

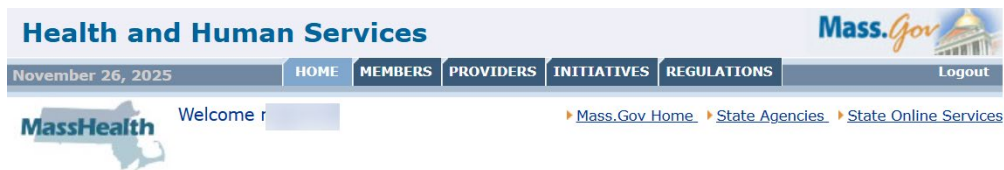


Job Aid: Create a Prior Authorization Request

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.*

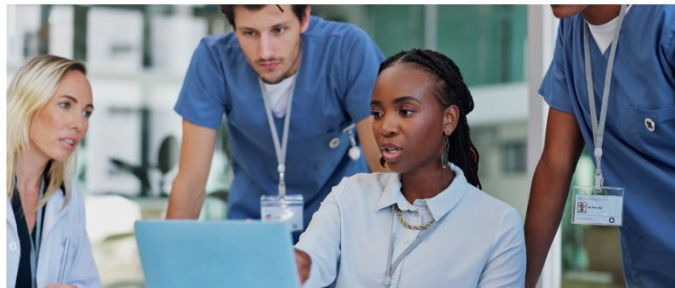


☰ MassHealth Provider Online Service Center (POSC)

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The following messages are generated:

⚠ User Last Login: Mon Nov 17 2025 04:23:10 PM EST



The Provider Online Service Center provides the tools to effectively manage your business with MassHealth electronically. Use these services to view data, manage your profile information, and submit and retrieve transactions.

Create 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 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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Welcome [Name] ▶ Mass.Gov Home ▶ State Agencies ▶ State Online Services

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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	PHYSICIAN ADULT
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.masshealthltss.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.masshealthltss.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

Provide Base Information for PA Request

On the **Base Information** panel:

6. Enter the **Member ID**.
7. Select the PA **Classification**. Options include the following.
 - Standard: MassHealth will adjudicate standard PA requests within seven calendar days from the date received, provided all necessary documentation is included. This is the default selection.
 - Request to Expedite: MassHealth will review expedited PA requests within 72 hours when the member’s clinical condition requires urgent attention and a delay in processing could negatively affect health outcomes. If the request doesn’t meet the criteria for expedited review, it will be processed as a standard request; it will follow standard review processes, including the deferral process, as applicable. A request to expedite is not for convenience; it is only for urgent cases where a delay could cause serious harm.
8. Select **Requesting Provider** from the dropdown list.
9. Enter the **Contact Name**.
10. Enter the **Contact Phone Number**.
11. Enter the **Primary Diagnosis Code**.

Note: Do not include the dot.
12. 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 MassHealth Provider Online Service Center (POSC). The 'Base Information' panel is active, displaying the following fields and options:

- Member ID:** 1
- Height:** Fields for Feet and Inches.
- Weight:** Fields for Pounds and Ounces.
- Classification:** Standard (dropdown menu). A red note states: "All PA decisions will be made after receipt of a complete PA request with all necessary documentation, and standard requests will be addressed in 7 days, and expedited requests within 72 hours if MassHealth determines that the standard 7-day decision timeframe could seriously jeopardize the member's life or health."
- Requesting Provider:** ST (dropdown menu).
- Contact Name:** k (text input).
- Contact Phone:** (text input).
- PA Assignment:** PHYSICIAN ADULT.
- Place of Service:** OFFICE (dropdown menu).
- ICD Version:** ICD-9 (radio button), ICD-10 (radio button).
- Primary Diagnosis Code:** B06 (text input).
- Secondary Diagnosis Code:** (text input).
- Clinical Rationale:** T, P, f, n (text input).
- Comments:** (text input).

A "Cancel Service" button is located at the bottom left of the form.

Add a Line Item

13. 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 * [REDACTED]

Height [REDACTED] Feet [REDACTED] Inches Weight [REDACTED] Pounds [REDACTED] Ounces

Classification * Standard

Requesting Provider * [REDACTED] ST

Contact Name * [REDACTED]

Contact Phone * [REDACTED]

PA Assignment: PHYSICIAN ADULT Place of Service: OFFICE

ICD Version * ICD-9 ICD-10

Primary Diagnosis Code: B06 Secondary Diagnosis Code: [REDACTED]

Clinical Rationale: [REDACTED]

Comments: [REDACTED]

Cancel Service

14. 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
						New Item

Cancel Service

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15. 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.

16. Enter the **Requested Effective Date**.

17. Enter the **Requested End Date**.

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

19. 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 **Service Provider** from the dropdown list.

20. Click **Add**.

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

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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
New Item						

Basic Medical Details

Line Item A

Status IN PROCESS OF PROVIDER SUBMISSION

Procedure Code * Modifier 1 Modifier 2

Thru Procedure Modifier 3 Modifier 4

Requested Effective Date * Requested End Date *

Requested Units * Requested Service Days

You must either select the Service Provider name using the search or enter the Service Provider ID and Service Location (By selecting the check box, you may also indicate that the Service Provider is the same as the Requesting Provider).

Same as Requesting Provider

Service Provider

Provider ID / Service Location

FI

Add an Attachment

22. Click the **Attachments** tab.

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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
▲ 1		36475		RT	IN PROCESS OF PROVIDER SUBMISSION	N

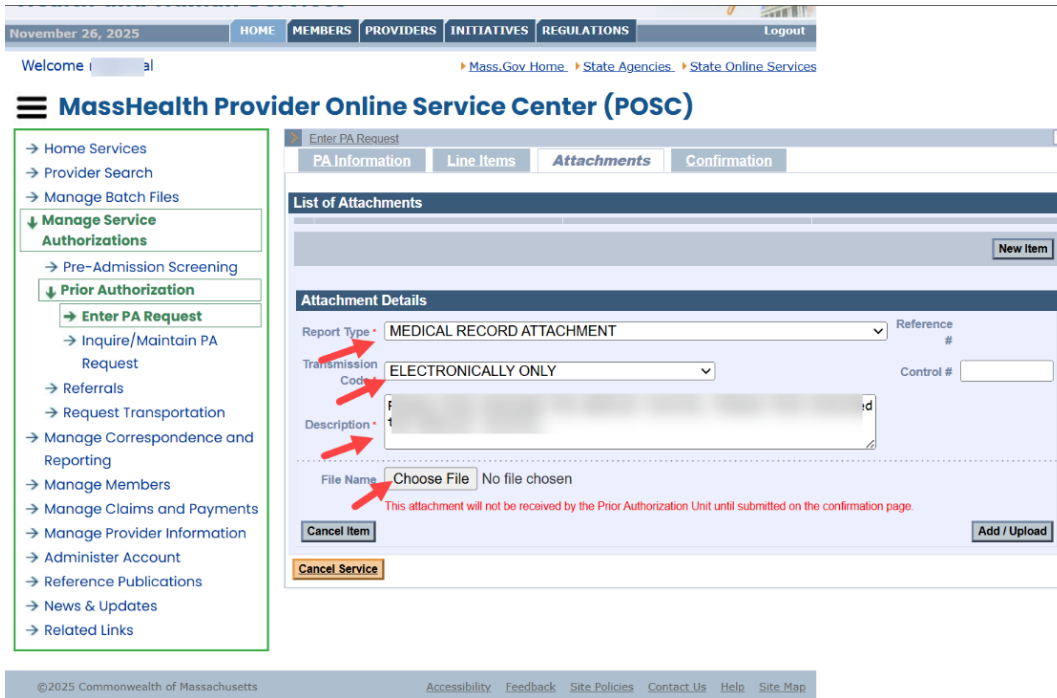
New Item

Cancel Service

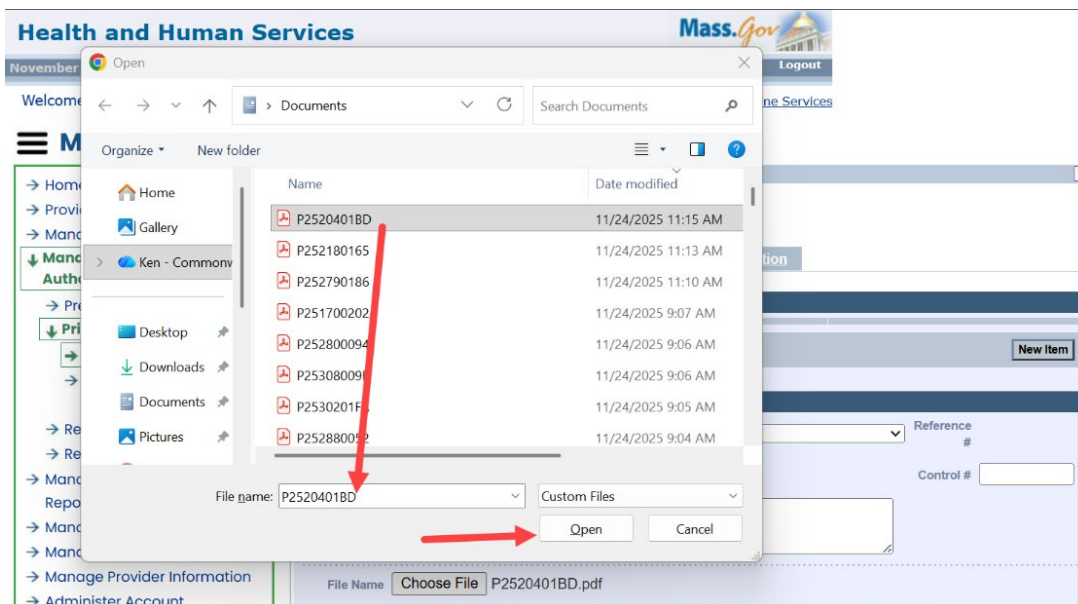
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On the **Attachment Details** panel:

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



29. 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.



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

☰ MassHealth Provider Online Service Center (POSC)

The following messages are generated:

PA Information | Line Items | **Attachments** | Confirmation

List of Attachments New Item

Attachment Details

Report Type * MEDICAL RECORD ATTACHMENT Reference #

Transmission Code * ELECTRONICALLY ONLY Control #

Description *

File Name Choose File P2520401BD.pdf

This attachment will not be received by the Prior Authorization Unit until submitted on the confirmation page.

Cancel Item **Add / Upload**

Cancel Service

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Confirm Submission

- Click the **Confirmation** tab.

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☰ **MassHealth Provider Online Service Center (POSC)**

Enter PA Request ?

PA Information | Line Items | **Attachments** | **Confirmation**

List of Attachments

Nov 26, 2025	1	9	P	Is,
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Cancel Service New Item

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Submit Your PA Request to MassHealth

33. Review the request information on the **Confirmation** tab to ensure that it is correct.

34. Click **Submit to MassHealth**.

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Enter PA Request [?]

Confirmation

You are about to submit a Prior Authorization request for Member: 1 [redacted] or the following procedures. Please verify the data and then click "Submit to MassHealth".

PA Assignment PHYSICIAN ADULT

Service Provider	Procedure Codes
L	36475

"Submit to MassHealth" will allow you to submit this request for review by MassHealth

"Save for Later" will allow you to save this request in process for completion and submission at a later date for MassHealth review

[Cancel Service](#) [Submit to MassHealth](#) [Save for Later](#)

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35. Acknowledge any warning messages and correct any errors. If necessary, complete any missing required information.
36. 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 displays the MassHealth Provider Online Service Center (POSC) interface. At the top, there is a navigation bar with the date "November 26, 2025" and menu items: HOME, MEMBERS, PROVIDERS, INITIATIVES, REGULATIONS, and Logout. Below the navigation bar, there is a welcome message and links to Mass.Gov Home, State Agencies, and State Online Services.

The main heading is "MassHealth Provider Online Service Center (POSC)". On the left side, there is a sidebar menu with the following items:

- Home Services
- Provider Search
- Manage Batch Files
- ↓ Manage Service Authorizations
 - Pre-Admission Screening
 - ↓ Prior Authorization
 - Enter PA Request
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The main content area shows the "Enter PA Request" page. The "Prior Authorization Response" panel is displayed, indicating that the request was successfully submitted. The tracking number is 1 [redacted] 359. The PA # is [redacted]. A note states: "Note: Please use the tracking number above for all additional information that is sent separately." A disclaimer is provided: "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." A button labeled "Request Another Prior Authorization" is visible at the bottom right of the response panel.

At the bottom of the page, there is a footer with the copyright notice "©2025 Commonwealth of Massachusetts" and links for 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 the following.

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 while 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.