



Medicaid Information Technology System

State & Local Government Solutions

Medicaid Information Technology System (MITS)

Prior Authorization and Maintenance Participant Guide

October 6, 2010

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Course Overview

Overview

The goal of this course is to provide you with the foundational information required to perform tasks associated with entering, reviewing, and approving Prior Authorizations (PAs).

Objective(s)

After completing this course you should be able to:

- Describe the purpose of PAs
- Navigate in the PA panels
- Acquire a PA work item
- Assign or reassign a PA work item
- Search for reimbursement rules
- Enter a PA request
- Review and finalize a PA request

Agenda

Topic	Time
Welcome and Introductions	10 minutes
Introduction to Prior Authorizations	75 minutes
Introduction to Reimbursement Agreements	30 minutes
Reimbursement Agreement Parameters	30 minutes
Acquiring a PA Work Item	20 minutes
Assigning or Reassigning a PA Request	20 minutes
Break	15 minutes
Searching for Reimbursement Rules	30 minutes
Entering a PA Request	45 minutes
Reviewing and Finalizing a PA Request	90 minutes

Introduction to Prior Authorizations

Overview

A Prior Authorization (PA) grants permission to a provider to render specific services or medications to eligible recipients. These services are eligible for reimbursement if the service providers fulfill Ohio Medicaid established authorization requirements **before** they provide the service. A PA ensures that accurate claim-allowed amounts are deducted from the balance of units or dollars approved for a claim.

OHP accepts PA requests for:

- Regular services (fee-for-service)
- Specialized services that require special handling:
 - Ohio Transplant Consortium transplant requests
 - Sister agency Private Duty Nursing (PDN) requests
 - Miscellaneous waiver services, for example, Home Modification and Adaptive Devices

A provider submits a PA request through the portal and automatically receives a PA request number upon successful completion of the request. If supporting documentation cannot be attached via the portal, the provider submits the required documentation to the Electronic Data Management System (EDMS) scanning center. EDMS records the PA request number at the top of the attachment(s) in order to upload the attachment(s) as part of the existing request, and then scans the paper-based attachment(s).

Sister agency PDN requests, transplants, and miscellaneous waiver services will **not** be submitted through the portal and must be manually entered in MITS by an authorized staff member.



A PA request does not guarantee payment; it verifies that the client is authorized for the services.



Pre- certification requests for hospital services follow the same process as prior authorization requests.

The Prior Authorization Workflow

The PA workflow automates many of the manual activities associated with PA task notification, timing, escalation, completion, and overall control for the request process. The workflow process moves a PA request through a series of work queues to ensure accurate processing of the request.

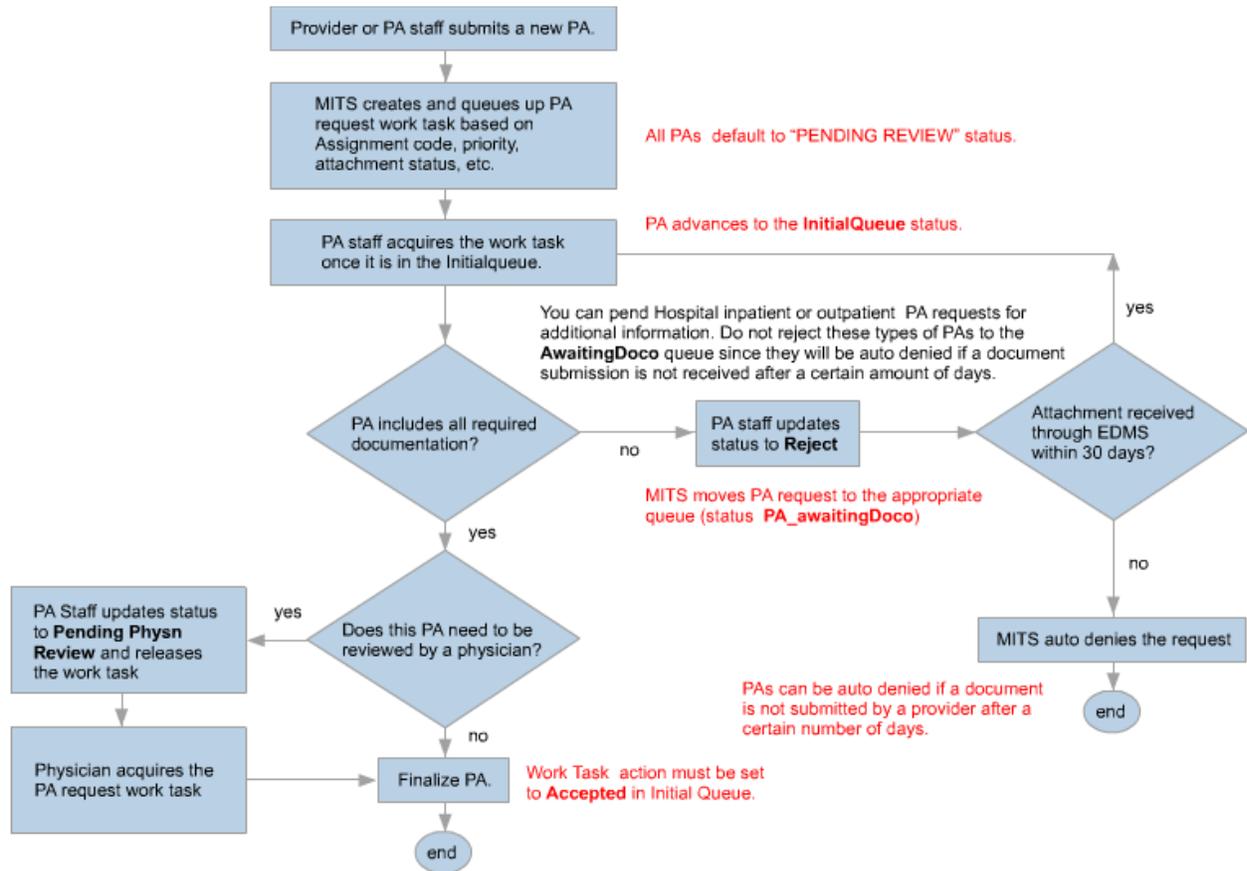
The assignment code on a PA request determines whether the PA follows a workflow. PAs with the following assignment codes do invoke the workflow:

- Compression Garments (01)
- Decubitus Care Equipment (02)
- Dental (03)
- Dressings, Surgical (04)
- Enteral Nutrition and Supplies (05)
- Hearing Aids (06)
- Hospital Beds (07)
- Incontinence Supplies (08)
- Miscellaneous Equipment (09)
- Orthotics (MTA) (10)
- Orthotics/Prosthetics (Nurses) (11)
- Repairs (12)
- Respiratory (MTA) (13)
- Respiratory (Nurses) (14)
- Speech Generating Devices (15)
- Supplies (Miscellaneous) (16)
- Therapies (17)
- Vision (18)
- Wheelchairs (19)
- Orthodontics (20)
- Transportation (21)
- PDN (23)
- EPSDT (24)
- Hospital Inpatient (34)
- Hospital Outpatient (35)
- Physician Services (39)
- Medicaid School Program (40)



PA requests such as Transplant and Psychiatric Admissions **do not** invoke the workflow and are entered or loaded into MITS as finalized.

Review the workflow to learn more about the stages of a PA request.



Workflow Queues

Workflow queues help you manage the tasks on your work list to ensure the proper processing of all requests from initial entry into MITS, through final review and acceptance. Each queue is accessible by the appropriate person responsible for a specific review. Before you acquire a PA from the work list, the PA will be assigned to a workflow queue based on its current status. Recognizing the significance of each queue helps you determine whether you can acquire the PA.

When a provider submits a PA request, MITS automatically assigns the request to one of three designated PA queues:

- 1) **PA_initialQueue**
- 2) **PA_awaitingDoco**
- 3) **PA_initialQueueExpiration**

When a provider submits a PA, MITS directs the PA to either the **PA_initialQueue** or the **PA_awaitingDoco** queue, depending on whether the PA assignment requires an attachment and whether an attachment was uploaded at the time the PA request was submitted. You **cannot** review a PA request that is awaiting a document (**PA_awaitingDoco** status) until you receive the required scanned document from EDMS. After EDMS scans and uploads the document, the status updates to **PA_initialQueue**. If you do not receive a document after 30 days, the request is automatically denied and leaves the workflow.

If a PA in the **PA_initialQueue** queue is not reviewed after 30 days, the PA request automatically moves to the **PA_initialQueueExpiration**. When a PA request is in the **PA_initialQueueExpiration** queue, the escalation process sends an email alert to the appropriate person to assign it for review.

The PA queues are described in more detail below.

Queue	Notification	What the Workflow Does:
PA_initialQueue	30 days escalation notice to manager via email	Workflow places the PA in the PA_initialQueue queue if: <ul style="list-style-type: none"> • The PA has at least one attachment at the time of submission. <li style="text-align: center;">OR • An attachment for a PA in the PA_awaitingDoco queue is received. <li style="text-align: center;">OR • If the PA does not require any attachments. If there is no activity after 30 days, workflow automatically moves the request to the PA_initialQueueExpiration queue.
PA_awaitingDoco	N/A	Workflow places the PA in the PA_awaitingDoco queue if: <ul style="list-style-type: none"> • The PA that requires an attachment is submitted

		<p>without an attachment. OR</p> <ul style="list-style-type: none"> OHP rejects a PA in the PA_initialQueue or the PA_initialQueueExpiration queue. <p>If there is no activity after 30 days, workflow automatically denies the request and removes it.</p>
<p>PA_initialQueue Expiration</p>	<p>120 days escalation notice to manager via email</p>	<p>If there is no activity on the PA is in the PA_initialQueue queue for more than 30 days, workflow places the PA in the PA_initialQueueExpiration queue.</p> <p>If there is not activity on the PA in the PA_initialQueueExpiration queue for more than 120 days, the manager receives an email notification.</p>

Prior Authorization Work Task Actions

Upon submission, if the PA goes to workflow, MITS assigns a priority and category to the request using the following criteria:

Priority 1 – PAs manually set by a user with the appropriate level of security.

Priority 2 – PAs for recipients up to age 21 based on the date of birth on the PA.

Priority 3 – PAs for recipients that are in a waiver program (benefit plan). **OR**
 – PAs with a discharge date one week prior to or one week following the current date.

Priority 4 - All other PAs.

As a PA request moves through the workflow, you can acquire and review the request on your work list after it reaches the **PA_InitialQueue** status. To review and update a PA request, select the appropriate action for the work task.

Note: Some actions may not appear based on your security provisions.

To:	Select This Work Task Action:
Obtain a request that is ready for review and assign it to yourself	Acquire
Complete your review of the PA request and release it from the work list	Accept
Reject the PA request; it reverts to the Awaiting Doco status	Reject
Send the request to your manager to review and/or reassign	Escalate
Assign to another user to review and complete; the request no longer displays in the work list	Reassign
Assign to another user	Delegate
Extend the timeline for completion by another user	Renew
Return an acquired task to the work list group so others in the group can review it	Release
Update the priority of the task	Set Priority
View the actions or users that updated this task	Task History



If you reject a PA back to the **PA_awaitingDoco** queue, select one of the following reject reasons:

- Submitted documentation incomplete.

- Submitted documentation does not support request.
- Request requires Certificate of Medical Necessity.

Supervisors can monitor the work list activity of staff members by selecting **Reportees** in the **Task Filter** drop-down list.

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August 30, 2010 2:35

Home Claims Drug EDI Healthcek Financial Managed Care MAR Prior Authorization Provider Recipient Reference RetroDUR TPL Security Tools

home dashboards key survey letter search report distribution related data send fax **worklist** build info

Tasks Search

Keywords: Task Filter: Reportees to My Group My & Group Reportees Priority: Any Status: Assigned

Expiration Date: Create Date: to

Assignee:

Supervisors can monitor PAs by their Reportees

Work List

ID	Title	Priority	Status	Assignee	Assigned Date	Expiration Date	Action
8581425	PA: 3010212001 for Provider: 8721171	2	ASSIGNED	PA_AwtDocHospitalBeds_07_Grp(G)	08/17/10 05:59 PM	09/12/10 06:33 PM	Select an ac
8581426	PA: 3010212002 for Provider: 9185419	2	ASSIGNED	PA_AwtDocDental_03_Grp(G)	07/31/10 09:46 AM	09/12/10 06:46 PM	Select an ac
8581427	PA: 3010212003 for Provider: 7589228	2	ASSIGNED	PA_AwtDocPhysicianServices_39_Grp(G)	07/31/10 09:52 AM	09/12/10 06:52 PM	Select an ac

Skip to Set [1 - 3] Show Set < Previous Set Next Set >

Navigating in the Prior Authorization Panels

As you review and update PA requests, you can update the status to advance the request through the PA workflow. Review the following images to see the progression of a PA request from the workflow to the review panels and how to use those panels effectively.

Acquiring a PA Request

Ohio MITS Iteration 4.5 Model Office Environment September 24, 2010 12:44 PM

[Home](#) [Drug EDI](#) [Healthcheck](#) [Financial](#) [Managed Care](#) [MAR](#) [Prior Authorization](#) [Provider](#) [Recipient](#) [Reference](#) [RetroDUR](#) [TPL](#) [Security](#) [Tools](#) [Site Admin](#)

[dashboards](#) [key survey](#) [letter search](#) [report distribution](#) [related data](#) [send fax](#) **worklist** [build info](#)

Search ?

Keywords: Task Filter: My & Group Priority: Any Status: Assigned

In Date: to Create Date: to

Assignee:

Work List

Title	Priority	Status	Assignee	Assigned Date	Expiration Date	Action
PA: 1010166005 for Provider: 2849958	2	ASSIGNED	PA_AwtDocMiscEquipment_09_Grp(G)	06/15/10 05:20 PM	07/27/10 06:20 PM	Select an action
PA: 2010169005 for Provider: 0785600	2	ASSIGNED	PA_ReviewHospOutpatient_35_Grp(G)	06/18/10 05:58 PM	08/01/10 06:58 PM	Select an action
PA: 1010167004 for Provider: 0547322	2	ASSIGNED	PA_ReviewHospOutpatient_35_Grp(G)	06/16/10 05:23 PM	07/28/10 06:23 PM	Select an action
PA: 2010120003 for Provider: 2472337	2	ASSIGNED	PA_awaitingDocoGrp(G)	08/21/10 02:50 PM	None	Select an action
PA: 1010123003 for Provider: 2472337	2	ASSIGNED	PA_awaitingDocoGrp(G)	08/21/10 02:50 PM	None	Select an action
PA: 2010120002 for Provider: 2472337	2	ASSIGNED	PA_awaitingDocoGrp(G)	08/21/10 02:50 PM	None	Select an action
HARRINGTON THERAPY	3	ASSIGNED	hzml95(U)	05/19/10 04:01 PM	09/22/10 06:20 PM	Select an action
TEST, TESTER	3	ASSIGNED	hzml95(U)	05/19/10 04:03 PM	09/19/10 06:32 PM	Select an action
PA: 2010169006 for Provider: 0204255	4	ASSIGNED	PA_ReviewCompressGarments_01_Grp(G)	06/18/10 06:49 PM	08/01/10 06:49 PM	Select an action
PA: 1010167003 for Provider: 0011034	4	ASSIGNED	PA_AwtDocDental_03_Grp(G)	06/16/10 02:33 PM	07/28/10 06:33 PM	Select an action
PA: 2010132001 for Provider: 2472337	4	ASSIGNED	PA_awaitingDocoGrp(G)	05/12/10 11:27 AM	None	Select an action
PA: 2010131001 for Provider: 2472337	4	ASSIGNED	PA_awaitingDocoGrp(G)	08/23/10 02:50 PM	None	Select an action
PA: 2010148002 for Provider: 123456789	4	ASSIGNED	PA_AwtDocPhysicianServices_39_Grp(G)	05/28/10 11:53 AM	07/11/10 06:53 PM	Select an action
PA: 2010164001 for Provider: 0785600	4	ASSIGNED	PA_AwtDocCompressGarments_01_Grp(G)	06/13/10 07:01 PM	07/27/10 01:01 AM	Select an action
PA: 2010148003 for Provider: 0204255	4	ASSIGNED	hzml95(U)	07/19/10 05:19 PM	07/14/10 06:44 PM	Select an action

Set [1 - 15]

Review the Assignee column to identify the current workflow queue before you acquire the PA request.

When a new PA is submitted through the web portal, MITS automatically sets the status on each line item to **Pending Review**.

PA Panel Overviews

Prior Authorization Maintenance - Select Prior Authorization area to add or modify below.

Prior Authorization <input type="button" value="save"/> <input type="button" value="cancel"/> <input type="button" value="new"/>	Administrative Appeals Claim List External Text Line Item	Attachments Contacts Hearings Review Text	Base Information Diagnosis Internal Text
---	---	---	--

Filter requests and sort priority

Base Information

Work Task

WorkTasks	Status	Start Date	End Date	Comments	Reject Reason
PA_awaitingDoco	Success	5/28/2010 5:54:00 PM	6/2/2010 3:44:00 PM	*	Success
PA_initialQueue	Active	6/2/2010 3:44:00 PM			

Tracking Number: 8584218 Title: PA: 2010148003 for Provider: 0204255 Status: ASSIGNED Assignee: hzml95(U) Priority: 4	Expiration Date: 07/14/10 06:44 PM Modified Date: 07/19/10 05:19 PM Action Status: TaskInfo Complete! [Attachments] Actions: <input type="button" value="Select an action"/>
---	---

1. **Line Item:** Review each line item in the request
2. **Attachments:** Review the documents associated with the request
3. **Review Text:** Review incoming messages from the provider
4. **Base Information:** Review header information for the PA request
5. This panel may apply to certain PA types such as Inpatient/Outpatient

After you acquire a PA and open to review and update, a series of panels display to help make the appropriate decision.

Work Task Actions

Prior Authorization Maintenance - Select Prior Authorization area to add or modify below.

Prior Authorization <input type="button" value="save"/> <input type="button" value="cancel"/> <input type="button" value="new"/>	Administrative Appeals Claim List External Text Line Item	Attachments Contacts Hearings Review Text	Base Information Diagnosis Internal Text
---	--	--	--

Base Information

Work Task

WorkTasks	Status	Start Date	End Date	Comments	Reject Reason
PA_initialQueue	Active	7/2/2010 2:42:00 PM			

Tracking Number: 8584299 Title: PA: 2010183005 for Provider: 0785600 Status: ASSIGNED Assignee: hzml95(U) Priority: 2	Expiration Date: 08/15/10 06:42 PM Modified Date: 07/15/10 02:54 PM Action Status: [Attachments] Actions: <input type="button" value="Select an action"/>
---	--

*** No rows found ***

Type: <input type="button" value="Select"/>	Access: <input type="button" value="Select"/>
Date: <input type="text"/>	User: <input type="text"/>

Comment:

Work Task Actions: After reviewing and updating the line item for the PA request, update the work task actions to move the PA through the workflow.

After you update the line item status, you can proceed to update the work task status.

Searching for a Prior Authorization

Home Claims Drug EDI Healthcek Financial Managed Care MAR **Prior Authorization** Provider Recipient Reference RetroDUR TPL Security Tools

home **search** information related data

Prior Authorization Search - select a Primary and (if any) Secondaries from one section only per query

Primary	Secondary
<p>Prior Authorization <input type="text"/></p> <p>Service Provider ID <input type="text"/> [Search]</p> <p>Search for prior authorizations using primary or secondary search criteria</p> <p>Recipient ID <input type="text"/> [Search]</p> <p>Assignment Code <input type="text"/></p>	<p>Recipient ID <input type="text"/> [Search]</p> <p>HCPCS Procedure Code <input type="text"/> [Search]</p> <p>HCPCS Procedure Code Thru <input type="text"/> [Search]</p> <p>Modifier <input type="text"/> [Search]</p> <p>Status <input type="text"/></p> <p>Authorized Effective Date <input type="text"/></p> <p>Authorized End Date <input type="text"/></p> <p>ICD - 9 Procedure Code <input type="text"/> [Search]</p> <p>Service Provider ID <input type="text"/> [Search]</p> <p>Diagnosis Code <input type="text"/> [Search]</p> <p>HCPCS Procedure Code <input type="text"/> [Search]</p> <p>HCPCS Procedure Code Thru <input type="text"/> [Search]</p> <p>Modifier <input type="text"/> [Search]</p> <p>Status <input type="text"/></p> <p>Authorized Effective Date <input type="text"/></p> <p>Authorized End Date <input type="text"/></p> <p>ICD - 9 Procedure Code <input type="text"/> [Search]</p> <p>Service Provider ID <input type="text"/> [Search]</p>

Use the **Prior Authorization Search** panel to search for a specific PA using primary or secondary search criteria such as provider or recipient ID.

Prior Authorization Decision Status Codes

As you review and update PA requests, the decisions you make impact other systems such as claims. PA data impacts or is impacted by the following systems:

- **Claims** – Uses PA data to adjudicate services that require such an authorization
- **Contract Tracking Management System (CTMS)** – Assists with inquiries on PAs from customers or providers
- **Services and Diagnosis** – Validates service codes, modifiers, tooth/quadrant, and diagnosis codes in PA requests

Review a PA request to verify that a client is authorized for the services. If the PA request requires attachments, the provider must either submit the supporting documentation with the PA request or describe the supporting documentation to submit later. Typical PA attachments include but are not limited to:

- Lab work/reports
- Certificate of Medical Necessity
- X-rays
- Surgical reports
- Signed doctor prescription

Once a PA request passes edit checks determine whether to authorize services and update the line item status using any of the status codes shown below.



All prior authorization decisions are subject to the recipient's eligibility status.

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Service Type	Service Code	Thru Service	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Status
01	1	\$78.00	0	\$0.00	HCPCS Procedure Code	D9310						PENDING REVIEW

Line Item: 01 *Service Type Code: HCPCS Procedure Code HCPCS Procedure Code: D9310 [Search] ICD - 9 Procedure: [Search] Modifier 1: [Search] Modifier 3: [Search] Tooth: [Search] NDC Lock: [Search] Revenue Code: [Search] Associated PA Number: [Search] Bill Direct From Date: [Search] Service/Rental From Date: [Search] PROSTHODONTICS Initial Placement: [Search] Prior Placement: [Search] Date of Extraction: [Search]	Thru Service: [Search] Modifier 2: [Search] Modifier 4: [Search] Quad: [Search] UPC/NDC Code: [Search] Revenue Code Thru: [Search] Bill Direct To Date: [Search] Service/Rental To Date: [Search] List Price: [Search] Pricing Formula: [Search] Number of Days: [Search] Number of Calories/Day: [Search] *Status: P - PENDING REVIEW	Requested Eff. Date: [Search] Requested End Date: [Search] Requested Units: 1 Requested Dollars: \$78.00 Authorized Eff. Date: [Search] Authorized End Date: [Search] Authorized Units: 0 Authorized Dollars: [Search] *Payment Method: Pay System Price Balance Units: 0
--	--	--

A - APPROVED
 C - CANCELLED
 D - DENIED
 H - APPRVD PRIOR TO HRNG
 I - PENDING ADDTL INFO
 M - MODIFIED APPROVED
P - PENDING REVIEW
 R - APPROVED RETROACTIVE
 U - UNDER REVIEW
 W - APPVD AWTNG HRNG DCN
 X - PENDING PHYSN REVIEW
 Y - APPROVED RETRO MCP

Status: Apply appropriate actions to each line item before selecting the appropriate status. Each status is classified as a Non-Finalized or Finalized type. Within the Finalized statuses, all statuses are payable except for Cancelled and Denied.



Check Your Understanding

This activity contains questions to assess your understanding of key concepts in this topic. Review the topic if your score is below your standards.

Typical PA attachments include _____. Select all that apply.

- A. Surgical reports
- B. Certificates of authenticity
- C. X-rays
- D. Lab reports

A PA request requiring a document can remain in the workflow for up to 30 days before automatically expiring.

- A. True
- B. False

A PA in the work list has a priority 2 if the PA is _____.

- A. Manually assigned by the supervisor.
- B. For a recipient that is up to age 21.
- C. For a recipient in a waiver program.
- D. For a recipient about to be discharged from a long term care facility (LTCF).

Summary

In this topic you learned about:

- The purpose of PAs
- The purpose of the PA workflow queues
- The PA work task actions you can perform
- The available PA panels you can use
- The decision status codes you may use

Introduction to Reimbursement Agreements and PA Requests

Overview

As you review or create a PA on behalf of a provider, you may need to investigate the reimbursement rules associated to the request. Reimbursement rules are the criteria and restrictions for a billable service that determine which pricing method to use to determine provider reimbursement.

The primary purpose of reimbursement agreement rules is to identify the criteria to determine specific actions. The primary components of a reimbursement rule are:

- Pricing Indicator
- Rate Type
- Adjustment Factor
- Edits
- Modifiers

Reimbursement Agreements Panel

Reimbursement agreement rules are based upon OHP policy. Review the reimbursement agreement for a procedure before you approve a PA to confirm the correct payment method is specified on the PA request.

Note the components in the **Reimbursement Agreement** panel below:

- 4) **Reimbursement Agreement** link
- 5) **Reimbursement Contract** search field and **Search Results** list
- 6) **Directive Version** drop-down list
- 7) Medical classification search feature and tree structure

Benefit Administration Select area to add or modify below. Prefs Top Bot ? ↻

- Benefit Classification
- Copay
- Financial Payer
- Form Edits
- Global Restrictions
- Recipient Plan
- Other Insurance
- Provider Contract
- Reimbursement Agreement**
- Rule Catalog

save cancel

2 Reimbursement Agreement Top Nav ? A ↕ X

Reimbursement Contract search clear

Search Results

Reimbursement Contract	Description	Effective Date	End Date	Inactive Date
ALCRX	ODADAS Contract	01/01/1900	12/31/2299	12/31/2299
ALWV	ODA Assisted Living	01/01/1900	12/31/2299	12/31/2299
AMBLC	Ambulance Contract	01/01/1900	12/31/2299	12/31/2299
ANES	Anesthesia Contract	01/01/1900	12/31/2299	12/31/2299
APN	Advanced Practice Nu	01/01/1900	12/31/2299	12/31/2299
ASC	ASC Contract	01/01/1900	12/31/2299	12/31/2299
BLDG	Building and Wing Id	01/01/1900	12/31/2299	12/31/2299
CBCLT	Transportation	01/01/1900	12/31/2299	12/31/2299
CHIRO	Chiropractor Contrac	01/01/1900	12/31/2299	12/31/2299
CHOIC	Choices Wvr Contract	01/01/1900	12/31/2299	12/31/2299

1 2 3 4 5 6 Next >

3 *Directive Version ?

4

Type	Code	Description
Search: Procedure	<input type="text"/>	<input type="text"/> Find

Active Rules
 All Rules

Procedures

- All Procedures
 - CPT Codes** ← Right-click to see the rules summary/restriction choices
 - 544 DOS: ← Right-click to see the details of this specific rule
 - 2088 DOS: 01/01/2000-12/31/2299 CT: B PDAT: 05/28/2009-12/31/2299 Pricing Indicator=PRXOVR Rate Type=DEF
- Medicine
- Radiology



Rules Summary (Restriction Choices)

The **Rule Summary (Restriction Choices)** panel provides a quick summary view of the rules that apply to a benefit.

To view the applicable rules, click the benefit code from the list. If a rule exists, the panel displays the rule, showing the applicable restrictions.

The image illustrates the rules summary for a reimbursement rule.

Surgery								
Restriction Choices								
	Rule	Modifier	Claim Type	Place of Service	Act/Inact Dates	Pricing Indicator	Rate Type	Adjustment Factor
01/01/2000 12/31/2299	i24000		B		01/18/2010-12/31/2299	PRXOVR	DEF	
	24007	(SA, SB, UC) 0:4	(B)		01/18/2010-12/31/2299	MAXFEE	DEF	
	24009	SA, SB, UC 1:1 and (SA, SB, UC) 0:3	(B)	21, 22, 23, 51	01/18/2010-12/31/2299	MAXFEE	DEF	(1036 (85%) - APN modifiers SA, SB, and UC in a h)
	24008	SA, SB, UC 1:1 and (SA, SB, UC) 0:3	(B)	(21, 22, 23, 51)	01/18/2010-12/31/2299	MAXFEE	DEF	

Column Name	Description
Effective Date for the procedure (Column is not labeled in the image.)	Date range in which the benefit code is active
Rule	The rule ID number. Note: Rule IDs that begin with 'i' indicate that the rule was inherited from a higher level.
Modifier	The modifiers that affect the pricing. Note: Modifiers that are <i>italicized</i> and in parenthesis indicate that the modifiers must not exist in order for that rule to be applied.
Claim Type	The code indicating the claim type. Note: Codes that are <i>italicized</i> and in parenthesis indicate that the modifiers must not exist in order for that rule to be applied. For example, if B means "Crossover", then (B) means not a crossover.
Place of Service	Indicates the places where the procedure must, (or <i>must not</i>) be performed in order for the rule, or specific parameters of the rule, to apply. For example: Whether the procedure was performed in a hospital, may determine whether a specific rule applies.
Act / Inact Dates	Date range in which the rule is active.

Pricing Indicator	The pricing indicator code that applies to the specific rule
Rate Type	The rate type applies to the rule. Note: Def = Default
Adjustment Factor	Indicates whether an adjustment factor will apply to claims meeting the criteria of the rule.  In other panels, this is sometimes called a "Benefit Adjustment Factor."

Pricing Indicator

In a reimbursement rule, the pricing indicator specifies the payment methodology to be applied when MITS determines the payment to a provider for a service. Review the pricing indicator before you approve a PA for a provider. For example, the **MAXFEE** procedure code confirms that MITS prices the service when the claim is processed and **does not** refer to the PA for pricing. In this case, you do not need to specify a price on the PA line item.

Examples of pricing indicators are:

- **MAXFEE** Procedure Code Max Fee
- **PADOLR** pay the lesser of the PA price, Max Fee, or the claim billed amount
- **HOSPCE** Hospice
- **BILLED** Pay as Billed
- **ANESTH** Anesthesia

The image illustrates the **Pricing Indicator** field.

The screenshot shows a software interface with several sections:

- Created By:** [Field]
- Created On Config:** NA
- Last saved via Directive Version:** [Field]
- Eff/End Dates:** 01/01/2000 to 12/31/2299
- Admission Date:** [Field]
- Act/Inact Dates:** 07/27/2010 to 12/31/2299
- Rate Type:** [Dropdown]
- Gender:** Both
- Prior Auth:** No
- Bed Size:** 0 to 999999
- Out of State Provider:** Both
- Claims Submission Dates:** 01/01/2000 to 12/31/2299
- Age:** 0 to 999999
- Discharge Date:** [Field]
- Quantity:** 0 to 999999
- Pricing Indicator:** [Dropdown menu open, showing options like ANESTH, ASC, BILLED, DMEPA, DRG, ENPRIC, FLTTEE, HHPDN, HOSPCE, IODBUS, IPBPCT, IPXOVR, IPXVRC, LTCLOC, LTHSPC, MANUAL, MAXFEE, MAXFLT, MXFLT2, MXFSSA, NFXOVR, NOPRIC, OP50PC, OP60PC, OP65PC, OP69PC, OP70PC. 'MAXFEE Procedure Code Max Fee' is highlighted.]
- Medical Review:** [Field]
- Adjustment Factor Sequence:** [List of factors with navigation arrows]
- Adjustment Factors Assigned:** [Empty box]
- County Editing:** No
- Patient Status Editing:** No
- Type of Bill Editing:** No
- Place of Service Editing:** No
- Level of Care Editing:** No

Prior Authorization Pricing Options

When you review a PA request, you must **always** verify the payment method is correct for the PA line item. The default payment method is **System Price** and reviewing the reimbursement information helps you verify whether it needs to change.

Refer to the Benefit Plan Administration (BPA) reimbursement rules to determine the pricing method. For example, specify **unit fee price** if there is a manual price pricing indicator such as PADOLR. If the procedure does **not** require pricing options, MITS prices the service based on the BPA procedure code at the time the claim is processed.

Adjustment Factor	Pricing Indicator	Rate Type
	PRXOVR	DEF
(1034 (140%) - Special provisions for reimbursemen)	MAXFEE	DEF
(1036 (85%) - APN modifiers SA, SB, and UC in a h)	MAXFEE	DEF
(1034 (140%) - Special provisions for reimbursemen)	MAXFEE	DEF

The procedure reimbursement rule indicates whether a procedure needs to be manually priced (pricing indicator PADOLR) or system price (pricing indicator MAXFEE)



The PA pricing calculation is only one factor MITS considers when processing a claim. In many cases, MITS automatically prices the service based on the BPA procedure code when the claim is processed.

Hint

For a PA to be approved it must contain all the necessary documents and the proper payment option. The images below describe each payment option and provide a sample panel highlighting the relevant fields.

Pay Cap Amount



Use **cap amount** pricing to specify **authorized dollars** rather than units. MITS automatically applies reimbursement and pricing rules to determine the payment for the claim. MITS pays only for the dollars available on the PA.

Pay Cap Amount			
Line Item	02		Requested Eff. Date
*Service Type Code	HCPSC Procedure Code		Requested End Date
HCPSC Procedure Code	99213 [Search]	Thru Service	Requested Units
ICD - 9 Procedure	[Search]		Requested Dollars
Modifier 1	[Search]	Modifier 2	Authorized Eff. Date
Modifier 3	[Search]	Modifier 4	Authorized End Date
Tooth	[Search]	Quad	Authorized Units
NDC Lock		UPC/NDC Code	Authorized Dollars
Revenue Code		Revenue Code Thru	*Payment Method
Associated PA Number		Bill Direct To Date	Balance Units
Bill Direct From Date		Service/Rental To Date	Balance Dollars
Service/Rental From Date		List Price	Quantity Used Units
PROSTHODONTICS		Pricing Formula	Quantity Used Dollars
Initial Placement		Number of Days	
Prior Placement		Number of Calories/Day	
Date of Extraction		*Status	

Pay cap amount requires authorized dollars.

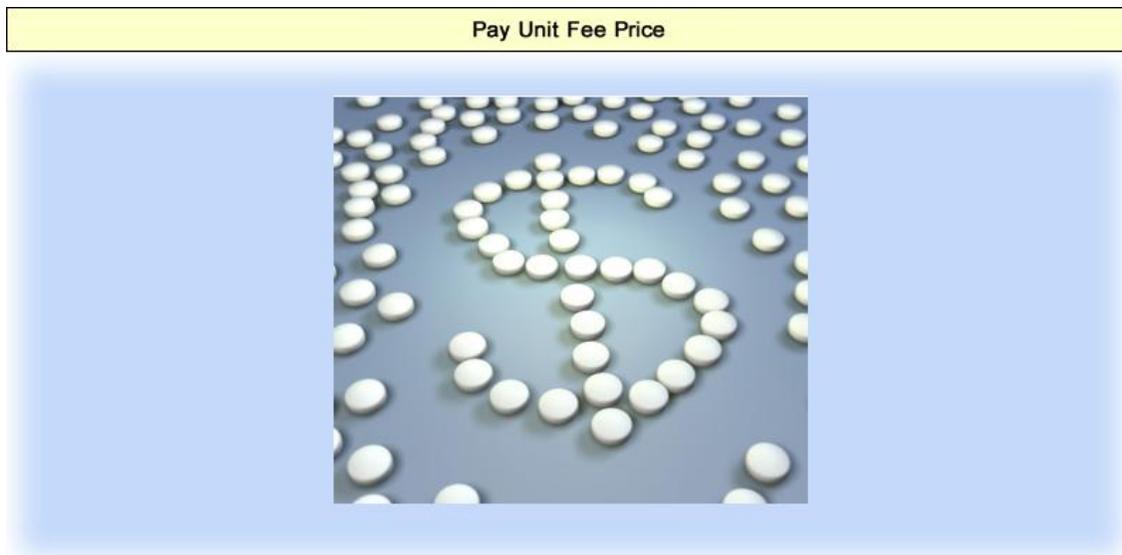
Sample: Pay Cap Amount

Pay System Price


Use **system price** to specify only authorized **units** rather than dollars for PA requests. MITS automatically determines the price based on the reimbursement rules and the pricing indicator for the procedure code. MITS pays only for the units available on the PA.

Pay System Price		
Line Item: 01		Requested Eff. Date: []
*Service Type Code: HCPCS Procedure Code		Requested End Date: []
HCPCS Procedure Code: 99213 [Search]	Thru Service: [Search]	Requested Units: 0
ICD - 9 Procedure: [Search]	Modifier 1: [Search]	Requested Dollars: \$500.00
Modifier 2: [Search]	Modifier 3: [Search]	Authorized Eff. Date: []
Modifier 4: [Search]	Modifier 5: [Search]	Authorized End Date: []
Tooth: [Search]	Quad: [Search]	Authorized Units: 1
NDC Lock: [Search]	UPC/NDC Code: [Search]	Authorized Dollars: []
Revenue Code: [Search]	Revenue Code Thru: [Search]	*Payment Method: Pay System Price
Associated PA Number: []	Bill Direct To Date: []	Balance Units: 1
Bill Direct From Date: []	Service/Rental To Date: []	Balance Dollars: []
Service/Rental From Date: []	List Price: \$0.00	Quantity Used Units: 0
PROSTHODONTICS	Pricing Formula: []	Quantity Used Dollars: []
Initial Placement: []	Number of Days: 0	Pay System Price requires authorized units.
Prior Placement: []	Number of Calories/Day: 0	
Date of Extraction: []	*Status: P - PENDING REVIEW	

Sample: Pay System Price



Use **unit fee price** for PA requests that need to be manually priced. Specify **both authorized units** and **authorized dollars** to represent the per unit rate.

Pay Unit Fee Price		
Type changes below.		
Line Item 02		Requested Eff. Date <input type="text"/>
*Service Type Code HCPCS Procedure Code		Requested End Date <input type="text"/>
HCPCS Procedure Code 99213 [Search]	Thru Service <input type="text"/> [Search]	Requested Units 0
ICD - 9 Procedure <input type="text"/> [Search]	Modifier 1 <input type="text"/> [Search]	Requested Dollars \$50.00
Modifier 2 <input type="text"/> [Search]	Modifier 2 <input type="text"/> [Search]	Authorized Eff. Date <input type="text"/>
Modifier 3 <input type="text"/> [Search]	Modifier 3 <input type="text"/> [Search]	Authorized End Date <input type="text"/>
Modifier 4 <input type="text"/> [Search]	Modifier 4 <input type="text"/> [Search]	Authorized Units 1
Tooth <input type="text"/> [Search]	Modifier 5 <input type="text"/> [Search]	Authorized Dollars \$80.00
NDC Lock	Quad <input type="text"/> [Search]	*Payment Method Pay Unit Fee Price
Revenue Code	UPC/NDC Code	Balance Units 1
Associated PA Number <input type="text"/>	Revenue Code Thru	Balance Dollars
Bill Direct From Date <input type="text"/>	Bill Direct To Date <input type="text"/>	Quantity Used Units 0
Service/Rental From Date <input type="text"/>	Service/Rental To Date <input type="text"/>	Quantity Used Dollars
PROSTHODONTICS	List Price \$100.00	
Initial Placement <input type="text"/>	Pricing Formula AWP	
Prior Placement <input type="text"/>	Number of Days 0	
Date of Extraction <input type="text"/>	Number of Calories/Day 0	
	*Status P - PENDING REVIEW	

Pay unit fee price requires authorized units and authorized dollars. A pricing formula is optional and available if you use the **calculate** function to generate the authorized dollars.

Sample: Pay Unit Fee Price

Check Your Understanding

This activity contains questions to assess your understanding of key concepts in this topic. Review the topic if your score is below your standards.

What MITS function defines the rules that contain the criteria to price a claim?

- A. Provider Agreements
- B. Benefit Classification
- C. Reimbursement Agreements
- D. Recipient Plans

The **Reimbursement Agreement** panel contains all of the following elements, except:

- A. Links to Reimbursement Contracts
- B. Tree listing benefit classifications
- C. Drop-down list containing directive versions
- D. Pricing Tables

In PA requests, using the _____ payment option specifies only authorized units rather than dollars for the request.

- A. Cap amount
- B. Unit fee price
- C. Unit cap
- D. System price

What pricing method would you apply for a PA request for a procedure that has a MAXFEE pricing indicator?

- A. System price
- B. Cap amount
- C. Unit fee price
- D. System fee

Summary

In this topic you learned about:

- The function and importance of reimbursement agreements
- The MITS panels used for reimbursement rule management
- Pricing indicators in a reimbursement rule
- The PA pricing options you can apply to a PA

Acquiring a PA Work Item

Overview

What

This task is about how to acquire a PA work item request from a work queue to review and update information or the status for the request.

Who

The OHP and Permedion Staff responsible for reviewing, approving and assigning PA requests perform this task.

When

Perform this task when there are pending PA requests to review in the work queue.

Relevance

This task supports the process of reviewing, assessing and pre-approving or denying select non-emergency medical services prior to payment. PA data applies to claims and enables Ohio Medicaid to pay for only those treatments and services that are medically necessary, appropriate, and cost-effective.

Requirements

To complete this task, there needs to be a PA request that fulfilled the attachment requirement in MITS workflow assigned to your group.

Perform this task in accordance to the following rules:

- Access the worklist to acquire or assign requests.
- Work on a request that is currently not assigned to anyone else. Only one user may work on a prior authorization request at a time. All other users should contact the assigned reviewer before making any changes to the PA request.

Guidelines

Work list priorities are assigned based on the following criteria:

- Priority 1 – PAs that are manually assigned by the supervisor

- Priority 2 – PAs for recipients up to age 21
- Priority 3 – PAs for recipients in a waiver program or about to be discharged from a long term care facility (LTCF)
- Priority 4 – All other requests

How To

Follow these steps from the MITS home page to acquire a work item.

Step	Action
1	Select Worklist from the Tools drop-down list.
2	Select My & Group from the Task Filter drop-down list.
3	Sort your work tasks by priority by clicking the Priority column once.
4	Select a work task with the Assignee status PA_InitialQueueGrp . Note: When the Assignee status is PA_awaitingDocoGrp , the request is waiting for an attachment and is not ready to be reviewed.
5	Click search .
6	Select Acquire from the Action drop-down list for each request to assign to yourself.
7	Click save .
8	Select My from the Task Filter drop-down list.
9	Click the title link and proceed to review and update the status of the PA.

Practice

Acquire a PA request using this information:

- Select two PA requests that are ready to be acquired from the **My & Group** filter. After successfully acquiring a task, sort by your requests only and confirm you see those requests in your work queue.

Success

If the request was successfully acquired, you will be able to review and update the request.

Next Steps

Proceed to review the request, the attachments, the payments methods and the notes to determine next steps.

Summary

In this topic you learned about how to acquire a PA work item.

Assigning or Reassigning a PA Request

Overview

What

This task is about how to assign or reassign a PA request in the work queue.

Who

The OHP Staff responsible for reviewing, approving and assigning prior authorization requests perform this task.

When

On a daily basis, MITS automatically assigns work tasks to a specific queue based on the PA Assignment Code. Managers manually assign or reroute PA requests as needed.

Relevance

This task supports the process of reviewing, assessing and pre-approving or denying select non-emergency medical services prior to payment. Assigning and reassigning PA requests is important for managing and prioritizing awaiting approvals.

Requirements

In order to complete this task, there needs to be a complete PA request with a Pending Review status assigned to a group.

To perform this task, be aware of the following requirements:

- Access the worklist to acquire and assign requests.
- Assign tasks based on your security authorization.
- Assign a request to only one user at a time.
- Work on a request that is currently not assigned to anyone else. Only one user may work on a prior authorization request at a time. All other users should contact the assigned reviewer before making any changes to the PA request.

Guidelines

Work list priorities are assigned based on the following criteria:

- Priority 1 – PAs that are manually assigned that priority by the supervisor

- Priority 2 – PAs for recipients up to age 21
- Priority 3 – PAs for recipients in a waiver program or about to be discharged from a long term care facility (LTCF)
- Priority 4 – All other requests

How To

Follow these steps from the MITS home page to assign or reassign a work item from the worklist:

Step	Action
1	Select Worklist from the Tools drop-down list.
2	Select My & Group from the Task Filter drop-down list.
3	Select the appropriate priority based on your assignment queue.
4	Select the appropriate priority and status from the Status drop-down list.
5	Click Search .
6	Click the title link of the prior authorization
7	Click Work Task .
8	Click the prior authorization from the Work Task panel.
9	Select Reassign from the Actions drop-down list.
10	Type the assignee id, full name or email address in the Assignee field based on the search type in the Search Type field.
11	Click search .
12	Click Update Task .

Practice

Assign one of the PA requests acquired in the first exercise using this information:

- A user name of another participant
- After successfully reassigning the PA request, review the PA requests in your worklist to confirm that it disappears from your worklist.

Success

If the request was successfully assigned or reassigned, the appropriate user will see the prior authorization assigned to them in the worklist when they filter on "my" items and the user may review and update the request.

Next Steps

Review the request, the attachments, the payments methods and the notes to determine next steps, for example, whether to approve, deny or escalate the request. Payment Method is determined by the reviewer once they have decided to approve the request. After the PA is complete, accept the request to send out the PA from the workflow.

Summary

In this topic you learned about how to assign or reassign a PA request.

Searching for Reimbursement Rules

Overview

What

In this topic, you will learn how to search for and view reimbursement rules in the Reference subsystem.

Who

The PA staff performs this task.

When

You perform this task when you are researching rules for a PA request to confirm the payment method is appropriate.

Relevance

In order to approve a PA request, you must confirm that the pricing method is appropriate for the reimbursement rule.

Requirements

To search for a rule, you need one or more of the following:

- A benefit group (i.e. provider contract, a recipient plan, or a reimbursement agreement),
- A benefit code (such as a procedure that a provider contract can bill).
- A claim or a specific rule or code that you want to research
- A new policy directive that you want to research

Guidelines

Each rule can be configured to include, exclude, or bypass parameters when defining coverage for variables such as places of service, claim types, recipient plans, provider contracts, types of bill, diagnoses, provider types or specialties, modifiers, occurrence codes, and condition codes.

All rules for a specific recipient plan or provider contract must exist on the same classification for a given benefit. The rule authoring panels locks a recipient plan or provider contract to the **first** benefit classification where a rule is authored.

How To

Follow these steps from the MITS home page to view and search for reimbursement agreement rules in the Reference subsystem:

Step	Action						
1	Click Reference .						
2	Click Benefit Administration .						
3	Click Reimbursement Agreement .						
4	Search for the reimbursement contract using the steps: <ol style="list-style-type: none"> Type a value in the Agreement Contract field. Click search. <u>If necessary</u>, locate the desired record using the navigation options at the bottom of the Search Results list. 						
5	Find the benefit code in the medical classification with these instructions: <table border="1" data-bbox="371 974 1373 1409"> <thead> <tr> <th>TO:</th> <th>THEN:</th> </tr> </thead> <tbody> <tr> <td>Search the medical classification</td> <td> <ol style="list-style-type: none"> Select the desired type (Procedures, HCPCS, and so on) from the Type drop-down list. Enter the appropriate code in the Code field. You can search with the Description field, as well (if this would be effective). Click Find. </td> </tr> <tr> <td>Navigate the tree</td> <td> <ol style="list-style-type: none"> Click the "+" symbol for the appropriate benefit group. Continue to click the "+" symbol until you reach the desired level and to reveal existing rules for that service. </td> </tr> </tbody> </table>	TO:	THEN:	Search the medical classification	<ol style="list-style-type: none"> Select the desired type (Procedures, HCPCS, and so on) from the Type drop-down list. Enter the appropriate code in the Code field. You can search with the Description field, as well (if this would be effective). Click Find. 	Navigate the tree	<ol style="list-style-type: none"> Click the "+" symbol for the appropriate benefit group. Continue to click the "+" symbol until you reach the desired level and to reveal existing rules for that service.
TO:	THEN:						
Search the medical classification	<ol style="list-style-type: none"> Select the desired type (Procedures, HCPCS, and so on) from the Type drop-down list. Enter the appropriate code in the Code field. You can search with the Description field, as well (if this would be effective). Click Find. 						
Navigate the tree	<ol style="list-style-type: none"> Click the "+" symbol for the appropriate benefit group. Continue to click the "+" symbol until you reach the desired level and to reveal existing rules for that service. 						
6	Click the benefit/service code level to view the rule summary.						
7	Click the rule to view the rule edit panel.						

Success

You have successfully completed this task when the rule displays in the window.

Practice

Search for reimbursement rules (we will not discuss all the rule options here, just look at basic rule search):

- **Reference>Benefit Administration>Reimbursement Agreement**
- Type **V** and click **search** - select **Vision**.
- Search for procedure code **99211**.
- What is the difference between rules 75845 and 75846?
- Expand tree view under Vision>Procedures and find which procedure code has a rule other than 75845 and 75846.

Summary

In this topic, you learned how to search for reimbursement rules in MITS.

Entering a PA Request

Overview

What

This topic describes how to enter a PA request that was not submitted through the portal, for example, sister agency PDN requests, transplants, and miscellaneous waiver services. A PA grants permission to a provider to render specific services to eligible recipients for specific types of services and/or medications. These services are reimbursable if the service provider fulfills Ohio Medicaid established requirements before they provide the service.

Who

The OHP Staff responsible for manually entering PAs perform this task.

When

Perform this task after a PA request is submitted via paper, phone or fax and then scanned into EDMS.

Relevance

Entering PA requests ensures that the appropriate claims are approved for eligible providers and recipients and that the proper adjudication is applied.

Requirements

To complete this task:

- You need to have a complete and scanned PA request form.
- You must review all attachments and documents to complete a PA.
- Enter at least one line item for the PA request.

Guidelines

To perform this task, be aware of the following guidelines:

- MITS validates PA service codes, modifiers, tooth number and quadrant, and diagnosis codes **before** you can save the request.
- There are numerous business edits run such as recipient eligibility, procedure to assignment check, etc., before you can save.

How To

Follow these steps from the MITS home page to enter a service authorization.

Step	Action
1	Select search from the Prior Authorization drop-down list.
2	Click add .
3	Complete all required fields in the PA, for example, provider ID, authorization type, and recipient ID.
4	Click add on the Line Item panel.
5	Specify the requested procedure in the HCPCS Procedure Code field. Note: Use the search option by specifying a value and clicking search to locate the correct code in the Search panel.
6	Specify the requested units or dollars in the corresponding field(s).
7	Click save .
8	Review all messages based on edits associated to the PA request, for example, restrictions on Provider contracts and update request as necessary. Click ignore in the Action column of the message indicating that this service may not require a prior authorization.
9	Click continue .

Practice - Review Procedures for PAs

Before creating prior authorizations, perform the following tasks:

- Review the contract for provider ID 8217022632
- Review the reimbursement rules for procedure 99213
- Review the reimbursement rules for K0001
- Review the reimbursement rules for E1340

After successfully reviewing the information, report back the pricing method to use for the procedures.

Practice #1 - Create a PA for a Pay System Price

Create a PA request using this information:

- Provider ID - 8217022632
 - Recipient ID - 851128443666
 - HCPCS Procedure Code – 99213
- 1) After successfully entering a PA, be prepared to report the status of the request.
 - 2) The PA will automatically be listed in the worklist for the group.
 - 3) Business edits in the PA panel may need to be resolved and may require looking at data outside the PA panels, for example, recipient benefit plan or provider contract.
 - 4) Record the PA number for the next practice: _____. You will review and update the PA with a **pay system price** method

Practice #2 - Create a PA for a Pay Cap Amount

Create a PA request using this information:

- Provider ID (Dentist)- 8196912847
 - Recipient ID - 851128443666
 - HCPCS Dental Procedure Code – D0350
 - Requested Dollars - \$500.00
- 1) After successfully entering a PA, review the request in the **Worklist**.
 - 2) Business edits in the PA panel may need to be resolved and may require looking at data outside the PA panels, for example, recipient benefit plan or provider contract.
 - 3) Record the PA number for the next practice: _____. You will apply a **pay cap amount** method for this PA after you approve it.

Practice #3 - Create a PA for a Pay Unit Fee Price

Create a PA request for a wheelchair for a hospital using this information:

- Provider – 8439125298
 - Recipient ID – 851128443666
 - Assignment – Supplies (Miscellaneous)
 - Contact Name – Your Name
 - HCPCS Procedure Code – K0001
 - Requested Units – 1
- 1) After successfully entering a PA, be prepared to report the status of the request.
 - 2) The pricing indicator in the BPA indicates whether it is manually priced as directed by the BPA contract for that procedure. You will apply the **unit fee price** method to this PA in the next practice.
 - 3) Record the PA number for the next practice: _____

Success

You have successfully completed this task if you are able to save your PA without errors and you see the message "Save Was Successful Panel Saved."

Next Steps

The status on the PA determines next steps, for example, the PA may be approved or suspended for 30 days due to the need for additional documentation.

If a request is set to **Pending Additional Information** it provides up to 30 days for additional documentation to be submitted after which the request is auto-denied.

If a request is set to **Pending Additional Information** and the documents are submitted within the thirty day time-frame, the status automatically reverts to **Pending Approval** and needs to be acquired from the worklist.

Summary

In this topic you learned how to enter a PA request that was scanned into the Electronic Data Management System (EDMS) from a paper, phone or fax request.

Reviewing and Finalizing a PA Request

Overview

What

This task describes the steps for reviewing and finalizing a PA request in MITS. This step involves analysis such as:

- Performing the medical necessity review
- Checking eligibility or service limitations
- Determining whether information is complete and whether to pend for additional information
- Selecting the payment method
- Specifying authorized units and dollars for approved requests
- Updating external or internal notes
- Selecting the appropriate reason code
- Setting the print option for decision letters

After a PA request is submitted externally by a provider or third party, you must acquire it through the work queue to perform any further action.

Who

The OHP Staff responsible for approving and denying PA requests perform this task.

When

Perform this task after a PA request is submitted via the web and is in the work queue waiting to be reviewed and updated.

Relevance

Updating PAs with approvals and denials impact the providers administering the services and the eligible recipients who cannot receive those services or medications without the approvals.

Requirements

In order to complete this task, there needs to be a complete PA request in MITS with a **Pending status such as Pending Review, Pending Physician Review, or Pending Addtl Info.**

In order to perform this task, be aware of the following requirements:

- Review all attachments and documents to apply the appropriate status to a prior authorization request.
- Ensure the pricing of the PA request coincides with the pricing rules of the code on the request.
- Ensure the print option of the request is set to **Batch** to ensure the letters are generated and sent to the provider, recipient, and any other external contacts.

Guidelines

In order to perform this task, be aware of the following guidelines:

- Determine if additional documents are required. Attachments are linked to the PA request by PA Number.
- Determine if the service is medically necessary.
- Determine if the procedure code is appropriate for the description and price.
- Check recipient and provider eligibility.
- Ensure the pricing for the PAs is based on accurate procedure codes in the request.
- Review the documents with the **Pending Additional Information** status. If a request is set to **Pending Additional Information** which indicates there is not enough information, it provides up to 30 days for additional documentation to be submitted, after which the request will be auto-denied.

Note: If a request is set to **Pending Additional Information** and the documents are submitted within the thirty day time-frame, proceed to update the status accordingly, for example, **Under Review**.

How To

Follow these steps from the MITS home page:

Step	Action
1	Select Worklist from the Tools drop-down list.
2	Select My from the Task Filter drop-down list.
3	Select the appropriate priority based on your assignment queue.
4	Select the applicable status, for example, Assigned .
5	Click on a PA request line to open the request in the Prior Authorization Information panel. Note: The Prior Authorization Maintenance panel contains links to the individual PA line items, attachments, etc.
6	Click the Attachments link from the Prior Authorization Maintenance panel to review all pertinent documents in the Attachments panel.

7	<p>Review the fields in the Base Information panel:</p> <ul style="list-style-type: none"> Review the print option to confirm the batch print is selected and make sure there is no sensitive information in the external notes. The batch print option generates a letter to the provider, recipient, and any additional selected contacts. Review the Provider ID, Authorization Type, Recipient ID and other pertinent detail in case you need to review contract details. Review the HCPCS Procedure Code in case you need to review the reimbursement rules. 								
8	<p>Click the Line Item link to review the detailed line item information and determine the status to apply.</p>								
9	<p>Select the appropriate status from the Status drop-down list.</p>								
10	<p>Click add in the Reason Code panel and add an appropriate reason code in the Reason Code field.</p>								
11	<p>If the PA is to be approved, set up calculations by following these steps:</p> <table border="1" data-bbox="371 863 1375 1314"> <thead> <tr> <th data-bbox="371 863 724 919">TO:</th> <th data-bbox="724 863 1375 919">THEN:</th> </tr> </thead> <tbody> <tr> <td data-bbox="371 919 724 1010">Apply the Pay System Price payment method</td> <td data-bbox="724 919 1375 1010">Type the authorized units in the Authorized Units field.</td> </tr> <tr> <td data-bbox="371 1010 724 1171">Apply the Pay Cap Amount payment method</td> <td data-bbox="724 1010 1375 1171">Type the authorized dollars in the Authorized Dollars field. Note: Do not specify authorized units for this payment type.</td> </tr> <tr> <td data-bbox="371 1171 724 1314">Apply the Pay Unit Fee Price payment method</td> <td data-bbox="724 1171 1375 1314"> <ul style="list-style-type: none"> Type the authorized units in the Authorized Units field. Type the authorized dollars in the Authorized Dollars field. </td> </tr> </tbody> </table>	TO:	THEN:	Apply the Pay System Price payment method	Type the authorized units in the Authorized Units field.	Apply the Pay Cap Amount payment method	Type the authorized dollars in the Authorized Dollars field. Note: Do not specify authorized units for this payment type.	Apply the Pay Unit Fee Price payment method	<ul style="list-style-type: none"> Type the authorized units in the Authorized Units field. Type the authorized dollars in the Authorized Dollars field.
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Apply the Pay Unit Fee Price payment method	<ul style="list-style-type: none"> Type the authorized units in the Authorized Units field. Type the authorized dollars in the Authorized Dollars field. 								
12	<p>To calculate based on code and payment type, select the appropriate pricing formula from the Pricing Formula drop-down list, for example, retail or wholesale.</p> <p>Note: Typically, those prices are submitted by the provider.</p>								
13	<p>IF you have a PA with a pay unit fee price method that requires calculations, click calculate.</p>								
14	<p>Click save.</p>								

Practice - Review and Approve using Pay System Price

Review and approve the PA you created to use with a pay system price method using this information:

- The PA number you documented in the previous exercise
Note: Retrieve it from the worklist or by searching in the **Prior Authorization** Search panel
- Status - approved
- Reason Code - 007
- Payment Method - **Pay system price**
- Requested dollars - 100.00

- 1) After successfully entering a PA with a **pay system price** method, be prepared to report any messages displayed when you saved the PA.
- 2) Confirm the print option is set to **batch**.
- 3) Review the notes that you entered for the approval.

Practice - Review and Approve using Pay Cap Amount

Review and approve the PA you created to use with a pay cap amount method using this information:

- The PA number you documented in the previous exercise
Note: Retrieve it from the worklist or by searching in the **Prior Authorization** Search panel
- Status - approved
- Reason Code - 007
- Payment Method - **Pay cap amount**
- Authorized dollars - 100.00
- Requested dollars - 500.00

- 1) After successfully entering a PA with a **pay cap amount** method, be prepared to report any messages displayed when you saved the PA.
- 2) Confirm the print option is set to **batch**.
- 3) Review the notes that you entered for the approval.

Practice - Review and Approve using Pay Unit Fee Price

Review and approve the PA you created to use with a pay unit fee price method using this information:

- The PA number you documented in the previous exercise
Note: Retrieve it from the worklist or by searching in the **Prior Authorization** Search panel
 - Status - approved
 - Reason Code - 007
 - Payment Method - **Pay unit fee price**
 - List Price - 150.00
 - Requested dollars – 100.00
 - Authorized dollars - 100.00
 - Pricing Formula - AWP
- 1) After successfully entering a PA with a **pay unit fee price** method, be prepared to report any messages displayed when you saved the PA.
 - 2) Confirm the print option is set to **batch**.
 - 3) Review the notes that you entered for the approval.

Success

If the update is successful, the message "Save Was Successful" displays.

Next Steps

After successfully applying a decision status to a PA, the request is approved, denied or awaiting further review or information. The status selected determines the next steps. For example, the authorization may be approved OR the status is updated to **Pending Additional Information**, which sends the request back into the queue for 30 days - time for additional documentation to be submitted.

After completing the request, select **Accept** to release the request.

Summary

In this topic you learned how to review and finalize a PA.

Review

Objectives

In this course you learned how to:

- Describe the purpose of PAs
- Navigate in the PA panels
- Acquire a PA work item
- Assign or reassign a PA work item
- Search for reimbursement rules
- Enter a PA request
- Review and finalize a PA request