

#### Washington State Health Care Authority

# Prior Authorization Direct Data Entry (DDE) submission for dental providers





#### What's happening?

- The Health Care Authority (HCA) has implemented an online authorization submission process through the provider portal that allows providers to enter Prior Authorization (PA) requests directly into ProviderOne.
- Providers will be able to submit their PA requests and attach all backup documentation free of cost, to include x-rays and photos, needed for processing PA requests.
- These screens follow the same format as the General Information for Authorization form 13-835.
- If needed, providers can still submit authorizations using form 13-835 if they choose to.

**IMPORTANT!** Once you have successfully submitted your authorization, you will receive a 9-digit reference number as verification that the agency has received your request. Providers must not bill or perform any procedures until a written approval is received. The agency's prior authorization review process has not changed, and requests will still be processed in the order they are received. Please ensure that all required documentation is included along with a fax number.





#### Accessing ProviderOne

- Before logging into ProviderOne:
  - Make sure you are using one of the following and your popup blockers are turned OFF.

Computer operating systems	Internet browsers
Windows <ul> <li>10</li> <li>11</li> </ul>	Edge • 101.0.1210.39
<ul><li>Macintosh</li><li>OS 11 Big Sur</li><li>OS 12 Monterey</li></ul>	Google Chrome • 55.0.2883 • 101.0.4951.64
Safari • 15.4 • 12.0.1	Firefox <ul> <li>100.00</li> </ul>



#### Logging in to ProviderOne

 Log in to ProviderOne using your domain number, user name, and password.

	Provider
0	Domain Name
Ŧ	User Name
•	Password
	The Domain, Username and Passwords are case sensitive.
lf yo	u are a Client, Click here





nited Provider Social Service

#### Choose your profile

- Available profiles for online PA submission:
  - EXT Provider Claims Submitter
  - $\circ~$  EXT Provider Eligibility Checker
  - EXT Provider Eligibility Checker/Claims Submitter
  - EXT Provider Super User

	EXT Provider Claims Payment Status Checker
	EXT Provider Claims Submitter
	EXT Provider Download Files
	EXT Provider EHR Administrator
Welcome to the Medicaid Management Information System	EXT Provider Eligibility Checker
for	EXT Provider Eligibility Checker-Claims Submitter
	EXT Provider File Maintenance
	EXT Provider File View Only
	EXT Provider Managed Care Only
	EXT Provider Social Services Medical
Provider ne	EXT Provider Social Services
	EXT Provider Super User
a sin contrain districtoritation and	EXT Provider System Administrator
	EXT Provider Upload Files
Select a profile to use during this session:	EXT Provider Upload and Download Files
	Ext Thouse opious and Dominous Thes
EXT Provider Super User	
EXT Provider Super User	





#### **Provider portal**

• On the provider portal, select **On-line Prior Authorization Submission**.







# Choose type of authorization request

- Select the **Organization Unit** or **type** of authorization request you are submitting:
  - For example, if dental select **501 Dental Services**.
  - Click the **Next** button.

C CI	ose	
	On-Line Prior Authorization Submission Screen - PA Request Organization Unit Selection Screen	^
Note	e: asterisks (*) denote required fields. Submitter ID:	9999999
	PA Request Organization Unit Selection	^
	Please select an organization unit to Proceed	
	*Organization Unit: 501 - Dental Services	
		► Next





# Initiate authorization request

Select a Service Type
 Code based on the
 type of service you
 are requesting.

	SERVICE TY	PE CODE SELECTION	
Plea	se select Service	Type Code	
* Ser	vice Type Code:	SELECT	~

	A Request Info	tion   Client Info   Requestor Info   Ser	vice
bervice	e Type Code Selec	uon   Chent Inio   Requestor Inio   Ser	vice
	SERVICE TY	PE CODE SELECTION	
Plea	se select Service	Type Code	
* Ser	vice Type Code:	SELECT ASC - ASC CWN - Crowns DEN - Dentures	
CLIE * Clie	ENT ent ID:	DP - Denture/Partial EXT - Extractions EXTD - Extractions w/dentures GA - General Anesthesia GAE - General Anesthesia extractions IP - In Patient	
	REQUESTO	MISC - Miscellaneous	
-	UESTOR equesting Provide	PSM - Perio Scaling/Maintenance PTL - Partial RBS - Rebases RLNS - Relines	ov
	SERVICE RE	SSIP - Short Stay (In-Patient) TC - Transfer Case	



# Complete all required fields

- ProviderOne **Client ID** (include WA).
- Client first & last name
- **Requesting Provider NPI** (can be an individual payable NPI or a servicing NPI).
- **Billing Provider NPI** (who will be paid for the service, can be same as requesting).

* Service Type Code: DEN - Dentures	$\checkmark$	e: All fields marked with a red asterisk are required and must be completed.
CLIENT INFORMATION		
CLIENT		
* Client ID: * Cl	ient First Name:	* Client Last Name:
	1	
REQUESTOR		
* Requesting Provider NPI:	* Billing Provider NPI:	Referring Provider NPI:
L	9	



- In the Service Request Line Items section, select the appropriate **Code Qualifier** from the list below.
  - T CDT Proc Code
  - C CPT Proc Code
  - D DRG
  - P HCPCS Proc Code
  - I ICD-9/10 Diagnosis Code
  - o R Rev Code
  - N NDC National Drug Code
  - $\circ$  S ICD 9/10 Proc Code

SERVICE REQUE	ST LINE ITEMS	- DENTA	L		
	* Code Qualifier:	T - CDT	Procedu	ire Code	~
		mm	dd	ссуу	
*	Proc From Date:	10	24	2017	
# Units/	/Days Requested:				
	Tooth Number:	SELE	CT 🗸		
	Tooth Surface:	SELE	CT 🗸	SELE	CT
				O Add Ser	vice Reques





- Once the Code Qualifier has been selected, enter the appropriate National Code.
- If applicable, enter:
  - Units/days or an amount (required)
  - Tooth number/surface/quadrant
- The from and to dates will auto-populate.
- If requesting retro dates of service, you will need to enter those dates specifically.





• Click on the Add Service Request Line Item button to add the line to the authorization request.

	SERVICE REQUEST INF	ORMA	TION							
SERVIC	E REQUEST LINE ITEMS	- DENTA	L							
	* Code Qualifier:	T - CDT	Procedu	ire Code	$\checkmark$		* National Code:	D5110		
		mm	dd	ссуу				mm	dd	ссуу
	* Proc From Date:	10	25	2017			* Proc To Date:	01	25	2018
	# Units/Days Requested:	1				\$ Ai	mount Requested:			
	Tooth Number:	SELE	СТ				Quadrant:	SEL	ECT 🗸	
	Tooth Surface:	SELE	CT 🗸	SELEC	CTSE	LECT	SELECT	SEL	.ECT	2
				Add Serv	vice Request Line I	Item 📝 Upda	te Service Request I	ine Item		
Previou	sly Entered Service Request	Line Item	n Informa	tion			If the com	ico		e requesting

**Note**: Either units or an amount is required.

If the service you are requesting requires an arch designation, use the Quadrant dropdown to choose the arch.



 This will move the information you entered to the bottom of the screen and clear the Service Request Line Items area for you to enter additional procedures as needed.

SERVICE REQUEST LINE ITEMS	- DENTAL							
* Code Qualif	fier:SELECT				* National Code:			
	mm dd	ссуу				mm	dd ccyy	
* Proc From Da	ate: 10 25	2017			* Proc To Date:	01	25 20	18
# Units/Days Request	ted:				\$ Amount Requested:			
Tooth Numb	ber:SELECT	)			Quadrant:	SELE	CT 🗸	
Tooth Surfa	ace:SELECT	SELECT	SELECT	-	SELECTSE	ELECT	<ul> <li>Image: A set of the set of the</li></ul>	
		O Add Service	e Request Line Iter	n 🖉 Up	date Service Request Lir	ne Item		
Previously Entered Service Request	t Line Item Information							
Click a Line No. below to view/updat	te that Service Reques	t Line Item Informat	ion.					
Line Service Request Dates No From To	le Qualifier	National Code	Modifier No	Quadrant	Tooth Surface	# Units/Day Requested	Requester	
1 10/25/2017 01/25/2018 T - 0	CDT Procedure Code	D5110				1		Delete



- The line number is a blue hyperlink that when selected will repopulate the information in the Service Request Line Item.
  - You can make any needed changes and click the Update Service Request
     Line Item button to update the line.
- You can also delete an entire line by selecting the **Delete** hyperlink in blue next to the Service Request Line Item.

SERVICE REQUEST LINE ITEMS - D	DENTAL									
* Code Qualifier:	SELECT	$\checkmark$			* 1	Vational	Code:			
	mm dd	ссуу						mm	dd c	суу
* Proc From Date:	10 25	2017			*	Proc To	Date:	01	25	2018
# Units/Days Requested:					\$ Amou	int Requ	ested:			
Tooth Number:	SELECT		$\frown$			Qua	drant:	SELE	ст	
Tooth Surface:	SELECT	SELECT	SEL		SELECT		SE	LECT	<ul> <li></li> </ul>	
		• Add Service	e Request Line Iter	T Up	date Serv	/ice Requ	iest Lin	e Item		
Previously Entered Service Request Lir	ne Item Information									
Click a Line No. below to view/update th	hat Service Reques	t Line Item Informati	on.							
Line Service rest Dates N To Code Q	ualifier	National Code	Modifier No	Quadrant	Tooth S	Surface 3 4	-	# Units/Day Requeste	Reques	
1 10/25/2017 01/25/2018 T - CDT	F Procedure Code	D5110					:	L		Delete

- If you will be using NEA for any photos or x-rays, you will need to enter the NEA number or additional comments in the comments area, located below the Service Request Line Items.
- If the CDT codes you are requesting requires a diagnosis code, do not enter the decimal point. ProviderOne will apply the decimal upon submission of the authorization.
- IMPORTANT! Please enter your phone and fax number in the comments area.

Click a Line No. below to view/update that Service Request Line Item Information.															
Line	Service Req	uest Dates	Code Qualifier	National Code	Modifier	Tooth	Quadrant		oth S	Surfa	ace		#	\$ Amount	
No	From	То	code Quaimer	National Code	Moumer	No	Quaurant		2	3	4	5	Units/Days Requested	Requested	
1	11/08/2017	02/08/2018	T - CDT Procedure Code	D5120									1		Delete
	MEDICAL		ATION												
	Diagnosis	Code:									F	Place	e of Service:	SELECT	
	Comr	ments:													

Note: The comments area allows up to 250 characters.



- Once the information is complete, click the **Submit PA Request** Info button at the top of the PA Request screen.
- ProviderOne will validate the data you entered in the request to ensure all minimum information has been submitted.

8 Clo	Close Submit PA Request Info						
	On-Line Prior Authorization Submission Screen - Initiate Dental PA Request Screen						
	Note: asterisks (*) denote required fields. PA Request Info						
Servio	ce Type Code Selection   Client Info   Requestor Info   Service Request Info   Medical Info						
Servio	ce Type Code Selection   Client Info   Requestor Info   Service Request Info   Medical Info						
Servio	ce Type Code Selection   Client Info   Requestor Info   Service Request Info   Medical Info SERVICE TYPE CODE SELECTION						





 If you receive any red warnings at the top of the PA Request screen, verify and correct the information. These corrections must be completed before ProviderOne will accept the online PA request.

Provider Portal > On-Line Prior Authorization Submission Screen						
Close Submit PA Request Info						
Warning : Error retrieving Client Details / Client ID Not Valid. Warning : Error retrieving Requesting Provider Details / Requesting Provider Not Found.						
n Submission Screen - Initiate Dental PA Request Screen						
Note: asterisks (*) denote required fields.						
Requestor Info   Service Request Info   Medical Info						

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 If you receive a confirmation screen with a PA request number, it means that all your information has been confirmed as valid and you are ready to add supporting documentation to your request.

	Submitted PA Request Details: PA Request Number: 100	0617985		to Prov	iderOr	will not be ne until the n has been	9
	Provider ID: 180 Client ID: 999					lide 24.	
PI	ease click "Add Attachment" button, to attach the do	ocuments.				Add Attach ant	
[	Note: "No records found!"	mission Code	Attachment Control #	File Size	Delete	Uploaded	
	means you have not yet	No Recor	a ▼ ds Found !	<b>▲</b> ▼	▲ ▼	• •	
	attached any backup documentation to the PA		<b>A</b>	Print Details	뤔 Print Cov	rer Page Submit	:
	request.						



- The Submitted PA Request Details screen also allows you to print a copy of this confirmation for your records, using the **Print Details** button.
- To submit your supporting documentation, select Add
   Attachment.
   Note: Supporting documentation is required and will delay

Submitted	PA Request Details:	n <b>ber</b> : 100617985	not attached. Ensure			
		er ID: 1801231717	attached prior to sub	omitting	your r	equest.
	Clie	nt ID: 999999998WA				
	Date of Ser	rvice: 10/25/2017 - 01	1/25/2018			
lease click "Add /	Attachment" button, to atta	ch the documents.				Add Attachment
					v	
Attachmen	t List:					^
File Name	Attachment Type	Transmission C	ode Attachment Control #	File Size	Delete	Uploaded On
▲ <b>▼</b>	▲ ▼		▲ ▼	▲ ▼	<b>AV</b>	▲ ▼
		No	o Records Found !			

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#### Adding documentation

- Once you have clicked the **Add Attachment** button, the Back Up Documentation screen appears.
- Choose your **Attachment Type**, by using the dropdown.

🧟 Back Up Documentation - Internet Explorer - 🗆 X									
🚔 Print 🛛 😧 Help									
	option from the Required Fields * and atta SELECT 77-Support Data for Verification AS-Admission Summary B2-Prescription P3 Deveription	ach file, if the Transmission Code is 'WB-Web' ansmission Code:SELECT * PDF, GIF, JPEG, DOC, DOCX, TIF, XLS, XLSX *	Ca	▲ Incel					
	PN-Physical Therapy Notes PO-Prosthetics or Ortho3tic Certification PZ-Physical Therapy Certification RB-Radiology Films RR-Radiology Reports RT-Report of Tests and Analysis Report								



# Adding documentation

- Choose the Transmission Code by using the dropdown:
  - Select WB for web submission

The agency is no longer accepting prior authorizations by mail

Please	Please select one of the option from the Required Fields * and attach file, if the Transmission Code is 'WB-Web'					
A	Attachment Type:	SELECT	* Transmission Code:	SELECT BM-By Mail WB-Web	*	
	Please attach	the File(s). The File	Format must be PDF, GIF, JPEG,	DOC, DOCX, TIF, XLS, X	LSX ^	
		Filename:	Browse *			
					OK Cancel	





# Adding documentation – Web

- Once you have chosen the Attachment Type and Transmission Code of WB, click the **Browse** button.
- If your office saves backup documentation to a file on your network or computer, this allows you to search those folders and attach the documentation.
- Click the **Ok** button.

C Back Up Documentation - Internet Explorer			×
APrint 😨 Help			
Please select one of the option from the Required Fields * and attach file, if the Transmission Code is 'WB-Web'			
Attachment Type: 77-Support Data for Verification 💉 Transmission Code: WB-Web 💉			
Please attach the File(s). The File Format must be PDF, GIF, JPEG, DOC, DOCX, TIF, XLS, XLSX			
Filename: Browse *		^	
Acceptable file formats: PDF, GIF, JPEG, DOC, DOCX, TIF, XLS,	ок	Cancel	



# Adding documentation – Web

- Your supporting information shows in the **Attachment List**.
- Acceptable file formats are PDF, GIF, JPEG, DOC, DOCX, XLS, XLSX, and document sizes no more than 10 MB.

Submitted PA	Request Details: PA Request Number Provider ID Client ID Date of Service	<b>Note</b> : Multiple Follow these st needed. Be sur documentation	eps for e to up	each	attachment	
lease click "Add Attac	chment" button, to attach t					Add Attachment
File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
backup_info.docx	77	WB		12kb	x	10/25/2017
View Page: 1	O Go + Page Count	SaveToXLS View	ing Page: 1		Prev	> Next >> Last





- Once you have added your supporting documentation, by WB, you are ready to submit your request.
- Select the **Print Details** button to keep a copy for your records of the attachments you are sending.
- Click the Submit button to finalize your request. The agency will not receive your request if you do not click the final submit button on this screen.

	Submitted PA	Request Details: PA Request Number Provider ID Client ID Date of Service	the request if a	any x-ra E <mark>nsure</mark> a	ys, ph I <mark>ll rec</mark>	iotos or oth J <b>uired docu</b>	equired and will dela ner documentation umentation is attac	is	
Ple	ase click "Add Attac	hment" button, to attach ti				Add Attachment			
	File Name	Attachment Type ▲ ▼	Transmission Code ▲ ▼	Attachment Control #	File Size	Delete ▲ ▼	Uploaded On ▲ ▼		
	backup_info.docx	77 O Go + Page Count	WB	ing Page: 1	12kb	Prev	10/25/2017		
					Print Details	Print Cov	er Pa e Submit		



# What do I do if I need help?

- Helpful information and resources located on the Prior Authorization <u>webpage</u>.
- Prior Authorization Office 1-800-562-3022:
  - Dental extension 15468 (Tuesday Thursday 8:00am-12:00pm)





#### Authorization status

• Below is a list of the different statuses you may see on your PA request:

Error	Definition
Error	There is an error in ProviderOne that will be cleared once the request is worked. No action needed by the provider.
Requested	The authorization has been requested and received.
In review	The authorization request is currently being reviewed.
Cancelled	The authorization request has been cancelled.
Pended	Additional information has been requested from the provider.
Referred	The authorization request has been forwarded to a second level reviewer.
Approved/hold	The request is approved but additional information is necessary before the authorization can be released for billing.
Approved/denied	The authorization request is partially approved with some services denied.
Rejected	The authorization request was returned as incomplete.
Approved	The authorization has been approved.
Denied	The authorization has been denied.

