

# Job Aid: Create a Pre-admission Screening Request

This job aid describes how to create and submit a pre-admission screening (PAS) request using the MassHealth Provider Online Service Center (POSC). The PAS authorizes elective/nonemergency acute or chronic hospital stays.

You <u>must</u> have the Provider ID (PID) and Service Location (SL) for both the attending physician and facility provider to create a PAS request. Click on the **Providers** tab and enter the national provider identifier (NPI) to obtain the PID and SL.

1. If you are a Registered User, click the Login button on the POSC landing page.



2. In the Provider Login section, enter your username and password. Click **Submit**.

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| ← <u>Collapse Services</u>  | Mass.Gov Home  | State Agencies  |
| <ul> <li>Provider Services</li> <li>Manage Service<br/>Authorizations</li> <li>Pharmacy Prior Authorization</li> <li>Manage Correspondence and<br/>Reporting</li> <li>Manage Members</li> <li>Manage Claims and Payments</li> <li>Manage Provider Information</li> <li>Administer Account</li> <li>Reference Publications</li> <li>Set-up Security Access</li> <li>EHR Incentive Program</li> </ul> | Provider Login Portlet Provider Login Enter your Username and password, and click "Submit" to access se Username * Password * Cancel Service | News & Updates       Image: Constraint of the second |
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3. Click on Manage Service Authorizations on the left section of the page.



4. Click on Enter PAS Request.



### **Base Information Instructions**

Below is the Base Information page on the **PAS Information** tab. (See detailed instructions on the next page of this job aid.)



#### Base Information Instructions, continued:

- 1. Fill in the required fields. Required fields are denoted with an asterisk (\*).
  - Fields with dropdown lists allow you to pick an option from a list of valid values.

**Note:** You must choose "Acute," "Acute with Rehab," or "Chronic" from the PAS Assignment field.

- Fields with a magnifying-glass icon have a pop-up search option. Selecting a value from the search result will populate this field for you. You may also manually enter details.
- 2. Include PID and SL when entering information in the Facility Provider ID and Attending Provider ID fields.
- 3. If the Accident Indicator field is set to Yes, you must fill in the Accident Type and Accident Date fields.
- 4. Use the Provider Comments box (see below) to note any additional details about the procedure. If you have more than five CPT codes to enter, you can enter them here.

| Diagnosis<br>5       |  |   |      |
|----------------------|--|---|------|
| Provider<br>Comments | Patient presents with Agoraphobia, documentation<br>will be attached | 1 |      |
| Cancel Service       | <u>e</u>   |   | Save |

5. Click Save.

## Line Item Instructions

The Line Items panel allows the provider to enter specifics about the requested stay.

1. Click the **Line Items** tab.

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|--|-----------------------|
|  |                       |
| Mass.Gov Home         State Agencies   | State Online Services |
| Provider Services          > Home       Attachments       Confirmation         > Manage Service       Attachments       Confirmation         > Manage Service       Attachments       Confirmation         > Pre-Admission Screening       > Enter PAS Request       List of Line Items       Attachments       Confirmation         > Pre-Admission Screening       > Enter PAS Request       Line       Requested Care       Requested Effective Date - Requested End         > Prior Authorization       > Referrals       Request Transportation       Cancel Service         > Pharmacy Prior Authorization       > Manage Correspondence and       Reporting         > Manage Claims and Payments       Manage Provider Information       Administer Account | ation_                |
| Set-up Security Access     EHR Incentive Program   |                       |

2. Click the **New Item** button.

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| > Provider Services  | Enter PAS Request  |
| > Home   | PAS Information Line Items Attachments Confirmation                      |
| <ul> <li>Manage Service</li> <li>Authorizations</li> </ul>               | List of Line Items   |
| V Pre-Admission Screening  | Line Requested Care Requested Effective Date - Requested End Req. Status |
| > Inquire/Maintain PAS   | Item Level Date Range Days   |
| > Prior Authorization  | New Item   |
| > <u>Referrals</u> > <u>Request Transportation</u>                       | Cancel Service Save  |
| > Transportation<br>> Batch Process Service                              |  |
| Authorizations   |  |
| > <u>Pharmacy Prior Authorization</u> > <u>Manage Correspondence and</u> |  |
| <u>Reporting</u> > Manage Members  |  |
| > Manage Claims and Payments   |  |
| > <u>Manage Provider information</u> > <u>Administer Account</u>         |  |
| > Reference Publications   |  |
| > Set-up Security Access   |  |
|  |  |

- 3. Complete all required fields indicated with an asterisk.
  - **Note:** CPT codes must be numerals only. You may enter up to five CPT procedure codes on the **Line Item** tab using the **Proc. Code** field. Additional CPT codes may be noted on the **Base Information** tab in the **Provider Comments** field.

**Note:** CPT codes and primary procedure date are not applicable for CDRH admissions.

4. Click the **Add** button to add the line-item data to the request.

Note: Do not add more than one line item.

5. Click Save.

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| > Home   | PAS Information Line Items Attachments Confirmation |  |                       |                        |                     |                  |  |  |
| Provider Search     Manage Batch Files   | List of Line Items                                  |  |                       |                        |                     |                  |  |  |
| <ul> <li>Manage Service Authorizations</li> <li>Pre-Admission Screening</li> </ul> | Line Item Requ                                      | lested Care Level                          | Requested Effective D | Date - Requested End I | Date Range          | Req. Days Status |  |  |
| <ul> <li>Enter PAS Request</li> <li>Inquire/Maintain PAS<br/>Request</li> </ul>    |   |  |                       |                        |                     | New Item         |  |  |
| > Prior Authorization<br>> Referrals   | Line Item Detail                                    |  |                       |                        |                     |                  |  |  |
| > <u>Request Transportation</u> > <u>Manage Correspondence and</u>                 | Line Item A   | ۰<br>• • • • • • • • • • • • • • • • • • • |                       |                        |                     |                  |  |  |
| Reporting > Manage Members   | Status  | N PROCESS OF PR                            | ROVIDER SUBMISSION    |                        |                     |                  |  |  |
| Manage Claims and Payments     Manage Provider Information     Administer Account  |   |  |                       |                        |                     |                  |  |  |
| <ul> <li>Reference Publications</li> <li>EHR Incentive Program</li> </ul>          | Requested Care                                      | ACUTE - HOSE                               | PITAL LEVEL OF CAI    | RE 🗸                   | Req.<br>Admission   | Medical ~        |  |  |
| > News & Updates<br>> Related Links  | Level   |  |                       | 4                      | Type *              | 4                |  |  |
|  | Requested<br>Effective Date •                       | 04/06/2022                                 |                       |                        |                     | <b>/</b>         |  |  |
|  | Requested End                                       | 1  |                       |                        | Requested           | 5                |  |  |
|  | Date  |  |                       |                        | Days •              |                  |  |  |
|  |   |  |                       |                        |                     |                  |  |  |
|  |   |  |                       |                        |                     | 04/06/2022       |  |  |
|  | Proc. Code  | M0575                                      |                       |                        | Date                |                  |  |  |
|  | Dree Code 2   |  |                       |                        | Secondary           |                  |  |  |
|  | FIOC. COUR 2  |  | 1                     |                        | Proc. Date          |                  |  |  |
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|  | Proc. Code 5  |  | 1                     |                        |                     |                  |  |  |
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|  | Documentation                                       |  |                       |                        | Dependent *         |                  |  |  |
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|  | TBI/ABI *   | No 🗸                                       |                       |                        | Abuse *             | No 🗸             |  |  |
|  | Behavioral  | No 🗸                                       |                       |                        | Total<br>Parenteral | No 🗸             |  |  |
|  | Health *  |  |                       |                        | Nutrition *         |                  |  |  |
|  |   |  |                       |                        |                     |                  |  |  |
|  | Reason<br>Code/Description                          |  |                       |                        |                     |                  |  |  |
|  | Cancel Item   |  |                       |                        |                     | Add              |  |  |
|  | Cancel Service                                      |  |                       |                        |                     | Save             |  |  |

#### **Attachments Instructions**

You may include clinically pertinent documentation with your PAS request.

- 1. Click on the **Attachments** tab.
- 2. Click the **New Item** button to add an attachment to the PAS request.

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| Provider Services  | Enter PAS Request |                                       | ?                   |
| > Home<br>> Provider Search  | PAS Information   | Line Items Attachments                | <u>Confirmation</u> |
| Manage Batch Files     Manage Service Authorizations     Pre-Admission Screening                     | Date Attached     | Reference #                           | Description         |
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| Keference Publications     EHR Incentive Program   |                   |                                       |                     |
| News & Updates     Related Links   |                   |                                       |                     |

- 3. On the Attachments Detail panel, select the Report Type from the dropdown list.
- 4. Select ELECTRONICALLY ONLY from the Transmission Code dropdown list.
- 5. In the **Description** field, enter a brief description of the document you are attaching.
- 6. Click the **Browse** button to locate the electronic document on your computer.

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7. Select a file on your computer and click **Open**. This will populate the file name on the panel.

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|                                  |         |                                      |     | Open                | Cancel            |

- 8. Click Add/Upload to attach your selected file to the PAS request.
- 9. You may attach additional documents by repeating the process. We recommend noting the specific report type. For example:
  - o Medical Record Attachment
  - Physicians Report
  - o Radiology Report
- 10. Click Save.

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### **Confirmation/Completion Instructions**

- 1. Click on the **Confirmation** tab. This is where you will submit the new request for review.
- 2. Click Submit.



# **IMPORTANT:**

- If you click **Save**, the data you entered will be saved in the system for completion and submission at a later time. The status of the saved request will say, "In Process of Provider Submission."
- Once you click Submit, the request will say, "Ready for Review."

**Note:** The PAS reviewers will not be able to see PAS requests until you hit **Submit** and the requests are in "Ready for Review" status.

- When you click **Submit**, the data you entered is edited and validated.
- If you receive any errors, you must fix them before the request can be resubmitted.

**Note:** Open the tab where the field in error is found and correct the error or add missing required values.

- If you receive warnings, you must acknowledge them by adding a check to the checkbox.
- After you have corrected the errors and acknowledged the warnings by checking the checkbox, you will see a new page called the Pre-Admission Screening Response page.

## The Pre-Admission Screening Response

This page will give you the PAS number and confirm successful submission of your PAS request.

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|---|---|--|---|--|--|--|--|
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| <ul> <li><u>Provider Services</u></li> <li><u>Home</u></li> <li><u>Manage Service</u><br/><u>Authorizations</u></li> <li><u>Pre-Admission Screening</u></li> <li><u>Enter PAS Request</u></li> <li><u>Inquire/Maintain PAS Request</u></li> <li><u>Inquire/Maintain PAS Request</u></li> <li><u>Prior Authorization</u></li> <li><u>Request Transportation</u></li> <li><u>Transportation</u></li> <li><u>Batch Process Service Authorizations</u></li> <li><u>Pharmacy Prior Authorization</u></li> <li><u>Manage Correspondence and Reporting</u></li> <li><u>Manage Correspondence and Reporting</u></li> <li><u>Manage Claims and Payments</u></li> <li><u>Manage Claims and Payments</u></li> <li><u>Manage Claims and Payments</u></li> <li><u>Manage Claims and Payments</u></li> <li><u>Set-up Security Access</u></li> <li><u>EHR Incentive Program</u></li> </ul> | Enter PAS Request<br>Pre-Admission Screet<br>You have successfully s<br>The following PAS number<br>PAS # S150160001<br>Note:Please use the PAS<br>Disclaimer:This PAS n<br>If you require assistance | ening Respons<br>ubmitted the Pre-,<br>er should be retain<br>number above for<br>umber is for tra | Se<br>Admission Screening m<br>ned for your records.<br>or all additional informat<br>acking purposes onl<br>d to this request, pleas | equest for<br>ion that is sent separate<br>ly and does not const<br>e contact Customer Sup<br><u>Enter Another Pro</u> | ly.<br>itute an approval.<br>uport at 1-800-841-2900.<br>E-Admission Screening |  |  |
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