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.
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
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
- 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 22nd.

Class Descriptions: [http://www.okhca.org/Classes](http://www.okhca.org/Classes)

Registration Tool: [http://www.okhca.org/Register](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** - Search member eligibility by the Member ID, SSN and Date of Birth, or Last and First Name.
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
Select the **Resources** tab to access **Search Fee Schedule**.
**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 Results - The system will show if a PA is required.

<table>
<thead>
<tr>
<th>Pricing and Limitations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allowed Amount: $63.62</td>
</tr>
<tr>
<td>PA Required</td>
</tr>
<tr>
<td>Maximum Units: 1</td>
</tr>
<tr>
<td>Age Restriction: 0 - 20</td>
</tr>
<tr>
<td>Medical Review is Not Required</td>
</tr>
<tr>
<td>Gender: Both</td>
</tr>
<tr>
<td>Attachment is Not Required</td>
</tr>
<tr>
<td>Not a Lifetime Procedure</td>
</tr>
<tr>
<td>Not restricted to any Diagnosis</td>
</tr>
<tr>
<td>Billing Provider not restricted to any Specialty</td>
</tr>
<tr>
<td>Rendering Provider not restricted to any Specialty</td>
</tr>
<tr>
<td>Ambulatory Surgical Facility Fee: $0.00</td>
</tr>
<tr>
<td>Ambulatory Payment Classification Fee: $0.00</td>
</tr>
<tr>
<td>Discounted: NA</td>
</tr>
</tbody>
</table>
Treatment History
Select the Eligibility tab to view Treatment History.
- **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.
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.
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

- Select the **Prior Authorization** tab to create a PA.
○ Create Authorization – Select the Medical or Dental button.
CREATING A PORTAL PA, CONT.

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

- Member Information – Enter the SoonerCare Member ID.
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.

- **Assignment Code** – Select the appropriate assignment code.

- **Managed Care, Fund, Letter** – Leave **blank**.
CREATING A PORTAL PA, CONT.

- **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.

- **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
○ **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
o **Attachments** – Click the “+” sign to designate how the attachments will be sent.
CREATING A PORTAL PA, CONT.

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

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

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Code Type</th>
<th>Code</th>
<th>Remarks (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/01/2017</td>
<td>09/01/2017</td>
<td>Procedure Code</td>
<td>E0601-CONT AIRWAY PRESSURE DI</td>
<td>LL-LEASE/RENTAL (APPLD TO PUR)</td>
</tr>
</tbody>
</table>

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

- **Units**: 6
- **Dollars**: 
- **Payment Method**: 

**Attachments**

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

- If no other service details will be added, click **Submit**.
Review the information entered and click **Confirm**.
○ 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

- Select the Prior Authorizations tab to View Authorization Status
VIEW AUTHORIZATION status, Cont.

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

<table>
<thead>
<tr>
<th>Service Details</th>
<th>From Date</th>
<th>To Date</th>
<th>Code</th>
<th>Modifiers</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>06/01/2017</td>
<td>08/01/2017</td>
<td>15838-EXCISE EXCESS SKIN FAT PAD</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>06/01/2017</td>
<td>08/01/2017</td>
<td>15841-NERVE PALSY MUSCLE GRAFT</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>06/01/2017</td>
<td>08/01/2017</td>
<td>E1399-DURABLE MEDICAL EQUIPMENT MI</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dollars</th>
<th>Payment Method</th>
<th>1-Pay System Calculated Price</th>
</tr>
</thead>
</table>

| Remarks (optional) | |

<table>
<thead>
<tr>
<th>Attachments</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Transmission Method</td>
<td>HCA-13A_Portal.pdf (46K)</td>
</tr>
<tr>
<td>Click to collapse.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Transmission Method</th>
<th>EL-Electronic Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Upload File</td>
<td></td>
</tr>
<tr>
<td>*Description</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Add</th>
<th>Cancel</th>
</tr>
</thead>
</table>

|                 | From Date | To Date | Code                  | |
|                 | 06/01/2017| 08/01/2017| E8000-POSTERIOR GAIT TRAINER | |

<table>
<thead>
<tr>
<th>Submit Additional Attachments</th>
<th>Cancel</th>
</tr>
</thead>
</table>
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.**

<table>
<thead>
<tr>
<th>What can be amended?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Dates of service</td>
</tr>
<tr>
<td>○ End date can be amended to accommodate a schedule/delivery change</td>
</tr>
<tr>
<td>○ Complete date spans can ONLY be adjusted for rental equipment. Delivery Ticket must be submitted with amendment request</td>
</tr>
<tr>
<td>○ Units</td>
</tr>
<tr>
<td>○ Units can be adjusted with sufficient documentation to support Adjustment</td>
</tr>
<tr>
<td>○ Units will not be added to cover any additional dates of service within an existing PA</td>
</tr>
<tr>
<td>○ Procedure codes</td>
</tr>
<tr>
<td>○ Codes can be adjusted with sufficient documentation to support the change</td>
</tr>
</tbody>
</table>
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
STATE OF OKLAHOMA
Oklahoma Health Care Authority
Prior Authorization Attachment Form Cover Sheet

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
   100000000D

2. Member ID Number
   312345678

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: 405-702-3080 Toll Free 1-866-574-4931

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: 405-987-6300
Fax Number: 405-555-1515
EXAMPLE OF AN AMENDMENT REQUEST

<table>
<thead>
<tr>
<th>Line</th>
<th>Authorized From Date</th>
<th>Authorized To Date</th>
<th>Requested From Date</th>
<th>Requested To Date</th>
<th>Units</th>
<th>Units Used</th>
<th>Dollars</th>
<th>Dollars Used</th>
<th>Code</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>03/01/2017</td>
<td>09/01/2017</td>
<td>09/01/2017</td>
<td>09/01/2017</td>
<td>6</td>
<td>0</td>
<td>-</td>
<td>-</td>
<td>E0501-CONT AIRWAY PRESSURE DEVICE</td>
<td>Evaluation</td>
</tr>
</tbody>
</table>

Change to **E0570**
S.C. 3/22/17
Medical Authorization Unit

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***

FA#

Member Name ________________________ Member ID ______________

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

PAAs allow up to 52 line items. Please indicate below the specific line item you need to change/yield 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.

<table>
<thead>
<tr>
<th>Line</th>
<th>Authorized From Date</th>
<th>Authorized To Date</th>
<th>Code</th>
<th>Modifier</th>
<th>Modifier</th>
<th>Modifier</th>
<th>Modifier</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line A</td>
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<td>Line B</td>
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<td>Line E</td>
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<td>Line F</td>
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<td>Line G</td>
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<td>Line H</td>
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<td>Line I</td>
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<td>Line J</td>
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<td>Line L</td>
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</tbody>
</table>

OHCA Approved 3/29/2017

HCA - 60
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.

Additional resources are available at www.okhca.org/MAU.
SoonerFit.org

individuals
- How to Apply | Enroll Online
- Find A Provider | After Hours OK
- Member Handbook
- Member Letters | Updates
- Programs | Benefits
- Member Services Helpline

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

View All Banners
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 webpage.

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

Additional resources are available at www.okhca.org/DME
Durable Medical Equipment

WebAlerts

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

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
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?