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.

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

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

NewMMIS Job Aid: Update or Void a Prior Authorization

MassHealth Provider Online Service Center 1 of 3 Revised: July 27, 2010

 v2.3

Provider Online Service Center - Submit a Referral

MassHealth Provider Online Service Center Submit a Referral 1/3