

# Submitting Authorization Requests for Pharmacy Services

Provider Relations Unit  
April 2020

# Learning Objectives

- As a result of this webinar, you will be able to:
  - ✓ Locate the Pharmacy Information Authorization form 13-835A and instructions.
  - ✓ Submit your authorization request successfully using the authorization intake process.
  - ✓ Submit additional information to an existing request using a document submission cover sheet.
  - ✓ Check on the status of your request using the IVR.
- For additional information on the pharmacy authorization program see the [Prescription Drug Program Billing Guide](#).
- Visit the [pharmacy prior authorization webpage](#) for more resources!

# Learning Objectives

- Understand the pharmacy and the prescribing physician's role in the prescription authorization process:
  - ✓ The dispensing pharmacy initiates the request using HCA's electronic form 13-835A - Pharmacy Information Authorization.
  - ✓ The prescribing physician sends in additional information using a document submission cover sheet, if notified.

# ProviderOne Scanning Technology

- Optical Character Recognition (OCR)
  - ✓ OCR is the translation of scanned images of typed text into machine encoded text.
  - ✓ Widely used technology which converts documents into electronic files.
- Features of OCR
  - ✓ OCR makes it possible to search for a word or phrase, store documents more compactly, and display or print copies of documentation.
- OCR technology cannot be accurately read if there is any handwriting on the form.

# Automated Intake Process

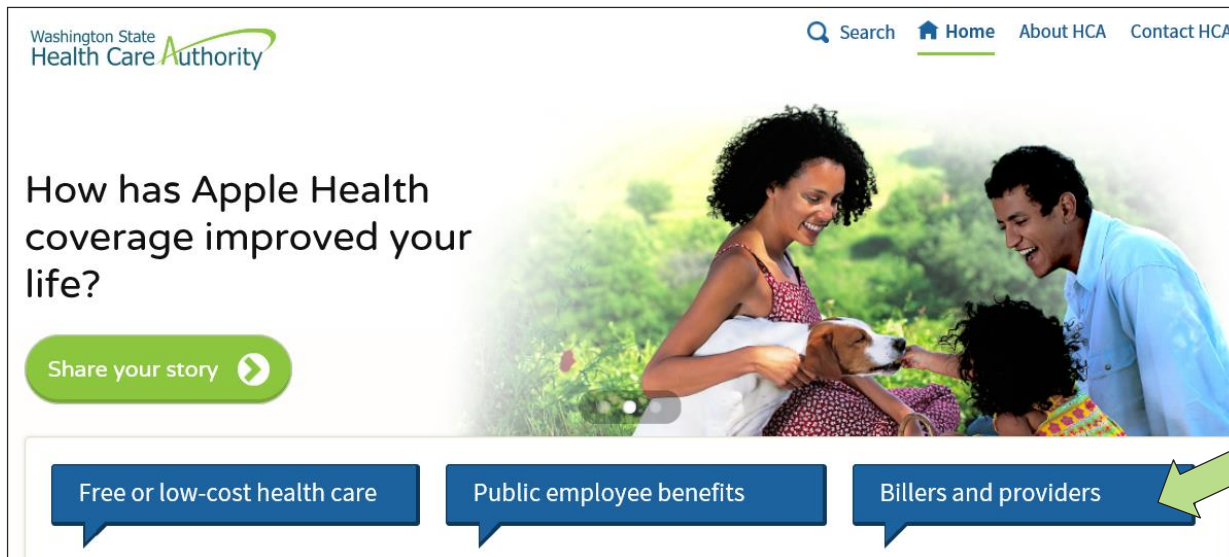
- Incoming Pharmacy Authorization requests will be automatically scanned into ProviderOne when:
  - ✓ The first page received is Pharmacy Information Authorization form 13-835A:
    - Do not use your own fax cover sheets.
  - ✓ The HCA Form is not modified:
    - Modified forms will fail the scanning process and delay processing.
  - ✓ Each authorization request has its own authorization form.
  - ✓ The faxed pages are set to size 8 ½ x 11.
  - ✓ The forms are typed and contain no handwritten information.

# Authorization Form

- On-line [Pharmacy Information Authorization form 13-835A](#):
  - ✓ The form must be typed for scanning and efficient processing.
  - ✓ The PDF form can be easily filled in and printed.
  - ✓ Handwritten forms will be returned and not processed.
  - ✓ The form must be completed by the dispensing pharmacy and not the prescribing physician.
  - ✓ Directions on completing the information come with the form.
  - ✓ Requires the ProviderOne client ID, NPI and a Code Qualifier.
    - In addition to the above detail, the instructions on the back of the form call out each field that is a required entry.
    - Some entries are required conditionally, depending on the type of action being requested (i.e. update, or rate adjustment).

# Online Pharmacy Authorization Form

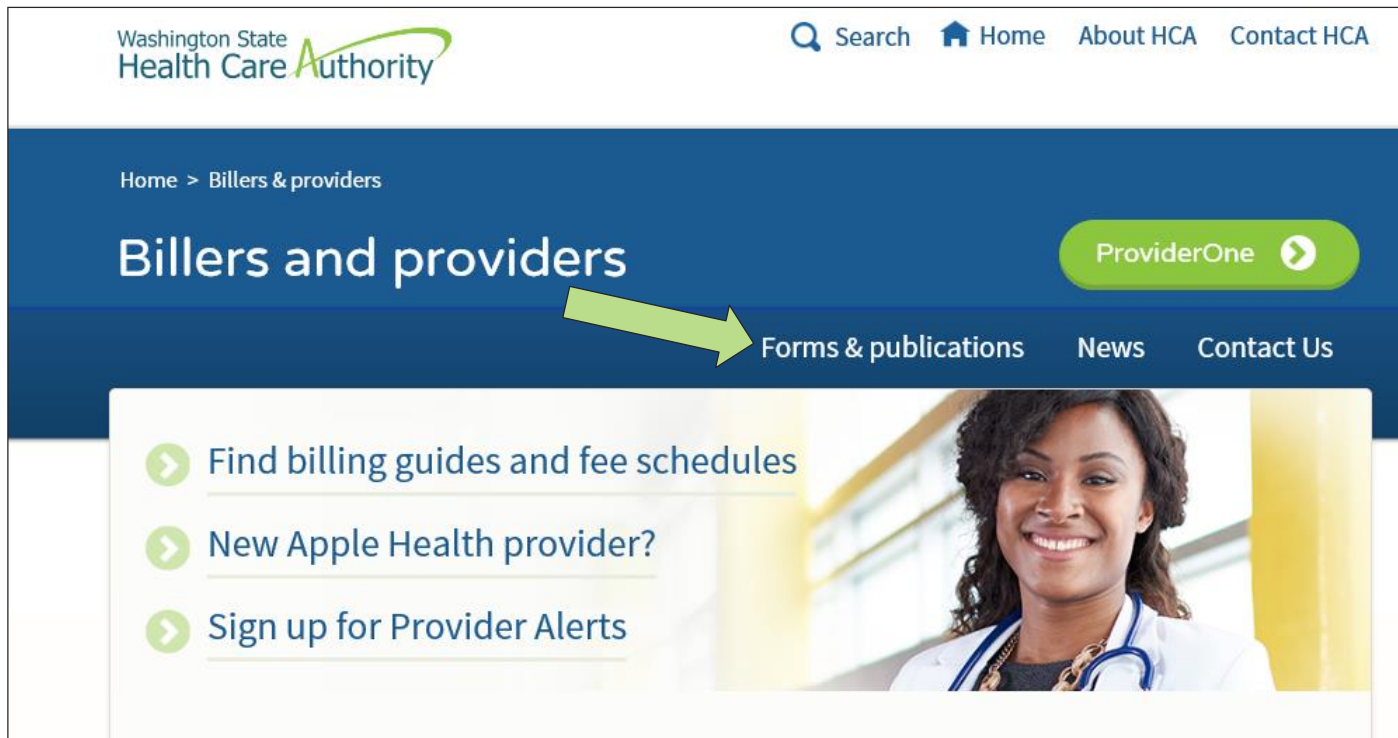
- On the [Health Care Authority's website](#), click on the blue bar for **Billers and providers**:



The screenshot shows the Washington State Health Care Authority website. At the top left is the logo. At the top right are navigation links: Search, Home (underlined), About HCA, and Contact HCA. Below the navigation is a large image of a family (a woman, a man, and a child) with a dog. To the left of the image is the text: "How has Apple Health coverage improved your life?" Below this text is a green button that says "Share your story" with a play icon. At the bottom of the page are three blue navigation bars: "Free or low-cost health care", "Public employee benefits", and "Billers and providers". A green arrow points to the "Billers and providers" bar.

# Online Pharmacy Authorization Form

- On the **Billers and providers** page, click the link for **Forms & publications**:



The screenshot shows the Washington State Health Care Authority website. The header includes the logo and navigation links: Search, Home, About HCA, and Contact HCA. The main content area is titled 'Billers and providers' and features a 'ProviderOne' button. A green arrow points to the 'Forms & publications' link in the navigation menu. Below the navigation, there are three links: 'Find billing guides and fee schedules', 'New Apple Health provider?', and 'Sign up for Provider Alerts'. The background of the content area features a smiling female healthcare professional.



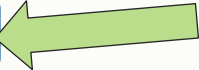
# Online Pharmacy Authorization Form

- On the **Forms & publications** page, enter 13-835A in the first search field.
- Then in the last search field, use the dropdown and choose **Form** and click **Search**.

## Forms & publications

Notice: If you are looking for Apple Health (Medicaid) client forms and publications, please [visit our Free or low-cost forms library](#).

- Any -  Sort by



# Online Pharmacy Authorization Form

- The form will come up – click the **Get Form** button to access:

## Forms & publications

Notice: If you are looking for Apple Health (Medicaid) client forms and publications, please [visit our Free or low-cost forms library](#).

Q 13-835A    - Any -    Form    Sort by Name (A-Z)

Search

|   |         |
|---|---------|
| <b>Pharmacy information authorization</b> | 13-835A |
| Pharmacy authorization form.              | Form    |
| <b>Get Form</b>                           |         |

# Online Pharmacy Authorization Form

- You can choose either Word or PDF format.
- Each form type allows online completion.

**Pharmacy information authorization** 13-835A

Pharmacy authorization form. Form

[Get Form](#) ▲

▢ [Pharmacy information authorization](#) PDF

▢ [English](#) DOC

This file includes fillable form fields.  
You can print the completed form and save it to your device or Acrobat.com.

Fill & Sign | Comment

Highlight Existing Fields

Washington State  
Health Care Authority

**Pharmacy Information Authorization**

|                           |                         |                    |                         |
|---------------------------|-------------------------|--------------------|-------------------------|
| Org                       | 1. <input type="text"/> | Authorization Type | 2. <input type="text"/> |
| <b>Client Information</b> |                         |                    |                         |
| Name                      | 3. <input type="text"/> | Client ID          | 4. <input type="text"/> |



# PA Form Instructions and Tips

- Enter 512 for Prior Authorization of a prescription.
- Enter 522 for rates if you are requesting a reimbursement at less than cost and it's not dispensed as written (DAW).
  - ✓ DAW1 Requires prior authorization.
  - ✓ Complete rest of the form per instructions.

|     |    |  |
|-----|----|--|
| Org | 1. |  |
|-----|----|--|

# PA Form Instructions and Tips

- Fax prior authorization request forms to 1-866-668-1214.
- Remember:
  - ✓ Make sure the first page received is Pharmacy Information Authorization form 13-835A.
  - ✓ When faxing multiple requests, make sure form 13-835A is the first page of each request.
  - ✓ Do not use your own fax cover sheets.
  - ✓ Adjust your fax settings to 8 ½ x 11.
  - ✓ Do not modify the authorization form.
  - ✓ Only use the ProviderOne Client ID.

# Document Submission Cover Sheets

- If more detail is needed related to the authorization request, the prescribing physician may receive a form requesting additional information.
- This must be completed and submitted to HCA using a document submission cover sheet.
- Cover sheets can be found on the [Document submission cover sheets web page](#).
- The appropriate cover sheet for pharmacy information is the [Pharmacy prior authorization supporting documents](#).

# Document Submission Cover Sheets

The barcode cover sheet must include the reference number related to the authorization request. The reference number can be found on all correspondence from the health care authority.

This cover sheet cannot be handwritten.

ProviderOne

Pharmacy PA Supporting Documents Submission Cover Sheet

Pharmacy RX Auth Reference

( Please enter 8 to 11 digit numeric value. )

Print Cover Sheet Clear Fields

Instructions will not appear on the printed coversheet

**INSTRUCTIONS:**  
Click ENTER on your keyboard after typing the number in above.  
Please use the Print Cover Sheet Button Above to print ONLY.  
Use Only ADOBE Reader to generate this coversheet. Other readers will not generate the barcode correctly.



# Document Submission Cover Sheets

- You must submit a separate HCA cover sheet for each set of supporting documentation.
- If faxing multiple sets of supporting documentation, make sure the cover sheet is the top page separating each request.
- If mailing several in one envelope, make sure the cover sheet is the top page of each request.
- Backup documentation must be single sided and size 8 ½ x 11.

# Document Submission Cover Sheets

- You can save the link or URL to the document submission cover sheet as a “Favorite,” but be sure to always get them real-time from the [HCA webpage](#) to make sure you’re using the correct version.
- Do not save the actual cover sheet to your desktop and attempt to reuse it.
- Do not use an HCA document submission cover sheet when submitting the original authorization request form.

# Checking status using the IVR

- Call 800-562-3022 and use keypad only:
  - ✓ Select 1 for English or stay on the line
    - Select 2 for self-service provider menu
      - Select 1 for authorization
      - Select 1 for pharmacy 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
- If multiple authorization numbers are found, narrow the search with a service code or expected date of service.
- For more information on using the IVR for checking status, review [Appendix G](#) of the ProviderOne Billing and Resource Guide.

# Checking status using the IVR

- Statuses that may be returned:
  - ✓ Received
  - ✓ Approved
  - ✓ Pended
  - ✓ Denied

# Resources

- For questions, call the toll free number 800-562-3022:
  - ✓ Choose extension 15483 for Pharmacy Authorizations (providers only)
  - ✓ Choose extension 16135 for Pharmacy Rate Authorizations (pharmacies only)
- [Pharmacy program webpage](#)
- [Pharmacy prior authorization webpage](#)
- [Prescription Drug billing guide and rates](#)
- [Fee-for-service drug coverage lists](#)