PROVIDER QUICK REFERENCE GUIDE: Prior Authorization Requests: Fax and Online Submissions

INTRODUCTION

This document provides valuable tips for navigating the Prior Authorization (PA) submission tool.

Quick Tip #1: Faxed Authorization Submissions

1.) When submitting a request for authorization, ensure that all necessary documents are being sent in, i.e., plan of treatment, initial assessment, etc.
2.) Include your National Provider Identifier (NPI) and provider type (i.e. 10, 11, 12, 20, etc.) on the faxed documents. These elements can be written or typed on your fax cover sheet or on the documents you are faxing, such as an "FA" prior authorization form.
3.) Utilize the "FA" forms. These forms ensure you are providing the information required to process your authorization request. The forms can be found at www.medicaid.nv.gov. Click on the "Provider" tab, click on "Forms," and then choose, complete, print and fax the appropriate "FA" form.
4.) If you have submitted your PA request via the Provider Web Portal, but were unable to attach your documents because of the size, you may fax those documents. You MUST reference the original prior authorization tracking number on your documents to ensure the faxed documents will be matched up to the correct request.
5.) The preferable method to submit authorization requests is through the Provider Web Portal. Register and log in at https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx. For assistance with registering or navigating the system, please contact your HPES Provider Services Field Representative. The Team Territories document posted on the Provider Training webpage lists the Field Representative who is assigned to you.

Quick Tip #2: Online Authorization Submissions

1.) Remember that the application times out after 20 minutes of inactivity; for this reason, it is advisable to complete the PA submission in one sitting.
2.) Effective March 8, 2012, the space to add medical justification and goals on PA requests was increased. The "Medical Justification" field has been expanded to a maximum 6,000 characters and the goals field has been expanded to a maximum 200 characters. These fields will accept only the following special characters: a-z, A-Z, 0-9, spaces and characters ' . ? ! , ( ) - + : ; _ % / \ = & # * $ ^ @.
3.) In the medical justification field, please enter the provider type associated with the authorization request if your National Provider Identifier (NPI) is tied to multiple provider types, i.e., 10, 11 and 12, 20.
4.) After a PA is submitted through the Provider Web Portal, you CANNOT update existing information on the PA. You will need to fax corrections using the Prior Authorization Data Correction Form (FA-29) and reference the PA number on the documents. Providers have the ability to submit continued stay or additional service requests on existing PA requests.
5.) Use "Member Focused Viewing" to start your authorization submission. This will save time and help to eliminate "mis-matched" recipient information.
6.) Do NOT key any decimals into the diagnosis code fields.

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7.) Utilize the current "FA" forms as attachments. This can be done by completing the form, saving it to your desktop, then attaching the document to the online submission. An example would be the FA-11A.
8.) Follow these steps to ensure that your attachment has been added to your service line:
   a. Enter the appropriate diagnosis code.
   b. Enter the "Service Details."
   c. Click on "Browse" to choose your attachment.
   d. Click on "Add" for the attachment.
   e. Click on "Add Service."
9.) Be sure to review your information before clicking the "Confirm" button.

Quick Tip #3: Searching Authorization Status

1.) Keep your PA tracking number handy. This is the easiest way to search for status.
2.) Follow these steps to search for information:
   a. Authorization Information
      i. Enter the "Authorization Tracking Number."
         or
         Select the "Day Range" or "Service Date." Select a "Day Range" according to your needs. **Do not leave this blank unless you have entered an "Authorization Tracking Number."** If the start date of the PA is more than 60 days ago, you must enter the starting service date of the authorization in the "Service Date" field.
      ii. Click "Search."
      iii. Search results will appear at the bottom of the screen.
   b. Member Information
      i. Enter the member's information. Enter only the Recipient ID # or the Recipient's Last name, First name and Date of Birth.
      ii. Select a "Day Range" or "Service Date." If the start date of the PA is more than 60 days ago, you must enter the starting service date of the authorization in the "Service Date" field.
      iii. Click "Search."
      iv. Search results will be displayed at the bottom of the screen.
   c. Provider Information
      i. Enter the provider's NPI.
      ii. Select a "Day Range" or "Service Date." If the start date of the PA is more than 60 days ago, you must enter the starting service date of the authorization in the "Service Date" field.
      iii. Click "Search."
      iv. Search results will be displayed at the bottom of the screen.

Quick Tip #4: Viewing Authorizations

1.) To view the details of an authorization, click on the "Authorization Tracking Number." It will be blue in color and underlined.

PROVIDER QUICK REFERENCE GUIDE:
Prior Authorization Requests:
Fax and Online Submissions

2.) The status of a PA always defaults to "Pended" until a determination is complete. "Pended" means it is not approved yet.
3.) The "Authorization Tracking Number" is the same as the PA number. If the claim is submitted before the PA is approved, the claim will deny.
4.) While in "Pended" status, the "Reason" will show "Disposition pending review." This means that your authorization is still in process. Do not submit more information unless you are requested to do so.
5.) Always check the details of your authorization by clicking all the way into it.
6.) The "Remaining Units/Days" will begin to count down as claims are processed. You will see only a "dash" in this field until a claim is processed.
7.) "Certified in Total" means that your PA request was approved for exactly as requested.
8.) "Not Certified" means that your PA was not approved.
9.) Pay attention to the "Medical Citation" field. If additional information is needed, a note will be added to this field for you to click on and view details. This also applies to PA requests that have been denied. The details can be accessed through this field.
10.) If you submitted your authorization request through the Provider Web Portal, you will be able to view the original request, which will include codes. If you faxed your request, you may be able to see only the summary and status of the request, not the original details.
11.) If you are searching for a PA number by the Recipient ID and it is more than 60 days old and you do not know the start date of the authorization, you will need to call to get the PA number. You will not be able to find the information on the Web Portal. Please call (877) 638-3472.