

Job Aid: Re-Review a Pre-Admission Screening Request

The purpose of the Pre-Admission Screening (PAS) request is to authorize elective/nonemergency acute or chronic hospital stays. PAS requests may be updated if they have been saved but not submitted.

A PAS request may be submitted for a second opinion if it meets the following criteria.

- The PAS is in a Denied status.
- A re-review has not already been requested.
- The re-review request falls within seven days of the denial notice date.

This job aid describes how to

- set a PAS for re-review; and
- submit the re-review for processing.

From the **POSC** home page:

1. Click Manage Service Authorizations.



2. Click Pre-Admission Screening.



3. Click Inquire/Maintain PAS Request. The Search for PAS panel will display.



Search for PAS

On the Search for PAS panel:

- 4. If known, enter the **PAS Number**. If you do not know the number, do the following.
 - Select the **Facility** from the dropdown list.
 - Enter the **Member ID**.
 - Select the **Status** from the dropdown list.

Collapse Services	Welcome	Mass.Gov Home	State Agencies > State Online Services
Provider Services	Inquire/Maintain PA	S Request	?
 > Home > Provider Search > Manage Batch Files > Manage Service Authorizations > Pre-Admission Screening > Enter PAS Request > Inguire/Maintain PAS Request > Prior Authorization > Referrals > Request Transportation 	PAS Search You can enter the PAS PAS#	number to inquire about a specific 278 reques	t.
Reporting	when you are the facility	sy, select the Facility and either member 10 of	318105
Manage Members Manage Claims and Payments	Facility		`
> Manage Provider Information > Administer Account	Member ID		
> Reference Publications > News & Updates	Status		~
> Related Links	Requesting		X
	Provider		
	Admission Date		Primary Oiagnosis
	Effective		Effective Date
	Date From		То
	When you are the requi	OR esting provider, select the Requesting Provide	r and either Member ID or Status
	Requesting		~
	Provider		
	Member ID		
	Status		~
	Facility		X
	Admission Date		Primary Diagnosis
	Effective Date From		Effective Date To
	Clear		Search

5. Click Search. The PAS Search Results panel will display.

Collapse Services	Welcome	Mass.G	ov Home_ > State	Agencies • State	Online Services
Provider Services	> Inquire/Maintain PAS	S Request			?
 Home Provider Search Manage Batch Files Manage Service Authorizations Pre-Admission Screening Enter PAS Request Inguire/Maintain PAS Request Prior Authorization 	PAS Search You can enter the PAS #	number to inquire about a specific 2	278 request. • OR		
> Request Transportation					
> Manage Correspondence and Reporting	When you are the facilit	y, select the Facility and either Mer	nber ID or Status		
> Manage Members	Facility				~
Manage Provider Information	Member ID				
Administer Account Reference Publications News & Undates	Status		~]	
> Related Links	Requesting			Ω×	
	Provider				
	Admission			Primary	
	Date			Diagnosis	
	Effective Date From			Effective Date	
	When you are the reque	esting provider, select the Requesti	OR ng Provider and either	Member ID or Status	
	Requesting				~
	Provider				
	Member ID				
	Status		~]	
	Facility			⊠×	
	Admission Date			Primary Diagnosis	
	Effective Date From			Effective Date To	
	Clear				Search

6. Select the **PAS Number**. If more than one record appears, use the admission date as a guide.

Selecting the PAS number will open the **Base Information** panel. It includes all the demographic information.

Collapse Services	Welcome		Mass.Gov Home	e State Ag	gencies > State	Online Services
Provider Services	Inquire/M	aintain PAS Request				?
 Home Provider Search Manage Batch Files Manage Service Authorizations Pre-Admission Screening Enter PAS Request 	PAS Searc You can ente PAS #	h r the PAS number to inquire about	a specific 278 reques	t		
Inquire/Maintain PAS Request Prior Authorization Referrals Request Transportation Manage Correspondence and Reporting Manage Members Manage Members Manage Claims and Payments Manage Provider Information Administer Account Reference Publications News & Updates Related Links	When you an Facility Member ID Status Requesting Provider	e the facility, select the Facility and	OR	Status	×	~
	Admission Date Effective Date From				Primary Diagnosis Effective Date To	
	When you are Requesting Provider	e the requesting provider, select th	OR	r and either Me	ember ID or Status	~]
	Member ID Status			~		
	Facility Admission Date				Primary Diagnosis	
	Effective Date From				Effective Date To	Search
	PAS Searc	h Results AS# link to view the PAS Details.	/			
	PAS#	Facility	Member ID	Member Name	Admission Date	Effective Date From
					11/22/2022	02/07/2023
				0	11/22/2022	11/22/2022
	Close					

Initiate the Re-Review Process

Select the Line Item tab.

Select the line item associated with the denied request. 7.

January 23, 2025	HOME CONSUMERS	PROVIDERS RESEARCHERS	GOVERNMENT		Logout
<u>Collapse Services</u> Provider Services	Welcome	Mass.Gov Hom	e_ • <u>State Agenc</u>	<u>ties</u> I State Onl	ine Services ?
Home Provider Search Manage Batch Files Manage Service Authorizations	PAS Information List of Line Items	Line Items Extension	ons Attac	hments	
 Pre-Admission Screening Enter PAS Request Inguire/Maintain PAS 	Line Item Requested Care I	Level Authorized Care Level	Reg. Eff Date / Reg. End Date	Auth. Eff Date / S Auth. End Date	Status
Request Prior Authorization Referrals Request Transportation	A	CHRONIC/REHAB - HOSPITAL LEVEL OF CARE	11/22/2022 - 12/06/2022	11/22/2022 - A 02/07/2023 A	PPROVED
Manage Correspondence and Reporting Manage Members Manage Claims and Payments	в	CHRONIC/REHAB - ADMIN DAY LEVEL OF CARE	02/07/2023 - 02/10/2023	02/07/2023 - A 02/10/2023 A	PPROVED
Manage Provider Information Administer Account Reference Richland				[New Item
News & Updates Related Links	Close Return to Search Ret	sults			
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8. The Line Item Detail panel will display.

List of Line Items Authorized Care Level Authorized Care Level Reg_End Date Auth. End Date Status A Hom Serital Level of CARE CHRONIC/REHAB - CHRONIC/REHAB - CARE H1/22/2022 - 11/22/2023 - 02/07/20		PAS	S Informatio	n Li	ine Items	Extensi	ions	Atta	achments	
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Behavioral Health No Total Parenteral No Nutrition No Reason Code/Description			TBI/ABI	No		Sub	stance At	ouse	No	
Reason Code/Description		Beha	vioral Health	No		Т	otal Paren Nutri	teral ition	No	
Reason Code/Description										
		Code	Reason e/Description							
	~									

9. Click the **Extensions** tab. The list of extensions will display.

_	PAS II	tormation	Line items	Extensions	Attachments	
List	of Line	Items				
	Line	ltem		Status		
*	A			APPROVED		
	<u>B</u>			APPROVED		
Lis	t of Ex	ensions				
	Ext#	Date Received	Req. Eff Date /	Reg. End Date	Req. Days	Status
	00	11/22/2022	11/22/2022 - 12	2/08/2022	14	APPROVED
	<u>01</u>	12/06/2022	12/06/2022 - 12	2/20/2022	14	APPROVED
	02	12/20/2022	12/20/2022 - 01	1/04/2023	15	APPROVED
	03	01/04/2023	01/04/2023 - 01	1/14/2023	10	APPROVED
	04	01/18/2023	01/18/2023 - 01	1/24/2023	6	APPROVED
	05	01/24/2023	01/24/2023 - 02	2/07/2023	14	APPROVED
	06	02/07/2023	02/07/2023 - 02	2/22/2023	15	DENIED
						New Item

10. Select the extension number corresponding to the DENIED status. The **Extension Detail Panel** will be displayed.

lcome	Maintain DAC Decus	• <u>Ma</u>	ass.Gov Home	State Agencies + St	ate Online Servi
DA	S Information	Line Items	Extensions	Attachments	
et of I	ing Itoms		Extensione		
151 01 1			Charles		
	A Line item		APPROVED		
	<u>n</u>		APPROVED		
	2		Arritoved		
List of	f Extensions				
Ex	t# Date Received	Reg. Eff Date	/ Req. End Date	Req. Days	Status
00	11/22/2022	11/22/2022 - 1	2/06/2022	14	APPROVED
01	12/06/2022	12/06/2022 - 1	12/20/2022	14	APPROVED
02	12/20/2022	12/20/2022 - 0	01/04/2023	15	APPROVED
03	01/04/2023	01/04/2023 - 0	01/14/2023	10	APPROVED
04	01/18/2023	01/18/2023 - 0	01/24/2023	6	APPROVED
05	01/24/2023	01/24/2023 - 0	02/07/2023	14	APPROVED
→ <u>06</u>	02/07/2023	02/07/2023 - 0	02/22/2023	15	DENIED
					New Item
	Decision Date	02/08/2023			
Re	quested Admission Type	Rehab		Authorized Admiss	ion Type
F	Requested Effective Date	02/07/2023		Authorized Effec	tive Date
R	equested End Date	02/22/2023		Authorized I	End Date
	Requested Days	15		Authoria	zed Days 0
Ve	entilator Dependent	No			NIPPV No
	Tracheotomy	No			TBI/ABI No
	Substance Abuse	No		Behavior	al Health No
Total F	Parenteral Nutrition	No			
					04. DV 055 400
	Reason Code/Description	003 / CMR 450.204	NT ADMISSION IS N	IOT MEDICALLY MICES	SART. SEE 130
					Re-review
Class	Johnson to Council Dur	160			
CIUSE N	tetarin to search Resi	1115			

- 11. Scroll to the bottom of the panel. Click the **Re-review** button in the bottom right corner. The **Extension Detail** panel will be displayed.
 - Note: Only the finalized, most recent extension will display the Re-review button.
- 12. Set the **Re-review Indicator** to **YES**.
- 13. Click the **Update** button in the bottom right corner.

Inquire/Maintain PAS Reque	st	?
PAS Information	Line Items Extensions	Attachments
<u>Confirmation</u>		
List of Line Items		
Line Item	Status	
▲ ▲ ▲ ▲ ▲ ▲	APPROVED	
B	APPROVED	
List of Extensions		
Ext # Date Received	Reg. Eff Date / Reg. End Date	Req. Days Status
00 11/22/2022	11/22/2022 - 12/06/2022	14 APPROVED
01 12/06/2022	12/06/2022 - 12/20/2022	14 APPROVED
02 12/20/2022	12/20/2022 - 01/04/2023	15 APPROVED
03 01/04/2023	01/04/2023 - 01/14/2023	10 APPROVED
04 01/18/2023	01/18/2023 - 01/24/2023	6 APPROVED
05 01/24/2023	01/24/2023 - 02/07/2023	14 APPROVED
	02/07/2023 - 02/22/2023	15 DENIED
		New Item
Extension Detail		
Ext #	06	
Re-review Indicator	✓	Re-Review Date
Status	DENIED	
Decision Date	02/08/2023	
Requested Admission		
Туре	Renab	Authorized Admission Type
Requested Effective	02/07/2023	Authorized Effective Date
Date		
Requested End Date	02/22/2023	Authorized End Date
Requested Days	15	Authorized Days 0
Ventilator Dependent	No	NIPPV No
Tracheotomy	No	TBI/ABI No
Substance Abuse	No	Behavioral Health No
Total Parenteral Nutrition	No	
Reason	AND THE INPATIENT ADMISSION IS NO	OT MEDICALLY NECESSARY, SEE 130
Code/Description	003 / CMR 450.204	
Cancel Item		Undate
		opulie
Cancel Service		

Submit the Re-review Request

- 14. Click the **Confirmation** tab. The **Confirmation** panel will be displayed.
- 15. Click the **Submit** button in the bottom right corner. The **Pre-Admission Screening Response** notice will display, indicating the status of the request.

/elcome	Mass.Gov Home / State Agencies / State Unline Servic
Inquire/Maintain 104 Reque	ist .
PAS Information	whe Items Extensions Attachments
Confirmation	
Confirmation	
You are about to submit a Pre-A	dmission Screening request for Member:
nformation below and then click	c "Submit".
PAS Assignment CHRONIC	C DISEASE/REHAB
# of Lines 2	
Facility (
Cancel Service	Submit
telesses (
lecome	Mass.Gov Home_ State Agencies_ State Online Servic
The Admission Screening	n Response
TC-Aumission Scicening	g neaponae
V	data Rus Administra Remarka anna fa
You have successfully submitte	a the Pre-Admission Screening request for
The following DAC another should	
The following PAS humber should	uid be retained for your records.
PAS#	
Note:Please use the PAS humb	er above for all additional information that is sent separately.
Disclaimer: This PAS number	is for tracking purposes only and does not constitute an approval.
Huau mauire accistance as sun	nort related to this request, please contact Customer Support at 1-800-841-2900

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