Prior Authorization Direct Data Entry (DDE) submission for DME 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, 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**:

<table>
<thead>
<tr>
<th>Computer operating systems</th>
<th>Internet browsers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Windows</td>
<td>Edge</td>
</tr>
<tr>
<td>• 10</td>
<td>• 101.0.1210.39</td>
</tr>
<tr>
<td>• 11</td>
<td></td>
</tr>
<tr>
<td>Macintosh</td>
<td>Google Chrome</td>
</tr>
<tr>
<td>• OS 11 Big Sur</td>
<td>• 55.0.2883</td>
</tr>
<tr>
<td>• OS 12 Monterey</td>
<td>• 101.0.4951.64</td>
</tr>
<tr>
<td>Safari</td>
<td>Firefox</td>
</tr>
<tr>
<td>• 15.4</td>
<td>• 100.00</td>
</tr>
<tr>
<td>• 12.0.1</td>
<td></td>
</tr>
</tbody>
</table>
Logging in to ProviderOne

• Log in to ProviderOne using your domain number, user name, and password:
Choose your profile

- Available profiles for online PA submission:
  - EXT Provider Claims Submitter
  - EXT Provider Eligibility Checker
  - EXT Provider Eligibility Checker/Claims Submitter
  - 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 DME select **502 – Durable Medical Equipment Services**.
  - Click the **Next** button.

![On-Line Prior Authorization Submission Screen](image-url)
Initiate authorization request

- Select a **Service Type Code** using the dropdown, based on the type of service you are requesting:
Complete all required fields

- ProviderOne **Client ID** (include WA).
- Clients 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).
- A **Referring Provider NPI** (who referred the client for this service).

**Note**: All fields marked with a red asterisk (*), are required and must be completed.
Service Request Information

• In the Service Request Line Items section, select the appropriate Code Qualifier from the list below:

  o T – CDT Proc Code
  o C – CPT Proc Code
  o D – DRG
  o P – HCPCS Proc Code
  o I – ICD-9/10 Diagnosis Code
  o R – Rev Code
  o N – NDC – National Drug Code
  o S – ICD – 9/10 Proc Code
Service Request Information

- Once the Code Qualifier has been selected, enter the appropriate National Code.
- If applicable, enter:
  - Part number
    - If requesting multiple part numbers for one HCPC, the part numbers must be listed in the comments box or a copy of the 13-835 General Authorization form must be uploaded with the initial submission.
  - Units/days or an amount (required)
  - Modifier
- The from and to dates will auto-populate.
- If requesting retro dates of service, you will need to enter those dates specifically.

Important note! If requesting Complex Rehabilitation Technology (CRT), part numbers must be listed in the comments box or a copy of the 13-835 General Authorization form must be uploaded with the initial submission. Up to 250 characters can be added to the comments field.
Service Request Information

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

**Note:** Either units or an amount is required.
Service Request Information

- 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 Information

• The line number is a blue hyperlink that when selected will re-populate 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 Information

- Enter in the **Diagnosis Code** and **Place of Service** using the dropdown.
- Do not enter a decimal point on the diagnosis code. ProviderOne will apply the decimal upon submission of the authorization.
- **IMPORTANT!** Please enter your phone and fax number in the comments area.

If you are using MEA for your backup documentation, enter the MEA number or any additional comments in the **Comments** area. Up to 250 characters are allowed in the comments area.
Submitting your request

• 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.
Submitting your request

- 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.
Submitting your request

• 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.

Note: “No records found!” means there is not yet any backup documentation attached to the claim.

Your request will not be sent to ProviderOne until the submit button has been clicked. See slide 24.
Submitting your request

- On this screen, you also have the option of printing 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 the request if any x-rays, photos or other documentation is not attached. **Ensure all required documentation is attached prior to submitting your request.**
Adding documentation

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

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

The agency is no longer accepting prior authorization by mail
Adding documentation – Web

• Once you have chosen the Attachment Type and Transmission Code of WB, click the **Browse** button to upload the supporting documents.

• 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.

Acceptable file formats: PDF, GIF, JPEG, DOC, DOCX, TIF, XLS, and XLSX with sizes no more than 10 MB.
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.

**Note:** Multiple attachments can be added. Be sure to upload all required documentation.
Submitting your PA request

• 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.

**Note:** Supporting documentation is required and will delay the request if any x-rays, photos or other documentation is not attached. **Ensure all required documentation is attached prior to submitting your request.**
What do I do if I need help?

• Prior Authorization Office 1-800-562-3022:
  o DME/P&O/Respiratory/CRT – extension 15466
    (Tuesday - Thursday 8:00am-12:00pm)

• Helpful information and resources located on the Prior Authorization webpage.
Below is a list of the different statuses you may see on your PA request:

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