



# Prior Authorizations on the Provider Portal

July 2017

# Disclaimer

The information provided is current as of June 2017 and is subject to change. Stay current with up-to-date information on the OHCA public website:  
[www.okhca.org](http://www.okhca.org).

# Agenda

- Accessing the Provider Portal
- Steps to take before creating a prior authorization (PA)
  - Verifying member eligibility
  - Search fee schedule
  - Treatment history
- Supporting Documentation/Forms
- Creating a PA on the Portal
- Amendments
- Resources



# Accessing the Provider Portal

# SoonerFit.org



For new OHCA makes policy changes?  
Check out the complete process here!

**SoonerFit.org**

[View All Banners](#)

## individuals



- [How to Apply](#) | [Enroll Online](#)
- [Find A Provider](#) | [After Hours OK](#)
- [Member Handbook](#)
- [Member Letters](#) | [Updates](#)
- [Programs](#) | [Benefits](#)
- [Member Services Helpline](#)

--More Options--



## providers



- [Claim Tools](#) | [Types](#) | [Web Alerts](#)
- [Enrollment](#) | [EHR Incentive](#)
- [Policy](#) | [Proposed Changes](#)
- [Provider Portal](#) | [Training](#)
- [Provider Letters](#) | [Updates](#)
- [Patient-Centered Medical Home](#)
- [Medical Authorization Unit](#)

--More Options--



Login

\* User ID

Log In

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

**Protect Your Privacy!**  
Always log off and close all  
of your browser windows

Helpful Links

- ▶ [EVS Guide](#)
- ▶ [Insure Oklahoma](#)

Broadcast Messages

**All SoonerCare providers and staff are encouraged to attend the 2016 Fall SoonerCare Provider Training Workshops hosted by the OHCA and HPE.**

Classes include:

Understanding and Implementing CMS Ordering and Referring Guidelines; Effective Provider Portal Solutions; EDI Toolbox; Prior Authorizations on the Provider Portal; Automated Patient Dismissal Process; DMEPOS Updates; SoonerCare Pharmacy Program Overview; SoonerCare Update and Navigating the Public Website; and EHR Incentive Program.

Class descriptions explain the covered topics and recommended audience.

Classes will fill up quickly, so mark your calendar and register now!

The workshops will be held at four locations statewide, beginning September 22<sup>nd</sup>.

Class Descriptions: <http://www.okhca.org/Classes>

Registration Tool: <http://www.okhca.org/Register>

What can you do in the SoonerCare Provider Portal

The Oklahoma Health Care Authority's secure portal is intended for providers, clerks and billing agents. This site gives you the opportunity to maintain provider information, access claim and prior authorization related functions, and receive messages from the OHCA that apply specifically to you.



# Verifying Member Eligibility

## Eligibility Verification Request ?

\* Indicates a required field.

Enter the patient information. If neither Member ID nor Case Number is known, enter SSN and Date of Birth or Name and Date of Birth.

Member ID

Case Number

SSN

Last Name

First Name

Date of Birth

\*From Date of Service

\*To Date of Service

- **Eligibility Verification Request** - Search member eligibility by the Member ID, SSN and Date of Birth, or Last and First Name.

[Print Preview](#)

Coverage Details for Member ID

03/01/2017 to 03/01/2017

[Back to Eligibility Verification Request](#) ?

Effective/End dates are shown only for the period of time requested.

Verification Number 170763PWYH - 3/17/2017 - Status: A

[Expand All](#) | [Collapse All](#)

Eligibility

Coverage	Effective Date	End Date
SoonerCare Choice	03/01/2017	03/01/2017
Non Emergency Transportation	03/01/2017	03/01/2017
Mental Health and Substance Abuse	03/01/2017	03/01/2017
Title 19	03/01/2017	03/01/2017

- The system will return all eligibility plans for the member. For full benefit coverage, eligibility must show active Title 19 for the date of service.



# Search Fee Schedule

# SEARCH FEE SCHEDULE

The screenshot shows the Oklahoma HealthCare Authority website. At the top left is the logo for Oklahoma HealthCare Authority. A navigation bar contains links for My Home, Eligibility, Claims, Prior Authorizations, Referrals, Files Exchange, Resources, and LTC. Below this is a search bar with options for Search Providers, Search Fee Schedule, and Search HIPAA Error Codes. A 'Resources' section is visible, containing a 'Resources' tab and a list of links: Search Providers, Search Fee Schedule, and Search HIPAA Error Codes. A red arrow points to the 'Search Fee Schedule' link.

- Select the **Resources** tab to access **Search Fee Schedule**.

# SEARCH FEE SCHEDULE, CONT.

The screenshot shows a web application window titled "Search Fee Schedule". At the top, there are tabs for "Procedure", "NDC", and "DRG", with "Procedure" selected. Below the tabs, there is a note: "\* Indicates a required field." and a disclaimer: "Pricing and eligibility listed does not guarantee payment of a claim. Please refer to Provider Rules of coverage by specific provider type." The form contains several fields: "Benefit Package" (a dropdown menu showing "Title 19"), "Code Type" (a text field showing "Procedure Code"), "Procedure Code" (a text field with "E0601"), "Date of Service" (a date picker showing "03/01/2017"), "Age" (a text field with "20"), and "Modifiers" (a text field with "LL-LEASE/RENTAL (APPLD)" followed by two empty text boxes). At the bottom of the form, there are "Search" and "Reset" buttons.

- **Benefit Package** – Select the member’s eligibility plan.
- **Procedure Code** – Enter the procedure code.
- **Date of Service** – Enter the date of service.
- **Age** – Enter age of the member.
- **Modifiers** – Use for pricing of procedures.

# SEARCH FEE SCHEDULE, CONT.

**Search Results**

**Pricing and Limitations:**

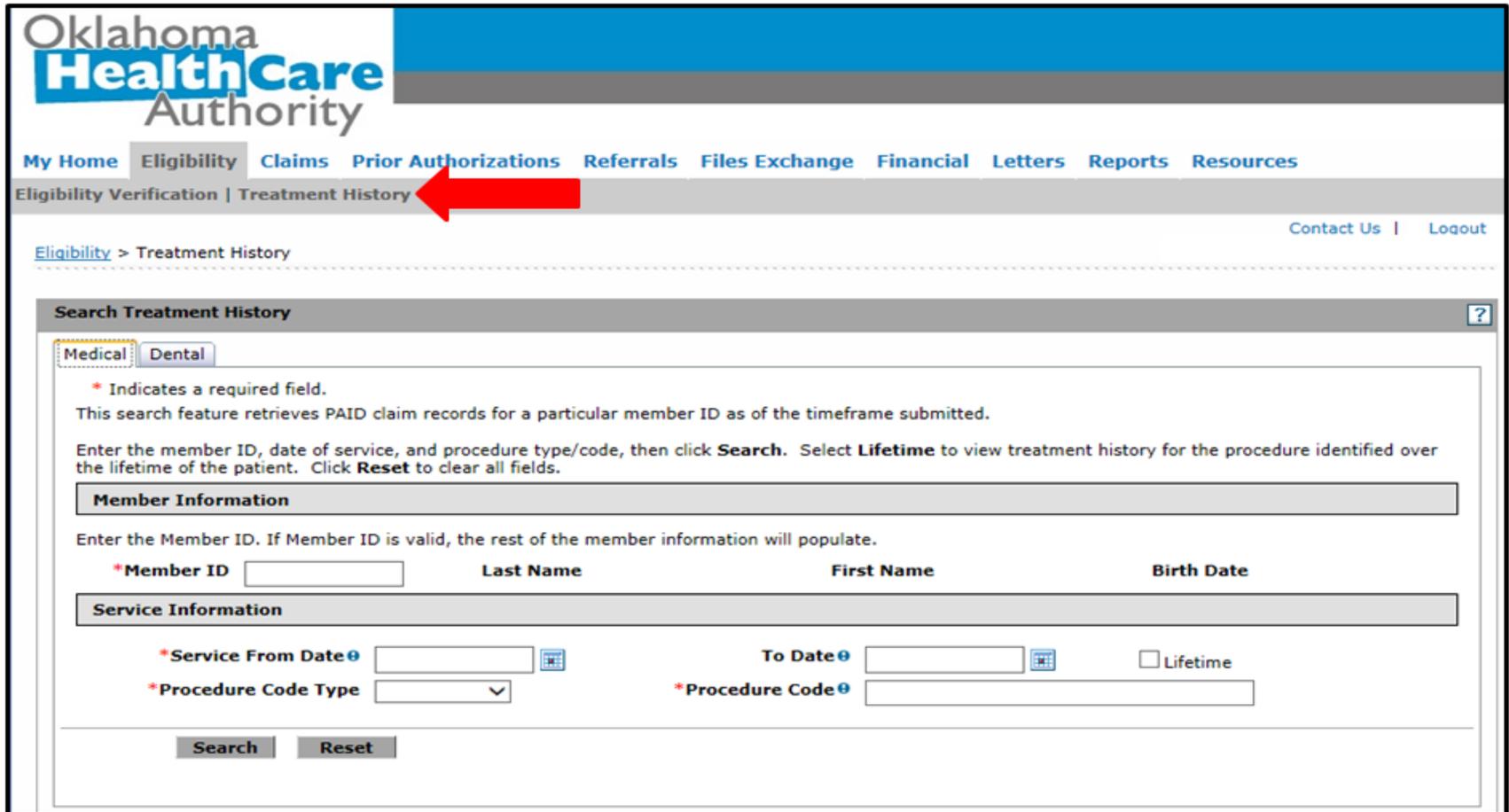
- Allowed Amount: \$63.62
- PA Required**
- Maximum Units: 1
- Age Restriction: 0 - 20
- Medical Review is Not Required
- Gender: Both
- Attachment is Not Required
- Not a Lifetime Procedure
- Not restricted to any Diagnosis
- Billing Provider not restricted to any Specialty
- Rendering Provider not restricted to any Specialty
- Ambulatory Surgical Facility Fee: \$0.00
- Ambulatory Payment Classification Fee: \$0.00
- Discounted: NA

- **Search Results** - The system will show if a PA is required.



# Treatment History

# TREATMENT HISTORY



Oklahoma HealthCare Authority

My Home Eligibility Claims Prior Authorizations Referrals Files Exchange Financial Letters Reports Resources

Eligibility Verification | Treatment History 

Contact Us | Logout

Eligibility > Treatment History

Search Treatment History 

Medical Dental

\* Indicates a required field.  
This search feature retrieves PAID claim records for a particular member ID as of the timeframe submitted.

Enter the member ID, date of service, and procedure type/code, then click **Search**. Select **Lifetime** to view treatment history for the procedure identified over the lifetime of the patient. Click **Reset** to clear all fields.

**Member Information**

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

\*Member ID  Last Name  First Name  Birth Date

**Service Information**

\*Service From Date   To Date    Lifetime

\*Procedure Code Type  \*Procedure Code

Search Reset

- Select the **Eligibility** tab to view **Treatment History**.

# TREATMENT HISTORY, CONT.

The screenshot shows a web application titled "Search Treatment History". At the top, there are two tabs: "Medical" (selected) and "Dental". Below the tabs, a legend indicates that an asterisk (\*) denotes a required field. A paragraph explains that the search retrieves PAID claim records for a specific member ID within a given timeframe. It instructs users to enter the member ID, date of service, and procedure type/code, then click "Search". It also notes that selecting "Lifetime" will show the history for the entire patient's life, and "Reset" will clear all fields.

The form is divided into two main sections: "Member Information" and "Service Information".

**Member Information:** This section contains a text input field for "Member ID" and labels for "Last Name", "First Name", and "Birth Date". A note states that if the Member ID is valid, the other information will be populated.

**Service Information:** This section includes a date picker for "Service From Date", a date picker for "To Date", a checkbox for "Lifetime", a dropdown menu for "Procedure Code Type", and a text input field for "Procedure Code".

At the bottom of the form, there are two buttons: "Search" and "Reset".

- **Member ID** – Enter the SoonerCare Member ID.
- **Service From and To Date** – Enter the dates of service.
- **Lifetime** – Use if applicable.
- **Procedure Code Type** – Select CPT/HCPCS or Revenue.
- **Procedure Code** – Enter the procedure code.

# TREATMENT HISTORY, CONT.

Service Information			
*Service From Date	<input type="text" value="03/01/2016"/>	To Date	<input type="text" value="03/01/2017"/> <input type="checkbox"/> Lifetime
*Procedure Code Type	<input type="text" value="CPT/HCPCS"/>	*Procedure Code	<input type="text" value="E0601-CONT AIRWAY PRESSURE DEVICE"/>
<input type="button" value="Search"/>		<input type="button" value="Reset"/>	
Search Results			
			Total Records: 10
Service Date ▼	Procedure Code	Description	Units
03/12/2016	E0601	CONT AIRWAY PRESSURE DEVICE	1
04/12/2016	E0601	CONT AIRWAY PRESSURE DEVICE	1
05/12/2016	E0601	CONT AIRWAY PRESSURE DEVICE	1
06/12/2016	E0601	CONT AIRWAY PRESSURE DEVICE	1
07/12/2016	E0601	CONT AIRWAY PRESSURE DEVICE	1
08/12/2016	E0601	CONT AIRWAY PRESSURE DEVICE	1
09/12/2016	E0601	CONT AIRWAY PRESSURE DEVICE	1
10/12/2016	E0601	CONT AIRWAY PRESSURE DEVICE	1
11/12/2016	E0601	CONT AIRWAY PRESSURE DEVICE	1
12/12/2016	E0601	CONT AIRWAY PRESSURE DEVICE	1

- Search results reflect the date the member received the item and how many units were billed. Disclaimer: The system **only** shows results based on paid claims.



# Supporting Documentation/Forms

# MEDICAL – SUPPORTING DOCUMENTATION

- Examples of supporting clinical documents:
  - Member history & physical (H&P)
  - Member demographics
  - Treatment plan
  - Previous imaging and diagnostic test results
  - Progress notes
  - Lab results
  - Medication
  - History of therapy as related to the PA request
  - Photos – if applicable
- Forms:
  - CH-17 – High Risk OB only

# DME - SUPPORTING DOCUMENTATION/FORMS

- Examples of supporting clinical documents:
  - Member history & physical (H&P)
  - Member demographics
  - Treatment plan
  - Previous imaging and diagnostic test results – if applicable
  - Progress notes
  - Lab results – if applicable
  - History of therapy as related to the PA request
  - Home Evaluation (for equipment needs)
  - Video – AAC Devices (must be compatible with Windows Media Player)
- Forms:
  - Certificate of Medical Necessity (CMN), if applicable

# Therapy - SUPPORTING DOCUMENTATION/FORMS

- Forms:
  - HCA-61 Therapy Prior Authorization Request Form
  - SC-15 Parental Consent Form
- Supporting Documentation for Speech Evaluation ONLY
  - Physician Prescription/Order
  - Visit note from the treating physician
- Supporting Documentation for Treatment
  - Physician Prescription/Order
  - Visit notes from the treating physician to support medical necessity

# Therapy - SUPPORTING DOCUMENTATION/FORMS

- Supporting Documentation, cont.
  - Most recent Evaluation – will only review for dates up to 1 year from the date of the evaluation
    - Example: if evaluation was done 1/1/2017 and ongoing treatment request is submitted with a 7/1/2017 start date, the requested end date should not be beyond 12/31/2017
  - Treatment Plan (can be included in the evaluation) with long and short term goals which need to be written in objective measurable terms and must be supported by the evaluation
  - For ongoing treatment will need to address how member did on previous short term goals
    - Example: Progress Notes and or Visit Notes



# Creating a PA on the Portal

# CREATING A PORTAL PA

The screenshot displays the Oklahoma HealthCare Authority portal interface. At the top left is the logo for Oklahoma HealthCare Authority. A navigation bar below the logo contains several tabs: My Home, Eligibility, Claims, **Prior Authorizations** (highlighted with a red circle), Referrals, Files Exchange, Financial, Letters, Reports, and Resources. On the right side of the navigation bar are links for Contact Us and Logout. The main content area features a 'Welcome Health Care Professional!' message above a photograph of a person writing on a tablet. Below the photo is a paragraph of text: 'We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to payment history and the ability to search for helpful information under the Resources menu.' The left sidebar contains sections for 'User Details' (with links for My Profile and Manage Accounts), 'Provider' (with fields for Name, Provider ID, Taxonomy, and SC Provider Number), and 'Provider Services' (with links for Member Focused Viewing and Search Payment History). The right sidebar contains links for Contact Us, Secure Correspondence, Referrals (with a 'New' badge), Update Provider Files, Upload Behavioral Health Records, and Helpful Links (with a link for Insure Oklahoma Employer/Agent Portal).

- Select the **Prior Authorization** tab to create a PA.

# CREATING A PORTAL PA, CONT.

Oklahoma HealthCare Authority

My Home Eligibility Claims **Prior Authorizations** Referrals Files Exchange Financial Letters Reports Resources

[Contact Us](#) | [Logout](#)

[Prior Authorizations](#) > Create Authorization

**Create Authorization** ?

\* Indicates a required field.

Medical  Dental

When you submit this PA, you are certifying that the PA is medically necessary and correctly submitted in accordance with SoonerCare rules and is for a SoonerCare covered device or service. You acknowledge that this PA may be subject to a post-payment review and/or that OHCA may recoup improper payments if OHCA finds that this PA was inappropriately submitted or OHCA has determined the PA to be medically unnecessary. You also acknowledge that approval of this PA does not guarantee payment.

[Expand All](#) | [Collapse All](#)

**Create Authorization** ?

\* Indicates a required field.

Medical  Dental  Therapy  Imaging

When you submit this PA, you are certifying that the PA is medically necessary and correctly submitted in accordance with SoonerCare rules and is for a SoonerCare covered device or service. You acknowledge that this PA may be subject to a post-payment review and/or that OHCA may recoup improper payments if OHCA finds that this PA was inappropriately submitted or OHCA has determined the PA to be medically unnecessary. You also acknowledge that approval of this PA does not guarantee payment.

[Expand All](#) | [Collapse All](#)

- **Create Authorization** – Select the Medical or Dental button.

# CREATING A PORTAL PA, CONT.

**Requesting Provider Information**

This panel contains provider information.

Provider ID	ID Type	Name
Zip Code	Contract Code	Taxonomy
		SC Provider Number

- **Requesting Provider Information** – This section will automatically populate the provider logged in.

**Member Information**

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

\*Member ID

Last Name	First Name	Middle
Birth Date		

- **Member Information** – Enter the SoonerCare **Member ID**.

# CREATING A PORTAL PA, CONT.

### Service Provider Information

Service Provider may be required depending on the type of Assignment Code selected. To use a new service provider, enter either a valid NPI or SoonerCare Provider Number. To use an existing Service Provider and have the fields auto-populate, either click the Service Provider same as Requesting Provider checkbox or select a provider previously saved to the favorites list using the Select from Favorites dropdown. To add a new provider to the favorites list, click the Add to Favorites checkbox. Service Provider is required, the servicing provider cannot be a group, clinic or PLLC, etc., or the PA will be denied. To use a new service provider, enter either a valid NPI or SoonerCare Provider Number. To use an existing Service Provider and have the fields auto-populate select a provider previously saved to the favorites list using the Select from Favorites dropdown. To add a new provider to the favorites list, click the Add to Favorites checkbox.

Service Provider same as Requesting Provider

Select from Favorites:

Provider ID:  ID Type:

Name:  Add to Favorites:

Zip Code:  Contract Code:  Taxonomy:  SC Provider Number:

- **Service Provider Information** is only required for **durable medical equipment, prosthetics, orthotics and supplies (DMEPOS), home health, hospice, specialized nursing and vision care services**. All other types of request needs to have the **Servicing Provider** left blank.

# CREATING A PORTAL PA, CONT.

Other Information

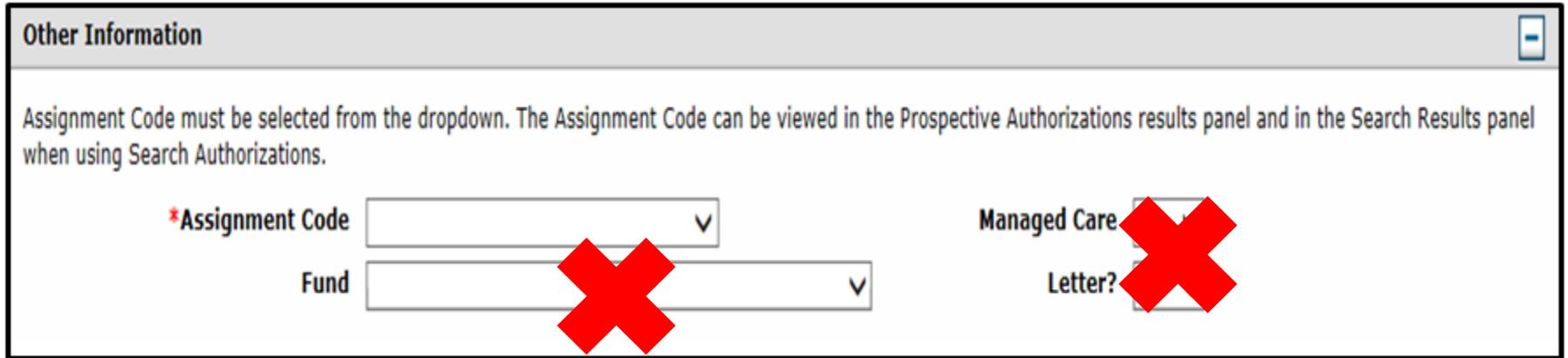
Assignment Code must be selected from the dropdown. The Assignment Code can be viewed in the Prospective Authorizations results panel and in the Search Results panel when using Search Authorizations.

\*Assignment Code

Fund

Managed Care

Letter?



- **Assignment Code** – Select the appropriate assignment code.
- **Managed Care, Fund, Letter** – Leave **blank**.

# CREATING A PORTAL PA, CONT.

Diagnosis Information

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

ICD Version	Diagnosis Code	Action
Click to collapse.		
*ICD Version <input type="text" value="ICD-10-CM"/>	*Diagnosis Code <input type="text"/>	
<input type="button" value="Add"/>		



- **ICD Version** – Select the ICD version of the diagnosis code.
- **Diagnosis Code** – Enter the diagnosis code without the decimal, then click **Add**.

# CREATING A PORTAL PA, CONT.

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.

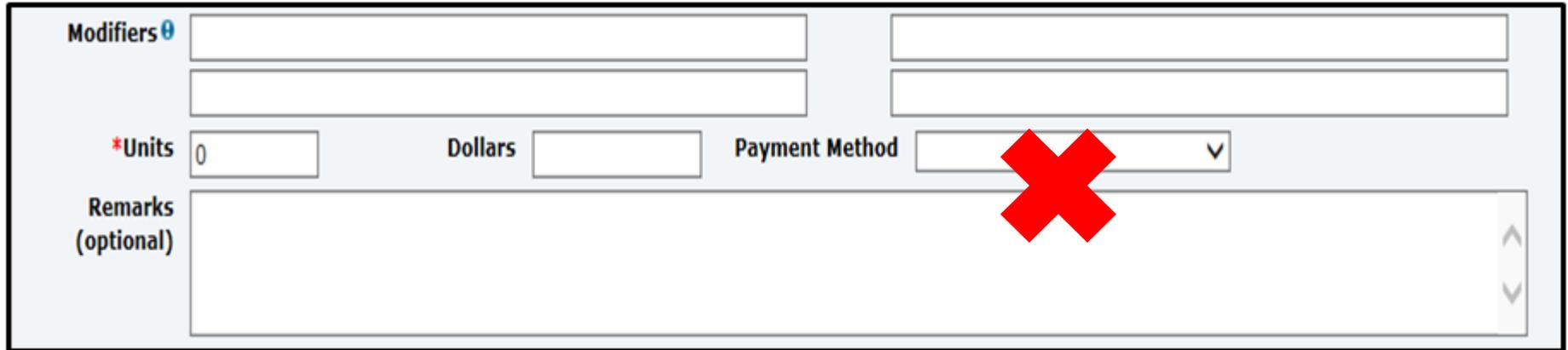
From Date	To Date	Code	Modifiers	Units		Action
-----------	---------	------	-----------	-------	--	--------

Click to collapse.

\*From Date  To Date  \*Code Type Procedure Code v \*Code   
Thru

- **From and To Date** – Enter the date range.
  - Therapy – No Retros Allowed
  - Imaging – MRA, MRI, CT, PET 3-day retro only
  - All other Services – Currently allow a 30-day retro
- **Code Type** – Select Procedure Code or Revenue
- **Code** – Enter the procedure code
- **Thru Code** – Allowed only on the following:
  - Echocardiograms – 93303-93308
  - Enteral Formula – B4149-B4162

# CREATING A PORTAL PA, CONT.



The screenshot shows a form for creating a Portal PA. It includes fields for Modifiers (four empty boxes), Units (0), Dollars (empty), and Payment Method (dropdown menu with a red X over it). There is also a Remarks (optional) text area.

- **Modifiers** – Use appropriate modifiers, if applicable. Up to four modifiers can be entered
  - If using a TC and 26 modifier you must have one line with the code and a TC modifier and a second line with the code and a 26 modifier. TC/26 modifier used on the same line item of the PA will cause claims to Deny
- **Units** – Enter the number of units
- **Remarks (optional)** – For items listed as miscellaneous, enter the line item and description in the remark field. If uploading electronic documentation through the Provider Portal, enter a contact name and phone number

# CREATING A PORTAL PA, CONT.

**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.

From Date	To Date	Code	Modifiers	Units	Action
Click to collapse.					
*From Date	To Date	*Code Type	Procedure Code	*Code	
				Thru	
Modifiers					
*Units	0	Dollars		Payment Method	
Remarks (optional)					
<b>Attachments</b>					<b>+</b>

[Add Service](#) [Cancel Service](#)

[Submit](#) [Cancel](#)

- **Attachments** – Click the “+” sign to designate how the attachments will be sent.

# CREATING A PORTAL PA, CONT.

Transmission Method	File	Control #	Action
<input type="checkbox"/> Click to collapse.			
*Transmission Method			
*Upload File	<input type="text"/> Browse...		
*Description	<input type="text"/>		

- **Transmission Method:**
  - EL – Electronic Only
    - .JPG, PDF, TIFF, XPS (up to 10 MB)

# CREATING A PORTAL PA, CONT.

Attachments

Transmission Method	File	Control #	Action
Click to collapse.			
*Transmission Method	EL-Electronic Only		
*Upload File			Browse...
*Description			

Add Cancel

- **Upload File** – This field only appears when the attachments are uploaded electronically. Select **Browse** to search for the attachments.
- **Description** – Enter a brief description of the documentation.

# CREATING A PORTAL PA, CONT.

Transmission Method	File	Control #	Action
Click to collapse.			
*Transmission Method	EL-Electronic Only		
*Upload File	medicalrecords.pdf		Browse...
*Description	Medical Records		
<b>Add</b>			
<del>Add Service</del> Cancel Service			
Submit Cancel			

- Once the required fields are completed, click **Add** to attach the documentation. Documentation must be attached prior to adding the first service line of the PA request.

# CREATING A PORTAL PA, CONT.

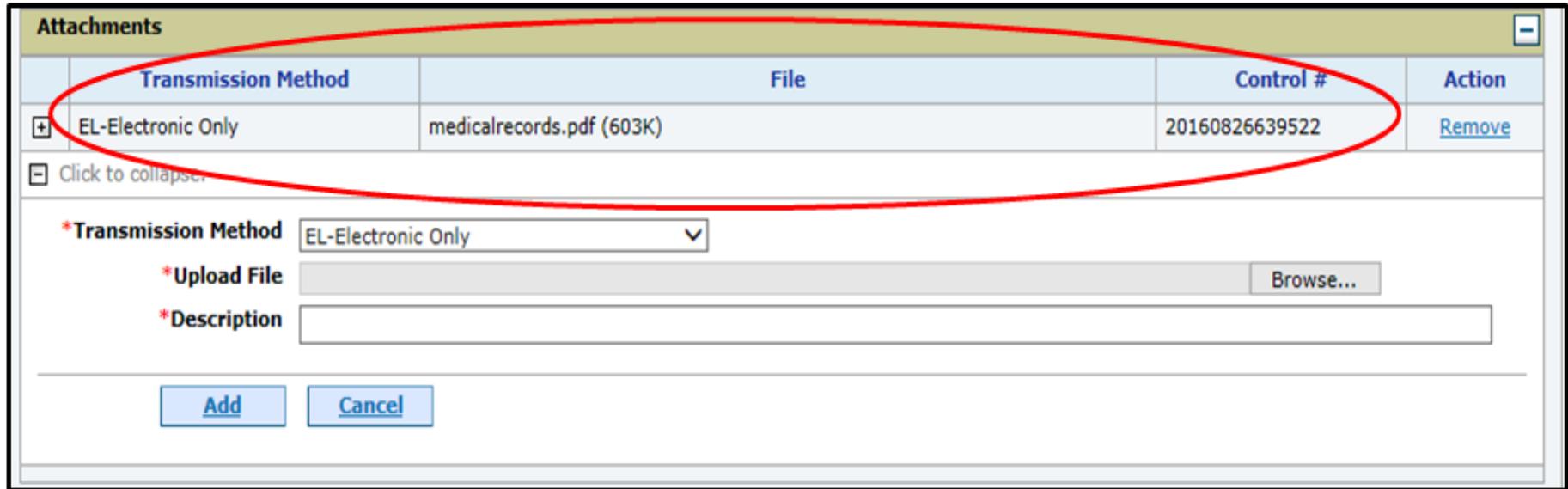
**Error**  
Total file size cannot be more than 10,485,760 bytes after compression.

**Attachments**

Transmission Method	File	Control #	Action
Click to collapse.			
*Transmission Method	EL-Electronic Only		
*Upload File	<input type="text"/>		Browse...
*Description	Medical Records		
<input type="button" value="Add"/>	<input type="button" value="Cancel"/>		
<input type="button" value="Add Service"/>	<input type="button" value="Cancel Service"/>		

- If the electronic file exceeds the allowed capacity limit, the Portal returns an error message.

# CREATING A PORTAL PA, CONT.



The screenshot shows a web interface titled "Attachments". It features a table with the following columns: "Transmission Method", "File", "Control #", and "Action". The first row of data is highlighted with a red oval and contains the following information:

Transmission Method	File	Control #	Action
EL-Electronic Only	medicalrecords.pdf (603K)	20160826639522	<a href="#">Remove</a>

Below the table, there is a "Click to collapse" link. Underneath, there are form fields for adding a new attachment:

- \*Transmission Method: A dropdown menu currently set to "EL-Electronic Only".
- \*Upload File: A text input field with a "Browse..." button to its right.
- \*Description: A text input field.

At the bottom of the form, there are two buttons: "Add" and "Cancel".

- If the electronic file upload is successfully attached to the PA request, it reflects the transmission method, file and control number.

# CREATING A PORTAL PA, CONT.

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.

From Date	To Date	Code	Modifiers	Units	Action
-----------	---------	------	-----------	-------	--------

Click to collapse.

\*From Date 03/01/2017 To Date 09/01/2017 \*Code Type Procedure Code \*Code E0601-CONT AIRWAY PRESSURE DI  
Thru

Appropriate modifier(s) must be submitted on PA for claims processing.

Modifiers LL-LEASE/RENTAL (APPLD TO PUR)

\*Units 6 Dollars Payment Method

Remarks (optional)

Attachments

[Add Service](#)

Submit Cancel

- Click **Add Service** once the documentation is attached and the service detail section is complete.

# CREATING A PORTAL PA, CONT.

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.

	From Date	To Date	Code	Modifiers	Units		Action
	03/01/2017	09/01/2017	E0601-CONT AIRWAY PRESSURE DEVICE	LL	6	1	<a href="#">Copy</a>   <a href="#">Remove</a>

 Click to collapse.

\*From Date   To Date   \*Code Type  \*Code   
Thru

Appropriate modifier(s) must be submitted on PA for claims processing.

Modifiers

\*Units  Dollars  Payment Method

Remarks (optional)

Attachments 

- **Notice:** The system shows the attachment file included on the first service line. The page will then refresh and populate another section if other service details need to be added.

# CREATING A PORTAL PA, CONT.

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.

	From Date	To Date	Code	Modifiers	Units		Action
+	03/01/2017	09/01/2017	E0601-CONT AIRWAY PRESSURE DEVICE	LL	6	1	<a href="#">Copy</a>   <a href="#">Remove</a>

Click to collapse.

\*From Date  To Date  \*Code Type  \*Code   
Thru

Appropriate modifier(s) must be submitted on PA for claims processing.

Modifiers

\*Units  Dollars  Payment Method

Remarks (optional)

Attachments

[Add Service](#) [Cancel Service](#)

[Submit](#) [Cancel](#)



- If no other service details will be added, click **Submit**.

**Confirm Authorization** ?

Click Confirm to submit authorization. Click Back to change data entered.

Medical       Dental

When you submit this PA, you are certifying that the PA is medically necessary and correctly submitted in accordance with SoonerCare rules and is for a SoonerCare covered device or service. You acknowledge that this PA may be subject to a post-payment review and/or that OHCA may recoup improper payments if OHCA finds that this PA was inappropriately submitted or OHCA has determined the PA to be medically unnecessary. You also acknowledge that approval of this PA does not guarantee payment.

[Expand All](#) | [Collapse All](#)

---

**Requesting Provider Information** -

Provider ID	ID Type	NPI	Name
Zip Code	Contract Code	Taxonomy	SC Provider Number

---

**Member Information** -

Member ID	Member
Birth Date	

---

**Service Provider Information** -

Provider ID	ID Type	NPI	Name
Zip Code	Contract Code	Taxonomy	SC Provider Number

---

**Other Information** -

Assignment Code	Managed Care
DME	
Fund	Letter?

---

**Diagnosis Information** -

ICD Version	Diagnosis Code
ICD-10-CM	A3700-WHOOPING COUGH DUE TO BORDETELLA PERTUSSIS WITHOUT PNEUMONIA

---

**Service Details** -

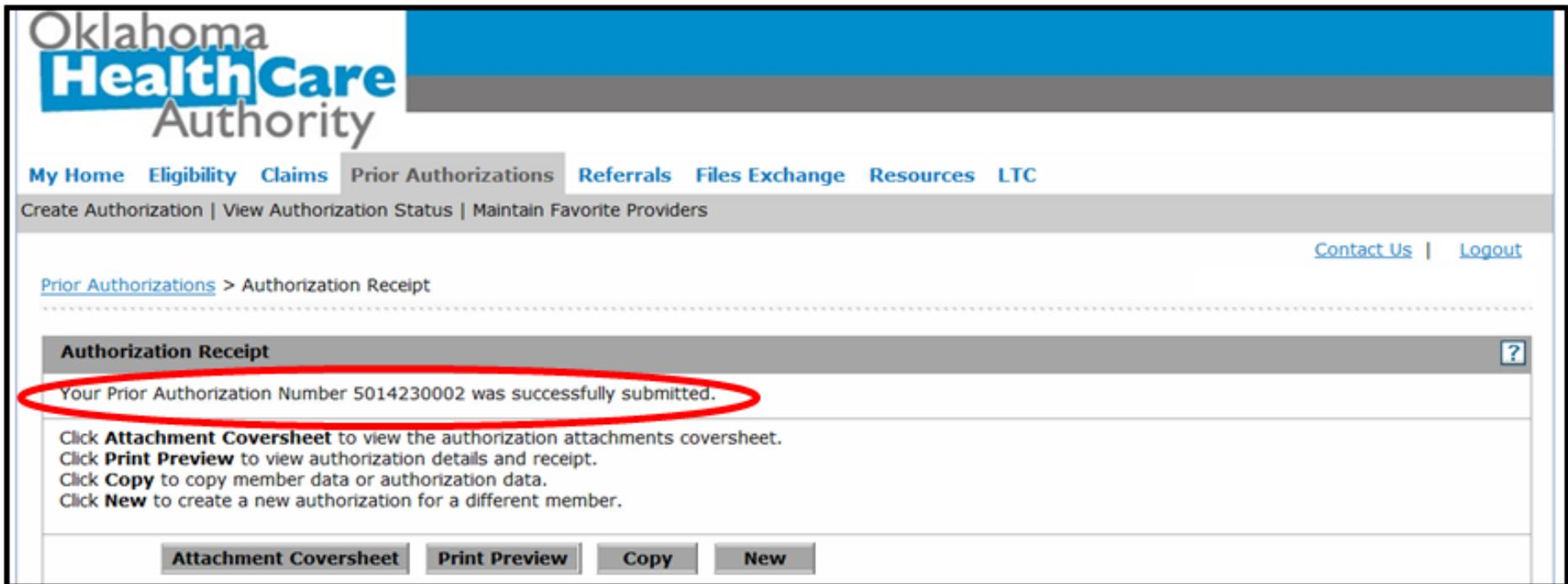
	From Date	To Date	Code	Modifiers	Units	
+	03/01/2017	09/01/2017	E0601-CONT AIRWAY PRESSURE DEVICE	LL	6	1

Back

Confirm
Cancel

○ Review the information entered and click **Confirm**.

# CREATING A PORTAL PA, CONT.



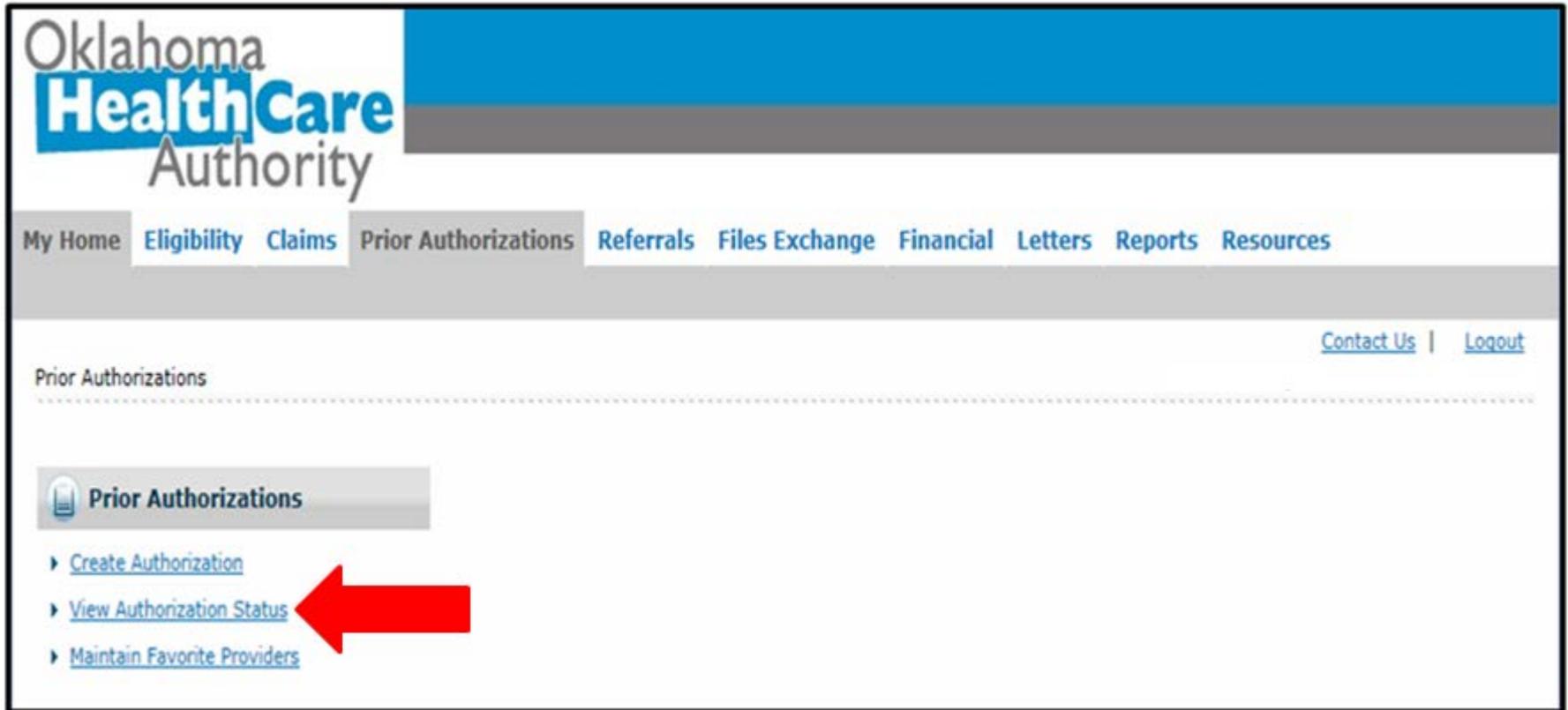
The screenshot displays the Oklahoma HealthCare Authority website. The navigation menu includes 'My Home', 'Eligibility', 'Claims', 'Prior Authorizations', 'Referrals', 'Files Exchange', 'Resources', and 'LTC'. Below the menu, there are links for 'Create Authorization', 'View Authorization Status', and 'Maintain Favorite Providers'. The current page is 'Authorization Receipt' under 'Prior Authorizations'. A red circle highlights the message: 'Your Prior Authorization Number 5014230002 was successfully submitted.' Below this message are instructions to click 'Attachment Coversheet', 'Print Preview', 'Copy', or 'New'. At the bottom of the page, there are buttons for 'Attachment Coversheet', 'Print Preview', 'Copy', and 'New'. The footer contains the Oklahoma HealthCare Authority logo, social media icons for Facebook, Twitter, YouTube, and Instagram, and the DXC.technology logo.

- **Authorization Receipt** – The Portal generates a PA number and confirms that the request submitted successfully. This **does not mean** the PA is approved.



# View Authorization Status

# View AUTHORIZATION status



Oklahoma HealthCare Authority

My Home Eligibility Claims **Prior Authorizations** Referrals Files Exchange Financial Letters Reports Resources

Contact Us | Logout

Prior Authorizations

**Prior Authorizations**

- ▶ [Create Authorization](#)
- ▶ [View Authorization Status](#)
- ▶ [Maintain Favorite Providers](#)

- Select the **Prior Authorizations** tab to **View Authorization Status**

# VIEW AUTHORIZATION status, Cont.

The screenshot shows a web form titled "Authorization Information" with the following sections:

- Authorization Information:** Includes fields for "Prior Authorization Number", "Assignment Code" (dropdown), "Code Type" (dropdown), "Code" (text), "Authorized Day Range" (dropdown), and "Authorized Service Date" (text with a calendar icon). There is an "Advanced Search" checkbox and a "Code" icon.
- Member Information:** Includes a "Member ID" text field.
- Provider Information:** Includes a "Provider NPI" text field and radio buttons for "This Provider is the" (Servicing Provider on the Authorization, Referring Provider on the Authorization).

At the bottom, there are "Search" and "Reset" buttons.

- **Authorization Information** – Search by the PA Number, Authorized Day Range or Authorized Service Date
- **Member Information** – Search by the SoonerCare Member ID
- **Provider Information** – Search by the Provider NPI and indicate if the provider NPI is the Servicing or Referring Provider on the authorization

# VIEW AUTHORIZATION status, Cont.

**Member Information**

Member ID

**Provider Information**

Provider NPI

This Provider is the  Servicing Provider on the Authorization  
 Referring Provider on the Authorization

**Search Results**

The Search criteria selected in the Search Authorizations panel reflect the Search Results displayed.

Total Records: 1

<u>Prior Authorization Number</u>	<u>Authorized Service Date</u> ▼	<u>Member Name</u>	<u>Member ID</u>	<u>Assignment Code</u>	<u>Requesting Provider</u>	<u>Servicing Provider</u>
<a href="#">5014230002</a>	03/01/2017 – 09/01/2017	SOONERCARE, SUZIE	012345678		BOB SOONERCARE	BOB SOONERCARE

- This search was performed using the Member ID. Select the PA number to view the request

# VIEW AUTHORIZATION status, Cont.

View Authorization Response for D [redacted] [Back to View Authorization Status](#) [Expand All](#) | [Collapse All](#)

Prior Authorization Number 5017156001  
Submission Date 06/05/2017  
Decision Date \_

Media Type WEB  
Update Received \_

Date Received 06/05/2017  
Date Mailed \_

Requesting Provider Information [+](#)

Member Information [+](#)

Other Information [+](#)

Diagnosis Information [+](#)

Service Provider / Service Details Information [-](#)

Provider ID \_ ID Type \_ Name \_  
Zip Code \_ Contract Code \_ Taxonomy \_ SC Provider Number \_

Line	Authorized From Date	Authorized To Date	Requested From Date	Requested To Date	Units	Units Used	Dollars	Dollars Used	Code	Remarks	Status
A	06/01/2017	08/01/2017	06/01/2017	08/01/2017	1	0	-	-	15838-EXCISE EXCESS SKIN FAT PAD	-	Evaluation
<b>Payment Method</b> 1-Pay System Calculated Price <b>Reason</b> 002-Under review by Nurse											
B	06/01/2017	08/01/2017	06/01/2017	08/01/2017	1	0	-	-	15841-NERVE PALSY MUSCLE GRAFT	-	Pending Documents
<b>Payment Method</b> 1-Pay System Calculated Price <b>Reason</b> 068-Request pending for additional documentation.											
C	06/01/2017	08/01/2017	06/01/2017	08/01/2017	1	0	-	-	E1399-DURABLE MEDICAL EQUIPMENT MI	-	Pending Documents
<b>Payment Method</b> 1-Pay System Calculated Price <b>Reason</b> 068-Request pending for additional documentation.											
D	06/01/2017	08/01/2017	06/01/2017	08/01/2017	1	0	-	-	E8000-POSTERIOR GAIT TRAINER	-	Evaluation
<b>Payment Method</b> 1-Pay System Calculated Price <b>Reason</b> 002-Under review by Nurse											

[View Original Request](#) [Print Preview](#)

- Click **View** under **Remarks**. This gives more detailed information why a service was denied, cancelled, or if additional documentation is needed

# VIEW AUTHORIZATION status, Cont.

Service Details						
	From Date	To Date	Code	Modifiers	Units	
<input type="checkbox"/>	06/01/2017	08/01/2017	15838-EXCISE EXCESS SKIN FAT PAD		1	1
<input type="checkbox"/>	06/01/2017	08/01/2017	15841-NERVE PALSY MUSCLE GRAFT		1	
<input type="checkbox"/>	06/01/2017	08/01/2017	E1399-DURABLE MEDICAL EQUIPMENT MI		1	1
<b>Dollars</b> _ <b>Payment Method</b> 1-Pay System Calculated Price						
<b>Remarks (optional)</b> _						
Attachments						
	Transmission Method	File	Control #	Action		
<input type="checkbox"/>	EL-Electronic Only	HCA-13A_Portal.pdf (46K)	20170605289222	<a href="#">Remove</a>		
<input type="checkbox"/> Click to collapse.						
<b>*Transmission Method</b> <input type="text" value="EL-Electronic Only"/>						
<b>*Upload File</b> <input type="text"/> <input type="button" value="Browse..."/>						
<b>*Description</b> <input type="text"/>						
<input type="button" value="Add"/> <input type="button" value="Cancel"/>						
<input type="checkbox"/>	06/01/2017	08/01/2017	E8000-POSTERIOR GAIT TRAINER		1	
<input type="button" value="Submit Additional Attachments"/> <input type="button" value="Cancel"/>						



# Amendments

# AMENDMENTS

## Things to know before submitting an amendment:

- PA must be in an **Approved** status
- Must be received within 30 days of the date of service.
- Amendments must be faxed to the prior authorization fax number with the required forms
- Continuation of approved services must be submitted as a **NEW** request
  - Example – E0601 LL approved from 1/1/17-3/31/17 you would have to submit a NEW request for dates of service 4/1/17 and after

# AMENDMENTS, CONT.

## What can be amended?

- Dates of service
  - End date can be amended to accommodate a schedule/delivery change
  - Complete date spans can **ONLY** be adjusted for rental equipment. Delivery Ticket must be submitted with amendment request
- Units
  - Units can be adjusted with sufficient documentation to support Adjustment
  - Units will not be added to cover any additional dates of service within an existing PA
- Procedure codes
  - Codes can be adjusted with sufficient documentation to support the change

# AMENDMENTS, CONT.

## What can be amended? Cont...

- Modifiers
  - Modifiers can be added, removed or changed
- Provider numbers
  - Provider numbers can be changed within the same group as long as no claim has paid
- RID/Name
  - Submit amendment for original PA to reduce dates and unit to the services required during the time frame
  - NEW PA will have to be submitted for time frame that the NEW RID/Name Change became effective
    - You will need to include the units and time frame that are applicable for the NEW RID/Name. Notate in the NEW PA the original PA number

# AMENDMENTS, CONT.

## Required forms to process an amendment:

- **HCA-13A cover sheet (used for PA attachments)**
  - Must be on top
  - Mark as Amended
- **PA copy from the OHCA provider portal**
  - Provide a copy of the original PA submission with handwritten changes and initial next to those changes

**OR**

- **HCA-60** completed
- Fax documents and HCA-13A to 1-866-574-4991 or 405-702-9080



**Note: Do not place another Fax Cover Sheet on top.**

Three fields below are required and must match the prior authorization request.

1. Provider Number  
or NPI/ZIP/ZIP+4

1000000000D

2. Member ID Number

012345678

3. Prior Authorization Number

5014230002



**Please note:** effective 7/1/2017, amendments will be the only documentation accepted via fax. All initial (new) prior authorization requests must be initiated using the SoonerCare Provider Portal, this includes the upload of clinical documentation. Also, additional documentation requested will be required to be uploaded.

**Purpose:**

This form is to be used when a prior authorization request (PAR) requiring a photo/video or Amendment is being submitted. Submission of the completed forms along with the required attachments, will allow the appropriate review process to be conducted by the OHCA.

**Instructions:**

1. Box 1; fill in the servicing provider number.
2. Box 2; fill in the nine-digit member identification number.
3. Box 3; write the ten-digit Prior Authorization number that corresponds with the photo/video or amendment that is being submitted to ensure that information is attached to the appropriate PAR.
4. The Amended box is to be checked when minor changes are required to an existing approved authorization.
5. The Photos/Videos Included box is to be checked when submitting photos or videos for review. Mail to: DXC Attn: Prior Authorizations, 2401 NW 23rd, Suite 11, Oklahoma City, OK. 73107.
6. Fax all forms and documentation to: **405-702-9080 Toll Free 1-866-574-4991.**

**Note: Do not place another Fax Cover Sheet on top.**

**This form is for use with Prior Authorization requests requiring attachments.**

Sender's Name: Bob SoonerCare Phone Number: 405-867-5309 Fax Number: 405-555-1515

This fax contains sensitive information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this fax. Please notify the sender immediately by phone if you have received this e-fax by mistake and destroy the fax you received. Fax transmission cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete. The sender therefore does not accept liability for any errors or omissions in the contents of this message, which arise as a result of fax transmission.

# EXAMPLE OF AN AMENDMENT REQUEST

**Oklahoma HealthCare Authority**

**View Authorization Response for**

Prior Authorization Number  
Submission Date 03/17/2017      Media Type WEB      Date Received 03/17/2017  
Decision Date \_      Update Received \_      Date Mailed \_

**Requesting Provider Information**

Provider ID      ID Type NPI      Name  
Zip Code      Contract Code G      Taxonomy      Provider Number

**Member Information**

Member ID  
Member  
Birth Date

**Other Information**

Assignment Code DME      Managed Care No  
Fund \_      Letter? No

**Diagnosis Information**

**Service Provider / Service Details Information**

Line	Authorized From Date	Authorized To Date	Requested From Date	Requested To Date	Units	Units Used	Dollars	Dollars Used	Code	Status
A	03/01/2017	09/01/2017	03/01/2017	09/01/2017	6	0	-	-	E0601-CONT AIRWAY PRESSURE DEVICE	Evaluation

Change to E0570  
S.C. 3/22/17



Prior Authorization Amendment Form

\*\*\*\*Amendments can only be done on an Approved Prior Authorization\*\*\*\*

\*\*\* Amendments MUST be received within 30 days of the date of service\*\*\*

PA# \_\_\_\_\_

Member Name \_\_\_\_\_ Member RID \_\_\_\_\_

Type of Change

- Remove Servicing Provider
- Provider Number Change
- Member RID Change – Members NEW RID \_\_\_\_\_
- Date Change
- Unit Change
- Code Change
- Modifier(s) -  Add or  Remove
- Additional Line Item Needed

PAs allow up to 12 line items. Please indicate below how the specific line item you need to change/add should read. Please note: if a claim has paid off of the specific line item you need to amend the paid claim will have to be voided prior to the line item being changed.

Line	Authorized From Date	Authorized To Date	Code	Modifier	Modifier	Modifier	Modifier	Units
Line A								
Line B								
Line C								
Line D								
Line E								
Line F								
Line G								
Line H								
Line I								
Line J								
Line K								
Line L								



# Resources

# CONTACTS AND RESOURCES

**For medical authorization inquiries** regarding clinical documentation required or urgent requests, please contact the OHCA Medical Authorization Unit (MAU) at [MAUAdmin@okhca.org](mailto:MAUAdmin@okhca.org).

**Additional resources are available at [www.okhca.org/MAU](http://www.okhca.org/MAU).**

# SoonerFit.org



See how OHCA makes policy changes  
check out the complete process here!

**SoonerFit.org**

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## individuals



- ▶ [How to Apply](#) | [Enroll Online](#)
- ▶ [Find A Provider](#) | [After Hours OK](#)
- ▶ [Member Handbook](#)
- ▶ [Member Letters](#) | [Updates](#)
- ▶ [Programs](#) | [Benefits](#)
- ▶ [Member Services Helpline](#)

--More Options--



## providers



- ▶ [Claim Tools](#) | [Types](#) | [Web Alerts](#)
- ▶ [Enrollment](#) | [EHR Incentive](#)
- ▶ [Policy](#) | [Proposed Changes](#)
- ▶ [Provider Portal](#) | [Training](#)
- ▶ [Provider Letters](#) | [Updates](#)
- ▶ [Patient-Centered Medical Home](#)
- ▶ [Medical Authorization Unit](#)

--More Options--



Providers

- Types
- Claim Tools
- Forms
- Secure Sites
- Policies & Rules
- Training
- Updates
- Help

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## Medical Authorization Unit - Medical Unit

### WebAlerts

Welcome to the Medical Authorization webpage. This information is designed to assist the providers with submitting prior authorization requests (PAR) correctly the first time. The goal of MAU is to streamline the PAR process while maintaining compliance with OHCA, state and federal policy and rules. Please sign on to WEB ALERTS to receive email notifications when changes are made to this web page.

**NOTICE:** Effective 11/1/2016, all initial (new) PARs must be initiated using the Sooner Care Provider Portal – all PA’s sent by providers via fax or mail will be returned – see Provider Letter 2016-29 and PA Processing document for reference.

### **PA’s Processed by the SoonerCare Medical Authorization Unit – Medical Unit**

- ▶ [Allergy Testing/Immunotherapy](#)
- ▶ [Bariatric Surgery](#)
- ▶ [Genetic Testing](#)
- ▶ [High Risk OB \(HROB\)](#)
- ▶ [In-Home Nursing Services](#)
- ▶ [Out of State Services](#)
- ▶ [Procedure/Surgery Information](#)
- ▶ [Sleep Study](#)
- ▶ [Stimulators](#)
- ▶ [Urine Drug Screens](#)

# CONTACTS AND RESOURCES, cont.

**For durable medical equipment (DME) inquiries** regarding clinical documentation or urgent requests, please email us at [DMEAdmin@okhca.org](mailto:DMEAdmin@okhca.org)

**Additional resources are available at [www.okhca.org/DME](http://www.okhca.org/DME)**

# OKCareerGuide.org

A powerful tool to provide career and educational resources for Oklahomans



Disabled (ADD)  
Model Development  
updated information

**OKCareerGuide.org**

A powerful tool to provide career and educational resources for Oklahomans

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## individuals



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--More Options--

## providers



## research and statistics



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- ▶ [Focus On Excellence Reports](#)
- ▶ [State Plans and Waivers](#)

## about us



### --More Options--

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- [Adult Medicaid Quality Grant](#)
- [Behavioral Health - Substance Abuse Services](#)
- [Billing & Procedure Manual](#)
- [Cesarean Section Quality Initiative](#)
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## Durable Medical Equipment



### Accreditation

- [Exemption Instructions September 2013](#)
- [Medicare Deemed Accreditation Organizations](#)
- [OHCA DME Exemption List September 2013](#)

### Coding

- [Complex Rehab Technology Codes](#)
- [PDAC](#)

### DMEPOS Advisory Council (DAC)

- [DMEPOS Advisory Committee Members](#)

### Frequently Asked Questions

- [FAQ - Manual Pricing and Fair Market Value Pricing Process](#)
- [FAQ - Oxygen & Related](#)
- [FAQ - Wheeled Mobility](#)
- [FAQ - Repair items that do not require Prior Authorization](#)

### DMEPOS Newsletter

- [Fall 2014](#)

### Pricing

- [Version 1 - Fair Market Value Pricing December 2014 to September 2015](#)
- [Version 2 - Fair Market Value Pricing October 2015 to December 2015](#)
- [Version 3 - Fair Market Value Pricing December 2014 SR - Updated 1.1.2016](#)
- [Version 4 - Fair Market Value Pricing December 2014 SR - Updated 11.1.2016](#)

### Prior Authorization

- [Audiology Services](#)
- [Communication \(AAC\) Devices](#)

# CONTACTS AND RESOURCES, cont.

**For Therapy inquiries** regarding clinical documentation or urgent requests, please email us at [TherapyAdmin@okhca.org](mailto:TherapyAdmin@okhca.org)

# CONTACTS AND RESOURCES, cont.

**For Portal related inquiries** such as submitting PAs or uploading documents, please contact OHCA Provider Services at 1-800-522-0114, option 1, 1

# QUESTIONS?