



Job Aid: Create a Prior Authorization Request

This job aid describes how to:

- Create a prior authorization (PA) request using the MassHealth Provider Online Service Center (POSC); and
- Submit the request.

Note: *You must have the Provider ID (PID) and Service Location (SL) for both the servicing and requesting provider to create a PA request. Click on the Provider tab and enter the national provider identifier (NPI) to obtain the PID and SL.*

1. Click the **Login** button on the POSC landing page.

June 3, 2022

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Provider Services

MassHealth Provider Online Service Center

MassHealth Provider Online Service Center

The Provider Online Service Center gives you the tools to effectively manage your business with MassHealth electronically. Use these services to enroll as a MassHealth provider, manage your profile information, and submit and retrieve transactions.

Enter data directly and modify individual transactions (ie. claims submission, eligibility verification, MMQ, Prior Authorization, Pre-Admission Screening, Referrals, and EHR Incentive Program).

View your notifications, contracts, reports, metrics, and financial data. Download most MassHealth forms and publications.

If you suspect that the security of your account has been compromised, please contact the MassHealth Customer Service Center at 1-800-841-2900.

You will need a Username and password to access many of the services listed on the left. If you are currently a MassHealth provider but do not know your Username and password, please contact the Customer Service Center at 1-800-841-2900.

Registered User? [Login](#) Would like to enroll as a provider? [Enroll Now](#) Need more information? [FAQs](#)

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Search for a Deferred 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 designed assignment type under **Basic Medical Assignment Category**.
 - For Hearing, select Hearing Services.
 - For Vision, select Vision Services.
 - For Surgical/Medical Procedures, select Physician Adult or Physician Pediatric.
5. Click **Continue**.

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Provider Services Enter PA Request

Prior Authorization Templates

Please select the type of Prior Authorization you want to enter. You may choose only one Assignment. Before selecting a prior authorization request type from one of the dropdown lists, please review the rules that appear at the bottom of the page to determine whether you can submit a new PA request here, unless the Member is in the Community Case Management Assignment Plan (CCM).

Basic Medical Assignment

Durable Medical Equipment Assignment

Therapy Services Assignment

For eviCore prior authorization requests and inquiries, please use the following link: [eviCore](#) (services include Advanced Imaging, Cardiac Stress, OB and Non-OB Ultrasound, Radiation Therapy, Sleep Diagnostics, and Arthroscopic Surgeries).

A new prior authorization request must not have any of the following cross combination of a PA assignment code and a provider type:

Assignment Code	Provider Type
Absorbent Products (AP)	DMEPOS (79)
DME-Other (DM)	Durable Medical Equipment (41)
Enterals (EN)	Home Health Agency (60)
Home Health (HH)	Orthotics (47)
Orthotics and Prosthetics (OP)	Pharmacy (40)
Oxygen (OX)	Podiatrist (06)
Skilled Nursing (SN)	
Standers (SD)	
Wheelchairs And Repairs (MR)	

MassHealth-contracted PCM Agencies: Please go to the [MassHealth LTSS Provider Portal](#) ([www.masshealthtss.com](#)) if you need to use any Personal Care Attendant assignment code and you are a MassHealth-contracted PCM Agency, unless the member is enrolled in the Community Case Management (CCM) program.

Therapy Providers: Please go to the [MassHealth LTSS Provider Portal](#) ([www.masshealthtss.com](#)) if you need to use any Therapy assignment code or any combination of the other PA assignment codes and provider types above, unless the member is enrolled in the Community Case Management (CCM) program.

Continue

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Search for and Select Requesting Provider

On the **Base Information** panel:

6. Enter the **Member ID**.
7. Select the **Requesting Provider** from the dropdown list.
8. Enter the **Contact Name**.
9. Enter the **Contact Phone Number**.
10. Enter the **Primary Diagnosis Code**.

Note: Do not include the dot.

11. Enter any optional information, such as **Clinical Rationale** or **Provider Comments**.

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

The screenshot shows the 'Enter PA Request' form in the Mass.gov Health and Human Services system. The form is titled 'Base Information' and contains the following fields and options:

- Member ID:** A text input field with the value '11'.
- Height:** Two input fields for 'Feet' and 'Inches'.
- Weight:** Two input fields for 'Pounds' and 'Ounces'.
- Requesting Provider:** A dropdown menu with the value '1' and a search icon.
- Contact Name:** A text input field with the value 'ale'.
- Contact Phone:** Two input fields for 'Area' and 'Number', with the value '7' in the second field.
- PA Assignment:** A dropdown menu with the value 'PHYSICIAN ADULT'.
- Place of Service:** A dropdown menu with the value 'OFFICE'.
- ICD Version:** Radio buttons for 'ICD-9' and 'ICD-10', with 'ICD-10' selected.
- Primary Diagnosis Code:** A text input field with the value '183811'.
- Secondary Diagnosis Code:** A text input field with the value '1872'.
- Clinical Rationale:** A text area with the value 'patient has a dental procedure and does stand on her feet. She has an extremely which are affecting her ability to work.'
- Comments:** A text area.

Red arrows point to the Member ID, Requesting Provider, Contact Name, Contact Phone, Primary Diagnosis Code, Secondary Diagnosis Code, and Clinical Rationale fields. A 'Cancel Service' button is located at the bottom of the form.

Add a Line Item

12. Click the **Line Items** tab.

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Enter PA Request ?

PA Information **Line Items** Attachments Confirmation

Base Information

Prior Authorization (PA) is only required for a CPT code that has a special requirement or limitation. Refer to SubChapter 6 Section 603 in your provider manual for full list of service codes. You will not be allowed to enter a CPT code on the line item if a PA is not required.

Member ID:

Height: Feet Inches Weight: Pounds Ounces

Requesting Provider:

Contact Name:

Contact Phone:

PA Assignment: PHYSICIAN ADULT Place of Service: OFFICE

ICD Version: ICD-9 ICD-10

Primary Diagnosis Code: Secondary Diagnosis Code:

Clinical Rationale:

Comments:

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13. Click **New Item**. The **Basic Medical Details** panel is displayed.

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Enter PA Request ?

PA Information **Line Items** Attachments Confirmation

List of Line Items

Line Item	Req Units	Procedure Code	Thru Procedure	Modifiers	Status	Attach
<input type="button" value="New Item"/>						

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14. Enter the **Procedure Code**. Each CPT Code must be entered on a separate line item.

Note: All procedures are reviewed individually. The **Thru Procedure** field is invalid.

15. Enter the **Requested Effective Date**.

16. Enter the **Requested End Date**.

17. Enter the number of **Requested Units**.

18. If the Service Provider is the same as the Requesting Provider, select the **Same as Requesting Provider** checkbox. If the Service Provider is different from the Requesting Provider, select **Serve Provider** from the dropdown list.

19. Click Add.

20. In the List of Line Items panel, click the New Item button to add additional Line Items. Repeat until all are added.

The screenshot displays the 'Health and Human Services' web application interface. The main navigation bar includes 'HOME', 'CONSUMERS', 'PROVIDERS', 'RESEARCHERS', and 'GOVERNMENT'. The left sidebar shows a 'Collapse Services' menu with options like 'Provider Search', 'Manage Batch Files', and 'Enter PA Request'. The main content area is titled 'Enter PA Request' and has tabs for 'PA Information', 'Line Items', 'Attachments', and 'Confirmation'. Below the tabs is a 'List of Line Items' table with columns for 'Line Item', 'Req Units', 'Procedure Code', 'Thru Procedure', 'Modifiers', 'Status', and 'Attach'. A 'New Item' button is located to the right of the table. The 'Basic Medical Details' section contains several input fields: 'Procedure Code' (36475), 'Thru Procedure', 'Modifier 1' (rt), 'Modifier 2', 'Modifier 3', and 'Modifier 4'. Below these are 'Requested Effective Date' (06/14/2022), 'Requested End Date' (12/13/2022), 'Requested Units' (1), and 'Requested Service Days'. A red box highlights the 'Service Provider' section, which includes a checkbox for 'Same as Requesting Provider' and a dropdown menu for 'Service Provider'. The 'Add' button is highlighted with a red arrow.

Add an Attachment

21. Click the **Attachments** tab.

The screenshot shows the 'Health and Human Services' web application interface. The top navigation bar includes 'HOME', 'CONSUMERS', 'PROVIDERS', 'RESEARCHERS', and 'GOVERNMENT'. The main content area is titled 'Enter PA Request' and features four tabs: 'PA Information', 'Line Items', 'Attachments', and 'Confirmation'. The 'Attachments' tab is highlighted with a red box and a red arrow pointing to it. Below the tabs is a 'List of Line Items' table with the following data:

Line Item	Req Units	Procedure Code	Thru Procedure	Modifiers	Status	Attach
1		36475		rt	IN PROCESS OF PROVIDER SUBMISSION	N

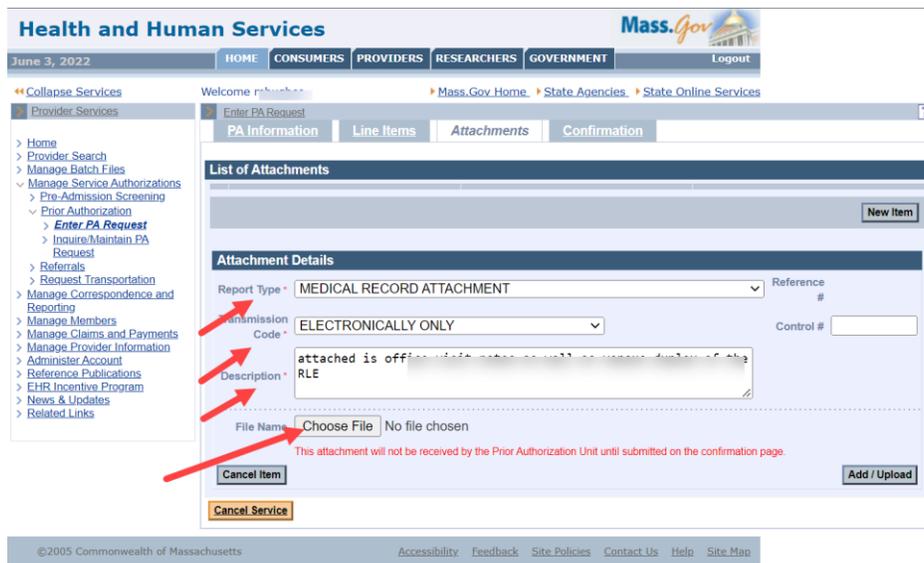
A 'New Item' button is located at the bottom right of the table, and a 'Cancel Service' button is at the bottom left. The footer contains copyright information for the Commonwealth of Massachusetts and various utility links.

22. Click **New Item** in the **List of Attachments** panel.

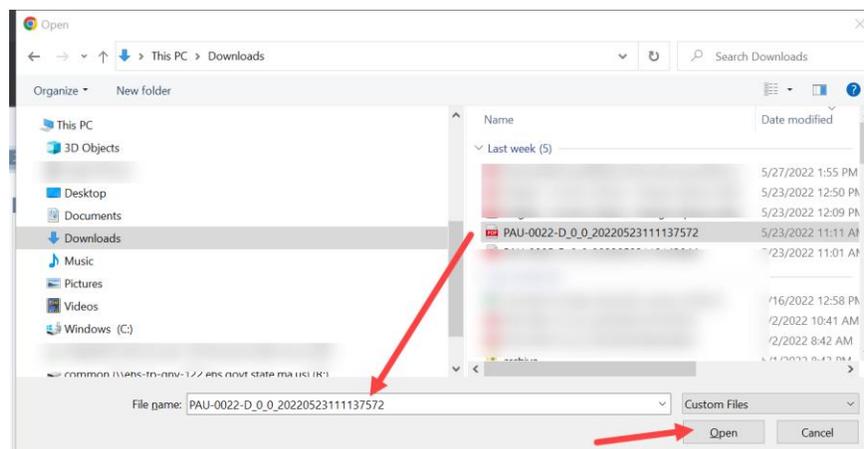
This screenshot is similar to the previous one, but the 'Attachments' tab is selected and highlighted with a red box. Below the tabs is a 'List of Attachments' panel, which is currently empty. A 'New Item' button is located at the bottom right of this panel, highlighted with a red arrow. A 'Cancel Service' button is also visible at the bottom left. The rest of the interface, including the navigation bar and footer, remains the same.

On the **Attachment Details** panel:

23. Select the **Report Type** from the dropdown list.
24. Select the **Transmission Code** (ELECTRONICALLY ONLY) from the dropdown list.
25. Leave the **Control Number** field blank.
26. Enter a brief description or comment in the **Description** field.
27. Click **Choose File**.



28. Navigate to the file you want to attach. Click the file to populate the **File name** field, then click **Open**. This will close the file selection window.



29. When the Attachments Panel reappears, verify that the file selected is in the **File Name** field. Click **Add/Upload** to attach the file.
30. View the **List of Attachments**. If more attachments are to be added, click **New Item**, and repeat the previous steps.

The screenshot shows the 'Health and Human Services' web application interface. The 'Attachments' tab is active, displaying the 'Attachment Details' form. The 'File Name' field is highlighted with a red box and contains the text 'PAU-0022-...11137572.pdf'. Below this field, a red arrow points to the 'Add / Upload' button. The 'List of Attachments' section below shows a table with one entry: 'Jun_3_2022 113119454 attached is office visit notes as well as venous duplex of the RLE'. A red box highlights the 'List of Attachments' section and the 'New Item' button.

Confirm Submission

31. Click the **Confirmation** tab.

The screenshot shows the 'Health and Human Services' web application interface. The 'Confirmation' tab is active, displaying the 'List of Attachments' section. A red box highlights the table containing one attachment entry: 'Jun_3_2022 113119454 attached is office visit notes as well as venous duplex of the RLE'. A red arrow points from the 'Confirmation' tab to the 'List of Attachments' section.

Submit Your PA Request to MassHealth

- Review the request information on the **Confirmation** tab to ensure that it is correct.
- Click **Submit to MassHealth**.

The screenshot shows the 'Health and Human Services' website with the 'Confirmation' tab selected. The page title is 'Confirmation'. The main content area contains the following text: 'You are about to submit a Prior Authorization request for Member: 1 [redacted] for the following procedures. Please verify the data and then click "Submit to MassHealth".' Below this, it says 'PA Assignment: PHYSICIAN ADULT'. There is a table with two columns: 'Service Provider' and 'Procedure Codes'. The 'Service Provider' row shows 'F [redacted]' and the 'Procedure Codes' row shows '36475'. Below the table, there are two lines of text: '"Submit to MassHealth" will allow you to submit this request for review by MassHealth' and '"Save for Later" will allow you to save this request in process for completion and submission at a later date for MassHealth review'. At the bottom right, there are three buttons: 'Cancel Service', 'Submit to MassHealth', and 'Save for Later'. A red arrow points to the 'Submit to MassHealth' button. The footer includes '©2005 Commonwealth of Massachusetts' and various links like 'Accessibility', 'Feedback', 'Site Policies', 'Contact Us', 'Help', and 'Site Map'.

- Acknowledge any warning messages and correct any errors. If necessary, complete any missing required information.
- Click **Submit to MassHealth** again. The **Prior Authorization Response** panel will display, indicating that the request was successfully submitted. The tracking number will be provided.

The screenshot shows the 'Health and Human Services' website with the 'Prior Authorization Response' panel displayed. The panel title is 'Prior Authorization Response'. The main content area contains the following text: 'You have successfully submitted the Prior Authorization request for L [redacted]'. Below this, it says 'The following tracking number should be retained in your records.' There is a table with one row: 'Tracking # 1 [redacted] 4'. Below the table, it says 'PA # PA # will be assigned once a decision has been made.' Below this, there is a note: 'Note: Please use the tracking number above for all additional information that is sent separately.' Below the note, there is a disclaimer: 'Disclaimer: MassHealth reviews request for prior authorization on the basis of medical necessity only. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. MassHealth will notify the provider and member of its decision.' Below the disclaimer, there is a line of text: 'If you require assistance or support related to this request, please contact Customer Support at 1-800-841-2900.' At the bottom right, there is a button: 'Request Another Prior Authorization'. The footer includes '©2005 Commonwealth of Massachusetts' and various links like 'Accessibility', 'Feedback', 'Site Policies', 'Contact Us', 'Help', and 'Site Map'.

Glossary of Terms

Adjudicate – There are header-level PA statuses that 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, or denied. When the PA is adjudicated, a letter is sent to the member (with right to appeal).

Control Number – Leave Control Number Field BLANK.

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

Deferred – Request is pending until requested information is received.

Additional Information Received – 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.

Cancelled – Request is cancelled by MassHealth due to duplication, eligibility, or PA not required. A PA letter is generated and sent to the member, with the reason for the cancellation.

Cancelled by Provider – Status used for all lines when provider voids the PA request.

Note: *The provider can void a PA only 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 the right to appeal).

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

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

Modified – Request has been altered by MassHealth reviewer in adjudicating. A PA letter is generated and sent to the member (with the right to appeal).

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

Testing – Request has been submitted 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 before MassHealth review.

Transmission Code – Method by which an attachment is transmitted to MassHealth.