



# Prior Authorization Direct Data Entry (DDE) submission for DME 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, 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

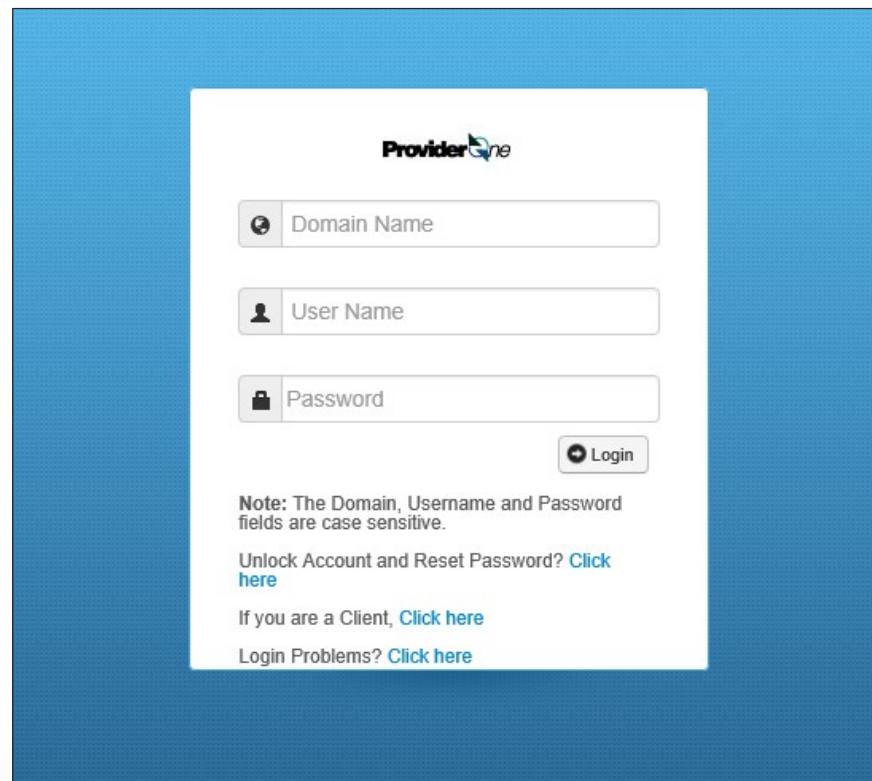
## ➤ Before logging into ProviderOne:

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

Computer operating systems	Internet browsers
<p>Windows</p> <ul style="list-style-type: none"> <li>• 10</li> <li>• 11</li> </ul>	<p>Edge</p> <ul style="list-style-type: none"> <li>• 101.0.1210.39</li> </ul>
<p>Macintosh</p> <ul style="list-style-type: none"> <li>• OS 11 Big Sur</li> <li>• OS 12 Monterey</li> </ul>	<p>Google Chrome</p> <ul style="list-style-type: none"> <li>• 55.0.2883</li> <li>• 101.0.4951.64</li> </ul>
<p>Safari</p> <ul style="list-style-type: none"> <li>• 15.4</li> <li>• 12.0.1</li> </ul>	<p>Firefox</p> <ul style="list-style-type: none"> <li>• 100.00</li> </ul>

# Logging in to ProviderOne

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



The screenshot shows the ProviderOne login interface. It features a white login box centered on a blue background. At the top of the box is the 'ProviderOne' logo. Below the logo are three input fields: 'Domain Name' with a globe icon, 'User Name' with a person icon, and 'Password' with a lock icon. A 'Login' button with a right-pointing arrow is positioned to the right of the password field. Below the input fields, there is a note: 'Note: The Domain, Username and Password fields are case sensitive.' followed by three links: 'Unlock Account and Reset Password? Click here', 'If you are a Client, Click here', and 'Login Problems? Click here'.

# Choose your profile

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

Welcome to the Medicaid Management Information System  
for

**ProviderOne**

Select a profile to use during this session:

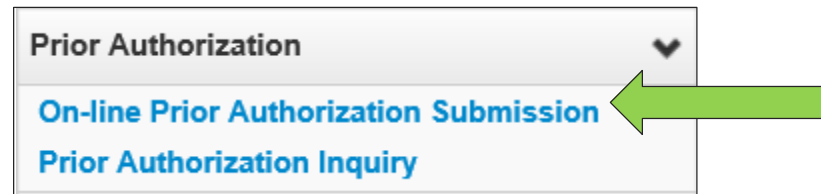
EXT Provider Super User

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 DME select **502 – Durable Medical Equipment Services**.
  - Click the **Next** button.

Close

On-Line Prior Authorization Submission Screen - PA Request Organization Unit Selection Screen

Note: asterisks (\*) denote required fields. Submitter ID: 9999999

PA Request Organization Unit Selection

Please select an organization unit to Proceed

\*Organization Unit: 502 - Durable Medical Equipment Services

Next

# Initiate authorization request

- Select a **Service Type Code** using the dropdown, based on the type of service you are requesting:

**SERVICE TYPE CODE SELECTION**

Please select Service Type Code

\* Service Type Code: ---SELECT--- ▼

**PA Request Info**

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

**SERVICE TYPE CODE SELECTION**

Please select Service Type Code

\* Service Type Code: 
 FSFS - Floor Sitter/Feeder Seat  
 GL - Gloves  
 HB - Hospital Beds  
 HC - Hospital Cribs  
 IS - Incontinent Supplies  
 MISC - Miscellaneous  
 MWH - Manual Wheelchair - Home  
 MWNF - Manual Wheelchair - NF  
 MWR - Manual Wheelchair Repairs  
 ODME - Other DME  
 OP - Ostomy Products  
 OS - Orthopedic Shoes  
 OTC - Orthotics  
 OTRR - Other Repairs  
 PL - Patient Lifts  
 PROS - Prosthetics  
 PRS - Prone Standers  
 PWH - Power Wheelchair - Home  
 PWNF - Power Wheelchair - NF  
 PWR - Power Wheelchair Repairs  
 RE - Room equipment  
 SBS - Specialty Beds/Surfaces  
 SC - Shower chairs  
 SF - Standing Frames  
 SGD - Speech Generating Device  
 STND - Standers  
 TU - TENS Units  
 US - Urinary Supplies  
 WDCS - VAC/Wound-decubiti supplies  
 WR - Wheelchair Repairs
  ↑

**CLIENT INFO**

**CLIENT**

\* Client ID:

**REQUESTOR**

**REQUESTOR**

\* Requesting Provider:  NPI:

**SERVICE REQUEST INFO**

\* Code C:

Serial/NEA or:

Page ID: pgProvDMEP AT



# Complete all required fields

- ProviderOne **Client ID** (include WA).
- Clients 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).
- **A Referring Provider NPI** (who referred the client for this service).

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

* Service Type Code: MWH - Manual Wheelchair - Home
<b>CLIENT INFORMATION</b>
<b>CLIENT</b>
* Client ID: <input type="text"/> * Client First Name: <input type="text"/> * Client Last Name: <input type="text"/>
<b>REQUESTOR INFORMATION</b>
<b>REQUESTOR</b>
* Requesting Provider NPI: <input type="text"/> * Billing Provider NPI: <input type="text"/> Referring Provider NPI: <input type="text"/>

# 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 - DME**

\* Code Qualifier: P - HCPCS Procedure Code

Serial/NEA or MEA #:

mm dd ccy

\* Proc From Date: 10 31 2017

# Units/Days Requested:

Previously Entered Service Request Line Item Information

# Service Request Information

- Once the Code Qualifier has been selected, enter the appropriate **National Code**.
- If applicable, enter:
  - Part number
    - If requesting multiple part numbers for one HCPC, the part numbers must be listed in the comments box or a copy of the 13-835 General Authorization form must be uploaded with the initial submission.
  - Units/days or an amount (required)
  - Modifier
- The from and to dates will auto-populate.
- If requesting retro dates of service, you will need to enter those dates specifically.

**Important note!** If requesting Complex Rehabilitation Technology (CRT), part numbers must be listed in the comments box or a copy of the 13-835 General Authorization form must be uploaded with the initial submission. Up to 250 characters can be added to the comments field.

# Service Request Information

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

☰ **SERVICE REQUEST INFORMATION**

**SERVICE REQUEST LINE ITEMS - DME**

<p>* Code Qualifier: P - HCPCS Procedure Code <input type="text" value="P"/> <input type="button" value="v"/></p> <p>Serial/NEA or MEA #: <input type="text" value=""/></p> <p>* Proc From Date: <input type="text" value="10"/> <input type="text" value="31"/> <input type="text" value="2017"/></p> <p># Units/Days Requested: <input type="text" value="1"/></p>	<p>* National Code: <input type="text" value="K0005"/></p> <p>Part Number: <input type="text" value="196WM78"/></p> <p>* Proc To Date: <input type="text" value="01"/> <input type="text" value="31"/> <input type="text" value="2018"/></p> <p>\$ Amount Requested: <input type="text" value="1845.00"/></p>
--	---

➔

Previously Entered Service Request Line Item Information

**Note:** Either units or an amount is required.

# 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 LINE ITEMS - DME**

\* Code Qualifier:

\* National Code:

Serial/NEA or MEA #:

Part Number:

mm dd ccy

\* Proc From Date:

\* Proc To Date:

# Units/Days Requested:

\$ Amount Requested:

Previously Entered Service Request Line Item Information

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

Line No	Service Request Dates		Code Qualifier	National Code	Serial/NEA or MEA #	Part Number	Modifiers		# Units/Days Requested	\$ Amount Requested	
	From	To					1	2			
1	10/31/2017	01/31/2018	P - HCPCS Procedure Code	K0005		196WM78			1	1845.00	Delete

# Service Request Information

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

\* Code Qualifier:

\* National Code:

Serial/NEA or MEA #:

Part Number:

\* Proc From Date:

\* Proc To Date:

# Units/Days Requested:

Amount Requested:

Previously Entered Service Request Line Item Information

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

Line No	Service Request Dates		Code Qualifier	National Code	Serial/NEA or MEA #	Part Number	Modifiers		# Units/Days Requested	\$ Amount Requested	
	From	To					1	2			
<a href="#">1</a>	10/31/2017	01/31/2018	P - HCPCS Procedure Code	K0005		196WM78			1	1845.00	<a href="#">Delete</a>

# Service Request Information

- Enter in the **Diagnosis Code** and **Place of Service** using the dropdown.
- Do not enter a decimal point on the diagnosis code. ProviderOne will apply the decimal upon submission of the authorization.
- **IMPORTANT! Please enter your phone and fax number in the comments area.**

☰ **MEDICAL INFORMATION**

Diagnosis Code:

Comments:




Place of Service: --SELECT--


- 01 - PHARMACY
- 02 - Telehealth
- 03 - SCHOOL
- 04 - HOMELESS SHELTER
- 05 - INDIAN HLTH SVC FREE-STANDING FACILITY
- 06 - INDIAN HLTH SVC PROVIDER-BASED FACILITY
- 07 - TRIBAL 638 FREE-STANDING FACILITY
- 08 - TRIBAL 638 PROVIDER-BASED FACILITY
- 09 - PRISON/CORRECTIONAL FACILITY
- 11 - OFFICE
- 12 - Home
- 13 - ASSISTED LIVING FACILITY
- 14 - Group Home
- 15 - MOBILE UNIT
- 16 - TEMPORARY LODGING
- 17 - WALK-IN RETAIL HEALTH CLINIC
- 18 - PLACE OF EMPLOYMENT - WORKSITE
- 19 - Off Campus-Outpatient Hospital
- 20 - URGENT CARE FACILITY
- 21 - INPATIENT HOSPITAL
- 22 - On Campus-Outpatient Hospital
- 23 - EMERGENCY ROOM - HOSPITAL
- 24 - AMBULATORY SURGICAL CENTER
- 25 - BIRTHING CENTER
- 26 - MILITARY TREATMENT FACILITY
- 31 - SKILLED NURSING FACILITY (SNF)
- 32 - NURSING FACILITY
- 33 - CUSTODIAL CARE FACILITY
- 34 - Hospice
- 41 - AMBULANCE - LAND

If you are using MEA for your backup documentation, enter the MEA number or any additional comments in the **Comments** area. Up to 250 characters are allowed in the comments area.

# 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.


 Close
 Submit PA Request Info
 Reset

 **On-Line Prior Authorization Submission Screen - Initiate DME PA Request Screen**


Note: asterisks (\*) denote required fields.

**PA Request Info**

Service Type Code Selection | Client Info | Requestor Info | Service Request Info | Medical Info

 **SERVICE TYPE CODE SELECTION**

Please select Service Type Code

\* Service Type Code:  



# 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.

[Home](#) > [Provider Portal](#) > [On-Line Prior Authorization Submission Screen](#)

**Warning : Error retrieving Client Details / Client ID Not Valid.**

**Warning : Error retrieving Referring Provider Details / Referring Provider Not Found.**

On-Line Prior Authorization Submission Screen - Initiate DME PA Request Screen

Note: asterisks (\*) denote required fields.

**PA Request Info**

[Service Type Code Selection](#) | 
 [Client Info](#) | 
 [Requestor Info](#) | 
 [Service Request Info](#) | 
 [Medical Info](#)

# 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: 100618001  
Provider ID: 1801231717  
Client ID: 999999998WA  
Date of Service: 10/31/2017 - 01/31/2018

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

**Attachment List:**

Transmission Code	Attachment Control #	File Size	Delete	Uploaded
No Records Found !				

**Note:** "No records found!" means there is not yet any backup documentation attached to the claim.


# Submitting your request

- On this screen, you also have the option of printing 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.**


**Submitted PA Request Details:**

PA Request Number: 100618001  
 Provider ID: 1801231717  
 Client ID: 999999998WA  
 Date of Service: 10/31/2017 - 01/31/2018

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

**Attachment List:**

File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
<b>No Records Found !</b>						



# Adding documentation

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

Back Up Documentation - Internet Explorer

Print Help

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---** \*

Please attach

PDF, GIF, JPEG, DOC, DOCX, TIF, XLS, XLSX

OK Cancel

- 77-Support Data for Verification
- AS-Admission Summary
- 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
- 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

# Adding documentation

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

The agency is no longer accepting prior authorization by mail

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

Attachment Type:  \* Transmission Code:  \*

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 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.

Back Up Documentation - Internet Explorer

Print 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... \*

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

OK Cancel

# 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.

**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
<input type="checkbox"/> 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

**Note:** Multiple attachments can be added. Be sure to upload all required documentation.

# 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.**

**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
<input type="checkbox"/> backup_info.docx	77	WB		12kb		10/25/2017

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Print Details Print Cover Page Submit

**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?

- Prior Authorization Office 1-800-562-3022:
  - DME/P&O/Respiratory/CRT – extension 15466  
(Tuesday - Thursday 8:00am-12:00pm)
- Helpful information and resources located on the Prior Authorization [webpage](#).

# 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.