

Washington State Health Care Authority

Prior Authorization adding additional supporting documents to a request in "pend" or "approve/hold" status



Washington State Health Care Authority

Has the agency pended your request for additional documentation?

- If the agency requires additional information to review your authorization, you may need to add backup documentation to the submitted PA request.
- Your request will have a status of "pended" or "approve/hold" waiting for the documentation to be attached.
- The following slides describe the required steps.





 Search for your PA request completing the fields below and click Submit.

Close Submit	
III PA Inquire	
To submit a Prior Authorization Inquiry, complete or	ne of the following criteria sets and click 'Submit'.
Prior Authorization Number; or	
 Provider NPI AND Client ID; or 	
Provider NPL Client Last Name, Client First Na	me. AND Client Date of Birth
For additional information, please contact our Custo	mer 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:	
	Close Submit PA Inquire To submit a Prior Authorization Inquiry, complete or Prior Authorization Number; or Provider NPI AND Client ID; or Provider NPI, Client Last Name, Client First Na For additional information, please contact our Custor Prior Authorization Number: Prior Authorization Number: Client ID: Client Last Name: Client First Name: Client First Name:



Adding additional documentation

Washington State

to a pended request

 Once ProviderOne finds your PA request the status will be pended or approve/hold, click the Add Attachment button.

	PA Utilizat	ion															
		Author	ization #:	1008776	84						Author	rization Statu	is: Pended				
			Client ID:	99999999	98WA							Client Nam	e: Client, Ps	eudo			
Service: Dentures										Organizatio	n: PA - DEN	TAL					
	Request Date: 2019-06-10 Last Updated Date: 2019						te: 2019-06-	10									
		Service St	tart Date:	2019-06	-10						Ser	rvice End Dat	te: 2019-09-	10			
		Requ	estor ID:	1366556	6227						Re	questor Nam	e: Test FAC	DI			
	Service Lis	st															
Line # ∆▼	Modified Date	Servicing Provider ID ▲ ▼	Code ▲ ▼	Claim Type	Modifier1 ▲ ▼	ToothNum ▲ ▼	Tooth Surf ▲ ▼	Quad	From Date	To Date ▲ ▼	Request Amount ▲ ▼	Request Units	Auth Amount	Auth Units ▲ ▼	Used Amount	Used Units	Stat
1	06/10/2019	1366556227	D5211						06/10/2019	09/10/2019	0	1	0	0	0	0	Pend
View	Page: 1	O Go	Page C	ount 🖌	SaveToXLS		View	ing Pag	ge: 1				<	K First	Prev	Next	» Las

Note: This option is available on all requests that are in pended or approve/hold status, regardless of how the request was initially submitted (i.e., fax or direct data entry).



• Click the Add Attachment button.

	Submitted P	A Request Details:					
			1 100077001				
		PA Request Nun	nber: 1008/7684				
		Provide	er ID: 1366556227				
		Clier	nt ID: 999999998WA				
		Date of Ser	vice: 06/10/2019 - 09/10/2019	9			
			- half and a summaria				
ase	e click "Add At	tachment" button, to atta	ch the documents.				Add Attachmen
_							
	Attachment	List:					
	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
-	▲ ▼	▲ ▼	▲ ▼	A V	▲ ▼	▲ ▼	▲ ▼
			No Record	ds Found !			



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

🥖 Back Up	p Documentation - Intern	iet Explorer		—		×
	🚔 Print 🛛 😧 Help					
Pleas	e select one of the Attachment Type:	option from the Required Fields * and att SELECT 77-Support Data for Verification	ach file, if the Transmission Code is 'WB-Web'			
	Please attach	B2-Prescription B3-Physician Order CT-Certification DA-Dental Models DG-Diagnostic Report DS-Discharge Summary EB-Explanation of Benefits MT-Models NN-Nursing Notes OB-Operative Notes OZ-Support Date for Claim DNL Division Theorem Nation	PDF, GIF, JPEG, DOC, DOCX, TIF, XLS, XLSX	< 0c	* ancel	
		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				



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

The agency is no longer accepting additional information by mail

Please	Please select one of the option from the Required Fields * and attach file, if the Transmission Code is 'WB-Web'								
ļ	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, XLSX								
		Filename:	Browse *						
					OK Cancel				





- 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.

E 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 *	
OK Car	cel
8	



- 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 F	Request Details: PA Request Numbe Provider II Client II Date of Service	r: 100617986 D: 1801231717 D: 999999998WA e: 10/25/2017 - 01/25/2018 -	Note: Multiple Follow these st needed. Be sur documentation	attach eps for e to up 1.	ment each load	s can be add attachmen all required
leas	e click "Add Attach Attachment Lis	nment" button, to attach t	the documents.				Add Attachment
	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
_ b	ackup_info.docx	77	WB		12kb	x	10/25/2017
Vie	w Page: 1	Go Go + Page Count	E SaveToXLS View	ing Page: 1	« First	Prev	Next Next
				P	Print Details	🖨 Print Co	ver Page Submit



Submitting your PA request

- Once you have added your additional 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 F	Request Details: PA Request Number Provider ID Client ID Date of Service	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.						
Plea	se click "Add Attacl	nment" button, to attach ti	ne documents.				Add Attachment		
	File Name ▲ ▼	Attachment Type ▲ ▼	Transmission Code ▲ ▼	Attachment Control #	File Size ▲ ▼	Delete ▲ ▼	Uploaded On ▲ ▼		
Vi	backup_info.docx ew Page: 1	77 O Go + Page Count	WB SaveToXLS View	ring Page: 1	12kb	X Prev Print Cov	10/25/2017 Next >> Last rer Pare Submit		



What do I do if I need help?

Helpful information and resources located on the Prior Authorization webpage.

Toll-Free 1-800-562-3022: Medical equipment (ME): ext. 15466 Hours: Tuesday - Thursday 8:00am-12:00pm

Medical: ext. 15471 Hours: Tuesday - Thursday 8:00am-12:00pm

Comagine: ext. 52018 **Hours:** Tuesday - Thursday 8:00am-12:00pm

Dental: ext. 15468 Hours: Tuesday - Thursday 8:00am-12:00pm

