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.
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
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