

Appendix G: Authorization status using the IVR

There are two ways to check the status of a ProviderOne authorization request: using the Interactive Voice Response (IVR) and using the ProviderOne portal.

Checking authorization status using Interactive Voice Response (IVR)

Authorization status – use keypad only

Dial 1-800-562-3022

Select 1 for English or stay on the line

"If you have an extension, press 1 now."

Select 2 for self-service provider menu

Select 1 for authorization

Select 1 for pharmacy authorizations

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

What will I hear?

The IVR will play the information only to the provider(s) identified on the authorization. Search by the client's services card number and date of birth, or by the authorization number. If multiple authorization numbers are found, narrow the search with an NDC or service code, as well as an expected date of service. The types of information available are:

- Authorization number
- Status date
- Status, such as:
 - Approved
 - In review
 - Denied

- Referred
- Pending
- Cancelled

Checking authorization status using ProviderOne

Select **Provider Authorization Inquiry** from the provider home page:

Prior Authorization

[On-line Prior Authorization Submission](#)

[Prior Authorization Inquiry](#)

Enter the search criteria using one of the three inquiry options and click on the submit button:

Close Submit

PA Inquire

To submit a Prior Authorization Inquiry, complete one of the following criteria sets and click 'Submit'.

- Prior Authorization Number; or
- Provider NPI AND Client ID; or
- Provider NPI, Client Last Name, Client First Name, AND Client Date of Birth

For additional information, please contact our Customer Service Center (WA State DSHS Provider Relations) (800) 562-3022


Prior Authorization Number:

Provider NPI:

Client ID:

Client Last Name:

Client First Name:

Client Date of Birth: 

The system will return the authorization status:

PA Utilization

Authorization #: 0000000000	Authorization Status: Approved
Client ID: 0000000000WA	Client Name: John Doe
Service: Dentures	Organization: PA - DENTAL
Request Date: 2022-04-21	Last Updated Date: 2022-09-16
Service Start Date: 2022-04-21	Service End Date: 2022-07-21
Requestor ID: 1111111111	Requestor Name: MULTICARE HEALTH SYSTEM

Service List

Line #	Modified Date	Servicing Provider ID	Code	Claim Type	Modifier1	ToothNum	ToothSurf	Quad	From Date	To Date	Request Amount	Request Units	Auth Amount	Auth Units	Used Amount	Used Units	Status
2	04/27/2022	1275989527	D5899	0-All					04/21/2022	07/21/2022	300	0	300	0	0	0	Approved

Any one of the following may appear in the authorization status field:

Status	Meaning
Error	There is an error in ProviderOne that will be cleared once the request is worked. No action is needed by the provider.

Status	Meaning
Requested	HCA received the requested authorization.
In review	The authorization is in review.
Canceled	The authorization request is canceled.
Pended	Requires additional information to decide on the request.
Referred	Request has been forwarded to a second level reviewer.
Approved/hold	Request approved, but additional information is necessary before the release of authorization for billing.
Approved/denied	Partially approved and some services have been denied.
Rejected	Returned to the provider as incomplete.
Approved	HCA has approved the request.
Denied	HCA has denied the request.