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)

<table>
<thead>
<tr>
<th>Authorization status – use keypad only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dial 1-800-562-3022</td>
</tr>
<tr>
<td>Select 1 for English or stay on the line</td>
</tr>
<tr>
<td>“If you have an extension, press 1 now.”</td>
</tr>
<tr>
<td>Select 2 for self-service provider menu</td>
</tr>
<tr>
<td>Select 1 for authorization</td>
</tr>
<tr>
<td>Select 1 for pharmacy authorizations</td>
</tr>
<tr>
<td>Select 2 for medical, dental or other authorizations</td>
</tr>
<tr>
<td>Enter NPI when prompted</td>
</tr>
<tr>
<td>Select 2 for get status</td>
</tr>
<tr>
<td>Choose option 1 to search by authorization number</td>
</tr>
<tr>
<td>Choose option 2 to search by client ID/date of birth</td>
</tr>
</tbody>
</table>

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
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:

The system will return the authorization status:
Any one of the following may appear in the authorization status field:

<table>
<thead>
<tr>
<th>Status</th>
<th>Meaning</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 is needed by the provider.</td>
</tr>
<tr>
<td>Requested</td>
<td>HCA received the requested authorization.</td>
</tr>
<tr>
<td>In review</td>
<td>The authorization is in review.</td>
</tr>
<tr>
<td>Cancelled</td>
<td>Authorization request cancelled.</td>
</tr>
<tr>
<td>Pended</td>
<td>Requires additional information in order to make a decision on the request.</td>
</tr>
<tr>
<td>Referred</td>
<td>Request has been forwarded to a second level reviewer.</td>
</tr>
<tr>
<td>Approved/hold</td>
<td>Request approved, but additional information is necessary before the release of authorization for billing.</td>
</tr>
<tr>
<td>Approved/denied</td>
<td>Partially approved and some services have been denied.</td>
</tr>
<tr>
<td>Rejected</td>
<td>Returned to the provider as incomplete.</td>
</tr>
<tr>
<td>Approved</td>
<td>HCA has approved the provider’s request.</td>
</tr>
<tr>
<td>Denied</td>
<td>HCA has denied the provider’s request.</td>
</tr>
</tbody>
</table>