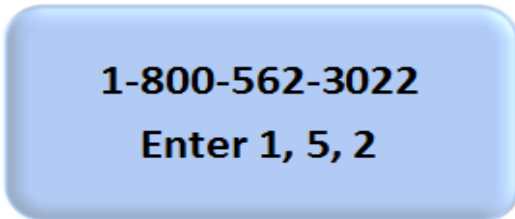


## Appendix G: How to check status of an authorization

### Checking authorization status with Interactive Voice Response (IVR)

#### Shortcut



#### How

The ProviderOne IVR accepts voice responses or **keypad entries**, indicated by brackets [ ]. You can key ahead anytime.

Below is an overview of the prompts, see next page for detailed step-by-step instructions.

#### What will I hear?

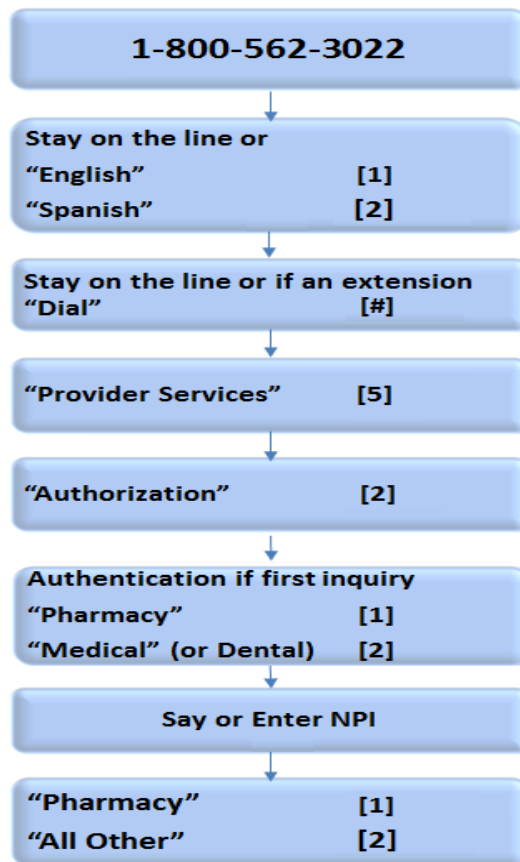
The IVR will play the information only to the provider(s) identified on the authorization.

Search by the client's Services Card number and date of birth or by the authorization number.

If multiple authorization numbers are found, narrow the search with an NDC or Service Code, as well as an expected date of service.

The types of information available are:

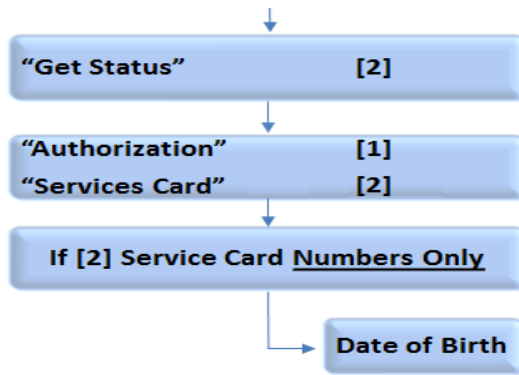
- **Authorization Number**
- Status date
- Status, such as
  - Approved
  - In Review
  - Denied
  - Referred
  - Pending
  - Cancelled



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### Helpful Hints

- Do not say the “WA” part of the Services Card number.
- Say the numbers only for the Services Code, skip the letters.
- Use your phone’s “mute” option and key choices for the fastest navigation.



### Checking authorization status using ProviderOne

Select “Provider Authorization Inquiry” from the provider home page.

Enter the search criteria from one of the three inquiry options and click on the submit button.

**PA Inquire:**

To submit a Prior Authorization Inquiry, complete one of the following criteria sets and click 'Submit'.

- Prior Authorization Number; or
- Provider NPI AND Client ID; or
- Provider NPI, Client Last Name, Client First Name, AND Client Date of Birth

For additional information, please contact our Customer Service Center (WA State DSHS Provider Relations) (800) 562-3022

Prior Authorization Number:

Provider NPI:

Client ID:

Client Last Name:

Client First Name:

Client Date of Birth:

The system will return the authorization status.

Authorization #: 102223336  
 Client ID: [REDACTED]  
 Service: Dental  
 Request Date: 5/9/2010  
 Service Start Date: 6/14/2010  
 Requestor ID: 4578951327

Authorization Status: **Approved**  
 Client Name:  
 Organization: PA - DENTAL  
 Last Updated Date: 6/14/2010  
 Service End Date: 6/14/2011  
 Requestor Name:

Line #	Modified Date	Servicing Provider ID	Code	Claim Type	Modifier	Toothlum	ToothSurf	Quad	From Date	To Date	Request Amount	Request Units	Auth Amount	Auth Units	Used Amount	Used Units	Status
1	06/14/2010	1253330007	D5213	K-Dental Claim				01	06/14/2010	06/14/2010	0	1	0	1	0	0	<b>Approved</b>

Any one of the following may be returned in the authorization status field:

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Requested	This means the authorization has been requested and received.
In Review	This means the authorization is currently being reviewed.
Cancelled	This means the authorization request has been cancelled.
Pended	This means we have requested additional information in order to make a decision on the request.
Referred	This means the request has been forwarded to a second level reviewer.
Approved/Hold	This means the request has been approved, but additional information is necessary before the authorization will be released for billing.
Approved/Denied	This means the request has been partially approved and some services have been denied.
Rejected	This means the request was returned to the provider as incomplete.
Approved	This means the Agency has approved the provider's request.
Denied	This means the Agency has denied the provider's request.

### Detailed Steps for Non-Pharmacy Providers

**Note:** The quickest navigation is using the keypad on your phone.

1. Dial 1-800-562-3022 – the welcome message will play.
2. **Stay on the line** (don't say anything here – the system is very sensitive). You can press 1 to go to the next step faster. The system will then ask about an extension.
3. **Stay on the line.** The main menu will play.
4. **Press 5** or say "Provider." The provider menu will play.
5. **Press 2** or say "Authorization." If this is the first inquiry of the call, the system needs to collect your information. The system will ask what type of provider you are.
6. **Press 2** or say "Medical." If any other type of provider, press 2. The system will ask for your NPI number.
7. **Enter the NPI** or say the NPI numbers individually. For example, if your NPI is 1023456, say "one," "zero," "two," etc. Do not say "ten," "twenty-three." Saying the letter "O" is not understood for a zero. The system will then ask for the type of authorization.
8. **Press 2** or say "All Other." The system will ask what you want to do next.

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9. **Press 2** or say “Get Status.” Saying “Submit” or pressing 1 will route the call out of the IVR. They system then asks you how you want to search for the status.
10. **Press 2** or say “Services Card,” or if you have the authorization number **press 1** or say “Authorization number.” They system will ask for the numbers.
11. **Enter the numbers.** If using a services card ID, do not say or try to enter the “WA.”
12. If more than one authorization number is found, **enter the numbers of the service or procedure code.** Do not enter or say any letters.
13. Enter the anticipated or expected date of service. If there are still multiple authorizations, the system will transfer you to a staff person.
14. **The system will play the authorization number, the status, and the date of that status.**