

ProviderOne Provider System User Manual



Submitting and Managing Prior Authorizations

Disclaimer:

A contract, known as the Core Provider Agreement, governs the relationship between DSHS and Medical Assistance providers. The Core Provider Agreement's terms and conditions incorporate federal laws, rules and regulations, state law, DSHS rules and regulations, and DSHS program policies, numbered memoranda, and billing instructions, including this Guide.

Providers must submit a claim in accordance with the DSHS rules, policies, numbered memoranda, and billing instructions in effect at the time they provided the service. Every effort has been made to ensure this Guide's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and a department rule, the department rule controls."



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Submitting and Managing Prior Authorizations

Using ProviderOne to Submit Prior Authorization Request

The following ProviderOne tasks are covered in this section:

- Submitting a Prior Authorization Request
- Tracking and Viewing Existing Prior Authorizations
- Adjusting a Prior Authorization

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Submitting a Prior Authorization Request

The high-level steps for submitting an on-line Prior Authorization request using ProviderOne are as follows:

- Launch the PA Request List
- Initiate a new Prior Authorization request.
- Select the Organization.
- Enter Requestor and Client information.
- Enter Diagnosis information.
- Enter Service Review information.
- Enter Service Provider information.
- Enter Procedures information.
- Complete the Request Navigator form.
- Submit the request.

If you decide to cancel the request before submitting it for review:

- To cancel the request and return to the PA Request List page, click the Cancel button at any time in the process. All data previously entered for this authorization will be discarded.

If you need to exit and return later without losing the data already entered:

- Clicking the Finish button prior to Enter Procedures Information will save all information entered and create an Authorization Request with a status of Entering.
- Authorizations with a status of Entering can be edited.

Submitting the request for review by DSHS:

- Clicking the Finish button anytime after completing the Enter Procedures Information page will change the status of the Prior Authorization Request to Requested.
- Authorizations with a status of Requested are considered complete and ready for review; they can be viewed but not edited.



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Launch the PA Request List



From the Provider Portal click the On-line Prior Authorization Submission link.



ProviderOne launches the PA Request List.

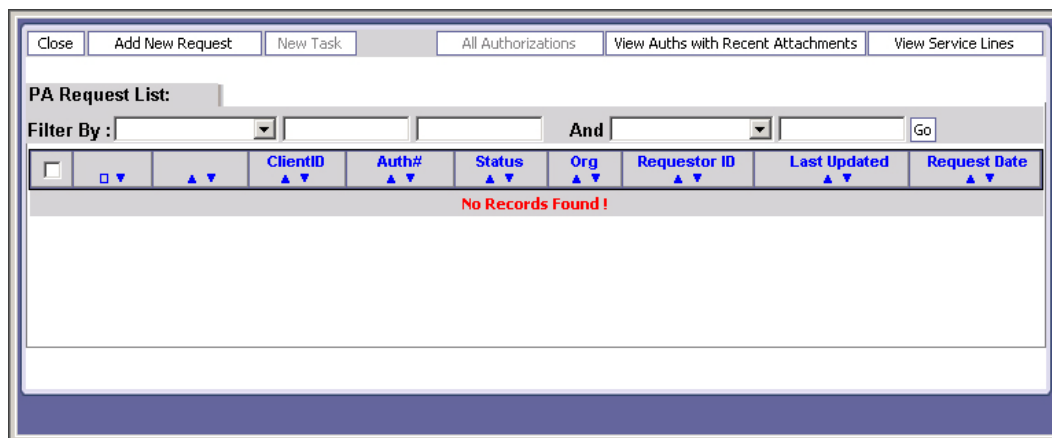


Figure 1 – PA Request List

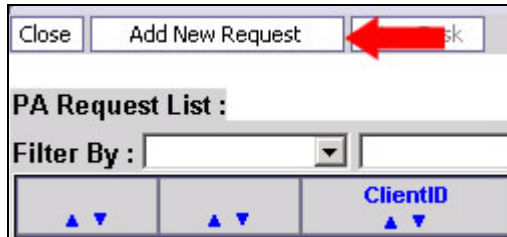
About the PA Request List

- The PA Request List displays all authorizations submitted under your Provider ID.

Initiate a New Prior Authorization Request



From the PA Request List, click the Add New Request button.



The screenshot shows a web interface for the PA Request List. At the top, there are three buttons: 'Close', 'Add New Request', and 'Ask'. A red arrow points to the 'Add New Request' button. Below the buttons is the text 'PA Request List :'. Underneath that is a 'Filter By :' label followed by a dropdown menu and a text input field. At the bottom, there is a table header with three columns. The first two columns have blue up and down arrow icons. The third column is labeled 'ClientID' and also has blue up and down arrow icons.



ProviderOne launches the Organization Selection form.

Selecting the Organization Unit

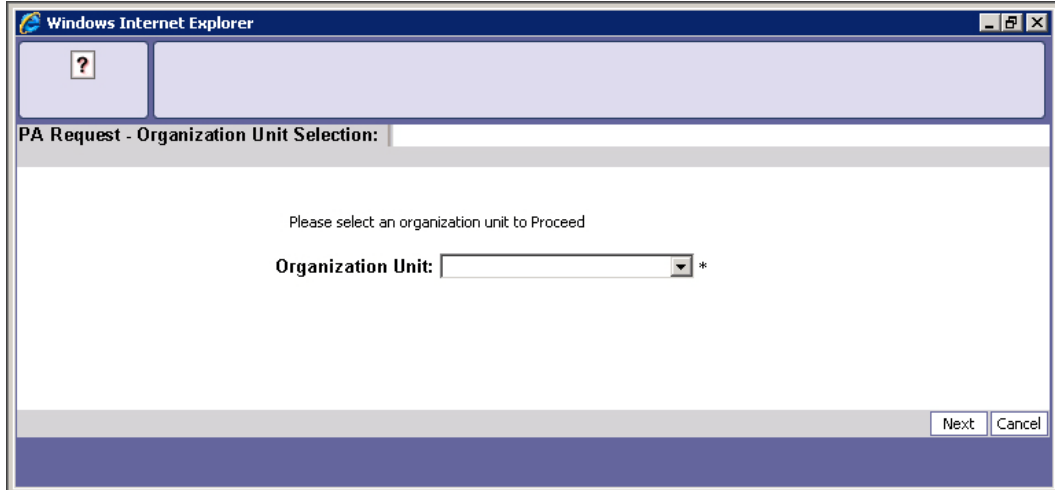


Figure 2 – PA Request – Organization Unit Selection

About the PA Request – Organization Unit Selection Form

- ProviderOne will pre-populate the Organization drop-down selection list.

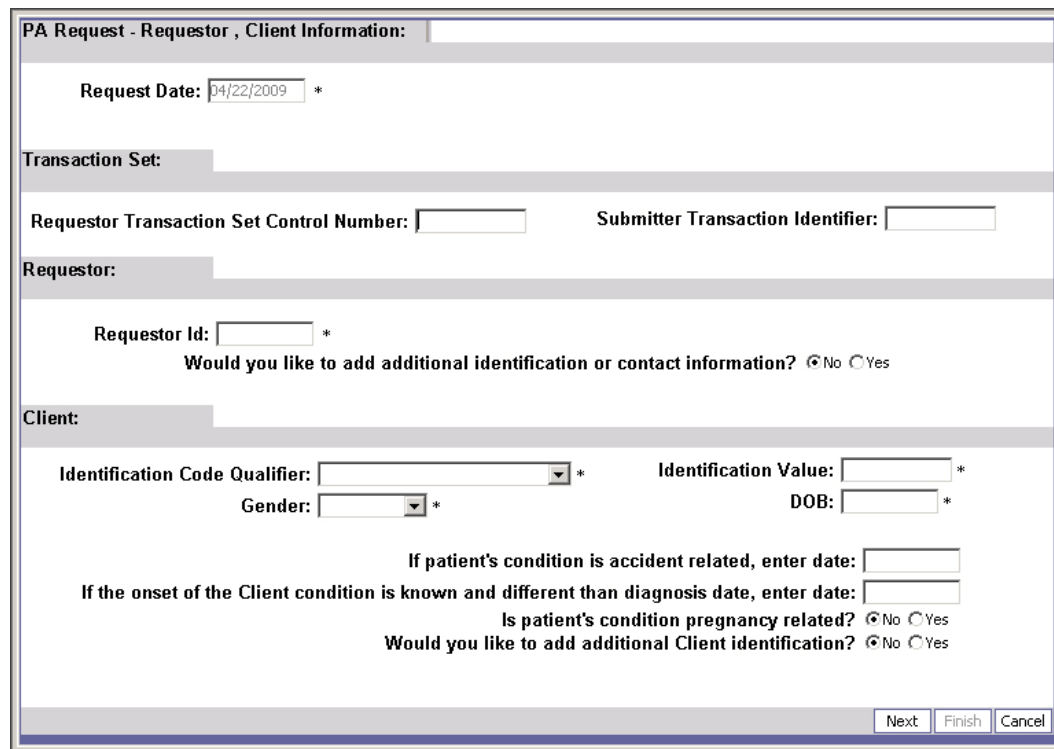


Select the Organization from the drop-down list and Click the Next button.

ProviderOne displays the PA Request – Requestor, Client Information form.

This page is intentionally blank.

Entering Requestor and Client information



PA Request - Requestor , Client Information:

Request Date: 04/22/2009 *

Transaction Set:

Requestor Transaction Set Control Number: Submitter Transaction Identifier:

Requestor:

Requestor Id: *

Would you like to add additional identification or contact information? No Yes

Client:

Identification Code Qualifier: * Identification Value: *

Gender: * DOB: *

If patient's condition is accident related, enter date:

If the onset of the Client condition is known and different than diagnosis date, enter date:

Is patient's condition pregnancy related? No Yes

Would you like to add additional Client identification? No Yes

Next Finish Cancel

Figure 3 - PA Request - Requestor, Client Information

About the PA Request – Requestor, Client Information Form

- Additional pop-up forms will appear depending on how questions are answered on this form.
- ProviderOne automatically fills in the Request Date with today's date. This date cannot be changed by the requestor.
- Transaction set information is optional and is for requestor use. ProviderOne will capture and store this information as part of the Prior Authorization request.
- ProviderOne automatically generates the Requestor Id from your login information.
- If the onset of the client's condition is known and is different from the current date, enter the onset date. This date must be a date earlier than the current date.



After completing the PA Request – Requestor, Client Information form, click the Next button.

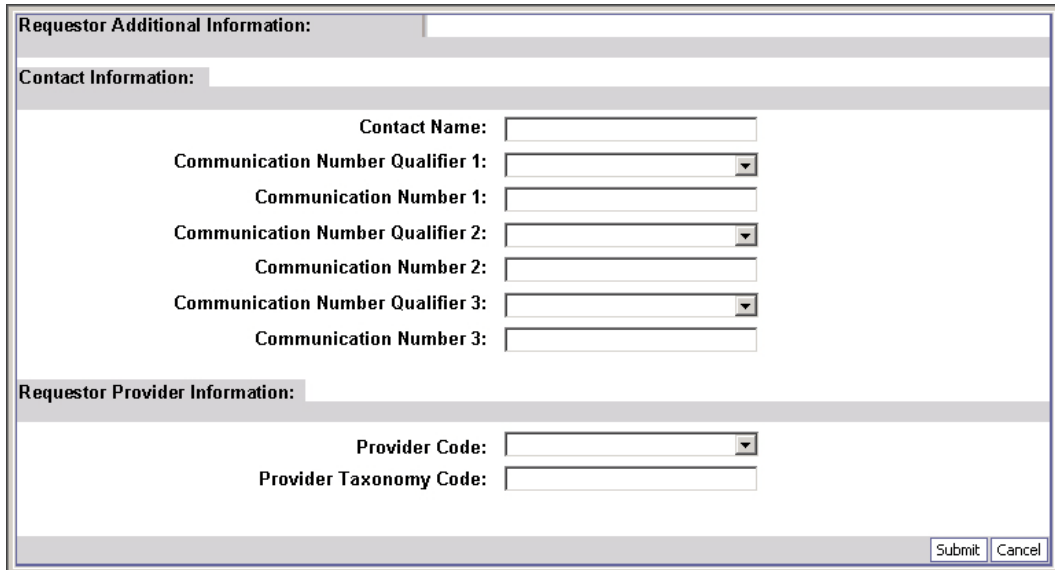


ProviderOne validates the information entered, assigns an Authorization Number (Auth#) to the request, sets the status of the Authorization Request to Entering and launches the Diagnosis Information List.

Would you like to add additional requestor identification or contact information?



Answering Yes to this question displays the Requestor Additional Information form.



The screenshot shows a web form titled "Requestor Additional Information:". The form is divided into three sections: "Contact Information:", "Requestor Provider Information:", and "Submit/Cancel" buttons. The "Contact Information:" section contains six fields: "Contact Name:" (text input), "Communication Number Qualifier 1:" (dropdown menu), "Communication Number 1:" (text input), "Communication Number Qualifier 2:" (dropdown menu), "Communication Number 2:" (text input), and "Communication Number Qualifier 3:" (dropdown menu). The "Requestor Provider Information:" section contains two fields: "Provider Code:" (dropdown menu) and "Provider Taxonomy Code:" (text input). The "Submit" and "Cancel" buttons are located at the bottom right of the form.

Figure 4 - Requestor Additional Information

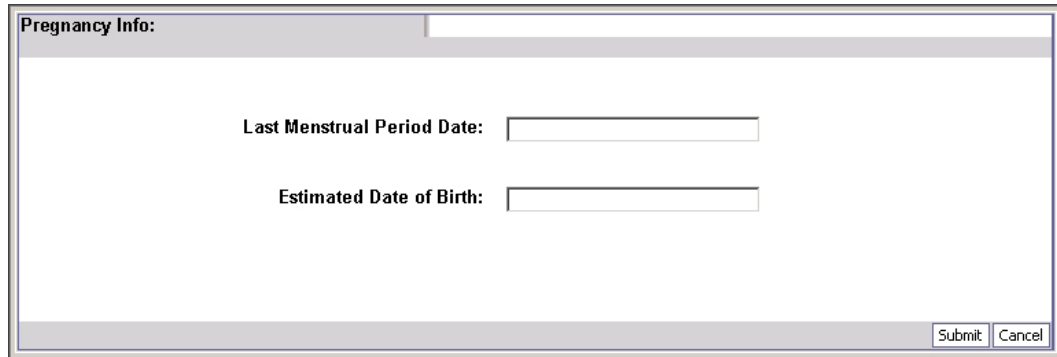


After completing the form, click the Submit button to save the information and close the form or click the Cancel button to close the window without saving.

Is the patient's condition pregnancy related?



Answering Yes to this question displays the Pregnancy Info form.



The screenshot shows a window titled "Pregnancy Info:". Inside the window, there are two text input fields. The first is labeled "Last Menstrual Period Date:" and the second is labeled "Estimated Date of Birth:". At the bottom right of the window, there are two buttons: "Submit" and "Cancel".

Figure 5 - Pregnancy Info

About the Pregnancy Info Form

- The Last Menstrual Period Date must be earlier than today's date.
- The Estimated date of birth must be later than today's date.

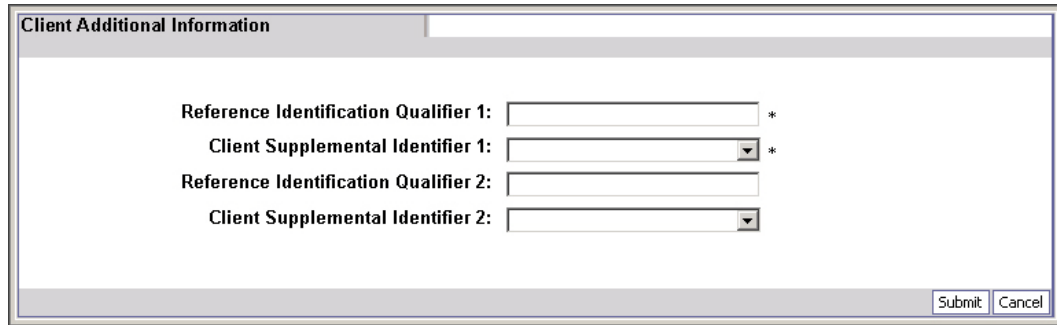


After completing the form, click the Submit button to save the information and close the form or click the Cancel button to close the window without saving.

Would you like to add additional Client identification?



Answering Yes to this question displays the Client Additional Information form.



The screenshot shows a window titled "Client Additional Information". Inside the window, there are four fields:

- Reference Identification Qualifier 1: *
- Client Supplemental Identifier 1: *
- Reference Identification Qualifier 2:
- Client Supplemental Identifier 2:

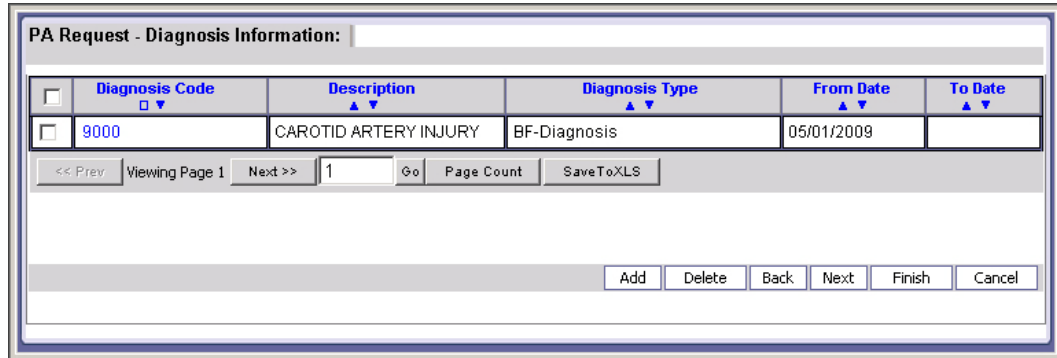
At the bottom right of the window, there are two buttons: "Submit" and "Cancel".

Figure 6 – Client Additional Information



After completing the form, click the Submit button to save the information and close the form or click the Cancel button to close the window without saving.

Entering Diagnosis Information



<input type="checkbox"/>	Diagnosis Code □ ▾	Description ▲ ▾	Diagnosis Type ▲ ▾	From Date ▲ ▾	To Date ▲ ▾
<input type="checkbox"/>	9000	CAROTID ARTERY INJURY	BF-Diagnosis	05/01/2009	

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Add Delete Back Next Finish Cancel

Figure 7 – PA Request – Diagnosis Information

About the PA Request – Diagnosis Information List

- When entering this page for the first time, the Diagnosis Codes list will be empty.
- You must enter one, and only one, Diagnosis Code to proceed.



Once you have finished adding a diagnosis code, click the Next button.

ProviderOne displays the PA Request – Service Review Information form.

Adding a Diagnosis Code



From the PA Request – Diagnosis Information List, click the Add button.



ProviderOne displays the Diagnosis Codes form.

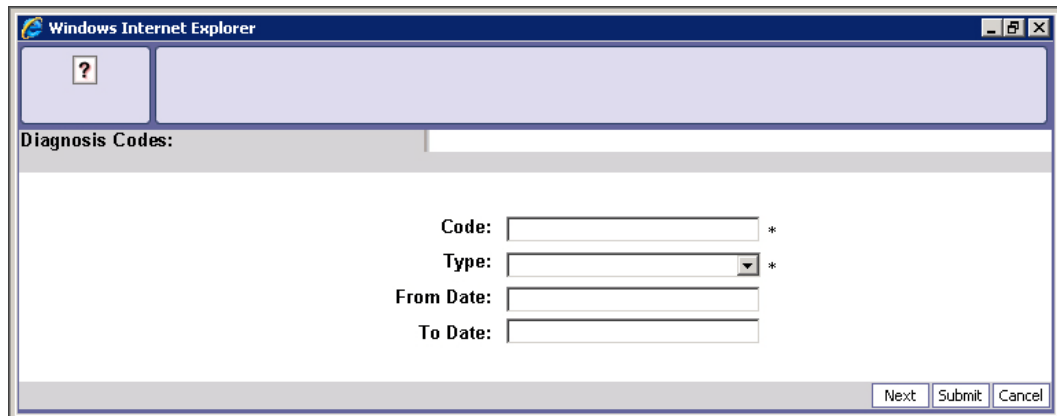


Figure 8 – Diagnosis Codes

About the Diagnosis Codes Form

- Enter the From Date and To Date only if the diagnosis date is known, otherwise leave the fields blank.

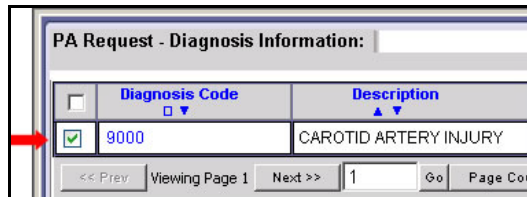


After completing the form, click the Submit button to save the information and close the form or click the Cancel button to close the window without saving.

Deleting a Diagnosis Code



From the PA Request – Diagnosis Information List, check the Diagnosis Code to be deleted and click the Delete button.



<input type="checkbox"/>	Diagnosis Code	Description
<input checked="" type="checkbox"/>	9000	CAROTID ARTERY INJURY

<< Prev Viewing Page 1 Next >> 1 Go Page Cou

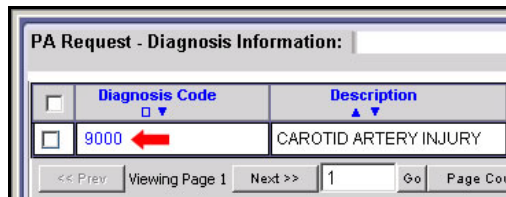


Add	Delete	Back	Next	Finish	Cancel
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Modifying a Diagnosis Code



From the PA Request – Diagnosis Information List, click the hyperlink located in the Diagnosis Code column.



<input type="checkbox"/>	Diagnosis Code	Description
<input type="checkbox"/>	9000	CAROTID ARTERY INJURY

<< Prev Viewing Page 1 Next >> 1 Go Page Cou



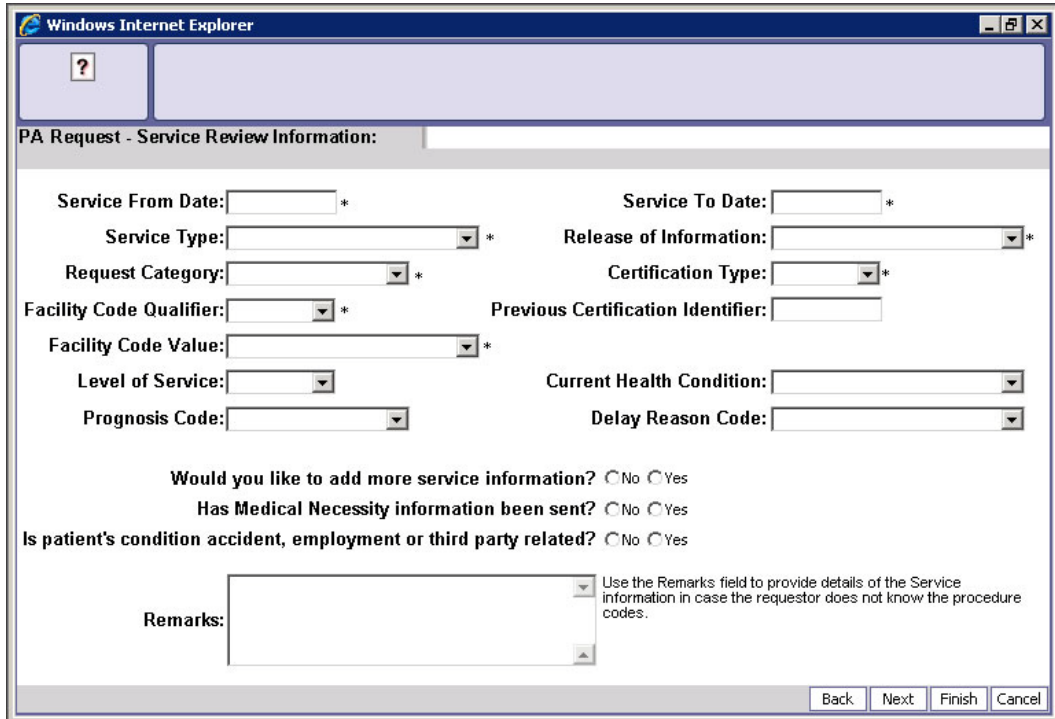
ProviderOne displays the Diagnosis Codes form.



After completing the form, click the Submit button to save the information and close the form or click the Cancel button to close the window without saving.

This page is intentionally blank.

Entering Service Review Information



Windows Internet Explorer

PA Request - Service Review Information:

Service From Date: * Service To Date: *

Service Type: * Release of Information: *

Request Category: * Certification Type: *

Facility Code Qualifier: * Previous Certification Identifier:

Facility Code Value: * Current Health Condition:

Level of Service: Delay Reason Code:

Prognosis Code:

Would you like to add more service information? No Yes

Has Medical Necessity information been sent? No Yes

Is patient's condition accident, employment or third party related? No Yes

Remarks: Use the Remarks field to provide details of the Service information in case the requestor does not know the procedure codes.

Back Next Finish Cancel

Figure 9 - PA Request – Service Review Information

About the PA Request – Service Review Information Form

- A Prior Authorization may include one service type.
- Based on your answers to the questions shown on this page, ProviderOne may open additional forms.
- The Previous Certification Identifier field is required if this PA Request is associated with a prior request. Enter the associated Prior Authorization # here.
- Select a Level of Service when the service being requested would not be authorized unless the client's condition is Urgent or due to an Emergency.
- If you do not know the procedure codes use the Remarks field to provider details of the service information.



Once you have finished filling out this form, click the Next button.

ProviderOne checks the information entered and displays error messages if there are any problems. If no errors exist, ProviderOne displays the PA Request – Service Provider List.

Would you like to add more service information?



Answering Yes to this question displays the Service Additional Identification form.

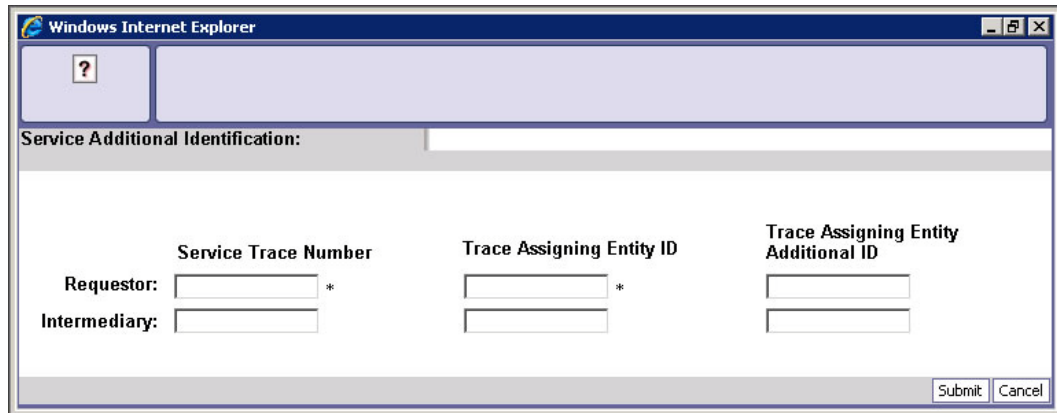


Figure 10 - Service Additional Identification



After completing the form, click the Submit button to save the information and close the form or click the Cancel button to close the window without saving.

Has medical necessity information been sent?



Answering No to this question displays the Medical Necessity form.

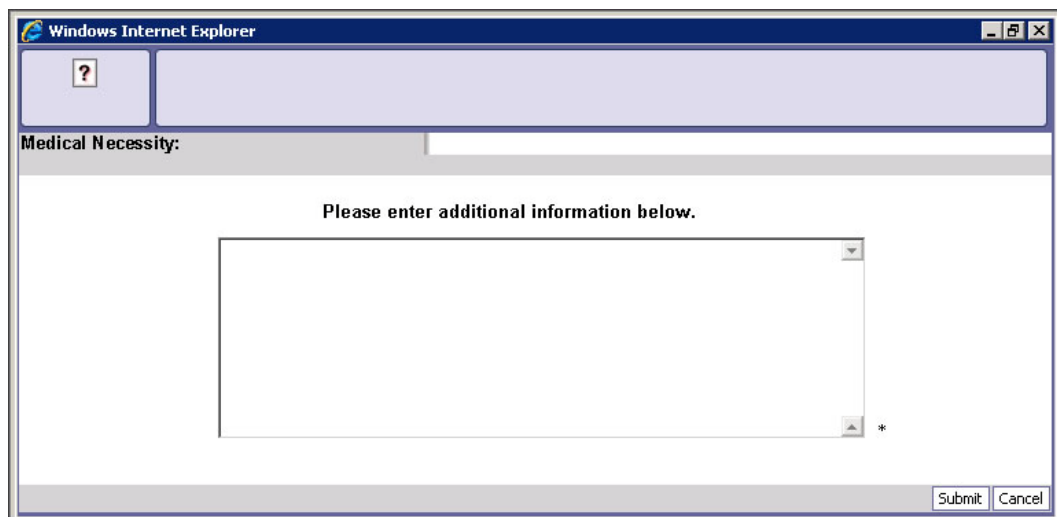


Figure 11 - Medical Necessity

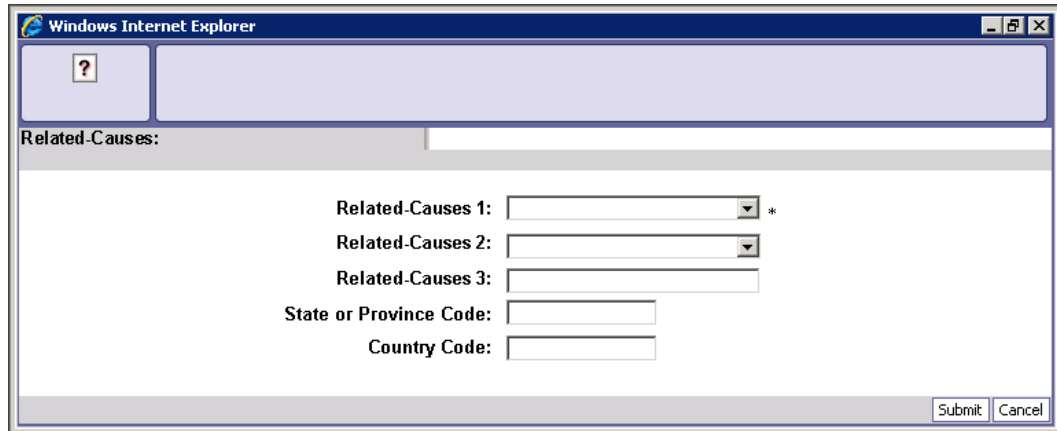


After completing the form, click the Submit button to save the information and close the form or click the Cancel button to close the window without saving.

Is patient's condition accident, employment, or third-party related?



Answering Yes to this question displays the Related-Causes form.



Windows Internet Explorer

Related-Causes:

Related-Causes 1: *

Related-Causes 2:

Related-Causes 3:

State or Province Code:

Country Code:

Submit Cancel

Figure 12 - Related-Causes

About the Related-Causes Form

- State or Province Code and Country Code are used to designate the location of an auto accident that occurred outside the state or country.



After completing the form, click the Submit button to save the information and close the form or click the Cancel button to close the window without saving.

This page is intentionally blank.

Entering Service Provider Information

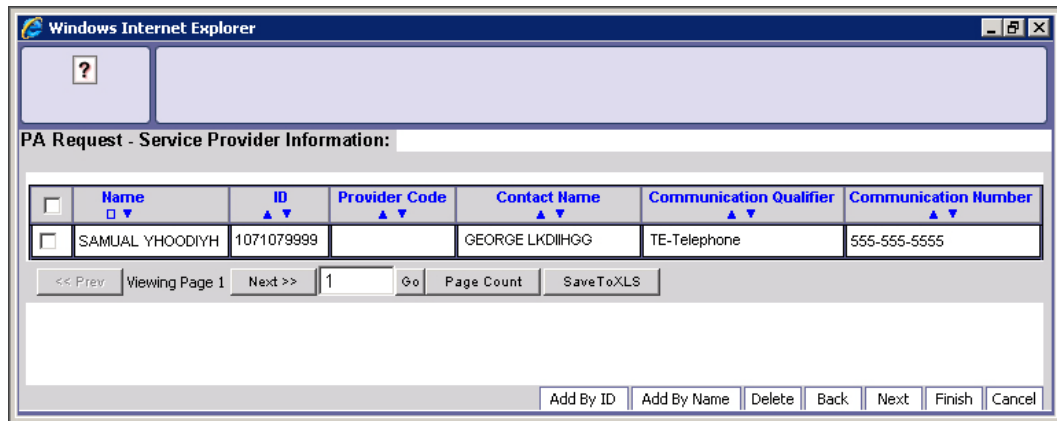


Figure 13 - PA Request – Service Provider Information

About the PA Request – Service Provider Information List

- The first time this page displays the list of providers will be empty.
- At least one Provider must be added - up to three can be added.
- Servicing Providers must be enrolled for the Prior Authorization to be issued.



When you have finished adding Service Providers to the list, click the Next button to proceed.



ProviderOne checks the information entered and displays error messages if there are any problems. If no errors exist, ProviderOne displays the PA Request – Procedures Information List.

Adding a Service Provider by ID

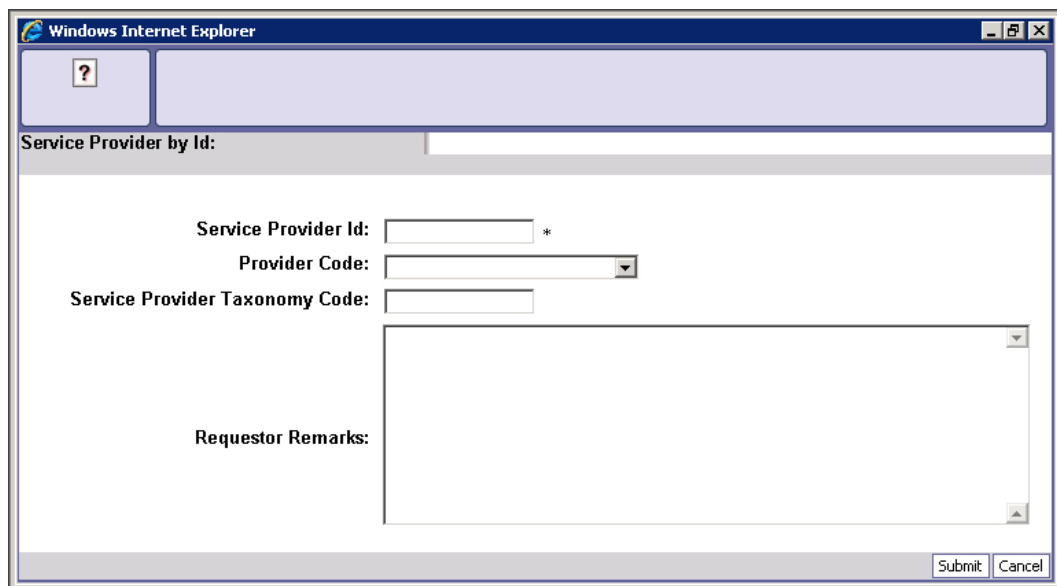
Use this option when the Servicing Provider ID is known.



Click the Add by ID button.



ProviderOne displays the Service Provider by ID form.



A screenshot of a web browser window titled 'Windows Internet Explorer'. The page content is titled 'Service Provider by Id:'. It contains the following fields:

- 'Service Provider Id: [text input] *'
- 'Provider Code: [dropdown menu]'
- 'Service Provider Taxonomy Code: [text input]'
- 'Requestor Remarks: [large text area]'

At the bottom right of the form are 'Submit' and 'Cancel' buttons.

Figure 14 – Service Provider by Id

About the Service Provider by Id Form

- Providers added using this method must be enrolled. If the Provider is not enrolled, ProviderOne will display an error message.
- If the Provider is enrolled, ProviderOne will retrieve details about the Provider.



After completing the form, click the Submit button to save the information and close the form or click the Cancel button to close the window without saving.

Adding a Service Provider by Name

Use this option when the Servicing Provider ID is not known.



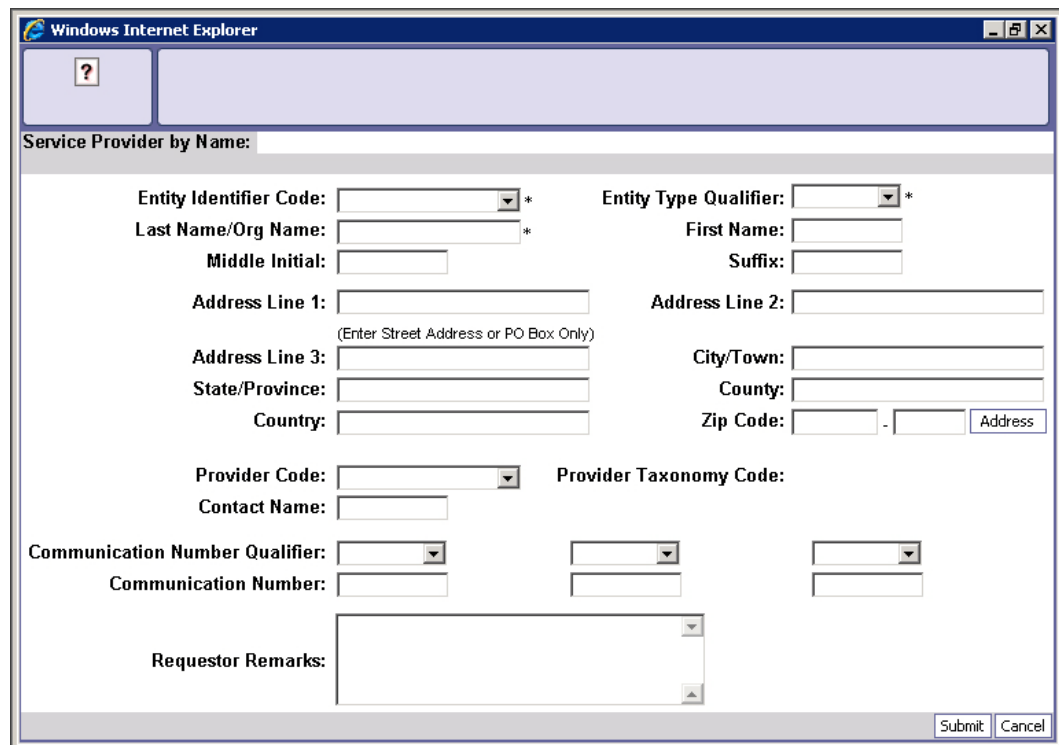
Click the Add by Name button.



A horizontal bar containing several buttons: 'Add By ID', 'Add By Name', 'Delete', 'Back', 'Next', 'Finish', and 'Cancel'. A red arrow points down to the 'Add By Name' button.



ProviderOne displays the Service Provider by Name form.



The screenshot shows a web browser window titled 'Windows Internet Explorer'. The page content is titled 'Service Provider by Name:'. The form includes the following fields:

- Entity Identifier Code: *
- Entity Type Qualifier: *
- Last Name/Org Name: *
- First Name:
- Middle Initial:
- Suffix:
- Address Line 1:
- Address Line 2:
- (Enter Street Address or PO Box Only)
- Address Line 3:
- City/Town:
- State/Province:
- County:
- Country:
- Zip Code: -
- Provider Code:
- Provider Taxonomy Code:
- Contact Name:
- Communication Number Qualifier:
- Communication Number:
- Requestor Remarks:

Buttons for 'Submit' and 'Cancel' are located at the bottom right of the form.

Figure 15 – Service Provider by Name

About the Service Provider by Name Form

- The Servicing Provider's ID will be added by the DSHS Decision Maker during the decision making phase.
- ProviderOne will not attempt to validate the information entered on this form.

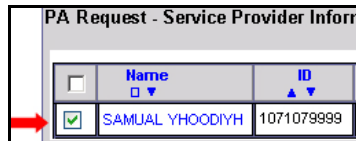


After completing the form, click the Submit button to save the information and close the form or click the Cancel button to close the window without saving.

Deleting a Servicing Provider Entry



From the PA Request – Service Provider Information List, check the Service Provider to be deleted and click the Delete button.



<input type="checkbox"/>	Name	ID
<input checked="" type="checkbox"/>	SAMJUAL YHOODIYH	1071079999

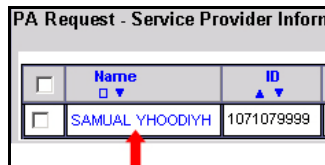


Add By ID | Add By Name | Delete | Back | Next | Finish | Cancel

Modifying a Service Provider Entry



From the PA Request – Service Provider Information List, click the hyperlink in the Name column.



<input type="checkbox"/>	Name	ID
<input type="checkbox"/>	SAMJUAL YHOODIYH	1071079999

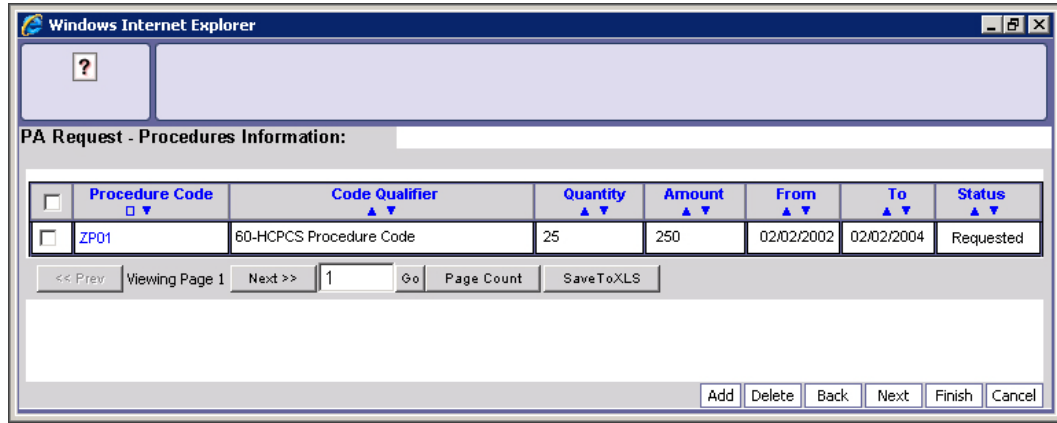


ProviderOne displays either the Provider by Name or Provider by ID form.



After completing the form, click the Submit button to save the information and close the form or click the Cancel button to close the window without saving.

Entering Procedures Information



<input type="checkbox"/>	Procedure Code	Code Qualifier	Quantity	Amount	From	To	Status
<input type="checkbox"/>	ZP01	60-HCPCS Procedure Code	25	250	02/02/2002	02/02/2004	Requested

Figure 16 – PA Request – Procedures Information

About the PA Request – Procedures Information List

- The first time this page displays the Procedure Codes list will be empty.
- At least one Procedure Code must be added - up to 12 Procedure Codes can be added.
- Once this page is submitted, the Procedure Codes shown in the list cannot be deleted or modified.

IMPORTANT: Clicking the Finish button will save all information, close the page and return you to the PA Request List. The authorization will have a status of **Requested** and can no longer be edited.



When you have finished adding items to the list, click the Next button to proceed.

ProviderOne will compare the Procedure Codes entered with the list of Service Providers entered in the previous step. Discrepancies will cause an error or warning message to appear. If no errors exist, ProviderOne displays the PA Request – Request Navigator List.

Adding a Procedure Code



From the PA Request – Procedures Information list, click the Add button.



ProviderOne displays the Procedure Codes form.

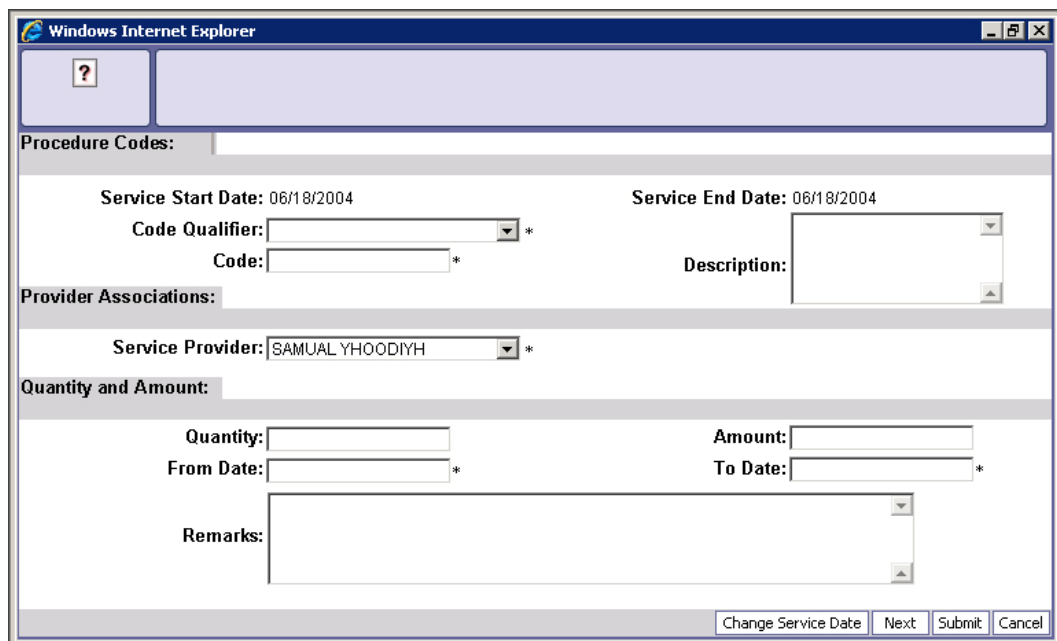


Figure 17 – Procedure Codes



Click the Next button to add more than one Procedure Code. When you have finished entering all Procedure Codes, click the Submit button to save the information and close the form or click the Cancel button to close the window without saving.

Deleting a Procedure Code



From the PA Request – Procedures Information list, check the Procedure Code to be deleted and click the Delete button.

PA Request - Procedures Information:

<input type="checkbox"/>	Procedure Code □ ▼	Code Qualifier ▲ ▼
<input checked="" type="checkbox"/>	ZP01	60-HCPCS Procedure Code

↓

Add By ID	Add By Name	Delete	Back	Next	Finish	Cancel
-----------	-------------	--------	------	------	--------	--------

Modifying a Procedure Code



From the PA Request – Procedures Information list, click the hyperlink in the Procedure Code column.

PA Request - Procedures Information:

<input type="checkbox"/>	Procedure Code □ ▼	Code Qualifier ▲ ▼
<input type="checkbox"/>	ZP01	60-HCPCS Procedure Code



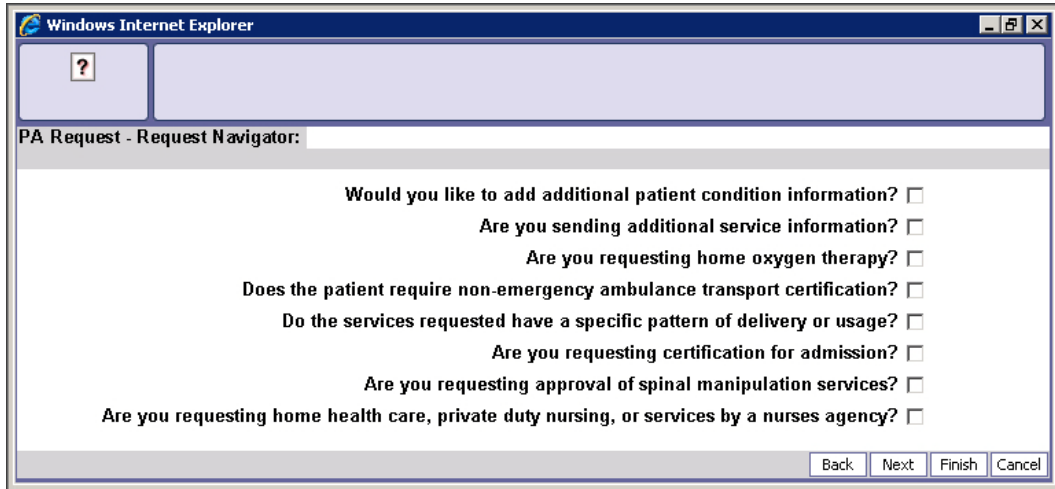
ProviderOne displays the Procedure Codes form.



After completing your modifications, click the Submit button to save your changes and close the form.

This page is intentionally blank.

Completing the Request Navigator Form



Windows Internet Explorer

PA Request - Request Navigator:

Would you like to add additional patient condition information?

Are you sending additional service information?

Are you requesting home oxygen therapy?

Does the patient require non-emergency ambulance transport certification?

Do the services requested have a specific pattern of delivery or usage?

Are you requesting certification for admission?

Are you requesting approval of spinal manipulation services?

Are you requesting home health care, private duty nursing, or services by a nurses agency?

Back Next Finish Cancel

Figure 18 – PA Request – Request Navigator



Place checks next to the questions that apply to the Prior Authorization Request being submitted.

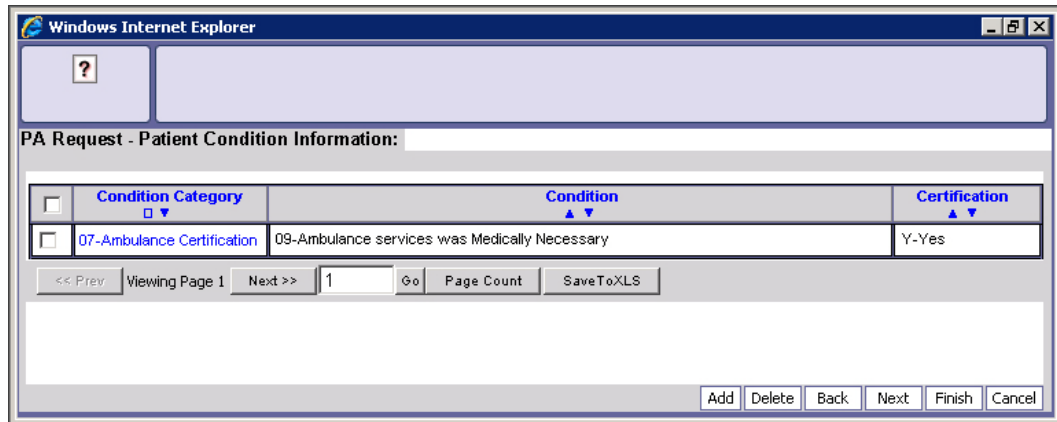


After clicking the Next button ProviderOne will display entry forms for each of the questions you checked. These forms will display one after another until finished.

Would you like to add additional patient condition information?



Checking this question displays the PA Request – Patient Condition Information list.



<input type="checkbox"/>	Condition Category	Condition	Certification
<input type="checkbox"/>	07-Ambulance Certification	09-Ambulance services was Medically Necessary	Y-Yes

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Add Delete Back Next Finish Cancel

Figure 19 – PA Request – Patient Condition Information

About the PA Request – Patient Condition Information List

- This list will be empty the first time it is displayed.
- If this page is displayed, at least one condition must be added.
- Up to six conditions can be added.
- Prior to submitting the PA Request, conditions listed here can be modified or deleted.



After filling out this form, click the Next button to proceed to the next page in the sequence, or click the Finish button to submit the PA Request for review.



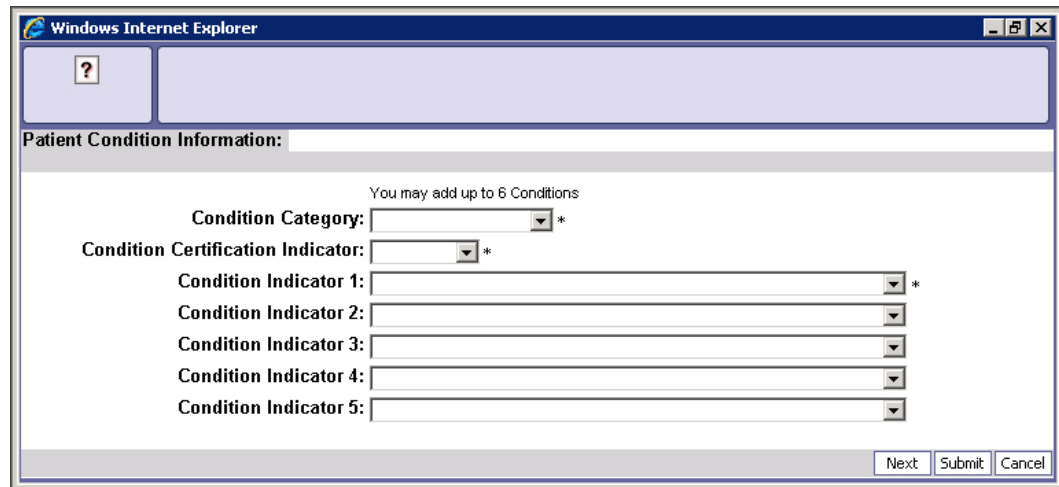
ProviderOne will either display the next page in the sequence, or set the status of the Prior Authorization Request to Requested and return to the PA Request List.

Adding a Patient Condition



From the PA Request – Patient Condition Information list, click the Add button.

ProviderOne displays the Patient Condition Information form.



The screenshot shows a web browser window titled "Windows Internet Explorer" displaying the "Patient Condition Information" form. The form includes a header with a question mark icon and a title bar. Below the title bar, the text "Patient Condition Information:" is displayed. The main content area contains the following fields and controls:

- A note: "You may add up to 6 Conditions"
- "Condition Category:" followed by a dropdown menu and an asterisk.
- "Condition Certification Indicator:" followed by a dropdown menu and an asterisk.
- "Condition Indicator 1:" followed by a dropdown menu and an asterisk.
- "Condition Indicator 2:" followed by a dropdown menu.
- "Condition Indicator 3:" followed by a dropdown menu.
- "Condition Indicator 4:" followed by a dropdown menu.
- "Condition Indicator 5:" followed by a dropdown menu.

At the bottom right of the form, there are three buttons: "Next", "Submit", and "Cancel".

Figure 20 – Patient Condition Information



Click the Next button to add another Condition or, if you are finished adding Conditions, click the Submit button to save the information and close the form.

Deleting a Patient Condition



From the PA Request – Patient Condition Information list, check the Patient Condition to be deleted, and click the Delete button.

PA Request - Patient Condition Information:

<input type="checkbox"/>	Condition Category □ ▼	Condition ▲ ▼
<input checked="" type="checkbox"/>	07-Ambulance Certification	09-Ambulance services was Medically Necessary

↓

Add By ID	Add By Name	Delete	Back	Next	Finish	Cancel
-----------	-------------	--------	------	------	--------	--------

Modifying a Patient Condition



From the PA Request – Patient Condition Information list, click the hyperlink in the Condition Category column.

PA Request - Patient Condition Information:

<input type="checkbox"/>	Condition Category □ ▼	Condition ▲ ▼
<input type="checkbox"/>	07-Ambulance Certification	09-Ambulance services was Medically Necessary



ProviderOne displays the Patient Condition Information form.

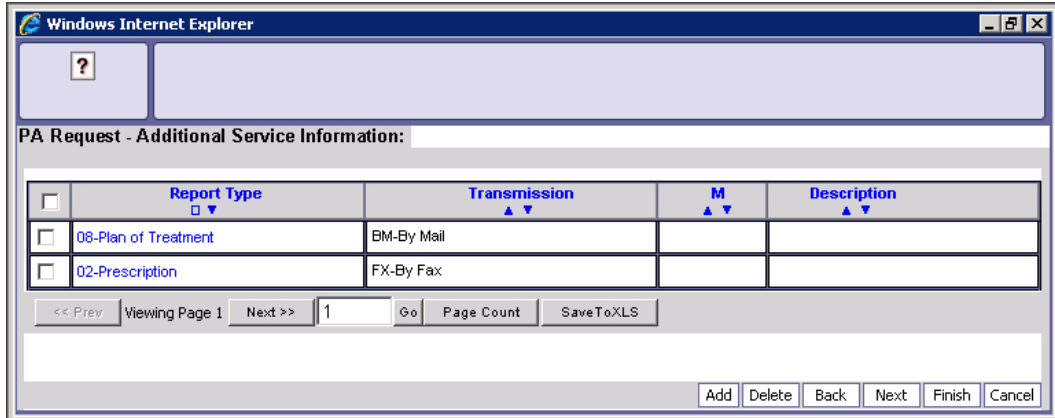


When you are finished with your modifications, click the Submit button to save your changes and close the page.

Are you sending additional service information?



Checking this question displays the Additional Service Information list.



<input type="checkbox"/>	Report Type □ ▼	Transmission ▲ ▼	M ▲ ▼	Description ▲ ▼
<input type="checkbox"/>	08-Plan of Treatment	EM-By Mail		
<input type="checkbox"/>	02-Prescription	FX-By Fax		

Figure 21 – PA Request – Additional Service Information

About the PA Request – Additional Service Information List

- The first time this list displays it will be empty.
- Up to 10 reports can be added.



After filling out this form, click the Next button to proceed to the next page in the sequence, or click the Finish button to submit the PA Request for review.



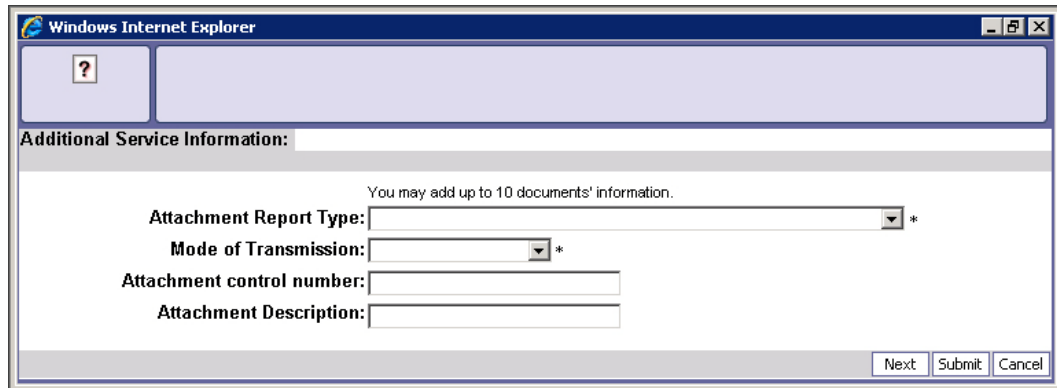
ProviderOne will either display the next page in the sequence, or set the status of the Prior Authorization Request to Requested and return to the PA Request List.

Adding an Additional Service Report



To add one or more additional services, click the Add button.

ProviderOne displays the Additional Service Information form.



The screenshot shows a web browser window titled "Windows Internet Explorer". The main content area is titled "Additional Service Information:". Below the title, there is a text input field with the placeholder text "You may add up to 10 documents' information.". Below this are four form fields: "Attachment Report Type:" (a dropdown menu), "Mode of Transmission:" (a dropdown menu), "Attachment control number:" (a text input field), and "Attachment Description:" (a text input field). At the bottom right of the form, there are three buttons: "Next", "Submit", and "Cancel".

Figure 22 – Additional Services Information



After filling out this form, click the Next button to add another Report or, if you are finished adding Reports, click the Submit button to save the information and close the form.

Deleting a Service Information Report



From the PA Request – Additional Service Information list, check the Report to be deleted and click the Delete button.

PA Request - Additional Service Information:

<input type="checkbox"/>	Report Type □ ▾	Transmission ▲ ▾
<input type="checkbox"/>	08-Plan of Treatment	BM-By Mail
<input checked="" type="checkbox"/>	02-Prescription	FX-By Fax

↓

Add By ID	Add By Name	Delete	Back	Next	Finish	Cancel
-----------	-------------	--------	------	------	--------	--------

Modifying a Service Information Report



From the PA Request – Additional Service Information list, click the hyperlink in the Report Type column.

PA Request - Additional Service Information:

<input type="checkbox"/>	Report Type □ ▾	Transmission ▲ ▾
<input type="checkbox"/>	08-Plan of Treatment	BM-By Mail
<input type="checkbox"/>	02-Prescription	FX-By Fax



ProviderOne displays the Additional Service Information form.

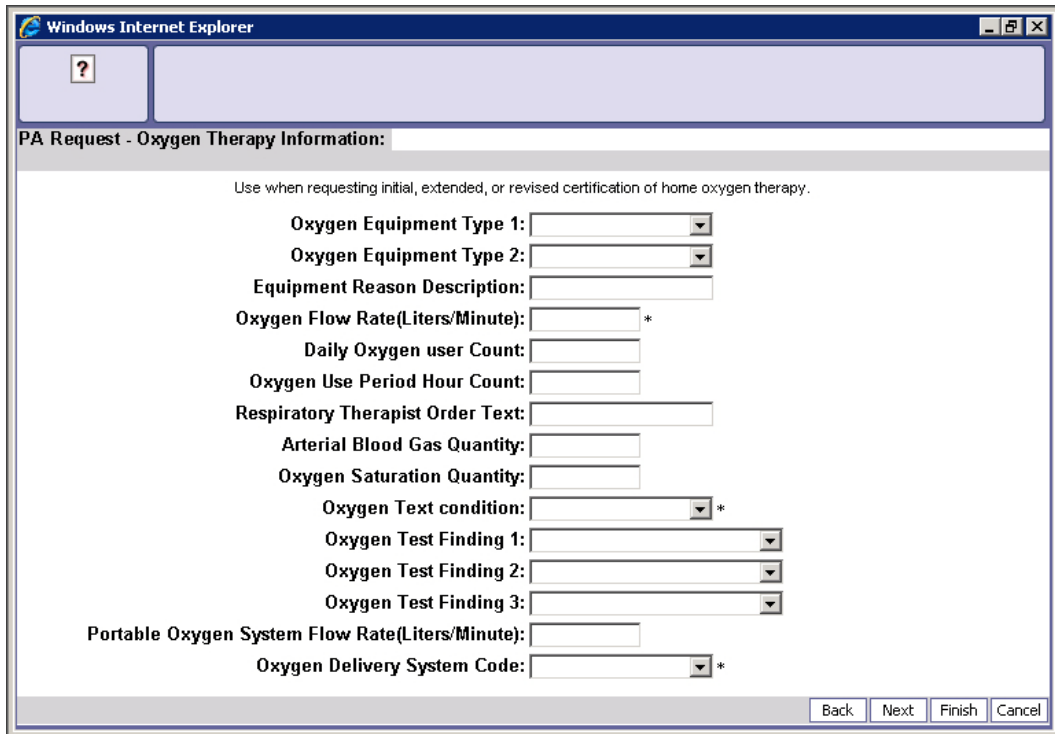


When are finished modifying the information, click the Submit button to save your changes and close the form.

Are you requesting home oxygen therapy?



Checking this question displays the PA Request – Oxygen Therapy Information form.



The screenshot shows a web browser window titled "Windows Internet Explorer" displaying a form titled "PA Request - Oxygen Therapy Information:". The form contains the following fields:

- Oxygen Equipment Type 1: [Dropdown menu]
- Oxygen Equipment Type 2: [Dropdown menu]
- Equipment Reason Description: [Text input field]
- Oxygen Flow Rate(Liters/Minute): [Text input field] *
- Daily Oxygen user Count: [Text input field]
- Oxygen Use Period Hour Count: [Text input field]
- Respiratory Therapist Order Text: [Text input field]
- Arterial Blood Gas Quantity: [Text input field]
- Oxygen Saturation Quantity: [Text input field]
- Oxygen Text condition: [Dropdown menu] *
- Oxygen Test Finding 1: [Dropdown menu]
- Oxygen Test Finding 2: [Dropdown menu]
- Oxygen Test Finding 3: [Dropdown menu]
- Portable Oxygen System Flow Rate(Liters/Minute): [Text input field]
- Oxygen Delivery System Code: [Dropdown menu] *

At the bottom right of the form, there are four buttons: "Back", "Next", "Finish", and "Cancel".

Figure 23 – PA Request – Oxygen Therapy Information



After filling out this form, click the Next button to proceed to the next page in the sequence, or click the Finish button to submit the PA Request for review.

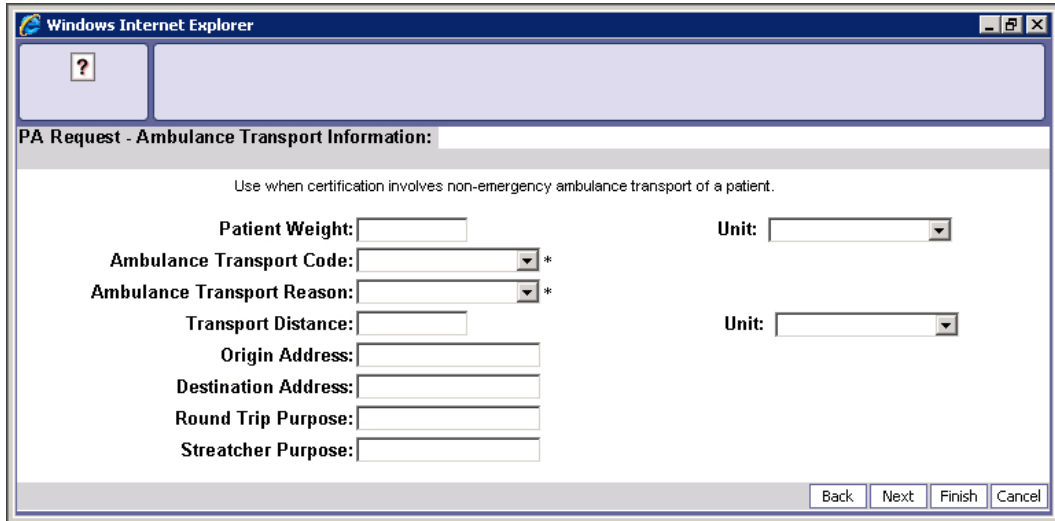


ProviderOne will either display the next page in the sequence, or set the status of the Prior Authorization Request to Requested and return to the PA Request List.

Does the patient require non-emergency ambulance transport certification?



Checking this question displays the PA Request – Ambulance Transport Information form.



The screenshot shows a web browser window titled "Windows Internet Explorer" displaying a form titled "PA Request - Ambulance Transport Information:". The form includes the following fields and instructions:

- Instruction: "Use when certification involves non-emergency ambulance transport of a patient."
- Fields: "Patient Weight:" (text input), "Unit:" (dropdown menu), "Ambulance Transport Code:" (dropdown menu with an asterisk), "Ambulance Transport Reason:" (dropdown menu with an asterisk), "Transport Distance:" (text input), "Unit:" (dropdown menu), "Origin Address:" (text input), "Destination Address:" (text input), "Round Trip Purpose:" (text input), and "Stretcher Purpose:" (text input).
- Buttons: "Back", "Next", "Finish", and "Cancel" are located at the bottom right of the form.

Figure 24 - PA Request – Ambulance Transport Information Form



After filling out this form, click the Next button to proceed to the next page in the sequence, or click the Finish button to submit the PA Request for review.

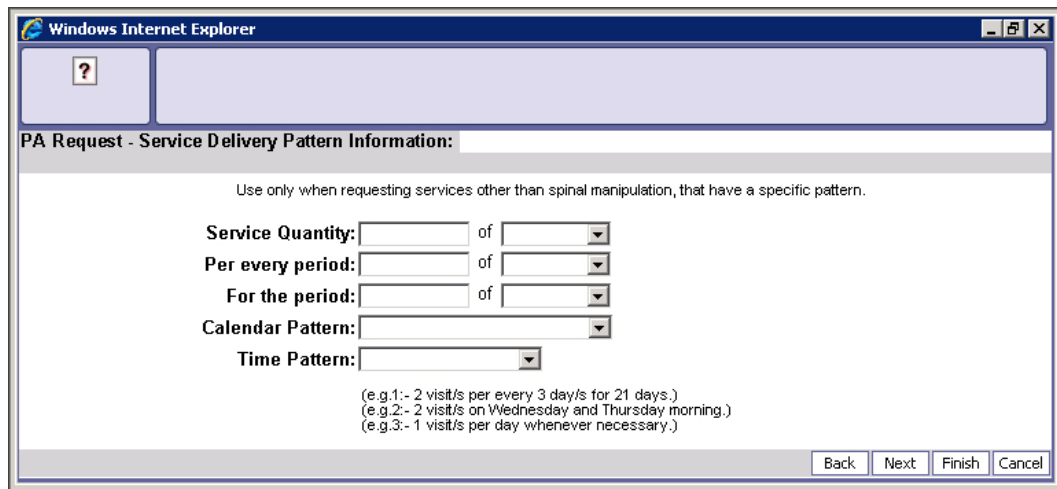


ProviderOne will either display the next page in the sequence, or set the status of the Prior Authorization Request to Requested and return to the PA Request List.

Do the services requested have a specific pattern of delivery or usage?



Checking this question displays the PA Request – Service Delivery Pattern Information form.



The screenshot shows a web browser window titled "Windows Internet Explorer" displaying a form titled "PA Request - Service Delivery Pattern Information:". The form includes a header with a question mark icon and a sub-header "PA Request - Service Delivery Pattern Information:". Below the sub-header is a note: "Use only when requesting services other than spinal manipulation, that have a specific pattern." The form contains five input fields: "Service Quantity:" (text box), "of" (text), a dropdown menu; "Per every period:" (text box), "of" (text), a dropdown menu; "For the period:" (text box), "of" (text), a dropdown menu; "Calendar Pattern:" (dropdown menu); and "Time Pattern:" (dropdown menu). Below these fields are three example lines: "(e.g.1:- 2 visit/s per every 3 day/s for 21 days.)", "(e.g.2:- 2 visit/s on Wednesday and Thursday morning.)", and "(e.g.3:- 1 visit/s per day whenever necessary.)". At the bottom right of the form are four buttons: "Back", "Next", "Finish", and "Cancel".

Figure 25 - PA Request - Service Delivery Pattern Information



After filling out this form, click the Next button to proceed to the next page in the sequence, or click the Finish button to submit the PA Request for review.

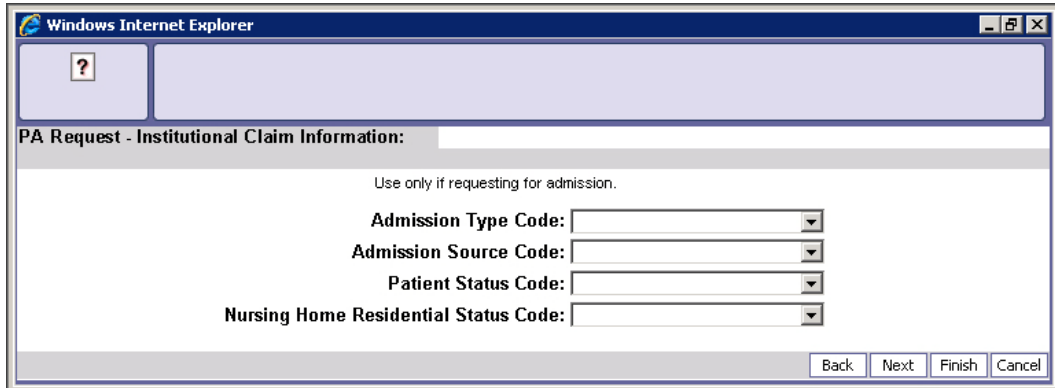


ProviderOne will either display the next page in the sequence, or set the status of the Prior Authorization Request to Requested and return to the PA Request List.

Are you requesting certification for admission?



Checking this question displays the PA Request – Institutional Claim Information form.



Windows Internet Explorer

PA Request - Institutional Claim Information:

Use only if requesting for admission.

Admission Type Code:

Admission Source Code:

Patient Status Code:

Nursing Home Residential Status Code:

Back Next Finish Cancel

Figure 26 - PA Request – Institutional Claim Information



After filling out this form, click the Next button to proceed to the next page in the sequence, or click the Finish button to submit the PA Request for review.

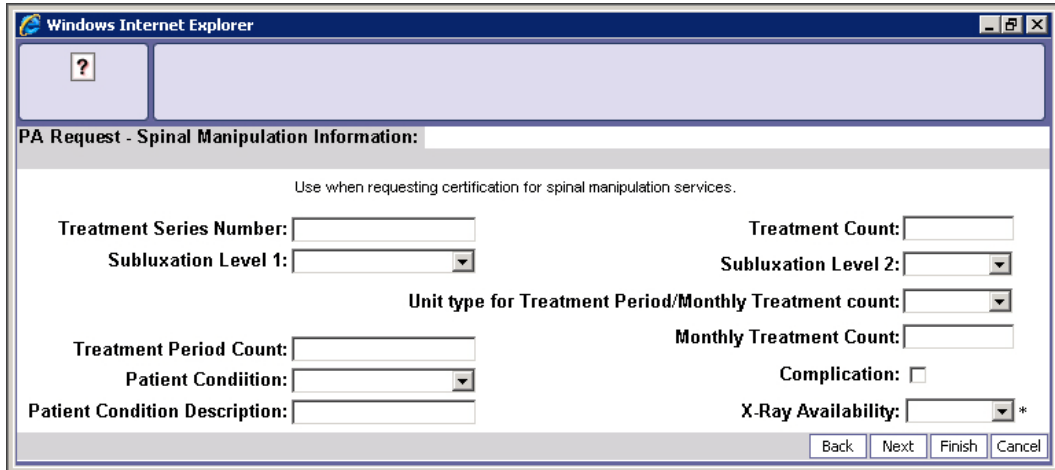


ProviderOne will either display the next page in the sequence, or set the status of the Prior Authorization Request to Requested and return to the PA Request List.

Are you requesting approval of spinal manipulation services?



Checking this question displays the PA Request – Institutional Claim Information form.



Windows Internet Explorer

PA Request - Spinal Manipulation Information:

Use when requesting certification for spinal manipulation services.

Treatment Series Number: Treatment Count:

Subluxation Level 1: Subluxation Level 2:

Unit type for Treatment Period/Monthly Treatment count:

Treatment Period Count: Monthly Treatment Count:

Patient Condition: Complication:

Patient Condition Description: X-Ray Availability: *

Back Next Finish Cancel

Figure 27 - PA Request – Spinal Manipulation Information Form



After filling out this form, click the Next button to proceed to the next page in the sequence, or click the Finish button to submit the PA Request for review.

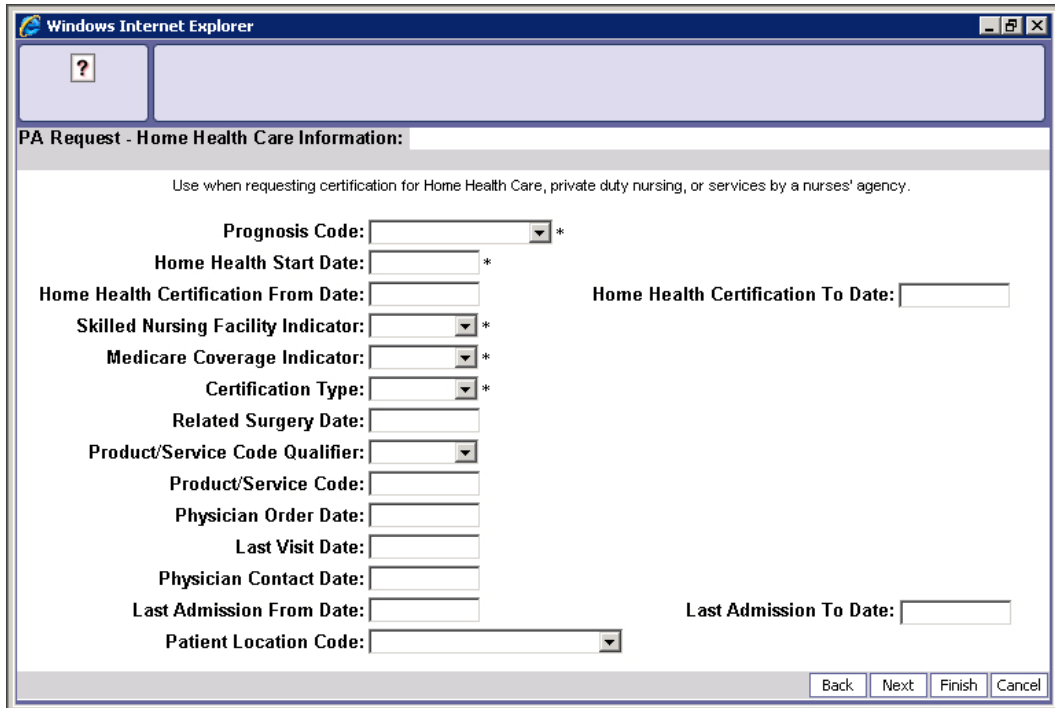


ProviderOne will either display the next page in the sequence, or set the status of the Prior Authorization Request to Requested and return to the PA Request List.

Are you requesting home health care, private duty nursing, or services by a nurses agency?



Checking this question displays the PA Request – Institutional Claim Information form.



Windows Internet Explorer

PA Request - Home Health Care Information:

Use when requesting certification for Home Health Care, private duty nursing, or services by a nurses' agency.

Prognosis Code: *

Home Health Start Date: *

Home Health Certification From Date: Home Health Certification To Date:

Skilled Nursing Facility Indicator: *

Medicare Coverage Indicator: *

Certification Type: *

Related Surgery Date:

Product/Service Code Qualifier:

Product/Service Code:

Physician Order Date:

Last Visit Date:

Physician Contact Date:

Last Admission From Date: Last Admission To Date:

Patient Location Code:

Back Next Finish Cancel

Figure 28 - PA Request – Home Health Care Information Form



After filling out this form, click the Next button to proceed to the next page in the sequence, or click the Finish button to submit the PA Request for review.



ProviderOne will either display the next page in the sequence, or set the status of the Prior Authorization Request to Requested and return to the PA Request List.

This page is intentionally blank.

The Prior Authorization Submission Page

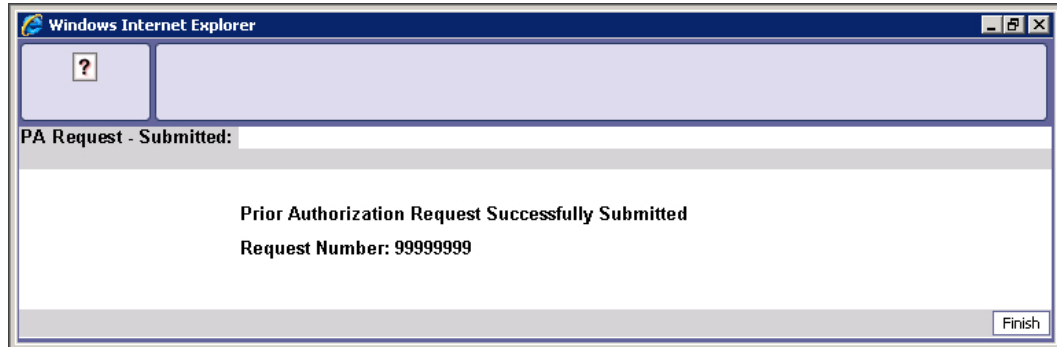


Figure 29 - PA Request – Submitted Page

About the Prior Authorization Page

- Once the Prior Authorization Submission Request has been submitted, this page will display, confirming the submission and providing the Request Number.
- This page is for informational purposes only.



Click the Finish button.

ProviderOne displays the PA Request List. Your new Prior Authorization Request will be listed with a status of Requested.

This page is intentionally blank.

Tracking and Viewing Prior Authorizations

Access the details of all Prior Authorizations you are authorized to view by viewing the Prior Authorization Utilization page.

Line #	Servicing Provider ID	Code	Mod 1	Mod 1	Request Units	Request \$ Amount	Auth Units	Auth \$ Amount	From Date	To Date	Status
1	103790000	ZVD6	01	02	3	\$ 500.00			09/30/2005	10/20/2005	Approved
2	104790000	ZVD1	01	02	2	\$ 400.00			10/01/2005	10/20/2005	Approved
3	104790001	ZPW9	01	02	1	\$ 350.00			09/30/2005	10/20/2005	Approved
4	104790001	ZPW8	01	02	1	\$ 250.00			11/20/2005	10/20/2005	Approved

Figure 30 - PA Utilization

About the PA Utilization Page

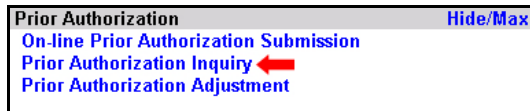
- The PA Utilization Screen is an informational screen.
- Two methods can be used to access the PA Utilization screen:
 - Use PA Inquire to search for a specific authorization number.
 - Click the Notepad icon next to an authorization in the PA Request List.

This page is intentionally blank.

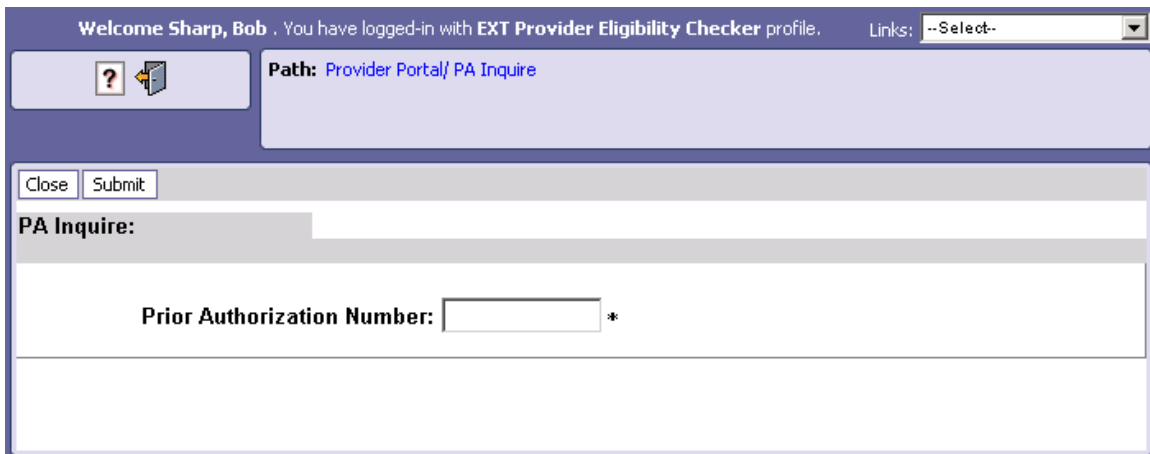
Locating an Individual Prior Authorization Using PA Inquire



Access the PA Inquire form by selecting Prior Authorization Inquiry link from the Provider Portal.



ProviderOne displays the Prior Authorization Inquiry Form.



Welcome Sharp, Bob . You have logged-in with EXT Provider Eligibility Checker profile. Links: --Select--

Path: Provider Portal/ PA Inquire

Close Submit

PA Inquire:

Prior Authorization Number: *

Figure 31 - PA Inquire Form



Enter the Prior Authorization Number and click the Submit button.

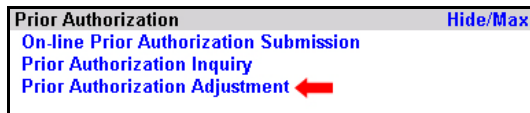


ProviderOne searches for the Prior Authorization and displays an error message if it cannot be located. If ProviderOne successfully locates the authorization and you are authorized to view it the PA Utilization Page display.

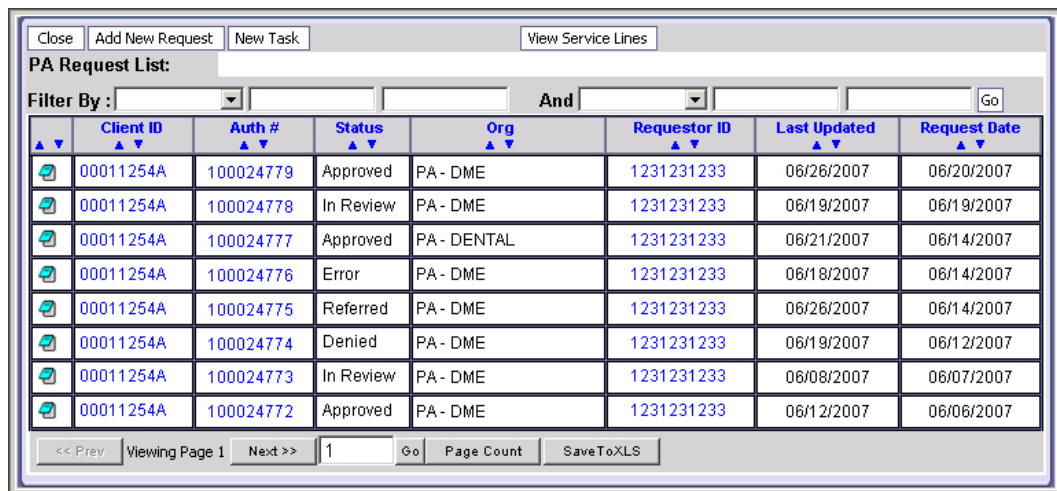
Viewing a List of Prior Authorizations Using the PA Request List



Access the Prior Authorization Request List by clicking the Prior Authorization Adjustment link from the Provider Portal.



ProviderOne displays the PA Request List.

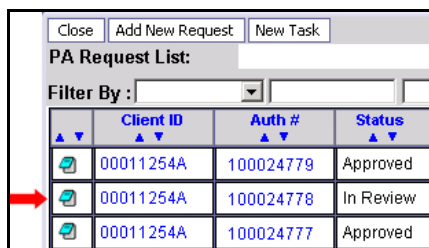


Client ID	Auth #	Status	Org	Requestor ID	Last Updated	Request Date
00011254A	100024779	Approved	PA - DME	1231231233	06/26/2007	06/20/2007
00011254A	100024778	In Review	PA - DME	1231231233	06/19/2007	06/19/2007
00011254A	100024777	Approved	PA - DENTAL	1231231233	06/21/2007	06/14/2007
00011254A	100024776	Error	PA - DME	1231231233	06/18/2007	06/14/2007
00011254A	100024775	Referred	PA - DME	1231231233	06/26/2007	06/14/2007
00011254A	100024774	Denied	PA - DME	1231231233	06/19/2007	06/12/2007
00011254A	100024773	In Review	PA - DME	1231231233	06/08/2007	06/07/2007
00011254A	100024772	Approved	PA - DME	1231231233	06/12/2007	06/06/2007

Figure 32 - PA Request List



To view the PA Utilization Screen for any authorization, click the Notepad icon next to the authorization you wish to view.

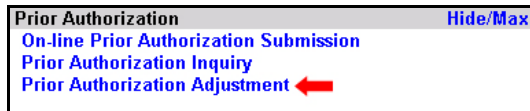


Client ID	Auth #	Status
00011254A	100024779	Approved
00011254A	100024778	In Review
00011254A	100024777	Approved

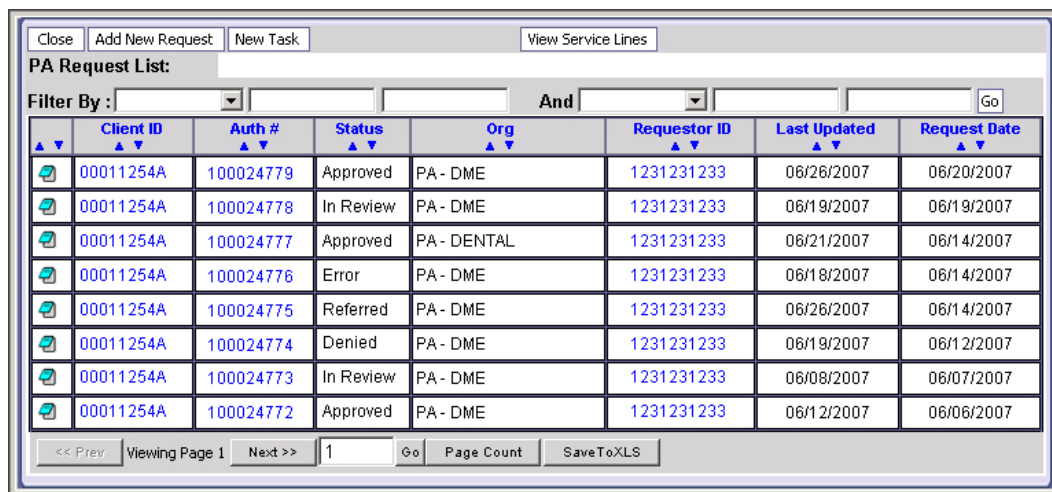
Adjusting a Prior Authorization



Click the Prior Authorization Adjustment link from the Provider Portal.



ProviderOne displays the PA Request List.



Client ID	Auth #	Status	Org	Requestor ID	Last Updated	Request Date
00011254A	100024779	Approved	PA - DME	1231231233	06/26/2007	06/20/2007
00011254A	100024778	In Review	PA - DME	1231231233	06/19/2007	06/19/2007
00011254A	100024777	Approved	PA - DENTAL	1231231233	06/21/2007	06/14/2007
00011254A	100024776	Error	PA - DME	1231231233	06/18/2007	06/14/2007
00011254A	100024775	Referred	PA - DME	1231231233	06/26/2007	06/14/2007
00011254A	100024774	Denied	PA - DME	1231231233	06/19/2007	06/12/2007
00011254A	100024773	In Review	PA - DME	1231231233	06/08/2007	06/07/2007
00011254A	100024772	Approved	PA - DME	1231231233	06/12/2007	06/06/2007

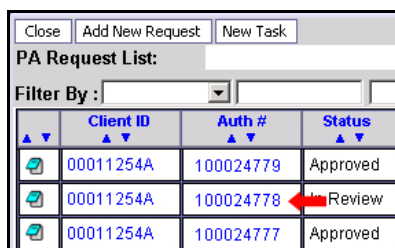
Figure 33 - PA Request List

About the PA Request List

- Authorizations with a status of “Entering” can be modified.
- Not all information previously entered can be modified. Information that is not editable will be shaded.



To modify an authorization, click the Auth # hyperlink.



Client ID	Auth #	Status
00011254A	100024779	Approved
00011254A	100024778	In Review
00011254A	100024777	Approved



ProviderOne launches the PA Request – Organization Selection form and proceeds in the same manner as the Submitting a Prior Authorization Request process. See the Submitting a Prior Authorization Request section in this manual for details.

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