

# NewMMIS Job Aid: Create a Prior Authorization Request

This job aid describes how to:

- Enter a Prior Authorization request via the Provider Online Service Center

## Access Enter a PA Request

From the Provider Online Service Center home page:

1. Click **Manage Service Authorizations**.
2. Click **Prior Authorizations**.
3. Click **Enter a PA Request**. The **Prior Authorization Templates** panel is displayed.

## Select Assignment Type

The assignment types are grouped into three categories: Basic Medical, Durable Medical Equipment, and Therapy Services.

On the **Prior Authorization Templates** panel:

4. Select the desired **Assignment Type**.
5. Click **Continue**.

## Search for and Select Requesting Provider

On the **Base Information** panel:

6. Enter the **Member ID**.
7. Select the **Requesting Provider** from the drop-down list.
8. Enter the **Primary Diagnosis Code**.

**Note:** If desired, you can click the **Field Search** button to perform a search for the correct diagnosis code.

9. Click the **Line Items** tab.

## Add a Line Item

On the **List of Line Items** panel:

10. Click **New Item**. The **Basic Medical Details** panel is displayed.
11. Enter the **Procedure Code**.
12. Enter the **Requested Effective Date**.
13. Enter the **Requested End Date**.
14. Enter the number of **Requested Units**.
15. Do one of the following:
  - If the Servicing Provider is the same as the Requesting Provider, select the **Same as Requesting Provider** checkbox.
  - If the Servicing Provider is different from the Requesting Provider, select the **Servicing Provider** from the drop-down list.
16. Click **Add**.
17. Click the **Attachments** tab.

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## Add an Attachment

On the **List of Attachments** panel:

18. Click **New Item**. The **Attachment Details** panel is displayed.
19. Select the **Report Type** from the drop-down list.
20. Select the **Transmission Code** from the drop-down list.
21. Enter the **Control Number**.
22. Enter a brief description or comment in the **Description** field.
23. Click **Browse**. The **Open** window is displayed.
24. Navigate to the file you want to attach and click **Open**.
25. Click **Add/Upload**.
26. Click the **Confirmation** tab.
27. Click the **Attachments** tab.

## Submit Request

On the **Confirmation** panel:

28. Review the request information to ensure that it is correct.

When you have sure the request is correct:

29. Click **Submit**. The **Prior Authorization Response** panel is displayed, indicating the request was successfully submitted.

## Glossary of Terms

**Adjudicate** – There are header level PA statuses to tell where the PA request is in the process. Adjudicated means MassHealth has made a decision on the PA and that all lines have been finalized. Finalized is when all line statuses are cancelled, approved, modified, or denied. When the PA is adjudicated, a letter is sent to the member (with right to appeal for denied or modified lines), PCM and FI.

**Control Number** – Number assigned by PCM for an attachment that will be stored at PCM office (only applies when Transmission Code is Available on Request at Provider Site).

**Report Type** – Documentation submitted with request by PCM. There are two options for PCM:

**Initial Assessment** – initial request

**Patient medical History Document** - reevaluation

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## Glossary of Terms

**Status** – Indicates where the request is in the process of being reviewed and adjudicated. Status options:

**Additional Information Received** – Indicates information has been received that was missing from the original request.

**Approved** – Request is approved by MassHealth. A PA letter is generated and sent to the member, the PCM and the FI.

**Cancelled** – Request is cancelled by MassHealth due to duplication or insufficient information. A PA letter is generated and sent to the member, the PCM and the FI with a reason for the cancellation. The PCM may resubmit the request as appropriate.

**Cancelled by Provider** – Status used for all lines when Provider (PCM) Voids the PA Request.

**Note:** provider can only void a PA while the PA is in Ready for Review status.

**Denied** – Request has been denied by MassHealth. A PA letter is generated and sent to the member (with right to appeal), and to the PCM and the FI.

**In Process** – Request has only been saved, and has not been submitted to MassHealth for review.

**In Review** – Request has been submitted by PCM and assigned to a MassHealth reviewer.

**Modified** – Request has been altered by MassHealth reviewer either in adjudicating or as an adjustment requested by the PCM. A PA letter is generated and sent to the member (with right to appeal), and to the PCM and the FI.

**Ready for Review** – Request has been submitted, but has not been assigned to MassHealth reviewer.

**Testing** – Request has been submitted in order to test functionality of the system.

**Void** – Request has been voided by MassHealth. A PA letter is not generated.

**Tracking Number** – Number assigned to PA request prior to MassHealth review.

**Transmission Code** – Method by which PCM transmits attachment to MassHealth. There are six code options:

**Available on Request at Provider Site**

**By Fax**

**By Mail**

**Electronically Only**

**Email**

**Voice**