Topics

Submitting a Prior Authorization using the Provider Web Portal

• Where to go to submit a prior authorization request
• How to check member/recipient eligibility
• How to create/submit a request for authorization of services
• How to submit additional information
• How to view the status of an authorization
• How to search authorizations
• How to copy authorizations
• Other
  • Resources and downloading forms
  • Submitting an authorization via FAX
  • Submitting an authorization via Mail
  • Submitting an authorization via Phone
Prior Authorization Submission

Through the Provider Web Portal
Where to go to submit a Prior Authorization Request

Go to: https://www.medicaid.nv.gov and log into the EVS Login
We are committed to making it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.
Care Management
Create Authorization: Step 1

Select *Create Authorization* from the three menu items
## Care Management

### Create Authorization: Step 1

The following fields are required:

<table>
<thead>
<tr>
<th>Personal Information</th>
<th>Authorization type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient ID</td>
<td><strong>Inpatient</strong></td>
</tr>
<tr>
<td>Last name</td>
<td>– M/S Acute Care, BH, Retro, RTC, Rehabilitation Specialty, LTAC, Swing Bed, Respite Care, CAH</td>
</tr>
<tr>
<td>First name</td>
<td><strong>Outpatient</strong></td>
</tr>
<tr>
<td>Date of Birth (DOB)</td>
<td>– Surgery, MD Services, Referral, Therapies, HH, OB and BH</td>
</tr>
<tr>
<td></td>
<td><strong>Ancillary</strong></td>
</tr>
<tr>
<td></td>
<td>– DME, Lab and Diagnostic</td>
</tr>
</tbody>
</table>

[Click](#) **Continue**
Entering recipient information
Care Management

Create Authorization: Step 1

Inpatient Authorization Required Fields

• Facility ID
• ID Type: NPI or API
• Facility Type:

<table>
<thead>
<tr>
<th>Facility Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care Medical Surgical Hospital</td>
</tr>
<tr>
<td>Inpatient Behavioral Health Hospital</td>
</tr>
<tr>
<td>Residential Treatment Center (RTC)</td>
</tr>
<tr>
<td>Critical Access Hospital</td>
</tr>
<tr>
<td>Specialty Rehabilitation Hospital</td>
</tr>
<tr>
<td>Long Term Acute Care (LTAC) facility</td>
</tr>
</tbody>
</table>

• Ability to save provider as a favorite
Care Management
Create Authorization:  Step 1

Service Provider Information
This information is customized based on the Authorization Type selected in the previous section.

**Inpatient Authorization Selected**
Provider Required Fields (*): Facility ID, ID Type, Facility Type
Care Management
Create Authorization: Step 2

When you first arrive on the next page, Step 1 is collapsed. This section contains all previously entered information from the last screen.

To expand and view this information click on the (+) button on the right hand side of the screen to expand the screen.

Collapsed fields include:

• Requesting Provider Information
• Member Information and Authorization Type
• Service Provider Information

Expanded information cannot be modified
### Care Management Screen

**Create Authorization: Step 2**

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The image shows a screenshot of the Nevada Department of Health and Human Services portal, specifically the Care Management section. The screen is displayed on a computer monitor with a focus on the Care Management tab and several other tabs like Eligibility, Claims, Resources, etc.

Below the portal header, there is a navigation bar with options such as My Home, Eligibility, Claims, and Care Management. The Care Management tab is selected, indicating that the user is currently in the Care Management section.

Underneath the navigation bar, there is a section titled "Create Authorization: Step 1" which contains sub-sections for different types of information required for creating an authorization. These sub-sections include:

- General Auth Step 2 Instructions
- Requesting Provider Information
- Member Information and Authorization Type
- Facility Information

The screenshot captures the interface elements and the layout of the portal, providing a visual guide to navigating through the authorization process.

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**Notes:**

- The screenshot is from the Nevada Department of Health and Human Services website.
- The portal is designed to guide users through the process of creating authorizations, with various sections and sub-sections to input specific information.
- The interface is user-friendly, with clear labels and options for easy navigation.

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**Additional Information:**

- The portal is likely used by healthcare providers and specialists to manage and authorize healthcare services for eligible individuals.
- The detailed sections and instructions suggest a comprehensive approach to handling authorization requests.

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**References:**

- [Nevada Department of Health and Human Services](https://health.nv.gov)
- [Care Management Portal](https://health.nv.gov/care-management)
Care Management
Creating Authorization: Step 2

The type of authorization selected in Step 1 drives the fields present in Step 2.

• All authorizations will require a diagnosis

• All authorizations allow for attachment of up to 10 documents (Note that the combined size of all attachments cannot exceed 4 MB)

• Diagnosis codes can be up to 5 digits and need to be in the xxxxx format (Do not include a decimal point)

• Diagnosis, CPT, HCPCS and ICD-9 Surgical Codes are searchable
Care Management
Create Authorization: Step 2

Diagnosis Information

• The first diagnosis entered is considered to be the principal or primary Diagnosis Code

• Portal allows for up to 9 diagnosis codes

• This is a Required Field (*)

• Click “Add” button to add ICD-9 diagnosis code. First diagnosis code is considered principal or primary diagnosis code.

Each diagnosis code will need to be added separately.
Care Management

Create Authorization: Step 2

Inpatient Authorizations

• Diagnosis
• Bed Information
  • From Date
  • Number of Days
• Revenue Code – Searchable using the first alpha or numeric characters of the code
• Medical justification
• Procedures
  • ICD-9 Surgical Codes – Searchable using the first alpha or numeric characters of the code
• Attachments
## Care Management Screen

### Create Authorization: Step 2

**General Auth Step 2 Instructions**

**Requesting Provider Information**

**Member Information and Authorization Type**

**Facility Information**

### Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

Insert decimals as needed.

Click the Remove link to remove the entire row.

<table>
<thead>
<tr>
<th>Diagnosis Type</th>
<th>Diagnosis Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Diagnosis Type</em></td>
<td>ICD-9<em>Diagnosis Code</em></td>
<td>Add Cancel</td>
</tr>
</tbody>
</table>

### Bed Information

Click ‘+’ to view or update the details of a row. Click ‘-’ to collapse the row. Click Copy to copy or Remove to remove the entire row.

<table>
<thead>
<tr>
<th>From Date</th>
<th># of Days</th>
<th>Through Date</th>
<th>Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>From Date</em></td>
<td># of Days</td>
<td>Code Type Revenue</td>
<td>Code<em>Medical Justification</em></td>
<td>Add Cancel</td>
</tr>
</tbody>
</table>

* Required Fields
Care Management Screen
Create Authorization: Step 2 continued

*Surgical Procedures*
Click the Remove link to remove the entire row.

<table>
<thead>
<tr>
<th>Surgical Procedure Type</th>
<th>Surgical Procedure Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Surgical Procedure Type</em></td>
<td>Surgical ICD-9</td>
<td>Add Cancel</td>
</tr>
<tr>
<td><em>Surgical Procedure Code</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Attachments*
To include an attachment electronically with the Inpatient prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button. The system assigns a control number for future tracking.

Prior Authorization Forms
If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or that are available on request, select the appropriate Transmission Method and enter all the fields displayed.

Click the Remove link to remove the entire row.

<table>
<thead>
<tr>
<th>Transmission Method</th>
<th>File</th>
<th>Control #</th>
<th>Attachment Type</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Transmission Method</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Upload File</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Attachment Type</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add Cancel Submit Cancel

* Required Fields
Inpatient Authorizations

Attention Provider Types 11, 13, 56, 63 and 75: Instruction for Concurrent Review PAs That Are Greater Than 18 Lines

Regarding prior authorization (PA) requests for hospital inpatient concurrent reviews that are greater than 18 lines: If a concurrent review PA requires more than 18 lines, beginning at what would be line 19, please start a new PA with the next day’s date following the “through” date from line 18.

For example:

<table>
<thead>
<tr>
<th>Line 18:</th>
<th>1/1 to 1/4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line 1 of new PA:</td>
<td>1/5</td>
</tr>
</tbody>
</table>

This change is only for PAs more than 18 lines, and for the first line of the new PA. Please remember that only one (1) PA is allowed per claim.
Care Management
Create Authorization: Step 1

Outpatient Authorization Required Fields

- Provider ID
  - ID Type: NPI or API
- Service Type
  - Surgery, Diagnostic Testing, MD Services, ER services, BH and Observation Services
- Location:
  - Acute Care Facility, Ambulatory Surgery Center (ASC), Freestanding Diagnostic Center, Emergency Room, Physician Office
- Ability to save provider as a favorite
Care Management
Create Authorization: Step 1

Service Provider Information
This information is customized based on the Authorization Type selected in the previous section.

**Outpatient Authorization Selected**
Provider Required Fields (*): Facility ID, ID Type, Facility Type

Service Provider Information
General Service Provider Header Instructions

- Service Provider same as Requesting Provider
- Select from Favorites

*Provider ID  *ID Type  Name

*Service Type  Location

*Authorization Type
Outpatient (Med/Surg, Referral, Therapies, HH, OB, BH)
Outpatient Authorization

- Diagnosis
- Service Details
  - From Date
  - Code type – CPT/HCPCS, Surgical ICD-9
  - Code – Searchable using the first (3) characters of the code or partial text description
  - Modifiers
- Units
- Medical Justification
- Attachments
### Care Management Screen

**Create Authorization: Step 2**

#### Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. Insert decimals as needed. Click the Remove link to remove the entire row.

<table>
<thead>
<tr>
<th>Diagnosis Type</th>
<th>Diagnosis Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis Type</td>
<td>ICD-9</td>
<td></td>
</tr>
</tbody>
</table>

* Required Fields

#### Service Details

Click ‘+’ to view or update the details of a row. Click ‘−’ to collapse the row. Click Copy to copy or Remove to remove the entire row.

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Code</th>
<th>Code Type</th>
<th>Code</th>
</tr>
</thead>
</table>

* Required Fields

**Notes:**

- * Indicates a required field.
- Expand All | Collapse All
- Member Information and Authorization Type
- Service Provider Information

**Requesting Provider Information**

**General Auth Step 2 Instructions**

**HP Restricted**
Care Management
Create Authorization: Step 1

Ancillary Authorization Required Fields

• Provider ID
  – ID Type: NPI or API
• Service Type
  – DME, HH, PT/OT/ST, Ocular, COR, Chiropractic
• Location:
  – Office, Home, Clinic, Outpatient hospital
• Ability to save provider as a favorite
Care Management
Create Authorization: Step 1

Service Provider Information
This information is customized based on the Authorization Type selected in the previous section.

*Ancillary Authorization Type*

Provider Required Fields (*): Provider ID, Service Type, ID Type
Care Management Screen

Create Authorization: Step 2

* Required Fields
Care Management

Create Authorization: Step 2 of any Authorization Type

Attachments

The attachments* can be in any of the following file formats:

<table>
<thead>
<tr>
<th>.pdf</th>
<th>.bmp</th>
</tr>
</thead>
<tbody>
<tr>
<td>.tif</td>
<td>.gif</td>
</tr>
<tr>
<td>.png</td>
<td>.jpg</td>
</tr>
<tr>
<td>.xls</td>
<td>.xlsx</td>
</tr>
<tr>
<td>.doc</td>
<td>.docx</td>
</tr>
<tr>
<td>.txt</td>
<td></td>
</tr>
</tbody>
</table>

*Limited to 10 attachments (Note that the combined size of all attachments cannot exceed 4 MB)
Care Management
Create Authorization: Step 2 of any Authorization Type

Attachments
• To include attachments electronically with a prior authorization request, enter the following information
  – Transmission Method EL- Electronically Only
  – Upload File – Click browse button and locate file to be attached and click to attach
  – Attachment Type – select from the drop-down box the type of attachment being sent
• Select the ADD button to attach your file
• Repeat for additional attachments if needed
• Once added, a control number will be visible
• Option to remove if you attached incorrectly
Care Management

Create Authorization: Submitting an authorization

Step 1

• Enter recipient information
• Select authorization type
• Enter provider information

Step 2

• Enter diagnosis information
• Enter service details
• Add attachments
Care Management: Attachments
Create Authorization: Step 2

- Make sure to click “Add” when adding an attachment to an authorization

<table>
<thead>
<tr>
<th>Transmission Method</th>
<th>File Name</th>
<th>Control #</th>
<th>Attachment Type</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>EL-Electronically Only</td>
<td>This is a test attachment for testing the system.docx (260K)</td>
<td>20110622577423</td>
<td>D2-Physician Order</td>
<td>Remove</td>
</tr>
</tbody>
</table>

* Required Fields
Care Management

Create Authorization: Submitting an authorization

- Click “Submit” to submit an authorization
Care Management
Create Authorization: Final Review

Review all information for accuracy

• Return to step 2 if errors are present
  – Using the Back to Step 2 if necessary

All steps of the authorization are visible

• Use the plus/minus buttons or the Expand all Collapse All

All service details are visible

• Use the plus/minus buttons

Click Confirm to send your authorization.
Care Management Screen
Create Authorization: Final Steps

Create Authorization: Step 1
- General Auth Step 2 Instructions
- Requesting Provider Information
- Member Information and Authorization Type
- Service Provider Information

Create Authorization: Step 2
- Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

Diagnosis Codes: 331- WHOOPING COUGH DUE TO BORDETELLA PARAPERTUSSIS

Service Details
<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Code</th>
<th>Modifiers</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/11/2011</td>
<td>07/11/2011</td>
<td>21282-LAT CANTHOPEXY</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

Back to Step 2
Care Management
Create Authorization: Final Steps

Confirmation Page

Authorization Tracking Number
• Number used to track your authorization in the portal, which is the 11-digit prior authorization number

Print Preview
• Opens new window with all of the authorization information viewable
• Printable page with date and time stamp

Copy
• Copy member data or authorization data to a new authorization

New
• Create a new authorization for a different member
Care Management Screen
Create Authorization: Final Steps

Your Authorization Tracking Number 1006633 was successfully submitted.

Click Print Preview to view authorization details and receipt.
Click Copy to copy member data or authorization data.
Click New to create a new authorization for a different member.

General Authorization Receipt Instructions

Print Preview  Copy  New
Learning Check

Multiple Choice:

1. What are the different ways to request a prior authorization? (select all that apply)
   a. Provider Web Portal
   b. Mail
   c. Fax
   d. Phone Call
   e. Email

2. How many attachments can you upload to an authorization?
   a. 2
   b. 5
   c. 10
   d. Unlimited
Care Management

Copying an Authorization

The ability to copy an authorization, by recipient or service, is available on the authorization receipt screen, after successfully submitting an authorization.

Copy Authorizations by Member

• You can copy an authorization for an existing recipient, when requesting a new service.
• Only the member data is copied for the copy request.

Copy Authorizations by Service

• You can copy an authorization by service, so a specialist can submit authorizations for similar services but for a different recipient.
• The entire authorization data is copied with the exception of the recipient data and the attachments section.
• The ability to copy an authorization, by recipient or service, is available on the authorization receipt screen, after successfully submitting an authorization.
• When this copy feature is selected, an error message will pop up to remind providers to review the new authorization to make sure all required information is entered before submission.
Care Management

Copy Management

Your Authorization Tracking Number 1006684 was successfully submitted.

Click Print Preview to view authorization details and receipt.
Click Copy to copy member data or authorization data.
Click New to create a new authorization for a different member.

General Authorization Receipt Instructions
Care Management

Copying an Authorization: Authorization Data

Select Authorization Data

Click Copy

Copy Data

Select the information you would like to have copied to the new authorization. Press Copy to initiate the new authorization request and continue entering authorization information.

- **Member Data**
  Copy the member data to a new authorization request.

- **Authorization Data**
  Copy authorization data to a different member.

Copy Cancel
Care Management
Copying an Authorization: Authorization Data

Error Message

You have chosen to copy existing authorization data to a different member. Please review the copied services as some data might be different from what was originally submitted. Enter or revise the required and optional fields as needed.
Care Management
Copying an Authorization: Authorization Data

Step 1:
• Enter member data
• Click “Continue”

Step 2:
• Review all pre-populated data
• Add attachments
• Click “Submit”

Review all information

• Click Confirm
Care Management

Copying an Authorization: Member Data

Select “Member Data”

Click Copy

Copy Data

Select the information you would like to have copied to the new authorization. Press Copy to initiate the new authorization request and continue entering authorization information.

- **Member Data**
  - Copy the member data to a new authorization request.

- **Authorization Data**
  - Copy authorization data to a different member.

Copy Cancel
Care Management
Copying an Authorization: Member Data

Step 1:
• Review pre-populated member data
• Select authorization type
• Enter facility/provider information
• Click “Continue”

Step 2:
• Enter all required data
• Click “Submit”

Review all information

Click Confirm
Care Management
Updating an Authorization

The ability to update an authorization is available from the View Authorization screen, after successfully submitting an authorization.

View Authorization Status
- Select the authorization to be updated from the Search Results list
- Click “Edit” button to reopen the authorization for editing.

Note: The “Units” and “Remaining Units” fields will be blank if the authorization is pending. The units will show once the authorization is approved.
Care Management
Updating an Authorization

• Select the prior authorization that needs to be updated from “View Authorization Status” and open “View Authorization Response.”

• To update this prior authorization, click “Edit” button
Care Management
Update an Authorization

- A provider can add additional diagnosis and service line details; however, the previously submitted diagnosis and service details will be locked and can’t be edited.
Care Management
Update an Authorization

• Add your additional information for diagnosis, services, goals and medical justification.

• You can add additional attachments for this service, but you will not see the previously submitted attachments.

• Make sure to click “Add” to add the additional service line to the authorization.
Care Management
Update an Authorization

- Once all additional diagnoses, service lines and attachments have been added, click the “Resubmit” button.

- The added service line will appear on the confirmation page.

<table>
<thead>
<tr>
<th>Diagnosis Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.</td>
</tr>
<tr>
<td><strong>Diagnosis Codes</strong> 4809-VIRAL PNEUMONIA NOS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bed Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Date</td>
</tr>
<tr>
<td>10/02/2012</td>
</tr>
<tr>
<td>10/05/2012</td>
</tr>
</tbody>
</table>

No Procedures exist for this authorization

No Attachments exist for this authorization
Care Management
Update an Authorization

• Click “Confirm” to resubmit the authorization and view the “Resubmit Authorization Receipt” page.

• The authorization tracking number stays the same.
Navigation Bar

Care Management: View Authorization Status

- Click “View Status of Authorizations”
Care Management

View Authorization Status

Prospective authorizations identifying you as the Requesting or Servicing Provider are listed. These results include the first 20 authorizations with a beginning Service Date of today or greater.

Click the authorization tracking number to view the authorization response details:

- Snapshot of the authorization is displayed
- Click on **Display My Request**
- New window opens with printable authorization

*Back to View Authorization Status* goes back to authorization summary.
Care Management

View Authorization Status

- Click on the authorization tracking number to view
- Columns are sortable by clicking on column heading

<table>
<thead>
<tr>
<th>Authorization Tracking Number</th>
<th>Service Date</th>
<th>Status</th>
<th>Recipient Name</th>
<th>Recipient ID</th>
<th>Authorization Type</th>
<th>Requesting Provider</th>
<th>Servicing Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>1006692</td>
<td>07/11/2011</td>
<td>Pended</td>
<td></td>
<td>330001</td>
<td>Outpatient (Med/Surg, Referral, PT/OT, HH, Maternity)</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>1006691</td>
<td>07/11/2011</td>
<td>Pended</td>
<td></td>
<td>330001</td>
<td>Outpatient (Med/Surg, Referral, PT/OT, HH, Maternity)</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>1006693</td>
<td>07/19/2011</td>
<td>Pended</td>
<td></td>
<td>330001</td>
<td>Outpatient (Med/Surg, Referral, PT/OT, HH, Maternity)</td>
<td>....</td>
<td>....</td>
</tr>
</tbody>
</table>
Care Management

View Authorization Information

Care Management > View Authorization Status > View Authorization Response

View Authorization Response for Joseph Bell

Authorization Tracking #: 1006683

General Authorization Response Instructions

Requesting Provider Information

Member Information

Diagnosis Information

Service Provider / Service Details Information

Provider ID: 33322299990

ID Type: NPI

Name: Joan Thompson, MD

<table>
<thead>
<tr>
<th>No.</th>
<th>From Date</th>
<th>To Date</th>
<th>Units</th>
<th>Remaining Units</th>
<th>Amount</th>
<th>Code</th>
<th>Remarks</th>
<th>Status</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>06/22/2011</td>
<td>12/31/9999</td>
<td>_</td>
<td>_</td>
<td>_</td>
<td>21282-LAT CANTHOPEXY</td>
<td>_</td>
<td>Pended</td>
<td>_</td>
</tr>
</tbody>
</table>

[Display My Request]

[Print Preview]
Navigation Bar

Care Management: Search for an Authorization

- Click “Care Management” tab, then
- Click “View Status of Authorizations”
Care Management

Search for an Authorization

Click on the *Search Options* tab in the View Authorization Status box.

Enter any of the following sets of information into the search box:

1. **Authorization Information**
   - Authorization Tracking Number *(if you have the authorization tracking number you will not need to enter any other information to perform the search)*
   - Authorization status - Select from the drop-down box
   - Enter a Day range - Select from the drop-down box or
   - Enter the service date

Note: When a member is “in focus,” Day Range will default to “Last 30 days.”
Care Management

Search for an Authorization continued

2. **Member Information**
   - Recipient ID
   - Birth Date
   - Last Name
   - First Name

3. **Provider Information**
   - Enter the following information
   - ID Type - Select from the drop-down box
   - Click on the box that identifies whether you are the servicing or referring provider on the authorization

[Click] [Search]
Care Management
Searching for an Authorization

Results returned will appear at the bottom of the search box:

• Click on authorization number to view the authorization
• Columns can be sorted by clicking on the column headers

• Click Reset to clear the search and start over
### Care Management Screen

**Search for an Authorization continued**

#### View Authorization Status

<table>
<thead>
<tr>
<th>Prospective Authorizations</th>
<th>Search Options</th>
</tr>
</thead>
</table>

Enter at least one of the following fields to search for an authorization.

#### Authorization Information

<table>
<thead>
<tr>
<th>Authorization Tracking Number</th>
<th>Authorization Status</th>
</tr>
</thead>
</table>

Select a Day Range or specify a Service Date

| Day Range | OR | Service Date
|-----------|----|----------------|

#### Member Information

Member information is not mandatory. You can either enter the Member ID, or the Last Name, First Name, and Birth Date.

<table>
<thead>
<tr>
<th>Recipient ID</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
</tbody>
</table>

#### Provider Information

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>ID Type</th>
</tr>
</thead>
</table>

This Provider is the

- Servicing Provider on the Authorization
- Referring Provider on the Authorization

[Search] [Reset]
## Care Management
### Searching for an Authorization

- **Authorization Tracking Number**
- **Authorization Status**
- **Day Range**
  - Next 30 days
- **Member Information**
  - Member information is not mandatory. You can either enter the Member ID; or the Last Name, First Name, and Birth Date.
  - **Recipient ID**
  - **Recipient Last Name**
  - **Recipient Birth Date**
  - **Recipient First Name**
- **Provider Information**
  - **Provider ID**
  - **ID Type**
  - This Provider is the:
    - Servicing Provider on the Authorization
    - Referring Provider on the Authorization

**Search Results**
- **Authorization Tracking Number**
- **Service Date**
- **Decision**
- **Recipient Name**
- **Recipient ID**
- **Authorization Type**
- **Requesting Provider**
- **Servicing Provider**
Care Management

Searching for an Authorization with “Member in Focus,” the day range defaults to “Last 30 days”
Care Management
Viewing Denial Information

• Click on the authorization number to view the authorization.

<table>
<thead>
<tr>
<th>Authorization Tracking Number</th>
<th>Service Date</th>
<th>Decision</th>
<th>Recipient Name</th>
<th>Recipient ID</th>
<th>Authorization Type</th>
<th>Requesting Provider</th>
<th>Servicing Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>20000192159</td>
<td>06/11/2012 - 11/11/2012</td>
<td>Cancel</td>
<td></td>
<td></td>
<td>Ancillary (DME, Lab, Diagnostics, Transportation)</td>
<td>UNIVERSAL MOBILITY</td>
<td>UNIVERSAL MOBILITY</td>
</tr>
<tr>
<td>20000192162</td>
<td>06/09/2012 - 10/09/2012</td>
<td>Certified In Total</td>
<td></td>
<td></td>
<td>Ancillary (DME, Lab, Diagnostics, Transportation)</td>
<td>UNIVERSAL MOBILITY</td>
<td>UNIVERSAL MOBILITY</td>
</tr>
<tr>
<td>20000191629</td>
<td>06/07/2012 - 10/07/2012</td>
<td>Cancel</td>
<td></td>
<td></td>
<td>Ancillary (DME, Lab, Diagnostics, Transportation)</td>
<td>UNIVERSAL MOBILITY</td>
<td>UNIVERSAL MOBILITY</td>
</tr>
<tr>
<td>20000191555</td>
<td>06/06/2012 - 10/06/2012</td>
<td>Not Certified</td>
<td></td>
<td></td>
<td>Ancillary (DME, Lab, Diagnostics, Transportation)</td>
<td>UNIVERSAL MOBILITY</td>
<td>UNIVERSAL MOBILITY</td>
</tr>
</tbody>
</table>
Care Management

View Denial Information continued

- Click on View Denial Information to view the denial information.
Care Management
View Denial Information continued

• Click on “Print” to print the denial information.
Learning Check

True or False: For each statement, circle True or False.

1. The Provider Portal has 2 steps for logging in: ID and Password. True or False?

2. You will always be able to view additional insurance information. True or False?

3. There are 4 different Authorization Types. True or False?

4. You can save providers as a favorite in the authorization. True or False?

5. You can print a copy of your completed authorization. True or False?
Resources and Downloadable Forms

Prior Authorization Submission
Resources

Downloads

• Click on the “Resources” tab in the Navigation Bar
• Displays the Resources page
• Click on “Downloads”
Resources

Downloadable Prior Authorization Forms

There is a link to the prior authorization forms in the attachment section.

Sample forms that are available for download using the Prior Authorization link:

- FA-1: Durable Medical Equipment
- FA-1A: Usage Evaluation
- FA-1B: Mobility Assessment and Prior Authorization (PA) Request
- FA-1B-I: Instructions for Completing Form FA-1B
- FA-3: Inpatient Rehabilitation
- FA-4: Long Term Acute Care
- FA-6: Outpatient Medical Surgical
- FA-7: Outpatient Rehabilitation Therapy
- FA-8: Inpatient Medical-Surgical Prior Authorization Request
- FA-9: Outpatient Mental Health Continued Care
- FA-10A: Psychological Testing
- FA-10B: Neuropsychological Testing
- FA-10C: Developmental Testing
- FA-10D: Neurobehavioral Status Exam
Fax-Mail/Phone Submission of Authorization

Prior Authorization Submission
Fax submission of an authorization

Requests for authorization can be faxed to HPES:

- Dental: 855-709-6848
- PASRR: 855-709-6847
- PCS: 855-709-6846
- All Other: 866-480-9903
Mailing submission of an authorization

Mailing address for requests for prior authorization:

Prior Authorization & PASRR/LOC
HPES
PO BOX 30042
Reno, NV 89520-3042
Phone request for authorization

Calls are accepted at our Customer Service Center
Monday – Friday  8:00 am – 5:00 pm Pacific Time
Prior Authorization & PASRR/LOC
800-525-2395
Submitting additional information

Additional information including:

- Downloaded forms that were not submitted with original authorization
- Notes
- Medical Justification

Fax to:

HPES Prior Authorization Department
Dental: 855-709-6848
PASRR: 855-709-6847
PCS: 855-709-6846
All Other: 866-480-9903