



Prior Authorization Direct Data Entry (DDE) submission for medical providers

What's happening?

- The Health Care Authority (HCA) has implemented an online authorization submission process through the provider portal that allows providers to enter Prior Authorization (PA) requests directly into ProviderOne.
- Providers will be able to submit their PA requests and attach all backup documentation, to include x-rays and photos, needed for processing PA requests.
- These screens follow the same format as the General Information for Authorization form 13-835.
- If needed, providers can still submit authorizations using form 13-835 if they choose to.

IMPORTANT! Once you have successfully submitted your authorization, you will receive a 9-digit reference number as verification that the agency has received your request. Providers must not bill or perform any procedures until a written approval is received. The agency's prior authorization review process has not changed, and requests will still be processed in the order they are received. Please ensure that all required documentation is included along with a fax number.

Accessing ProviderOne

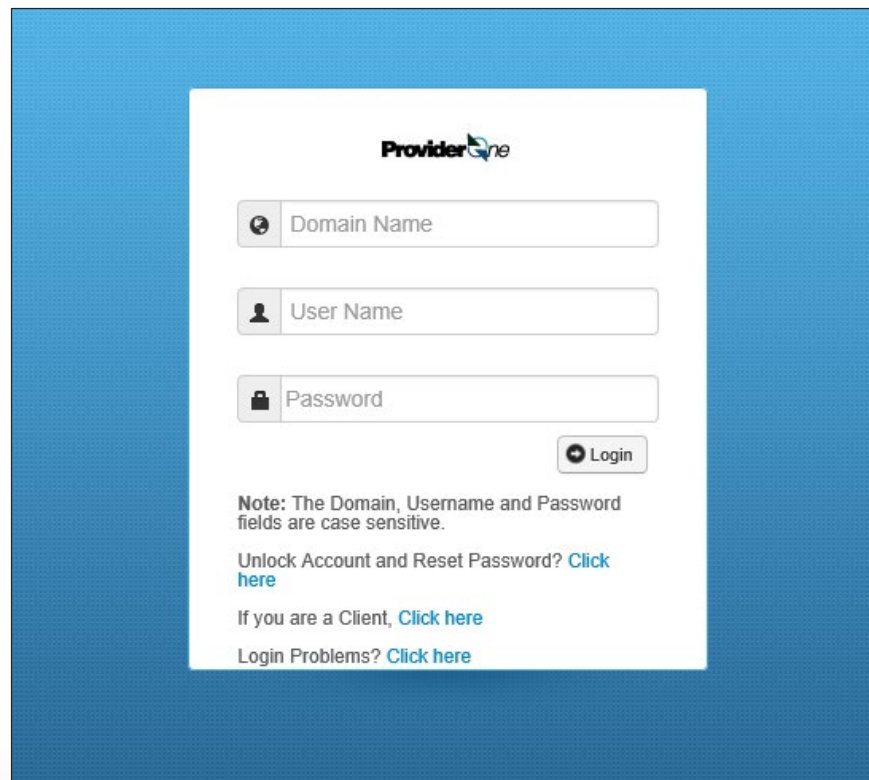
➤ Before logging into ProviderOne:

- Make sure you are using one of the following and your **popup blockers are turned OFF**:

Computer operating systems	Internet browsers
Windows • 10 • 11	Edge • 101.0.1210.39
Macintosh • OS 11 Big Sur • OS 12 Monterey	Google Chrome • 55.0.2883 • 101.0.4951.64
Safari • 15.4 • 12.0.1	Firefox • 100.00

Logging in to ProviderOne

- Log in to ProviderOne using your domain number, user name, and password:



The screenshot shows the ProviderOne login interface. It features a white login box centered on a blue background. The box contains the ProviderOne logo at the top, followed by three input fields: 'Domain Name' with a globe icon, 'User Name' with a person icon, and 'Password' with a lock icon. A 'Login' button with a right-pointing arrow is located to the right of the password field. Below the input fields, there is a note stating that the fields are case sensitive, and links for 'Unlock Account and Reset Password', 'Client login', and 'Login Problems'.

ProviderOne

Domain Name

User Name

Password

Login

Note: The Domain, Username and Password fields are case sensitive.

Unlock Account and Reset Password? [Click here](#)

If you are a Client, [Click here](#)

Login Problems? [Click here](#)

Choose your profile

- Available profiles for online PA submission:
 - EXT Provider Claims Submitter
 - EXT Provider Eligibility Checker
 - EXT Provider Eligibility Checker/Claims Submitter
 - EXT Provider Super User

Welcome to the Medicaid Management Information System
for

ProviderOne

Select a profile to use during this session:

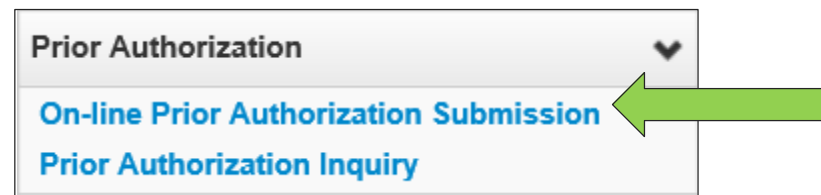
EXT Provider Super User

EXT Limited Provider Social Services

- EXT Provider Claims Payment Status Checker
- EXT Provider Claims Submitter
- EXT Provider Download Files
- EXT Provider EHR Administrator
- EXT Provider Eligibility Checker
- EXT Provider Eligibility Checker-Claims Submitter
- EXT Provider File Maintenance
- EXT Provider File View Only
- EXT Provider Managed Care Only
- EXT Provider Social Services Medical
- EXT Provider Social Services
- EXT Provider Super User
- EXT Provider System Administrator
- EXT Provider Upload Files
- EXT Provider Upload and Download Files

Provider portal

- On the provider portal, select **On-line Prior Authorization Submission:**



Choose type of authorization request

- Select the **Organization Unit** or **type** of authorization request you are submitting:
 - For example, if medical select **508 – Medical services**.
 - Click the **Next** button.

Close

On-Line Prior Authorization Submission Screen - PA Request Organization Unit Selection Screen

Note: asterisks (*) denote required fields.

Submitter ID: 9999999

PA Request Organization Unit Selection

Please select an organization unit to Proceed

*Organization Unit: 508 - Medical services

Next

Initiate authorization request

- Select a **Service Type Code** using the dropdown, based on the type of service you are requesting:

SERVICE TYPE CODE SELECTION

Please select Service Type Code

* Service Type Code: ---SELECT--- 

SERVICE TYPE CODE SELECTION

Please select Service Type Code

* Service Type Code: ---SELECT---

CLIENT INFO

* Client ID:

REQUESTOR

* Requesting Provider:

SERVICE REQUEST

* Code:

* Product:

Service Type Code List:

- BSS2 - Bariatric surgery stage 2
- BTX - Botox
- CIERP - Cochlear Implant Ext Repl Prts
- CR - Cardiac Rehab
- ERSO - ERSO-PA
- EV - ER Visit
- H-ERSO - Habilitative-ERSO
- H-OT - Habilitative-Occup Therapy
- H-PT - Habilitative-Physical Therapy
- H-ST - Habilitative-Speech Therapy
- HEA - Hearing Aids
- IPT - Infusion/Parental Therapy
- MC - Medications
- MISC - Miscellaneous
- NF - Non-Formulary
- NP - Neuro-Psych
- O - Other
- OOS - Out of State
- PHY - Pharmacy
- PSY - Psychotherapy
- PYS - Physician Services
- R - Respiratory
- SYN - Synagis
- T - Therapies (PT/OT/ST)
- TX - Transportation
- V - Vision
- VST - Vest
- VT - Vision Therapy

Complete all required fields

- ProviderOne **Client ID** (include WA).
- Client first & last name
- **Requesting Provider NPI** (can be an individual payable NPI or a servicing NPI).
- **Billing Provider NPI** (who will be paid for the service, can be same as requesting).
- A **Referring Provider NPI** (who referred the client for this service).

* Service Type Code: MC - Medications ▼

CLIENT INFORMATION

CLIENT

* Client ID:

* Client First Name:

* Client Last Name:

REQUESTOR INFORMATION

REQUESTOR

* Requesting Provider NPI:

* Billing Provider NPI:

Referring Provider NPI:

Note: All fields marked with a red asterisk (*), are required and must be completed.

9

Service Request Information

- In the Service Request Line Items section, select the appropriate **Code Qualifier** from the list below:

- T – CDT Proc Code
- C – CPT Proc Code
- D – DRG
- P – HCPCS Proc Code
- I – ICD-9/10 Diagnosis Code
- R - Rev Code
- N – NDC – National Drug Code
- S – ICD – 9/10 Proc Code

SERVICE REQUEST LINE ITEMS - MEDICAL

* Code Qualifier: P - HCPCS Procedure Code ▼

mm dd ccyy

* Proc From Date: 11 09 2017

Units/Days Requested:

+ Add Serv

Service Request Information

- Once the Code Qualifier has been selected, enter the appropriate **National Code**.
- If applicable, enter:
 - Units/days or an amount (required)
 - Modifier
- The from and to dates will auto-populate.
- If requesting retro dates of service, you will need to enter those dates specifically.

Service Request Information

- Click on the **Add Service Request Line Item** button to add the line to the authorization request.

SERVICE REQUEST INFORMATION

SERVICE REQUEST LINE ITEMS - MEDICAL

* Code Qualifier:

P - HCPCS Procedure Code

* National Code:

J0897

Modifiers: 1:

2:

mm

dd

ccyy

* Proc From Date:

11

09

2017

* Proc To Date:

02

09

2018

Units/Days Requested:

2

\$ Amount Requested:

Add Service Request Line Item

Update Service Request Line Item

Previously Entered Service Request Line Item Information

Note: Either units or an amount is required.

Service Request Information

- This will move the information you entered to the bottom of the screen and clear the Service Request Line Items area for you to enter additional procedures as needed.

SERVICE REQUEST LINE ITEMS - MEDICAL

* Code Qualifier: ---SELECT---

mm dd ccyy

* Proc From Date: 11 09 2017

Units/Days Requested:

* National Code:

mm dd ccyy

* Proc To Date: 02 09 2018

\$ Amount Requested:

Modifiers: 1:

Add Service Request Line Item

Update Service Request Line Item

Previously Entered Service Request Line Item Information

Click a Line No. below to view/update that Service Request Line Item Information.

Line No	Service Request Dates		Code Qualifier	National Code	Modifiers		# Units/Days Requested	\$ Amount Requested	
	From	To			1	2			
1	11/09/2017	02/09/2018	P - HCPCS Procedure Code	J0897			2		Delete

Service Request Information

- The line number is a blue hyperlink that when selected will re-populate the information in the Service Request Line Item.
 - You can make any needed changes and click the **Update Service Request Line Item** button to update the line.
- You can also delete an entire line by selecting the **Delete** hyperlink in blue next to the Service Request Line Item.

SERVICE REQUEST LINE ITEMS - MEDICAL

* Code Qualifier:

* National Code:

Modifiers: 1:

mm dd ccyy

* Proc From Date:

* Proc To Date:

Units/Days Requested:

Amount Requested:

Previously Entered Service Request Line Item Information

Click a Line No. below to view/update that Service Request Line Item Information.

Line No	Service Request Dates		Code Qualifier	National Code	Modifiers		# Units/Days Requested	\$ Amount Requested	
	From	To			1	2			
1	11/09/2017	02/09/2018	P - HCPCS Procedure Code	J0897			2		Delete

Service Request Information

- Enter in the **Diagnosis Code** and **Place of Service** using the dropdown.
- Do not enter a decimal point on the diagnosis code. ProviderOne will apply the decimal upon submission of the authorization.
- **IMPORTANT! Please enter your phone and fax number in the comments area.**

MEDICAL INFORMATION

Diagnosis Code:

Place of Service:

--SELECT--

Comments:

If you are using MEA for your backup documentation, enter the MEA number or any additional comments in the **Comments** area. Up to 250 characters are allowed in the comments area.

01 - PHARMACY
02 - Telehealth
03 - SCHOOL
04 - HOMELESS SHELTER
05 - INDIAN HLTH SVC FREE-STANDING FACILITY
06 - INDIAN HLTH SVC PROVIDER-BASED FACILITY
07 - TRIBAL 638 FREE-STANDING FACILITY
08 - TRIBAL 638 PROVIDER-BASED FACILITY
09 - PRISON/CORRECTIONAL FACILITY
11 - OFFICE
12 - Home
13 - ASSISTED LIVING FACILITY
14 - Group Home
15 - MOBILE UNIT
16 - TEMPORARY LODGING
17 - WALK-IN RETAIL HEALTH CLINIC
18 - PLACE OF EMPLOYMENT - WORKSITE
19 - Off Campus-Outpatient Hospital
20 - URGENT CARE FACILITY
21 - INPATIENT HOSPITAL
22 - On Campus-Outpatient Hospital
23 - EMERGENCY ROOM - HOSPITAL
24 - AMBULATORY SURGICAL CENTER
25 - BIRTHING CENTER
26 - MILITARY TREATMENT FACILITY
31 - SKILLED NURSING FACILITY (SNF)
32 - NURSING FACILITY
33 - CUSTODIAL CARE FACILITY
34 - Hospice
41 - AMBULANCE - LAND

Submitting your request

- Once the information is complete, click the **Submit PA Request Info** button at the top of the PA Request screen:

The screenshot displays a web application interface for submitting a Prior Authorization (PA) request. At the top, there are three buttons: 'Close', 'Submit PA Request Info' (highlighted with a green box), and 'Reset'. Below these buttons is a header section titled 'On-Line Prior Authorization Submission Screen - Initiate Medical PA Request Screen'. A note indicates that asterisks (*) denote required fields. The main content area is titled 'PA Request Info' and contains a horizontal navigation bar with the following tabs: 'Service Type Code Selection' (active), 'Client Info', 'Requestor Info', 'Service Request Info', and 'Medical Info'. Below the navigation bar, the 'SERVICE TYPE CODE SELECTION' section is visible, which includes a prompt 'Please select Service Type Code' and a dropdown menu. The dropdown menu is currently set to 'MC - Medications' and has a downward arrow icon.

Submitting your request

- If you receive any red warnings at the top of the PA Request screen, verify and correct the information. These corrections must be completed before ProviderOne will accept the online PA request.

Close
Submit PA Request Info
Reset

Warning : Error retrieving Client Details / Client ID Not Valid.
Warning : Error retrieving Requesting Provider Details / Requesting Provider Not Found.

On-Line Prior Authorization Submission Screen - Initiate Medical PA Request Screen

Note: asterisks (*) denote required fields.

PA Request Info

Service Type Code Selection | Client Info | Requestor Info | Service Request Info | Medical Info

SERVICE TYPE CODE SELECTION

Submitting your request

If you receive a confirmation screen with a PA request number, it means that all your information has been confirmed as valid and you are ready to add supporting documentation to your request.

Your request will not be sent to ProviderOne until the submit button has been clicked. See slide 24.

Submitted PA Request Details:

PA Request Number: 100618007

Provider ID: 1801231717

Client ID: 999999998WA

Date of Service: 11/09/2017 - 02/09/2018

Please click "Add Attachment" button, to attach the documents.

Attachment List:

Transmission Code	Attachment Control #	File Size	Delete	Uploaded
No Records Found !				

Print Details Print Cover Page Submit

Note: "No records found!" means there is not yet any backup documentation attached to the claim.

Submitting your request

The Submitted PA Request Details screen also allows you to print a copy of this confirmation for your records, using the **Print Details** button.

To submit your supporting documentation, select **Add Attachment**.

Submitted PA Request Details:

Note: Supporting documentation is required and will delay the request if any x-rays, photos or other documentation is not attached. **Ensure all required documentation is attached prior to submitting your request.**

PA Request Number: 100618007

Provider ID: 1801231717

Client ID: 999999998W

Date of Service: 11/09/2017 - 02/09/2018

Please click "Add Attachment" button, to attach the documents.

Attachment List:

File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
No Records Found !						

Adding documentation

- Once you have clicked the **Add Attachment** button, the Back Up Documentation screen appears.
- Choose your **Attachment Type**, by using the dropdown:

Back Up Documentation - Internet Explorer

Print Help

Please select one of the option from the Required Fields * and attach file, if the Transmission Code is 'WB-Web'

Attachment Type: **---SELECT---** Transmission Code: **---SELECT---** *

Please attach

PDF, GIF, JPEG, DOC, DOCX, TIF, XLS, XLSX

*

OK Cancel

77-Support Data for Verification
 AS-Admission Summary
 B2-Prescription
 B3-Physician Order
 CT-Certification
 DA-Dental Models
 DG-Diagnostic Report
 DS-Discharge Summary
 EB-Explanation of Benefits
 MT-Models
 NN-Nursing Notes
 OB-Operative Notes
 OZ-Support Date for Claim
 PN-Physical Therapy Notes
 PO-Prosthetics or Ortho3tic Certification
 PZ-Physical Therapy Certification
 RB-Radiology Films
 RR-Radiology Reports
 RT-Report of Tests and Analysis Report

Adding documentation

- Choose the **Transmission Code** by using the dropdown:
 - Select WB for web submission

The agency is no longer accepting prior authorizations by mail

Please select one of the option from the Required Fields * and attach file, if the Transmission Code is 'WB-Web'

Attachment Type: * Transmission Code: *

BM-By Mail
WB-Web

Please attach the File(s). The File Format must be PDF, GIF, JPEG, DOC, DOCX, TIF, XLS, XLSX

Filename: Browse... *

OK Cancel

Adding documentation – Web

- Once you have chosen the Attachment Type and Transmission Code of WB, click the **Browse** button to upload the supporting documents.
- If your office saves backup documentation to a file on your network or computer, this allows you to search those folders and attach the documentation.
- Click the **Ok** button.

Back Up Documentation - Internet Explorer

Print Help

Please select one of the option from the Required Fields * and attach file, if the Transmission Code is 'WB-Web'

Attachment Type: 77-Support Data for Verification * Transmission Code: WB-Web *

Please attach the File(s). The File Format must be PDF, GIF, JPEG, DOC, DOCX, TIF, XLS, XLSX

Filename: Browse... *

Acceptable file formats: PDF, GIF, JPEG, DOC, DOCX, TIF, XLS, and XLSX with sizes no more than 10 MB.

OK Cancel

Adding documentation – Web

- Your supporting information shows in the **Attachment List**.
- Acceptable file formats are PDF, GIF, JPEG, DOC, DOCX, XLS, XLSX, and document sizes no more than 10 MB.

Submitted PA Request Details:

PA Request Number: 100617986
Provider ID: 1801231717
Client ID: 999999998WA
Date of Service: 10/25/2017 - 01/25/2018

Please click "Add Attachment" button, to attach the documents.

Add Attachment

Attachment List:

	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
☐	backup_info.docx	77	WB		12kb	X	10/25/2017

View Page: 1
Go
+ Page Count
SaveToXLS
Viewing Page: 1
<< First
< Prev
Next >
>> Last

Print Details
Print Cover Page
Submit

Note: Multiple attachments can be added. Be sure to upload all required documentation.

Submitting your PA request

- Once you have added your supporting documentation, by WB, you are ready to submit your request.
- Select the **Print Details** button to keep a copy for your records of the attachments you are sending.
- Click the Submit button to finalize your request. The agency will not receive your request if you do not click the final submit button on this screen.**

Note: Supporting documentation is required and will delay the request if any x-rays, photos or other documentation is not attached. **Ensure all required documentation is attached prior to submitting your request.**

Submitted PA Request Details:

PA Request Number: 100617986
Provider ID: 1801231717
Client ID: 999999998WA
Date of Service: 10/25/2017 - 01/25/2018
Please click "Add Attachment" button, to attach the documents.

Add Attachment

Attachment List:

	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
☐	backup_info.docx	77	WB		12kb		10/25/2017

View Page: 1
Go
Page Count
SaveToXLS
Viewing Page: 1
First
Prev
Next
Last

Print Details
Print Cover Page
Submit

What do I do if I need help?

- Prior Authorization Office 1-800-562-3022:
 - Medical/Enteral/ETR – extension 15471
(Tuesday - Thursday 8:00am-12:00pm)
 - Advanced Imaging & Surgical – extension 52018
(Tuesday - Thursday 8:00am-12:00pm)
- Helpful information and resources located on the Prior Authorization [webpage](#).

Authorization status

- Below is a list of the different statuses you may see on your PA request:

Error	Definition
Error	There is an error in ProviderOne that will be cleared once the request is worked. No action needed by the provider.
Requested	The authorization has been requested and received.
In review	The authorization request is currently being reviewed.
Cancelled	The authorization request has been cancelled.
Pended	Additional information has been requested from the provider.
Referred	The authorization request has been forwarded to a second level reviewer.
Approved/hold	The request is approved but additional information is necessary before the authorization can be released for billing.
Approved/denied	The authorization request is partially approved with some services denied.
Rejected	The authorization request was returned as incomplete.
Approved	The authorization has been approved.
Denied	The authorization has been denied.