Prior Authorization Direct Data Entry (DDE) submission for dental providers

What's happening?

- The Health Care Authority (HCA) has implemented an online authorization submission process through the provider portal that allows providers to enter Prior Authorization (PA) requests directly into ProviderOne.

- Providers will be able to submit their PA requests and attach all backup documentation free of cost, to include x-rays and photos, needed for processing PA requests.

- These screens follow the same format as the General Information for Authorization form 13-835.

- If needed, providers can still submit authorizations using form 13-835 if they choose to.

IMPORTANT! Once you have successfully submitted your authorization, you will receive a 9-digit reference number as verification that the agency has received your request. Providers must not bill or perform any procedures until a written approval is received. The agency's prior authorization review process has not changed, and requests will still be processed in the order they are received. Please ensure that all required documentation is included along with a fax number.
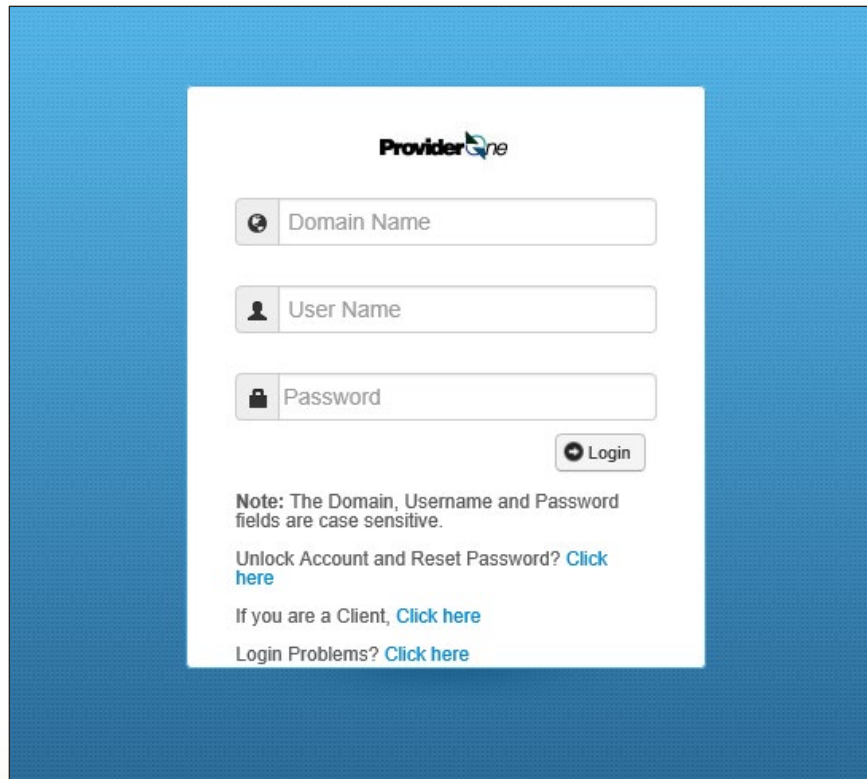
Accessing ProviderOne

➢ Before logging into ProviderOne:

- Make sure you are using one of the following and your **popup blockers are turned OFF**.

Computer operating systems	Internet browsers
Windows • 10 • 11	Edge • 101.0.1210.39
Macintosh • OS 11 Big Sur • OS 12 Monterey	Google Chrome • 55.0.2883 • 101.0.4951.64
Safari • 15.4 • 12.0.1	Firefox • 100.00

Logging in to ProviderOne

- Log in to ProviderOne using your domain number, user name, and password.

Choose your profile

- Available profiles for online PA submission:
  - o EXT Provider Claims Submitter
  - o EXT Provider Eligibility Checker
  - o EXT Provider Eligibility Checker/Claims Submitter
  - o EXT Provider Super User

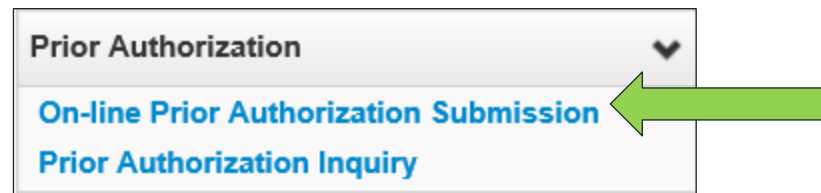Welcome to the Medicaid Management Information System for

Provider One

Select a profile to use during this session:

EXT Provider Super User

Go

EXT Limited Provider Social Services
EXT Provider Claims Payment Status Checker
EXT Provider Claims Submitter
EXT Provider Download Files
EXT Provider EHR Administrator
EXT Provider Eligibility Checker
EXT Provider Eligibility Checker-Claims Submitter
EXT Provider File Maintenance
EXT Provider File View Only
EXT Provider Managed Care Only
EXT Provider Social Services Medical
EXT Provider Social Services
EXT Provider Super User
EXT Provider System Administrator
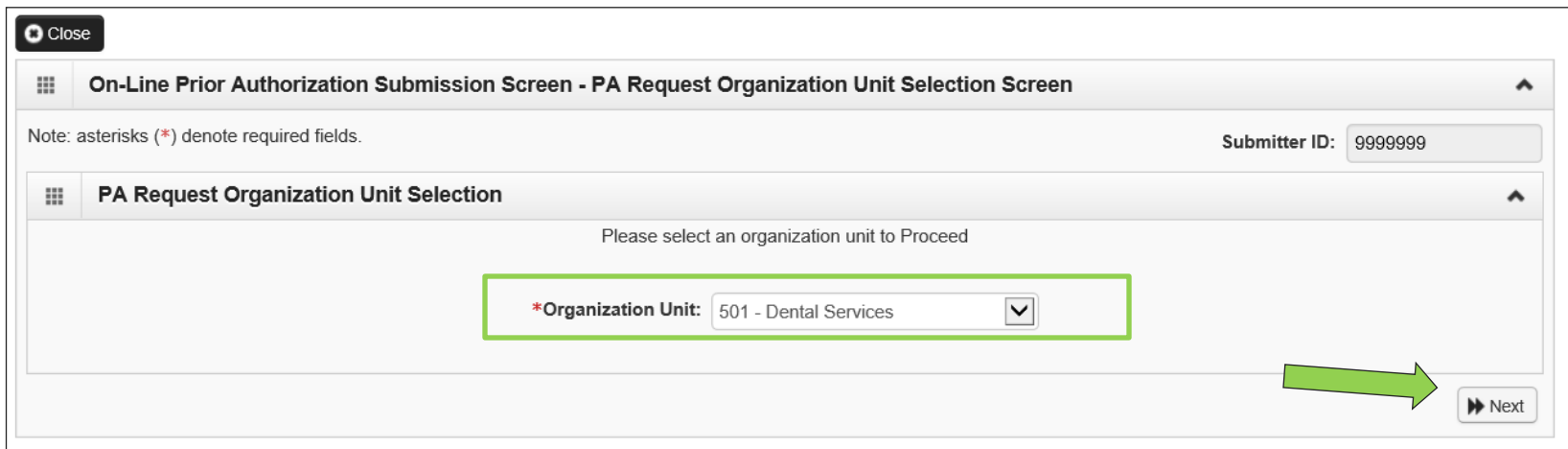EXT Provider Upload Files
EXT Provider Upload and Download Files

Provider portal

- On the provider portal, select **On-line Prior Authorization Submission**.

Choose type of authorization request

- Select the **Organization Unit** or **type** of authorization request you are submitting:
  - For example, if dental select **501 - Dental Services**.
  - Click the **Next** button.

Initiate authorization request

- Select a **Service Type Code** based on the type of service you are requesting.

PA Request Info

Service Type Code Selection | Client Info | Requestor Info | Service Re

SERVICE TYPE CODE SELECTION

Please select Service Type Code

* Service Type Code:

---SELECT---
ASC - ASC
CWN - Crowns
DEN - Dentures
DP - Denture/Partial
EXT - Extractions
EXTD - Extractions w/dentures
GA - General Anesthesia
GAE - General Anesthesia extractions
IP - In Patient
MISC - Miscellaneous
ODC - Orthodontic
OUTP - Out Patient
PSM - Perio Scaling/Maintenance
PTL - Partial
RBS - Rebases
RLNS - Relines
SSIP - Short Stay (In-Patient)
TC - Transfer Case

CLIENT INFO

CLIENT

* Client ID:

REQUESTOR

REQUESTOR

* Requesting Provider   ovide

SERVICE RE

SERVICE TYPE CODE SELECTION

Please select Service Type Code

* Service Type Code: ---SELECT---

Complete all required fields

- ProviderOne **Client ID** (include WA).

- Client first & last name

- **Requesting Provider NPI** (can be an individual payable NPI or a servicing NPI).

- **Billing Provider NPI** (who will be paid for the service, can be same as requesting).

Note: All fields marked with a red asterisk (*****), are required and must be completed.

* Service Type Code: | DEN - Dentures ˅

⊞ **CLIENT INFORMATION**

CLIENT

* Client ID: [ ]   * Client First Name: [ ]   * Client Last Name: [ ]

⊞ **REQUESTOR INFORMATION**

REQUESTOR

* Requesting Provider NPI: [ ]   * Billing Provider NPI: [ ]   Referring Provider NPI: [ ]

Service Request Information

- In the Service Request Line Items section, select the appropriate **Code Qualifier** from the list below.

  - T – CDT Proc Code
  - C – CPT Proc Code
  - D – DRG
  - P – HCPCS Proc Code
  - I – ICD-9/10 Diagnosis Code
  - R - Rev Code
  - N – NDC – National Drug Code
  - S – ICD – 9/10 Proc Code

SERVICE REQUEST LINE ITEMS - DENTAL

* Code Qualifier:	T - CDT Procedure Code

	mm	dd	ccyy
* Proc From Date:	10	24	2017

Units/Days Requested:

Tooth Number: ---SELECT---

Tooth Surface: ---SELECT--- ---SELECT---

⊕ Add Service Request

Service Request Information

- Once the Code Qualifier has been selected, enter the appropriate **National Code**.

- If applicable, enter:
  - Units/days or an amount (required)
  - Tooth number/surface/quadrant

- The from and to dates will auto-populate.

- If requesting retro dates of service, you will need to enter those dates specifically.

Service Request Information

- Click on the **Add Service Request Line Item** button to add the line to the authorization request.

Note: Either units or an amount is required.

If the service you are requesting requires an arch designation, use the Quadrant dropdown to choose the arch.

Service Request Information

- This will move the information you entered to the bottom of the screen and clear the Service Request Line Items area for you to enter additional procedures as needed.

Service Request Information

- The line number is a blue hyperlink that when selected will re-populate the information in the Service Request Line Item.

  o You can make any needed changes and click the **Update Service Request Line Item** button to update the line.

- You can also delete an entire line by selecting the **Delete** hyperlink in blue next to the Service Request Line Item.

Service Request Information

- If you will be using NEA for any photos or x-rays, you will need to enter the NEA number or additional comments in the comments area, located below the Service Request Line Items.

- If the CDT codes you are requesting requires a diagnosis code, do not enter the decimal point. ProviderOne will apply the decimal upon submission of the authorization.

- **IMPORTANT! Please enter your phone and fax number in the comments area.**

Click a Line No. below to view/update that Service Request Line Item Information.

Line No	Service Request Dates		Code Qualifier	National Code	Modifier	Tooth No	Quadrant	Tooth Surface					# Units/Days Requested	$ Amount Requested	
	From	To						1	2	3	4	5			
1	11/08/2017	02/08/2018	T - CDT Procedure Code	D5120									1		Delete

MEDICAL INFORMATION

Diagnosis Code: [   ]   Place of Service: [---SELECT--- ▼]

Comments: [   ] ⬅

Note: The comments area allows up to 250 characters.

Submitting your request

- Once the information is complete, click the **Submit PA Request Info** button at the top of the PA Request screen.

- ProviderOne will validate the data you entered in the request to ensure all minimum information has been submitted.

Submitting your request

- If you receive any red warnings at the top of the PA Request screen, verify and correct the information. These corrections must be completed before ProviderOne will accept the online PA request.

Submitting your request

- If you receive a confirmation screen with a PA request number, it means that all your information has been confirmed as valid and you are ready to add supporting documentation to your request.

Your request will not be sent to ProviderOne until the submit button has been clicked. See slide 24.

Submitted PA Request Details:

PA Request Number: 100617985
Provider ID: 1801231717
Client ID: 999999998WA
Date of Service: 10/25/2017 - 01/25/2018

Please click "Add Attachment" button, to attach the documents.

⊕ Add Attachment

Attachment List:

...mission Code ▲▼	Attachment Control # ▲▼	File Size ▲▼	Delete ▲▼	Uploaded ▲▼
	No Records Found !			

Note: "**No records found!**" means you have not yet attached any backup documentation to the PA request.

🖨 Print Details   🖨 Print Cover Page   ⊘ Submit

Submitting your request

- The Submitted PA Request Details screen also allows you to print a copy of this confirmation for your records, using the **Print Details** button.

- To submit your supporting documentation, select **Add Attachment**.

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.**

Adding documentation

- Once you have clicked the **Add Attachment** button, the Back Up Documentation screen appears.

- Choose your **Attachment Type**, by using the dropdown.

Adding documentation

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

The agency is no longer accepting prior authorizations by mail

Please select one of the option from the Required Fields * and attach file, if the Transmission Code is 'WB-Web'

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

Adding documentation – Web

- Once you have chosen the Attachment Type and Transmission Code of WB, click the **Browse** button.

- 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.

Acceptable file formats: PDF, GIF, JPEG, DOC, DOCX, TIF, XLS, and XLSX with sizes no more than 10 MB.

Adding documentation – Web

- 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.

Note: Multiple attachments can be added. Follow these steps for each attachment needed. Be sure to upload all required documentation.

Submitted PA Request Details:

PA Request Number: 100617986
Provider ID: 1801231717
Client ID: 999999998WA
Date of Service: 10/25/2017 - 01/25/2018

Please click "Add Attachment" button, to attach the documents.   ⊕ Add Attachment

Attachment List:

☐	File Name ▲▼	Attachment Type ▲▼	Transmission Code ▲▼	Attachment Control # ▲▼	File Size ▲▼	Delete ▲▼	Uploaded On ▲▼
☐	backup_info.docx	77	WB		12kb	X	10/25/2017

View Page: 1 ⊙ Go + Page Count ⊠ SaveToXLS   Viewing Page: 1   « First ‹ Prev › Next » Last

🖨 Print Details   🖨 Print Cover Page   ⊙ Submit

Submitting your PA request

- Once you have added your supporting 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.**

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.**

What do I do if I need help?

- Helpful information and resources located on the Prior Authorization [webpage](#).

- Prior Authorization Office 1-800-562-3022:
  - Dental – extension 15468 (Tuesday - Thursday 8:00am-12:00pm)

Authorization status

- Below is a list of the different statuses you may see on your PA request:

Error	Definition
Error	There is an error in ProviderOne that will be cleared once the request is worked. No action needed by the provider.
Requested	The authorization has been requested and received.
In review	The authorization request is currently being reviewed.
Cancelled	The authorization request has been cancelled.
Pended	Additional information has been requested from the provider.
Referred	The authorization request has been forwarded to a second level reviewer.
Approved/hold	The request is approved but additional information is necessary before the authorization can be released for billing.
Approved/denied	The authorization request is partially approved with some services denied.
Rejected	The authorization request was returned as incomplete.
Approved	The authorization has been approved.
Denied	The authorization has been denied.