

# Submitting Prior Authorization requests for medical and dental services using the General Information for Authorization form 13-835

# Learning Objectives

- As a result of this webinar, you will be able to:
  - ✓ Locate the prior authorization request form and instructions.
  - ✓ Submit your authorization request successfully using the authorization intake process.
  - ✓ Package your request using a document submission cover sheet when additional information is required.
  - ✓ Check on the status of your request.
- To determine if a service requires prior authorization see the [ProviderOne Billing and Resource Guide](#).
- Visit the [prior authorization webpage](#) for helpful resources.
- Authorizations can also be submitted using the [direct data entry feature in ProviderOne](#).

# 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 Prior Authorization requests will be automatically scanned into ProviderOne when:
  - ✓ The first page received is the General Information for Authorization Form 13-835:
    - 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 [General Information for Authorization form 13-835](#)
  - ✓ The form must be typed online for scanning and efficient processing.
  - ✓ The PDF form can be easily filled in and printed.
  - ✓ Handwritten forms will be returned and will not be processed.
  - ✓ Directions on completing the information come with the form.
  - ✓ Requires completion of the Org, Service Type, NPI's for requesting and billing as well as ProviderOne client ID, and a Code Qualifier.



# PA Form Instructions and Tips

- The **Requesting NPI #** is the NPI for the individual or group requesting authorization.
- The **Billing NPI #** is the NPI for the individual or group who will bill ProviderOne for payment.
- The **Referring NPI #** is the NPI for the individual or group referring the client for services.

Requesting NPI #	7.	
Billing NPI #	9.	
Referring NPI #	11.	

# PA Form Instructions and Tips

- Enter the letter corresponding to the code from below:
  - ✓ T - CDT procedure code (dental related)
  - ✓ C - CPT procedure code (physician related)
  - ✓ P - HCPCS procedure code (equipment, supplies and some physician services)
  - ✓ I - ICD10 diagnosis code (institutional related)
  - ✓ D - DRG (only use when instructed by the agency)
  - ✓ R - revenue code (applicable to PM&R [physical medicine and rehab], inpatient psych, and LTAC [long term acute care])
  - ✓ N - National Drug Code (NDC)
  - ✓ S - ICD10 diagnosis code

20. Code Qualifier



# PA Form Instructions and Tips

- Use field 23 if the service code has an allowable dollar amount in the fee schedule or if the service code has a number of units that are allowed before authorization is required (e.g. physical therapy visits).
- Use field 24 if the service code does not have an allowable dollar amount. For example, the fee schedule might indicate B.R. for By Report instead of a dollar amount.
- Do not use both fields 23 and 24 on the same line. You should only use one or the other.

23. # Units/Days Requested	24. \$ Amount Requested
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# PA Form Instructions and Tips

- Fax the prior authorization request forms to 1-866-668-1214.
- Remember:
  - ✓ Make sure the first page received is General Information for Authorization form 13-835.
  - ✓ When faxing multiple requests, make sure form 13-835 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 and NPI.

# Sending in Non-Scannable Items

- If sending x-rays, photos, or other non scannable items:
  1. Place the items in a large envelope.
  2. Attach the General Information for Authorization request form and any other additional pages to the outside of the envelope (e.g. tooth chart, perio charting, etc.).
  3. Put the client's name, ProviderOne client ID, your NPI, your name and the section the request is for on the envelope (e.g. orthodontic).
  4. Place in a larger envelope for mailing. You can mail multiple sets together.

Mail the large envelope to:  
**Authorization Services Office**  
**PO Box 45535**  
**Olympia, WA 98504-5535**

# Sending in Non-Scannable Items

- Another option for submitting photos or x-rays for prior authorization is the FastLook and FastAttach services provided by the National Electronic Attachment, Inc. (NEA) for dental providers and the Medical Electronic Attachment, Inc. (MEA) for medical/DME providers:
  - ✓ For Dental Providers (NEA):
    - Register with NEA at their [website](#) and enter “FASTWDRZ1M” in the promotion code box.
    - Contact NEA at 800-782-5150 ext. 2 with any questions.
  - ✓ For Medical/DME Providers (MEA):
    - Register with Vyne Medical through their [website](#).
    - Phone 865-293-4111 for any questions.
- Indicate the NEA/MEA number in box 18 of the form.

# Document Submission Cover Sheets

- If you are mailing/faxing supporting documentation to an existing PA request, you will need to print and attach the document submission cover sheet.
- Locate the appropriate cover sheet on the [Document submission cover sheets webpage](#).
- Directions for cover sheets are in [Appendix H](#) of the ProviderOne Billing and Resource Guide.
- Use the cover sheet titled “[Prior authorization pend forms](#).”



ProviderOne

PA Pend Forms Submission Cover Sheet

Authorization Reference #

( Please enter 9 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.

**DO NOT USE FOR PHARMACY RELATED AUTHORIZATION REQUESTS!**

**Privacy Statement:**

This material in this facsimile is intended only for the use of the individual who it is addressed and may contain information that is confidential, privileged and exempt from disclosure under applicable law.

**HIPAA Compliance:**

Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment to see insurance payment or to perform other specific health care operations.

FAX to : 1-866-668-1214.

THE BAR CODE COVER SHEET SHOULD BE THE FIRST PAGE OF YOUR FAX WITH ALL SUPPORTING DOCUMENTATION BEHIND THE BAR CODE SHEET.



ProviderOne

on Cover Sheet

Authorization Reference #

12345



# Document Submission Cover Sheets

- You must submit a separate 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 sets in one envelope, make sure the cover sheet is the top page of each set.
- Backup documentation must be single sided.
- Backup documentation needs to be 8 ½ x 11.



# Document Submission Cover Sheets

- You can save the link or URL to the cover sheets 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 sheets to your own desktop and re-use them.
- Do not use an HCA document submission cover sheet when submitting the original authorization request form.

# Checking on PA 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 2 for medical, dental or other 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 on PA Status Using ProviderOne

- Select **Provider Authorization Inquiry** from the Provider Portal home page.
- Enter one of the search criteria as noted on the PA Inquire screen and click **Submit**.



A screenshot of the "PA Inquire" form. At the top, there are "Close" and "Submit" buttons, with a green arrow pointing to the "Submit" button. Below the buttons is a header "PA Inquire" and a sub-header "To submit a Prior Authorization Inquiry, complete one of the following criteria sets and click 'Submit'." The form lists three criteria sets: "Prior Authorization Number; or", "Provider NPI AND Client ID; or", and "Provider NPI, Client Last Name, Client First Name, AND Client Date of Birth". Below this, there is a note: "For additional information, please contact our Customer Service Center (WA State DSHS Provider Relations) (800) 562-3022". The form contains several input fields: "Prior Authorization Number:", "Provider NPI:", "Client ID:", "Client Last Name:", "Client First Name:", and "Client Date of Birth:" with a calendar icon next to the date field.

# Checking on PA Status Using ProviderOne

- The system will return your authorization status.

Close

Auth Search List
▲

	Auth # ▲▼	Client ID ▲▼	Status ▲▼	Org ▲▼	Requestor ID ▲▼	Last Updated ▲▼	Request Date ▲▼	Service Type ▲▼
			Rejected	PA - DENTAL		01/05/2016	01/05/2016	Dentures
	100000000	999999998WA	Approved	PA - DENTAL	1122334455	01/05/2016	01/05/2016	Dentures

View Page:

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Viewing Page: 1

« First
« Prev
Next »
Last »»

# Checking on PA Status Using ProviderOne

- The following statuses may be returned:

Requested	This means the authorization has been requested and received.
In Review	This means your authorization is currently being reviewed.
Cancelled	This means the authorization request has been cancelled.
Pended	This means we have requested additional information in order to make a decision on the request.
Referred	This means the request has been forwarded to a second level reviewer.
Approved/Hold	This means the request has been approved, but additional information is necessary before the authorization will be released for billing.
Approved/Denied	This means the request has been partially approved and some services have been denied.
Rejected	This means the request was returned to you as incomplete.
Approved	This means the Department has approved your request.
Denied	This means the Department has denied your request.

# Authorization Policy

- Authorization for services does not guarantee payment. Providers must meet administrative requirements (client eligibility, claim timeliness, third-party insurance, etc.) before the agency pays for services.

# Resources

- For assistance, call the toll free number 800-562-3022 (providers only):
  - ✓ Choose extension 15468 for Dental Authorization questions.
  - ✓ Choose extension 15471 for Medical/Enteral/ETR questions.
  - ✓ Choose extension 15466 for DME/P&O/Respiratory questions.
  - ✓ Choose extension 52018 for Advanced Imaging & Surgical questions.
- [Provider billing guides and fee schedules webpage](#)
- [Hospital reimbursement webpage](#)
- [Prior authorization webpage](#)