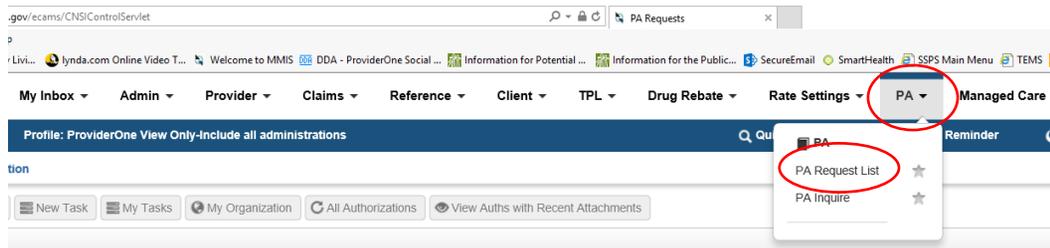
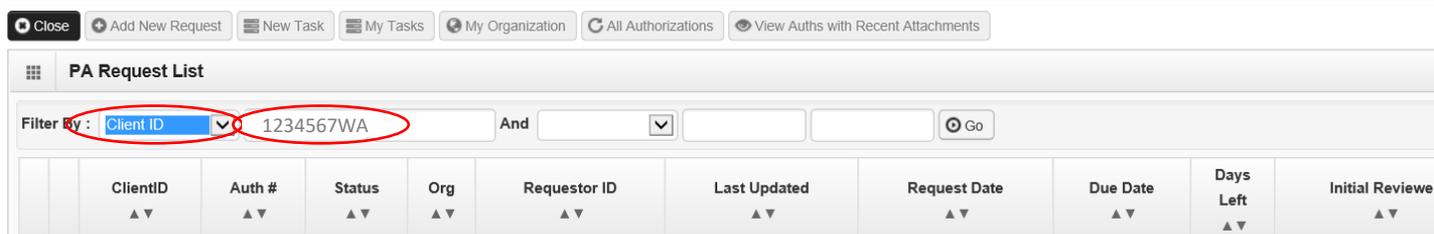


## Viewing decisions in P1 (denial, approval, on hold and rejected)

1. Log into ProviderOne and Select the PA Tab, then the PA Request List:



2. Search for client using Client P1 ID or Last Name in the filter:



3. From the PA Request List, find the status of the item you are reviewing by clicking on the small, red icon of a printer (you may have to click open several authorizations; focus on or filter to Org: "PA – DME"). With this client, from the 'Status' column you can see that some prior authorizations have been approved, one is rejected, several were canceled and at least one is denied (not all were DME in this example).





September 01, 2015

**Sample Approval**

Client info

RE:  
Client Name: [redacted]  
Client ID: [redacted]  
Reference Number: [redacted]  
Billing Provider: [redacted]  
Prescribing Provider: [redacted]

Dear [redacted]  
On August 28, 2015, [redacted] requested authorization for:  
**THE PURCHASE OF AN INVACARE 5310IVC SEMI-ELECTRIC HOSPITAL BED.**  
The committee has reviewed all information submitted with this request.  
You have been approved for the purchase of an Invacare 5310IVC semi-electric hospital bed.  
Approval dates are between August 31, 2015 through November 30, 2015.  
**\*\*NOTE TO PROVIDER\*\***  
Billing claims without the proper modifier could result in nonpayment.  
In order to be reimbursed for the hospital bed please provide Health Care Authority with the date of delivery and serial number for the approved equipment by calling the DME Authorizations line at 1-800-562-3022 extension 15466.

This request has been approved and this approval is only valid if you are eligible for medical assistance on the date of service and are on an eligible program that allows coverage for the service/item.

Below is a summary of items approved:

Code	Description	Requested \$	Allowed \$	Requested Units	Allowed Units
E0294	bed 5310IVC		0	1	1

Vendor info

**Sample of denial**

RE:  
Client Name: [redacted]  
Client ID: [redacted]  
Reference Number: [redacted]  
Billing Provider: [redacted]  
Prescribing Provider: [redacted]

Dear [redacted]

On August 28, 2015, [redacted] requested authorization for:  
**THE PURCHASE OF A LIFT CHAIR.**  
The committee has reviewed all information submitted with this request.

This request is being denied as non-covered based on WAC 182-501-0070.  
Our medical team reviewed your request for authorization of a lift chair as an Exception to Rule. The medical information submitted by your provider did not justify authorization as an Exception to Rule at this time. There is no hearing available to appeal this determination.  
This decision is based on WAC 182-549-6000.

If you disagree with this decision, you may request an administrative hearing within 90 days of the date of this letter. For further instruction, see the end of this letter.

Upon request the agency will provide to you or your designated representative copies of all documentation relied upon in making this decision.

If you have further questions, the Health Care Authority (HCA) Customer Service Center toll free number is 1-800-562-3022.

Sincerely,



Vendor info

**Sample of rejected authorization. The vendor receives the reason why the authorization was rejected and necessary follow up (by the vendor).  
This is not an approval or a denial; it is a rejection.**

RE:  
Client Name: [redacted]  
Client ID: [redacted]  
Reference Number: [redacted]  
Billing Provider: [redacted]  
Prescribing Provider: [redacted]

Dear [redacted]

On October 3, 2017, [redacted] requested authorization for:  
**THE PURCHASE OF A PRIDE MOBILITY QUANTUM Q6 EDGE HD 3RD SS POWER WHEELCHAIR AND ACCESSORIES.**

We are unable to process this request for the following reason(s):

Our records indicate [redacted] was enrolled on a Managed Care Plan through Molina Health Care on 10/01/2017. For procedures on or after that date please contact Molina regarding your request at (800) 869-7165.

It is important to double check the client's eligibility prior to submitting your requests.

If appropriate, please re-submit the entire request including the missing information.

Please refer to your billing instructions to assist you with the agency's policy and requirements at <http://www.hca.wa.gov/billers-providers/claims-and-billing/professional-rates-and-billing-guides>.

If you have further questions, the Health Care Authority (HCA) Customer Service Center toll free number is 1-800-562-3022.

Sincerely,

**Sample of Approval/Denial.  
Part of the request was approved and part was denied.**

Client info

RE:  
Client Name: [redacted]  
Client ID: [redacted]  
Reference Number: [redacted]  
Servicing Provider: [redacted]  
Prescribing Provider: [redacted]

Dear [redacted]

On April 4, 2012, [redacted] requested authorization for:  
The purchase of a Tilite Aero Z manual wheelchair and accessories.

The committee has reviewed all information submitted with this request. This request has been approved with the exception of the following:  
**J3 CUSHION**  
This approval is only valid if you are eligible for medical assistance on the date of service and are on an eligible program that allows coverage for the service/item.  
**J3 CUSHION:** This request is denied because there is a less expensive, equally effective alternative to meet your stated medical needs...This decision is based on WAC 182-501-0165.  
The cushion requested is denied and the balance of the request is approved pending the date of delivery and serial number.

Below is a summary of items approved:

Code	Description	Requested \$	Allowed \$	Requested Units	Allowed Units
E2613	J3 BACK			1	1
K0005	TILITE AERO Z MANUAL WHEELCHAIR			1	1
K0108	RIGID SIDEGUARDS	175	147		
K0038	CALF STRAP			2	2

b. Clicking on the "Repository Key" provides a copy of the request from the DME Vendor:

The screenshot shows a web application interface with two main sections: "Correspondence Retrieval Page" and "Images/Attachments Retrieval Page".

**Correspondence Retrieval Page:**

- Filter By: [Dropdown]
- Table Headers: E2 VAULT KEY, CORRESPONDENCE TITLE, SENT BY, SENT DATE, JOB TYPE, STATUS, Client Id, PA R
- Table Row: [Redacted], 340 PA Reject, [Redacted], 10/11/2017, Fax Sent, [Redacted], 100728574
- View Page: 1, Page Count, SaveToXLS, Viewing Page: 1

**Images/Attachments Retrieval Page:**

- Filter By: [Dropdown]
- Table Headers: REPOSITORY KEY, IMAGE TITLE
- Table Row: IMG1234563456, PA FORM, 1
- View Page: 1, Page Count, SaveToXLS, Viewing Page: 1

The "Repository Key" value "IMG1234563456" is circled in red.

**Physical Document: Prescription Form**

Washington State Health Care Authority  
Aug. 27, 2015 3:21PM  
INLAND MEDICAL REHAS 5094556031  
P. 1/8

### General Information for Authorization

Orig	1, 502	Service Type	2. HR
Name	[Redacted]	Client Information	Client ID
Living Arrangements	3. NURSING HOME	Reference Auth #	4. [Redacted]
Requesting NPI #	7. 1881395271	Provider Information	Requesting Fax #
Billing NPI #	9. 1851395271	Name	8. 5094556031
Referring NPI #	11. 1760599897	Referring Fax #	10. INLAND MEDICAL AND REHAB
Service Start Date	13.	Referring Fax #	12. 5092526337

Description of service being requested:  
15. INVA SEMI ELEC HOSP BED

18. Service/PCA or MEA #	20. Code	21. National Code	22. Mod	23. # Units/Days Requested	24. \$ Amount Requested	16.	17.
P	E0204	NU		1			

25. Part # (DME Only): 53161VC  
26. Tech or Guard #

Diagnosis Code: 27. Z28.85  
Place of Service Code: 29. 31  
Medical Information: 28.

30. Comments: -PLEASE EXPEDITE FOR PRIOR AUTH. PT IS WAITING TO DISCHARGING FROM NURSING FACILITY.

[www.hca.wa.gov/medical/forms/Pages/index.aspx](http://www.hca.wa.gov/medical/forms/Pages/index.aspx)  
Please fax this form and any supporting documents to 1-800-688-1214.

The material in this facsimile transmission is intended only for the use of the individual to whom it is addressed and may contain information that is confidential, privileged, and exempt from disclosure under applicable law. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake. Protect confidential and proprietary information by deleting this e-mail and its contents from all devices (including e-mail accounts, printers, mobile devices, etc.) and destroying all copies. Do not use, copy, or disseminate (in any form) any information contained in this e-mail or any attachments unless you are the intended recipient. If you are an intended recipient and you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake. Protect confidential and proprietary information by deleting this e-mail and its contents from all devices (including e-mail accounts, printers, mobile devices, etc.) and destroying all copies.

MCA 13-830 (6/14)  
02/25/2015 3:20:18 PM [Pacific Daylight Time]  
870453733