NewMMIS Job Aid: Update or Void a Prior Authorization

This job aid describes how to:

- Void a Prior Authorization request via the Provider Online Service Center.
- Modify a Prior Authorization request via the Provider Online Service Center.

Access Inquire/Maintain PA Request

From the Provider Online Service Center home page:

1. Click **Manage Service Authorizations**.
2. Click **Prior Authorizations**.
3. Click **Inquire/Maintain PA Request**. The **Search for Prior Authorization** panel is displayed.

Search for PA Request

On the **Search for Prior Authorization** panel:

4. Enter the **Tracking Number** or **Prior Authorization Number** for the request.

   Note: If you don't know the Tracking Number or Prior Authorization Number, you can perform a search for the request using the other search criteria on the panel.

5. Click **Search**.

On the **Search Results** panel:

6. Click the **Tracking Number** of the desired request.

Review Request

On the **Base Information** panel:

7. Review the request information to ensure you have the correct request.

   Note: While a PA is in **Ready to Review** status, it can be modified or voided on the POSC. Once the PA moves into another status (e.g. **In Review**), you must contact the PA Unit to void or modify the PA.

Void Request

A Prior Authorization can only be voided when the status on the request line is "Ready for Review." Once it has been voided, the status of every line will change to "Cancelled by Provider."

On the **Base Information** panel:

8. Click **Void**.

On the **Void Confirmation** panel:

9. Click **Confirm** to confirm the void.

   Note: to cancel the void, click **Cancel Void**.

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Add Line Item

On the **Base Information** panel:

    10. Click the **Line Items** tab.

On the **List of Line Items** panel:

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

On the **Basic Medical Details** panel:

    12. Enter a Procedure Code.

        Note: To avoid a duplicate procedure error, add modifier where appropriate and if requesting the same procedure, put each procedure on a different line on the existing PA.

    13. In the **Requested Effective Date** field, enter the date you want the desired service to begin.

    14. In the **Requested End Date** field, enter the date you want the desired service to end.

    15. Enter the number of Requested Units.

    16. Enter the Provider ID/Service Location.

    17. Click **Add**.

Confirm and Submit Request

On the **Confirmation** panel:

    18. Verify that the information on the panel is correct.

    19. Click **Submit**. The **Prior Authorization Response** panel is displayed, indicating that you have successfully submitted the request.

Glossary of Terms

Adjudicate – There are header level PA statuses to 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, 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 – Number assigned by PCM for an attachment that will be stored at 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

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

Cancelled – 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 – Status used for all lines when Provider (PCM) Voids the PA Request.
Note: provider can only void a PA 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 right to appeal), and to the PCM and the FI.

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

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

Modified – Request has been altered by 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 – Request has been submitted, but has not been assigned to MassHealth reviewer.

Testing – Request has been submitted in order 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 prior to MassHealth review.

Transmission Code – Method by which PCM transmits attachment to MassHealth. There are six code options:

Available on Request at Provider Site

By Fax

By Mail

Electronically Only

Email

Voice