



June 16, 2014
Announcement 755

Online Prior Authorizations Have New Authorization and Service/Facility Type Options

The Provider Web Portal online prior authorization system has been updated to add new authorization types. The new prior authorization (PA) types replace the Inpatient, Outpatient and Ancillary authorization types in the drop-down list. The following PA types now appear in the Authorization Type drop-down list on the "Create Authorization: Step 1" page:

- M/S Inpatient – For Medical Surgical inpatient PA requests
- M/S Outpatient/Lab – For Medical Surgical outpatient or lab PA requests
- BH Inpatient/RTC/PHP/IOP – For Behavioral Health inpatient, residential treatment center, partial hospitalization and intensive outpatient PA requests
- BH Outpatient – For Behavioral Health outpatient and rehabilitation PA requests
- HH – For Home Health and Private Duty Nursing PA requests
- DME – For durable medical equipment, ocular and audiology PA requests

Once an Authorization Type is selected, either the Service Provider Information panel or Facility Information panel is displayed. The drop-down list for Service Type and Facility Type will have new options based on the Authorization Type that was selected.

The screen shots below show examples of the options that will appear.

Facility Type options for M/S Inpatient:

Service Type options for M/S Outpatient/Lab:

*Authorization Type M/S Outpatient/Lab ▾

Service Provider Information

General Service Provider Header Instructions

Service Provider same as Requesting Provider

Select from Favorites _____ ▾

*Provider ID *ID Type _____ ▾ Name _____ Add to Favorites

*Service Type OB/GYN
Therapies (OT, PT, ST)
Surgical
Medical
Diagnostics/Lab Location _____ ▾

Continue Cancel

Facility Type options for Behavioral Health Inpatient/RTC/PHP/IOP:

*Authorization Type BH Inpatient/RTC/PHP/IOP ▾

Facility Information

General Facility Header Instructions

Select from Favorites No favorite providers available. ▾

*Facility ID *ID Type _____ ▾ Name _____ Add to Favorites

*Facility Type Hospital Inpatient (including Medicare Part A)
Hospital Outpatient
Hospital Other (for hospital referenced diagnostic services or home health not under plan of treatment)
Community Mental Health Center
Critical Access Hospital
Residential Facility _____ ▾

Cancel

Service Type options for Behavioral Health Outpatient:

*Authorization Type BH Outpatient ▾

Service Provider Information

General Service Provider Header Instructions

Service Provider same as Requesting Provider

Select from Favorites _____ ▾

*Provider ID *ID Type _____ ▾ Name _____ Add to Favorites

*Service Type Behavioral Health Location _____ ▾

Service Type options for Home Health:

*Authorization Type HH ▾

Service Provider Information

General Service Provider Header Instructions

Service Provider same as Requesting Provider

Select from Favorites _____ ▾

*Provider ID *ID Type _____ ▾ Name _____ Add to Favorites

*Service Type Home Health/PDN Location _____ ▾

Service Type options for DME:

*Authorization Type DME ▾

Service Provider Information

General Service Provider Header Instructions

Service Provider same as Requesting Provider

Select from Favorites _____ ▾

*Provider ID *ID Type _____ ▾ Name _____ Add to Favorites

*Service Type DME/Prosthetics/Orthotics Location _____ ▾