

Operational webinar series:

Submitting Prior Authorization for medical and dental services



Learning Objectives

- As a result of this webinar, you will be able to:
 - Locate the new prior authorization request form and instructions
 - Submit your authorization request successfully using the new authorization intake process
 - Package your request using a new cover sheet when additional information is required
 - Check on the status of your request
- If you need to learn how to determine if a service requires prior authorization see the [ProviderOne Billing and Resource Guide](#).



What's Changing

What Doesn't Change?

- Authorization policy
 - If a service required authorization in the legacy MMIS, it will need authorization in ProviderOne
- Authorization request process for PM&R, LTAC, Inpatient Psychiatric, and ambulance providers

What's Different?

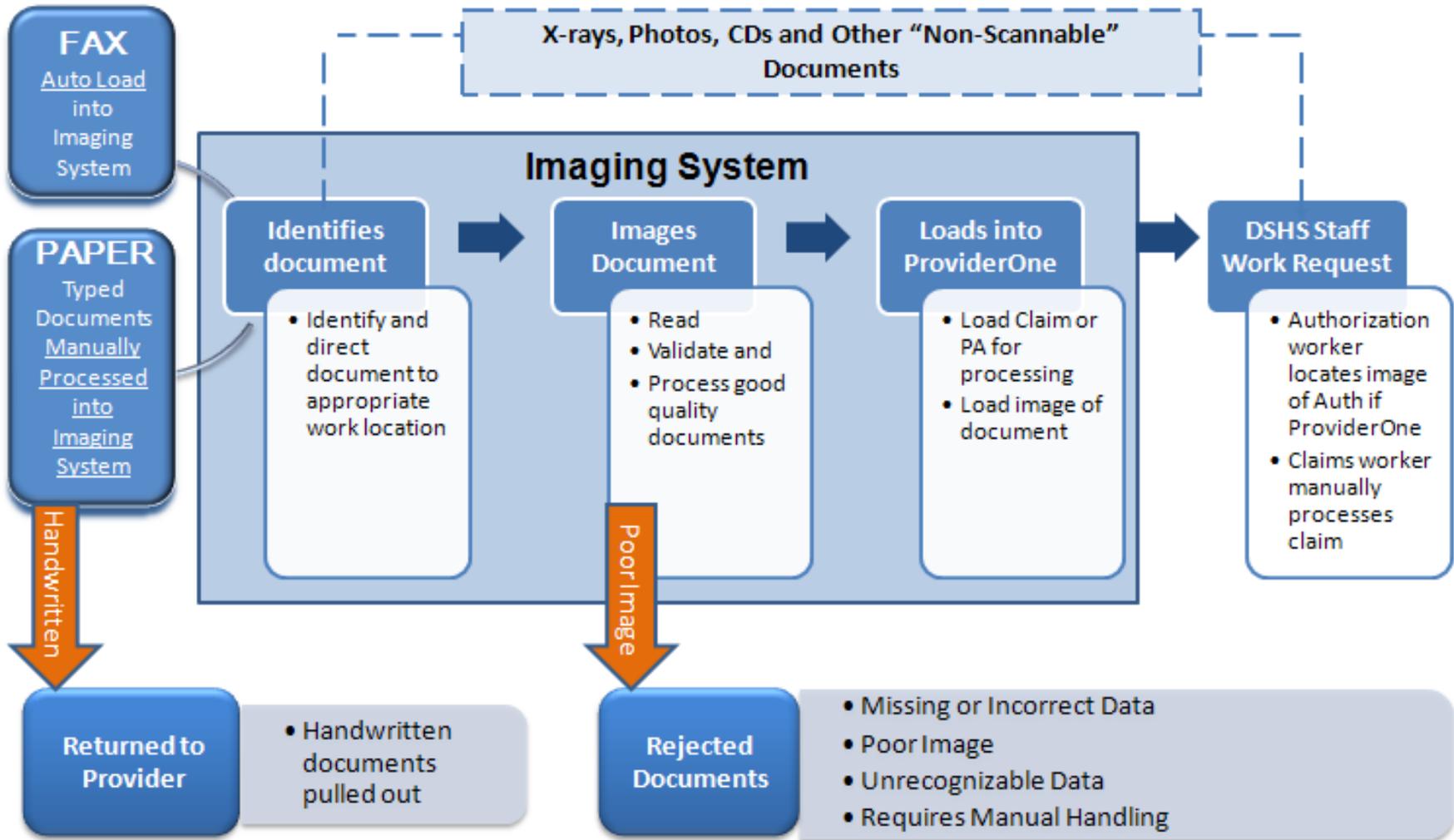
- How you request authorization
 - New scanning technology
 - Automated intake process
 - New form and cover sheets
- New Self-Service functionality to monitor authorization status



ProviderOne Includes Scanning Technology

- Optical Character Recognition (OCR)
 - OCR is the translation of scanned images of typewritten text into machine encoded text
 - Widely used to convert documents into electronic files
- Features of OCR
 - OCR makes it possible to search for a word or phrase, store documents more compactly, display or print a copy of artifacts
 - OCR technology cannot accurately read if there is any handwriting on the form





New Automated Intake Process

- Incoming Prior Authorization requests will be automatically scanned into ProviderOne when:
 - First page received is Prior Authorization Form 13-835
 - Do not use your own fax cover sheets
 - Forms are not modified
 - Modified forms will fail scanning process and delay processing
 - Each authorization request is received separately
 - The scanner does not separate multiple requests that are faxed at the same time, therefore they are processed as a single request
 - Faxed pages are set to size 8 ½ x 11
 - Forms are typed and printed from the online forms webpage

New Form Rolled out March 1, 2010

- New On-line [Authorization Form \(13-835\)](#)
 - Forms must be typed online for scanning and efficient processing
 - PDF form can be easily filled in and printed
 - Handwritten forms will be returned for required preparation
- New data elements required on the form
 - ProviderOne Client ID and NPI
- Step by Step Instructions to complete form
 - [ProviderOne Billing and Resource Guide](#)(Appendix F)



General Information for Authorization

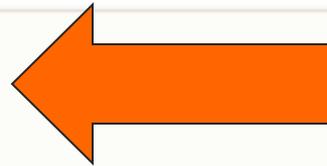
Use this form (13-835) to submit an initial authorization request.

Get Form ▼

General Information for Authorization

PDF

English DOC



By clicking on the PDF (top link) version of the PA request form, you can easily fill in the fields and print the form.



PA Form Instructions - Tips

- “Requesting” is the NPI for the individual or group requesting authorization
- “Billing” is the NPI for the individual or group who will bill ProviderOne for payment
- “Referring” is the NPI for the individual or group referring the client for services

Requesting NPI #	7. [REDACTED]
Billing NPI #	9. [REDACTED]
Referring NPI #	11. [REDACTED]



PA Form Instructions - Tips

- Enter the letter corresponding to the code from below:
 - T - CDT Procedure Code (dental related)
 - C - CPT Procedure Code (physician related)
 - P - HCPCS Procedure Code (equipment, supplies and some physician services)
 - I - ICD-9/10 Procedure Code (institutional related)
 - D - DRG (only use when instructed by the agency)
 - R - Rev Code (applicable to PM&R, inpatient psych, and LTAC)
 - N - NDC-National Drug Code
 - S - ICD-9/10 Diagnosis Code

20. Code
Qualifier

PA Form Instructions - Tips

- Use field 23 if the service code has an allowable dollar amount in the fee schedule or if the service code has a number of units that are allowed before authorization is required (e.g. physical therapy visits).
- Use field 24 if the service code does not have an allowable dollar amount. For example the fee schedule might indicate B.R. for By Report instead of a dollar amount.
- Do not use both fields 23 and 24 on the same line. You should only use one or the other.

<p>23. # Units/Days Requested</p>	<p>24. \$ Amount Requested</p>
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Tips to Expedite Your Request

- Fax prior authorization request forms to 1-866-668-1214
- Remember
 - Fax one PA request at a time
 - First page received is Prior Authorization Form 13-835
 - Do not use your own fax cover sheets
 - Adjust your fax settings to 8 ½ x 11
 - Do not modify authorization form
 - Only use the ProviderOne Client ID and NPI



Sending in Non-Scannable Items

- If sending x-rays, photos, CDs, or other non scannable items:
 1. Place the items in a large envelope
 2. Attach the PA request form and any other additional pages to the envelope (ie: tooth chart, perio charting, etc)
 3. Put the client's name, ProviderOne Client ID#, NPI, and section the request is for on the envelope
 - Note for orthodontics –write “orthodontics” on the envelope.
 4. Place in a larger envelope for mailing. Can mail multiple sets together.

Mail the large envelope to:
Authorization Services Office
PO Box 45535
Olympia, WA 98504-5535

Sending in Non-Scannable Items

- Another option for submitting photos or x-rays for Prior Authorization is the FastLook and FastAttach services provided by National Electronic Attachment, Inc. (NEA) for dental providers and Medical Electronic Attachment, Inc. (MEA) for medical/DME providers
 - For Dental Providers: (NEA)
 - **Register with NEA by visiting www.nea-fast.com and entering “FastWDSHS” in the blue promotion code box.**
 - **Contact NEA at 800-782-5150 ext. 2 with any questions.**
 - For Medical/DME Providers: (MEA) www.me-fast.com
 - **Phone 1-888-329-9988 extension 3.**
 - **Give the technician promotion code MEAFFL.**



The Document Submission Cover Sheet

- If you are mailing/faxing supporting documentation to an existing PA request, you will need to print and attach the document submission cover sheet.
- Locate the appropriate cover sheet on the [document submission cover sheets](#) web page
- Directions for cover sheets are in Appendix H of the [ProviderOne Billing and Resource Guide](#).




ProviderOne
PA Pend Forms Submission Cover Sheet

Authorization Reference #
(Please enter 9 digit numeric value.)



Instructions will not appear on the printed coversheet

INSTRUCTIONS:
Click ENTER on your keyboard after typing the number in above.
Please use the Print Cover Sheet Button Above to print ONLY.
Use Only ADOBE Reader to generate this coversheet. Other readers will not generate the barcode correctly.

DO NOT USE FOR PHARMACY RELATED AUTHORIZATION REQUESTS!

Privacy Statement:
This material in this facsimile is intended only for the use of the individual who it is addressed and may contain information that is confidential, privileged and exempt from disclosure under applicable law.

HIPAA Compliance:
Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment to see insurance payment or to perform other specific health care operations.

FAX to : 1-866-668-1214.

THE BAR CODE COVER SHEET SHOULD BE THE FIRST PAGE OF YOUR FAX WITH ALL SUPPORTING DOCUMENTATION BEHIND THE BAR CODE SHEET.

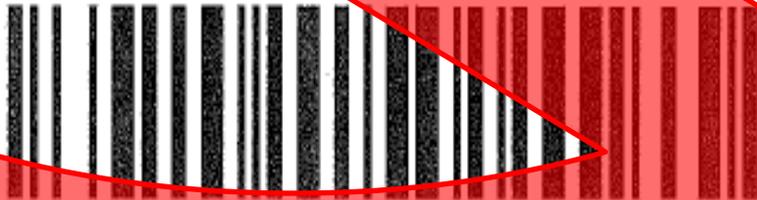




ProviderOne

PA Pend Forms Submission Cover Sheet

Authorization Reference #



Document Submission Cover Sheet

- You must submit a separate cover sheet for each set of supporting documentation.
- If faxing multiple requests, each cover sheet and documentation set must be faxed separately. If mailing, however, multiple sets of documentation can be mailed in a single envelope.
- Backup documentation must be single sided.
- Backup documentation needs to be 8 ½ x 11.



Document Submission Cover Sheet

- You can save the link or URL to the cover sheets as a “Favorite,” but be sure to always get them real-time from our Web site to make sure you’re using the correct version. Do not save the actual cover sheets to your own desktop and re-use them.
- Do not use a cover sheet when submitting an original prior authorization request form.

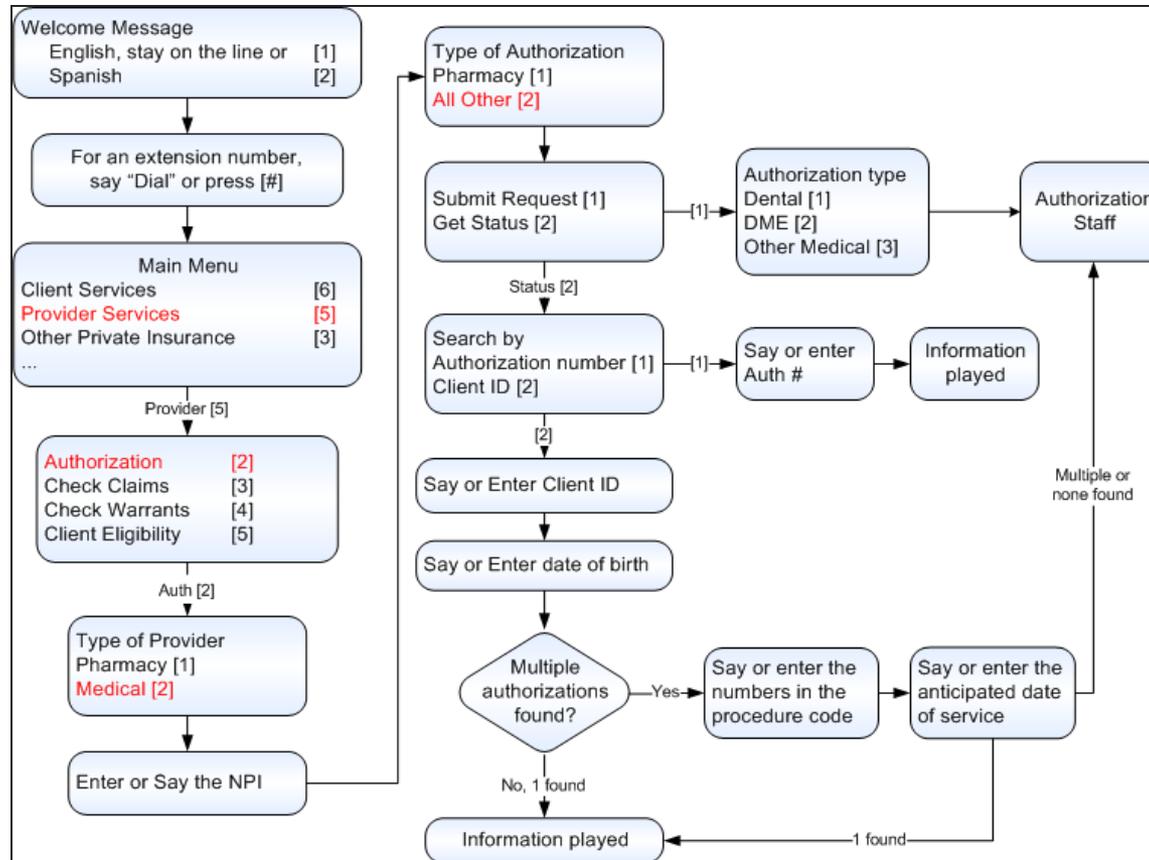


Checking on PA Status Using the IVR

- Call 800-562-3022
 - PA Shortcut enter 1,5,2
- Search by authorization number or by the Services Card number and date of birth
- If multiple authorization numbers are found, narrow the search with a Service Code or expected date of service

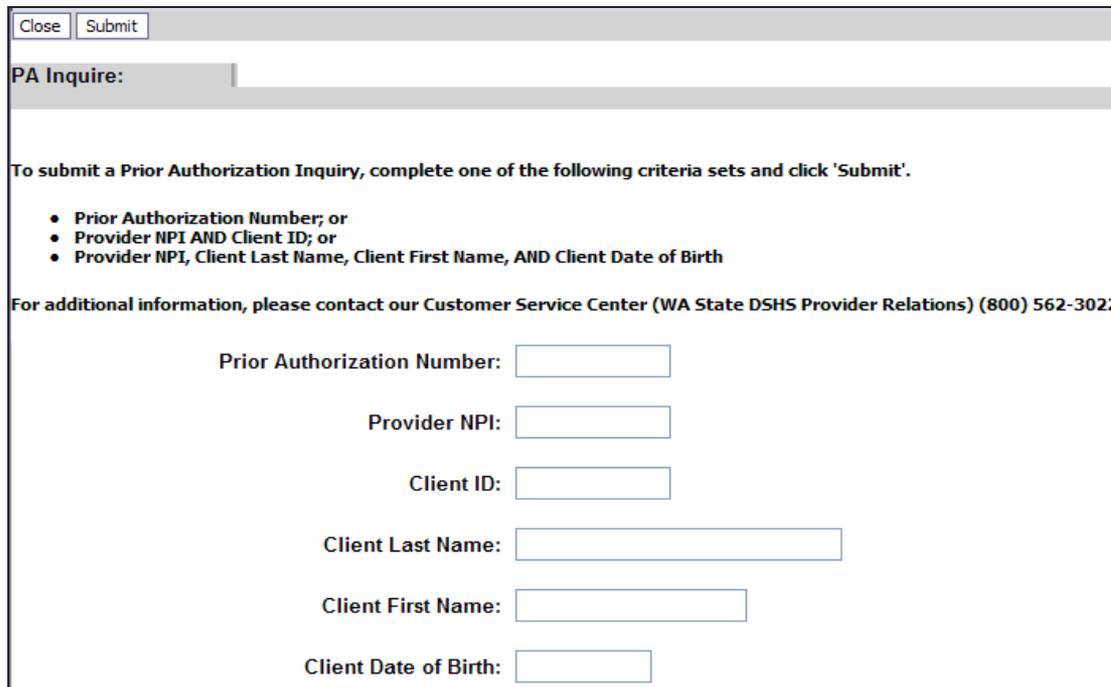


IVR Phone Tree – 800-562-3022



Checking on PA Status Using ProviderOne

- Select “Provider Authorization Inquiry” from the provider portal home page
- Enter one of the search criteria



The screenshot shows a web form titled "PA Inquire:" with a "Close" and "Submit" button at the top. Below the title, there is a section for instructions: "To submit a Prior Authorization Inquiry, complete one of the following criteria sets and click 'Submit'." This is followed by a bulleted list of three criteria sets: "Prior Authorization Number; or", "Provider NPI AND Client ID; or", and "Provider NPI, Client Last Name, Client First Name, AND Client Date of Birth". Below the list, there is a line of text: "For additional information, please contact our Customer Service Center (WA State DSHS Provider Relations) (800) 562-3022". At the bottom, there are seven input fields, each with a label: "Prior Authorization Number:", "Provider NPI:", "Client ID:", "Client Last Name:", "Client First Name:", and "Client Date of Birth:". The "Client Last Name" field is the longest, while the others are shorter. The "Client Date of Birth" field is a date picker.

Close Submit

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:

Checking on PA Status Using ProviderOne

- The system will return your authorization status

Close

PA Utilization:

Authorization #: 10000226
 Client ID: 99999998WA
 Service: Partial
 Request Date: 5/9/2010
 Service Start Date: 6/14/2010
 Requestor ID: 1972676971

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	Modifier1	ToothNum	ToothSurf	Quad	From Date	To Date	Request Amount	Request Units	Auth Amount	Auth Units	Used Amount	Used Units	Status
1	06/14/2010	1297174503	D5213	K-Dental Claim				01	06/14/2010	06/14/2010	0	1	0	1	0	0	Approved

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS



Checking on PA Status Using ProviderOne

- The following statuses may be returned

Requested	This means the authorization has been requested and received.
In Review	This means your 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 you as incomplete.
Approved	This means the Department has approved your request.
Denied	This means the Department has denied your request.



Authorization Policy

- 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.



Tips for Success

- Must use the new ProviderOne Client ID and NPI
 - ProviderOne cannot recognize the PIC or legacy provider numbers
- For questions on authorization requests, contact the customer service center at 800-562-3022.