This job aid describes how to enter a prior-authorization (PA) request via the Provider Online Service Center

(POSC).

Access Enter a PA Request

From the POSC 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 Basic Medical Assignment Code from the drop-down list. There are two options:

\* PCA Services – adults 22 years old or older

\* PCA Pediatric Services

5. Click the Continue button.

Search for and Select Requesting Provider

On the Base Information panel:

6. Enter the NewMMIS Member ID.

7. Enter the member’s Height (optional).

8. Enter the member’s Weight (optional).

9. Select the Requesting Provider from the drop-down list.

Note: This is the PCA/PCM Provider ID. The drop-down list displays provider IDs, service locations,

NPIs (national provider identifiers), and names accessible to your login ID.

10. Select Place of Service from the drop-down menu (optional).

11. Enter the Primary/Secondary Diagnosis Codes (optional).

Note: If desired, you can click the Field Search icon ( ) to perform a search for the correct diagnosis

code.

12. Enter Clinical Rationale (medical reason for PA).

13. Enter Comments (non-medical explanation of PA).

14. Click the Line Items tab.

Add a Line Item

On the List of Line Items panel:

15. Click New Item.

On the Basic Medical Details panel:

16. Enter the Procedure Code (for example, T1019).

17. Enter Modifier 1 (for example, TV) if appropriate.

Note: Please do not enter more than one modifier.

18. Enter or click on the calendar icon to select the Requested Effective Date.

19. Enter or click on the calendar icon to select the Requested End Date.

20. Enter the number of Requested Units.

21. Enter the Servicing Provider ID by either:

\* Searching for the Servicing Provider by clicking the search icon.

Note: The Servicing Provider is the fiscal intermediary (FI). There are three options:

CPMA 110027795 C

Stavros 110031119 B

NSARC 110026357 I

\* Entering the FI’s Provider ID and Location alpha character (for example, 123456789 A) in the

Provider ID/Service Location field.

22. Click Add.

Add an Attachment

23. Click the Attachments tab. The List of Attachments panel displays.

24. Click New Item.

On the Attachment Details panel:

25. Select the Report Type from the drop-down list.

\* Initial Assessment – initial request

\* Patient Medical History Document - reevaluation

\* Select the Transmission Code from the drop-down list.

26. Enter the FI’s provider ID/service location.

27. Enter the Control Number (only if the transaction code is Available on Request at Provider Site).

28. Enter a brief description of attachment in the Description field.

29. Click Browse. The Open window displays.

30. Navigate to the file you want to attach and click Open.

31. Click Add/Upload.

32. Click the Confirmation tab.

Note: If you add an attachment after submitting the PA Request, you must contact the PA Unit to notify

them of the attachment.

Submit Request

33. Click the Confirmation tab.

On the Confirmation panel:

34. Review the requested information to ensure that it is correct.

When you have made sure the request is correct:

35. Click Submit. The Prior Authorization Response panel is displayed, indicating the request was

successfully submitted.

Note: A "PA not required" message is displayed on the POSC when entering a PA request for services

that SOMETIMES require a PA. This is a so-called “soft edit” and WILL NOT PREVENT YOU FROM

ENTERING THE PA. Click the Ignore checkbox to close this message. Please refer to Subchapter 6 of

your MassHealth provider manual to determine if PA is required. The provider manual can be found

at www.mass.gov/masshealthpubs. Click on Provider Library, then on MassHealth Provider Manuals.

Glossary of PCM Terms

Adjudicate – There are header-level PA statuses to indicate 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 – the number assigned by the PCM for an attachment that will be stored at the 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

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 – The request is approved by MassHealth. A PA letter is generated and sent to the member, the PCM,

and the FI.

Cancelled – The 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 – The status used for all lines when the provider (PCM) voids the PA request.

Note: A provider can void a PA only while the PA is in Ready for Review status.

Denied – The 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 – The request has only been saved, and has not been submitted to MassHealth for review.

In Review – The request has been submitted by the PCM and assigned to a MassHealth reviewer.

Modified – The request has been altered by a 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 – The request has been submitted, but has not been assigned to MassHealth reviewer.

Testing – The request has been submitted in order to test functionality of the system.

Void – The request has been voided by MassHealth. A PA letter is not generated.

Glossary of PCM Terms (continued)

Tracking Number – The number assigned to a PA request before MassHealth review.

Transmission Code – The method by which the PCM transmits an attachment to MassHealth. There are six code options:

Available on Request at Provider Site

By Fax

By Mail

Electronically Only

E-mail

Voice

Note: To inquire on, modify, or void a PA Request, please refer to the Inquire/Maintain a Prior Authorization for

PCM job aid.

Deb, I agree this is unclear but the words refer to #21 and #22. Please see the Inquire job aid (item #32), the

formatting used there made it much clearer.

What is supposed to appear after “Do one of the following:”?

This seems to be hanging here with no mention of the options. Is there something missing?

Nothing is missing, the provider would be on the system as he/she goes through these steps and would be on the

panel below and would click the arrow to reveal the options – but I deleted the words (two options) as they really

are not necessary.

NewMMIS Job Aid: Enter a Prior Authorization Request

for PCM (Personal Care Management)

MassHealth Provider Online Service Center 1 of 7 Revised: April 15, 2010

V1.1

Provider Online Service Center - Submit a Referral

MassHealth Provider Online Service Center Submit a Referral 1/7