																																																																																																																							
HC	for Hospital Cribs	SC	for Shower Chairs																																																																																																																							
IS	for Incontinent Supplies	SBS	for Specialty "Beds/Surfaces																																																																																																																							
MWH	for Manual Wheelchair - Home	SGD	for Speech Generating Devices																																																																																																																							
MWNF	for Manual Wheelchair – NF	SF	for Standing Frames																																																																																																																							
MWR	for Manual Wheelchair Repair	STND	for Standers																																																																																																																							
		TU	for TENS Units																																																																																																																							
		US	for Urinary Supplies																																																																																																																							
		WDCS	for VAC/Wound - decubiti supplies																																																																																																																							
		MISC	for Miscellaneous																																																																																																																							

Every effort has been made to ensure this guide's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and an Agency rule, the Agency rule controls.

ProviderOne Billing and Resource Guide

FIELD	NAME	ACTION																																																																				
2	Service Type (Required) (Continued)	<p>ALL FIELDS MUST BE TYPED.</p> <p>If you selected "504 – Home Health" for field #1, please select one of the following codes for this field:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">ERSO for ERSO-PA</td> <td style="width: 50%;">MISC for Miscellaneous</td> </tr> <tr> <td>HH for Home Health</td> <td>T for Therapies (PT / OT / ST)</td> </tr> </table> <p>If you selected "505 – Hospice" for field #1, please select one of the following codes for this field:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">ERSO for ERSO-PA</td> <td style="width: 50%;"></td> </tr> <tr> <td>HSPC for Hospice</td> <td></td> </tr> <tr> <td>MISC for Miscellaneous</td> <td></td> </tr> </table> <p>If you selected "506 – Inpatient Hospital" for field #1, please select one of the following codes for this field:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">BS for Bariatric Surgery</td> <td style="width: 50%;">RM for Readmission</td> </tr> <tr> <td>ERSO for ERSO-PA</td> <td>S for Surgery</td> </tr> <tr> <td>OOS for Out of State</td> <td>TNP for Transplants</td> </tr> <tr> <td>O for Other</td> <td>VNSS for Vagus Nerve Stimulator</td> </tr> <tr> <td>PAS for PAS</td> <td>MISC for Miscellaneous</td> </tr> </table> <p>If you selected "508 – Medical" for field #1, please select one of the following codes for this field:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">BSS2 for Bariatric Surgery Stage 2</td> <td style="width: 50%;">NP for Neuro-Psych</td> </tr> <tr> <td>BTX for Botox</td> <td>OOS for Out of State</td> </tr> <tr> <td>CIERP for Cochlear Implant Exterior Replacement Parts</td> <td>PSY for Psychotherapy</td> </tr> <tr> <td>CR for Cardiac Rehab</td> <td>SYN for Synagis</td> </tr> <tr> <td>ERSO for ERSO-PA</td> <td>T for Therapies (PT/OT/ST)</td> </tr> <tr> <td>HEA for Hearing Aids</td> <td>TX for Transportation</td> </tr> <tr> <td>I for Infusion / Parental Therapy</td> <td>V for Vision</td> </tr> <tr> <td>MC for Medications</td> <td>VST for Vest</td> </tr> <tr> <td></td> <td>VT for Vision Therapy</td> </tr> <tr> <td></td> <td>MISC for Miscellaneous</td> </tr> </table> <p>If you selected "509 – Medical Nutrition" for field #1, please select one of the following codes for this field:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">EN for Enteral Nutrition</td> <td style="width: 50%;"></td> </tr> <tr> <td>MN for Medical Nutrition</td> <td></td> </tr> <tr> <td>MISC for Miscellaneous</td> <td></td> </tr> </table> <p>If you selected "511 – Output Proc/Diag" for field #1, please select one of the following codes for this field:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">CCTA for Coronary CT Angiogram</td> <td style="width: 50%;">OOS for Out of State</td> </tr> <tr> <td>CI for Cochlear Implants</td> <td>OTRS for Other Surgery</td> </tr> <tr> <td>ERSO for ERSO-PA</td> <td>PSCN for PET Scan</td> </tr> <tr> <td>GCK for Gamma/Cyber Knife</td> <td>O for Other</td> </tr> <tr> <td>GT for Genetic Testing</td> <td>S for Surgery</td> </tr> <tr> <td>HO for Hyperbaric Oxygen</td> <td>SCAN for Radiology</td> </tr> <tr> <td>HY for Hysterectomy</td> <td>MISC for Miscellaneous</td> </tr> <tr> <td>MRI for MRI</td> <td></td> </tr> </table> <p>If you selected "513 – Physical Medicine & Rehabilitation (PM & R)" for field #1, please select one of the following codes for this field:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">ERSO for ERSO-PA</td> <td style="width: 50%;"></td> </tr> <tr> <td>PMR for PM and R</td> <td></td> </tr> <tr> <td>MISC for Miscellaneous</td> <td></td> </tr> </table>	ERSO for ERSO-PA	MISC for Miscellaneous	HH for Home Health	T for Therapies (PT / OT / ST)	ERSO for ERSO-PA		HSPC for Hospice		MISC for Miscellaneous		BS for Bariatric Surgery	RM for Readmission	ERSO for ERSO-PA	S for Surgery	OOS for Out of State	TNP for Transplants	O for Other	VNSS for Vagus Nerve Stimulator	PAS for PAS	MISC for Miscellaneous	BSS2 for Bariatric Surgery Stage 2	NP for Neuro-Psych	BTX for Botox	OOS for Out of State	CIERP for Cochlear Implant Exterior Replacement Parts	PSY for Psychotherapy	CR for Cardiac Rehab	SYN for Synagis	ERSO for ERSO-PA	T for Therapies (PT/OT/ST)	HEA for Hearing Aids	TX for Transportation	I for Infusion / Parental Therapy	V for Vision	MC for Medications	VST for Vest		VT for Vision Therapy		MISC for Miscellaneous	EN for Enteral Nutrition		MN for Medical Nutrition		MISC for Miscellaneous		CCTA for Coronary CT Angiogram	OOS for Out of State	CI for Cochlear Implants	OTRS for Other Surgery	ERSO for ERSO-PA	PSCN for PET Scan	GCK for Gamma/Cyber Knife	O for Other	GT for Genetic Testing	S for Surgery	HO for Hyperbaric Oxygen	SCAN for Radiology	HY for Hysterectomy	MISC for Miscellaneous	MRI for MRI		ERSO for ERSO-PA		PMR for PM and R		MISC for Miscellaneous	
ERSO for ERSO-PA	MISC for Miscellaneous																																																																					
HH for Home Health	T for Therapies (PT / OT / ST)																																																																					
ERSO for ERSO-PA																																																																						
HSPC for Hospice																																																																						
MISC for Miscellaneous																																																																						
BS for Bariatric Surgery	RM for Readmission																																																																					
ERSO for ERSO-PA	S for Surgery																																																																					
OOS for Out of State	TNP for Transplants																																																																					
O for Other	VNSS for Vagus Nerve Stimulator																																																																					
PAS for PAS	MISC for Miscellaneous																																																																					
BSS2 for Bariatric Surgery Stage 2	NP for Neuro-Psych																																																																					
BTX for Botox	OOS for Out of State																																																																					
CIERP for Cochlear Implant Exterior Replacement Parts	PSY for Psychotherapy																																																																					
CR for Cardiac Rehab	SYN for Synagis																																																																					
ERSO for ERSO-PA	T for Therapies (PT/OT/ST)																																																																					
HEA for Hearing Aids	TX for Transportation																																																																					
I for Infusion / Parental Therapy	V for Vision																																																																					
MC for Medications	VST for Vest																																																																					
	VT for Vision Therapy																																																																					
	MISC for Miscellaneous																																																																					
EN for Enteral Nutrition																																																																						
MN for Medical Nutrition																																																																						
MISC for Miscellaneous																																																																						
CCTA for Coronary CT Angiogram	OOS for Out of State																																																																					
CI for Cochlear Implants	OTRS for Other Surgery																																																																					
ERSO for ERSO-PA	PSCN for PET Scan																																																																					
GCK for Gamma/Cyber Knife	O for Other																																																																					
GT for Genetic Testing	S for Surgery																																																																					
HO for Hyperbaric Oxygen	SCAN for Radiology																																																																					
HY for Hysterectomy	MISC for Miscellaneous																																																																					
MRI for MRI																																																																						
ERSO for ERSO-PA																																																																						
PMR for PM and R																																																																						
MISC for Miscellaneous																																																																						

ProviderOne Billing and Resource Guide

FIELD	NAME	ACTION
ALL FIELDS MUST BE TYPED.		
3	Name: (Required)	Enter the last name, first name, and middle initial of the patient you are requesting authorization for.
4	Client ID: (Required)	Enter the client ID - 9 numbers followed by WA. For Prior Authorization (PA) requests when the client ID is unknown (e.g. client eligibility pending): <ul style="list-style-type: none"> ▪ You will need to contact HCA at 1-800-562-3022 and the appropriate extension of the Authorization Unit. ▪ A reference PA will be built with a placeholder client ID. ▪ If the PA is approved – once the client ID is known – you will need to contact HCA either by fax or phone with the Client ID. The PA will be updated and you will be able to bill the services approved.
5	Living Arrangements	Indicate where your patient resides such as, home, group home, assisted living, skilled nursing facility, etc.
6	Reference Auth #	If requesting a change or extension to an existing authorization, please indicate the number in this field.
7	Requesting NPI#: (Required)	The 10 digit number that has been assigned to the requesting provider by CMS.
8	Requesting Fax#	The fax number of the requesting provider.
9	Billing NPI #: (Required)	The 10 digit number that has been assigned to the billing provider by CMS.
10	Name	The name of the billing/servicing provider.
11	Referring NPI #	The 10 digit number that has been assigned to the referring provider by CMS.
12	Referring Fax #	The fax number of the referring provider.
13	Service Start Date	The date the service is planned to be started if known.
15	Description of service being requested: (Required) .	A short description of the service you are requesting (examples, manual wheelchair, eyeglasses, hearing aid).
18	Serial/NEA or MEA#: Required for all DME repairs.	Enter the serial number of the equipment you are requesting repairs or modifications to or the NEA/MEA# to access the x-rays/pictures for this request.
20	Code Qualifier: (Required) .	Enter the letter corresponding to the code from below: T - CDT Proc Code C - CPT Proc Code D - DRG P - HCPCS Proc Code I - ICD-9/10 Proc Code R - Rev Code N - NDC-National Drug Code S - ICD-9/10 Diagnosis Code
21	National Code: (Required) .	Enter each service code of the item you are requesting authorization that correlates to the Code Qualifier entered.
22	Modifier	When appropriate enter a modifier.
23	# Units/Days Requested: (Units or \$ required) .	Enter the number of units or days being requested for items that have a set allowable. (Refer to the program specific Medicaid Provider Guide for the appropriate unit/day designation for the service code entered).
24	\$ Amount Requested: (Units or \$ required) .	Enter the dollar amount being requested for those service codes that do not have a set allowable. (Refer to the program specific Medicaid Provider Guide and fee schedules for assistance) Must be entered in dollars & cents with a decimal (e.g. \$400 should be entered as 400.00).
25	Part # (DME only): (Required for all requested codes) .	Enter the manufacturer part # of the item requested.

ProviderOne Billing and Resource Guide

FIELD	NAME	ACTION	
ALL FIELDS MUST BE TYPED.			
26	Tooth or Quad#: (Required for dental requests).	Enter the tooth or quad number as listed below: QUAD 00 – full mouth 01 – upper arch 02 – lower arch 10 – upper right quadrant 20 – upper left quadrant 30 – lower left quadrant 40 – lower right quadrant Tooth # 1-32, A-T, AS-TS, and 51-82	
27	Diagnosis Code	Enter appropriate diagnosis code for condition.	
28	Diagnosis name	Short description of the diagnosis.	
29	Place of Service	Enter the appropriate two digit place of service code.	
		Place of Service Code(s)	
		1	Place of Service Name
		3	Pharmacy
		4	School
		5	Homeless Shelter
		6	Indian Health Service Free-standing Facility
		7	Indian Health Service Provider-based Facility
		8	Tribal 638 Free-standing Facility
		9	Tribal 638 Provider-based Facility
		11	Prison-Correctional Facility
		12	Office
		13	Home
		14	Assisted Living Facility
		15	Group Home
		16	Mobile Unit
		17	Temporary Lodging
		20	Walk in Retail Health Clinic
		21	Urgent Care Facility
		22	Inpatient Hospital
		23	Outpatient Hospital
		24	Emergency Room – Hospital
		25	Ambulatory Surgical Center
		26	Birth Center
		31	Military Treatment Facility
		32	Skilled Nursing Facility
		33	Nursing Facility
34	Custodial Care Facility		
41	Hospice		
42	Ambulance - Land		
49	Ambulance – Air or Water		
50	Independent Clinic		
51	Federally Qualified Health Center		
52	Inpatient Psychiatric Facility		

Every effort has been made to ensure this guide's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and an Agency rule, the Agency rule controls.

ProviderOne Billing and Resource Guide

FIELD	NAME	ACTION	
		ALL FIELDS MUST BE TYPED.	
29	Place of Service	53	Psychiatric Facility-Partial Hospitalization
		55	Community Mental Health Center
		56	Residential Substance Abuse Treatment Facility
		57	Psychiatric Residential Treatment Center
		60	Non-residential Substance Abuse Treatment Facility
		61	Mass Immunization Center
		62	Comprehensive Inpatient Rehabilitation Facility
		65	Comprehensive Outpatient Rehabilitation Facility
		71	End-Stage Renal Disease Treatment Facility
		72	Public Health Clinic
		81	Rural Health Clinic
		99	Independent Laboratory
30	Comments	Enter any free form information you deem necessary.	Other Place of Service

- A confirmation fax will be sent to the provider if the fax number can be identified by caller ID. The receiving fax must recognize the number that the fax has been sent from.
- Do not use a cover sheet when faxing an authorization request.
- The Authorization Request Form must be the first page of the fax.
- If faxing multiple requests, they must be faxed one at a time.
- If your fax machine is set to “bundle” multiple transmissions when sending to one number, please disable this function or the entire bundle of faxes will only be sent under the first cover sheet.