

APPENDIX G: How to check status of an authorization

There are two ways to check the status of a ProviderOne authorization request: using the Interactive Voice Response (IVR) and using the ProviderOne portal.

Checking authorization status using Interactive Voice Response (IVR)

Authorization status – use keypad only
Dial 1-800-562-3022
Select 1 for English or stay on the line
“If you have an extension, press 1 now.”
Select 2 for self-service provider menu
Select 1 for authorization
Select 1 for pharmacy authorizations
Select 2 for medical, dental or other authorizations
Enter NPI when prompted
Select 2 for get status
Choose option 1 to search by authorization number
Choose option 2 to search by client ID/date of birth
<p>What will I hear?</p> <p>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.</p> <p>The types of information available are:</p> <ul style="list-style-type: none"> • Authorization number • Status date • Status, such as: <ul style="list-style-type: none"> ○ Approved ○ In review ○ Denied ○ Referred ○ Pending ○ Cancelled

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:

A screenshot of the "PA Inquire" form. At the top, there are "Close" and "Submit" buttons. Below the title, there is a message: "To submit a Prior Authorization Inquiry, complete one of the following criteria sets and click 'Submit'." This is followed by a bulleted list of criteria:

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

 An orange arrow points to this list. Below the list, there is contact information for the Customer Service Center. The form contains several input fields: "Prior Authorization Number:", "Provider NPI:", "Client ID:", "Client Last Name:", "Client First Name:", and "Client Date of Birth:".

The system will return the authorization status:

A screenshot of the "PA Utilization" page. At the top, there are "Close" and "Submit" buttons. The page is divided into two main sections: "PA Utilization" and "Service List".

The "PA Utilization" section displays the following information:

- Authorization #: 111111111
- Client ID: 999999999WA
- Service: Other DME
- Request Date: 2015-08-03
- Service Start Date: 2015-08-03
- Requestor ID: 5100000004
- Authorization Status: Approved
- Client Name: DOE, JANE
- Organization: PA - DME
- Last Updated Date: 2015-10-19
- Service End Date: 2015-12-04
- Requestor Name: ACME MEDICAL CLINIC

The "Service List" section contains a table with the following columns: Line #, Modified Date, Servicing Provider ID, Code, Claim Type, Modifier1, Modifier2, Part Number, From Date, To Date, Request Amount, Request Units, Auth Amount, Auth Units, Used Amount, Used Units, and Status. The table contains four rows of data, all with a status of "Approved".

An orange arrow points to the "Authorization Status" field in the "PA Utilization" section.

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Any one of the following may appear in the authorization status field:

Status	Meaning
Error	There is an error in ProviderOne that will be cleared once the request is worked. No action is needed by the provider.
Requested	HCA received the requested authorization.
In review	The authorization is in review.
Cancelled	Authorization request cancelled.
Pended	Requires additional information in order to make a decision on the request.
Referred	Request has been forwarded to a second level reviewer.
Approved/hold	Request approved, but additional information is necessary before the release of authorization for billing.
Approved/denied	Partially approved and some services have been denied.
Rejected	Returned to the provider as incomplete.
Approved	HCA has approved the provider's request.
Denied	HCA has denied the provider's request.