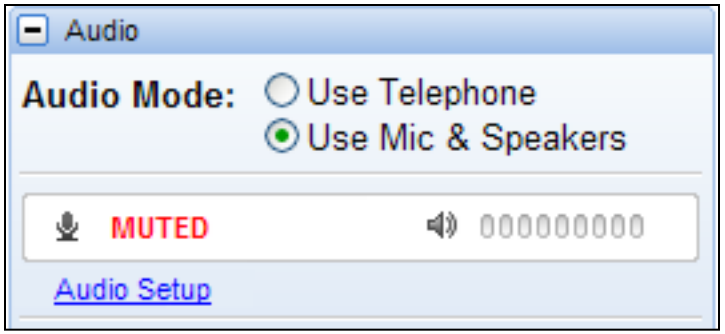
Welcome!

The Webinar to *Submit Prior Authorization for Medical and Dental Services* will begin shortly. While you are waiting, please check your audio settings.

You can use computer speakers or headphones



You can dial in using a telephone.

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Your Dial-In Number, Access Code, and Audio PIN are located in the Webinar control panel.

Sound Check

- **If you are not hearing us through your PC, then:**
  - **Your computer does not have a sound card**
  - **Your speakers/headphones are turned off**
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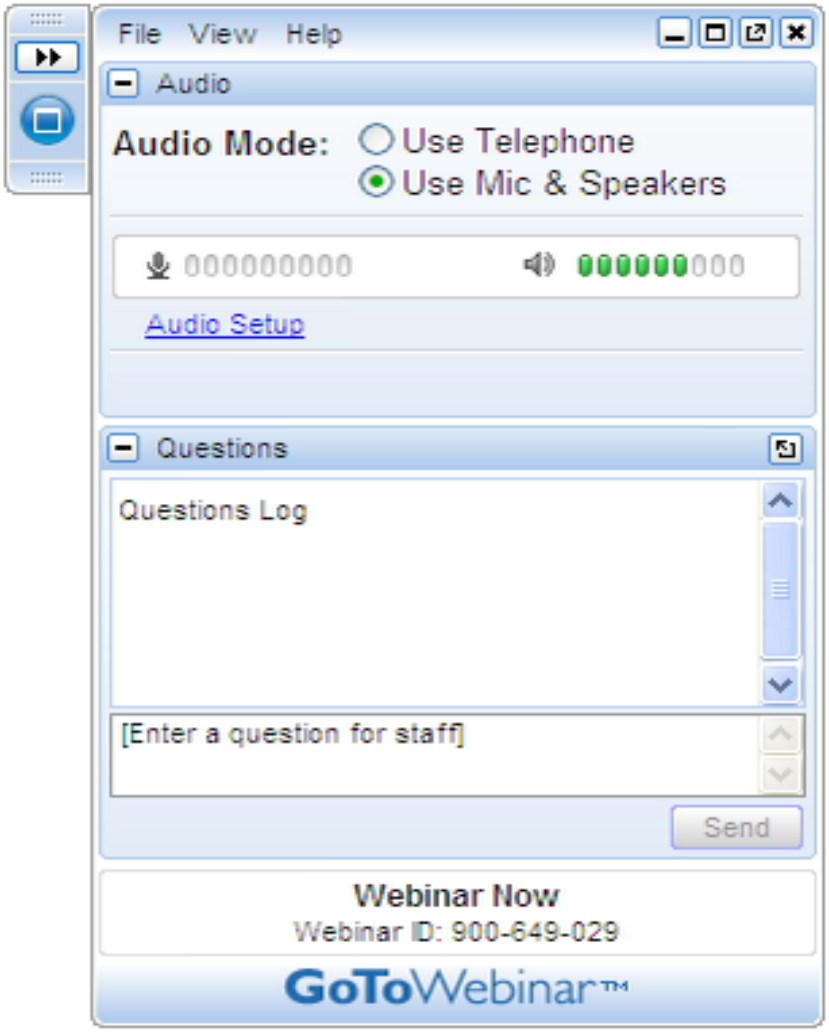
  - **Your PC is muted**
  - **Your PC sound settings are incorrectly set**
  - **Your GoToWebinar sound settings are incorrectly set**
- **Go to www.GoToWebinar.com for support info**

- We are broadcasting audio now!
- If you cannot hear anything and want to dial in, use the phone # after the word "Dial" in your control panel.
- Remember: Toll charges may apply.

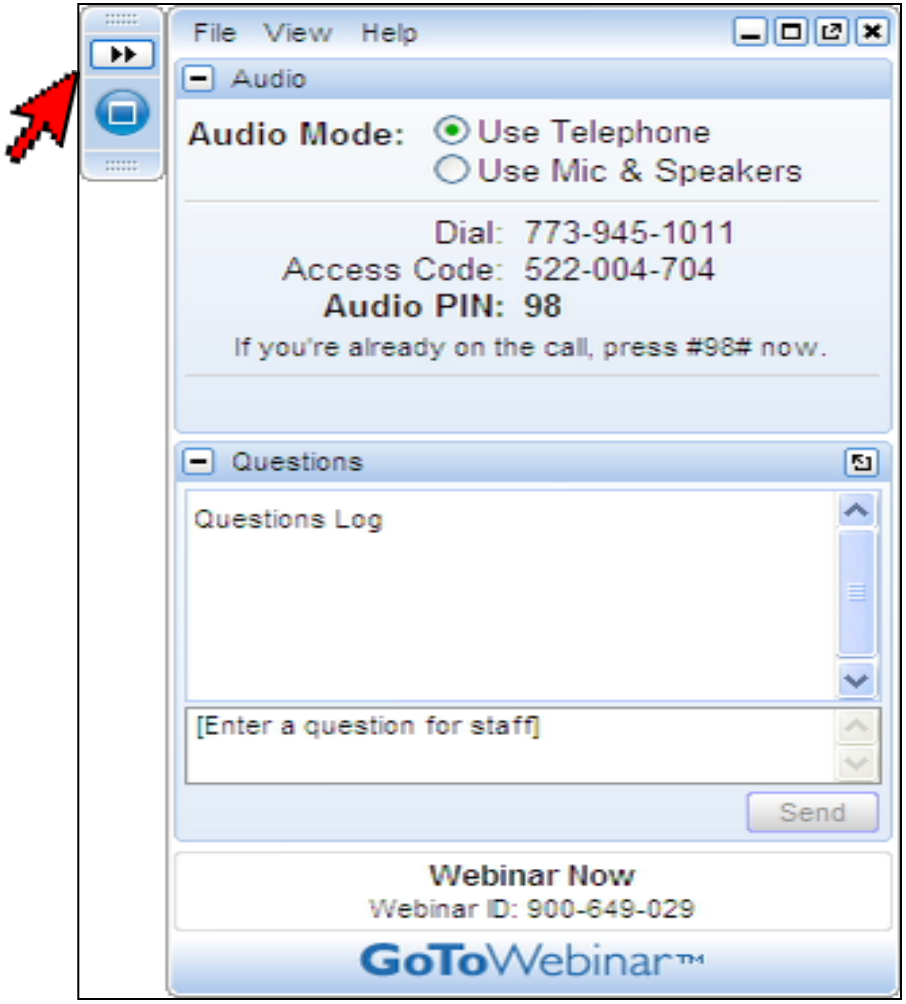
Webinar Tips

- Attendee Control Panel
- Asking Questions



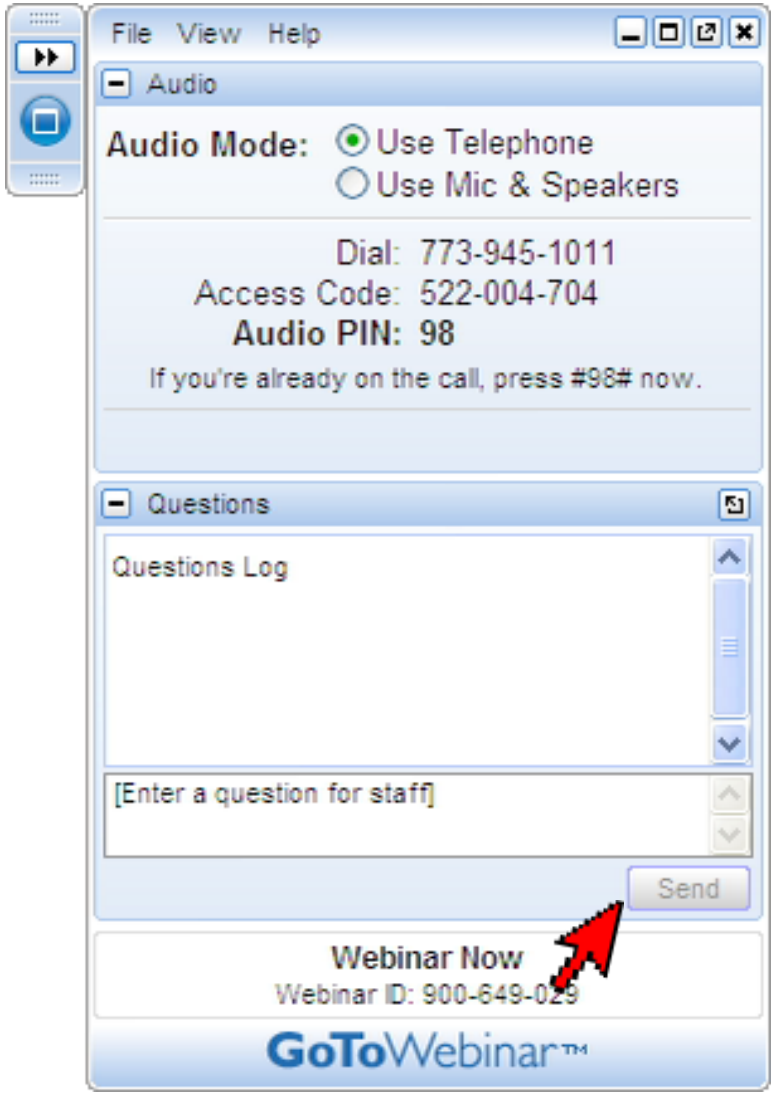
Attendee Control Panel

- Hiding the Control Panel
  - Toggle Auto-Hide On/Off
- Use this panel to:
  - Set your sound preferences
  - Ask Questions and view answers
- Your microphone should always be muted
- Do not use the hand raising icon
  - We are not monitoring this feature



Asking Questions

- You may ask questions anytime during the Webinar
  - Click the Questions option in the Webinar toolbar
  - Type in question
  - Click Send
- Selected questions will be answered during the Webinar – time permitting
- Questions will be reviewed for inclusion in future communications from DSHS



OPERATIONAL WEBINAR SERIES:

SUBMITTING PRIOR AUTHORIZATION FOR MEDICAL AND DENTAL SERVICES

Copy of this presentation located at

http://www.dshs.wa.gov/provider/training.shtml

Learning Objectives

- As a result of this webinar, you will be able to:
  - Locate the new prior authorization request form and instructions
  - Submit your authorization request successfully using the new authorization intake process
  - Package your request using a new cover sheet when additional information is required
  - Check on the status of your request
- If you need to learn how to determine if a service requires prior authorization see the Billing and Resource Guide at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html

What's Changing

What Doesn't Change?

- Authorization policy
  - If a service required authorization in the legacy MMIS, it will need authorization in ProviderOne
- Authorization request process for PM&R, LTAC, Inpatient Psychiatric, and ambulance providers

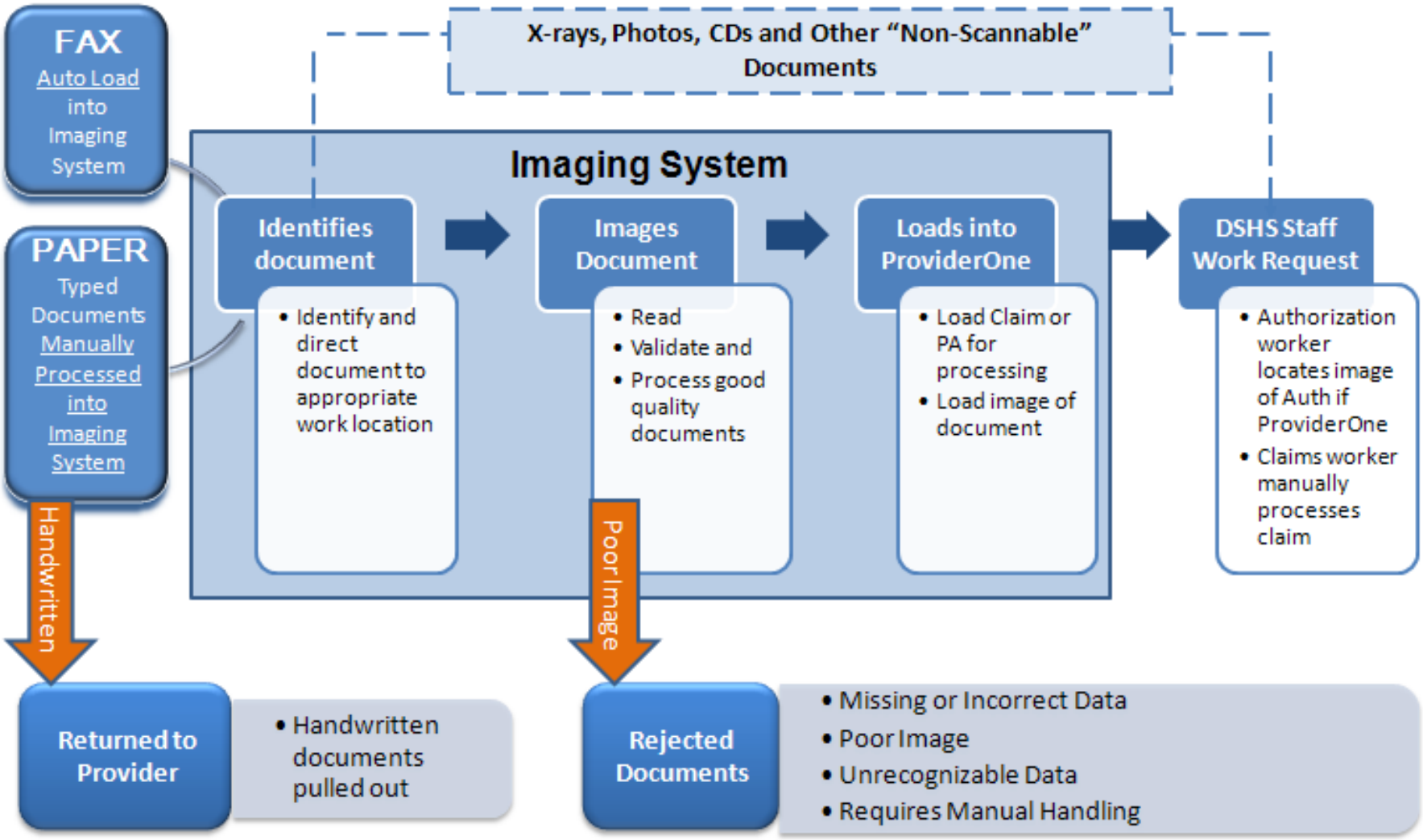
What's Different?

- How you request authorization
  - New scanning technology
  - Automated intake process
  - New form and cover sheets
- New Self-Service functionality to monitor authorization status

ProviderOne Includes New Scanning Technology

- Optical Character Recognition (OCR)
  - OCR is the translation of scanned images of typewritten text into machine encoded text
  - Widely used to convert documents into electronic files
- Features of OCR
  - OCR makes it possible to search for a word or phrase, store documents more compactly, display or print a copy of artifacts
  - OCR technology cannot accurately read if there is any handwriting on the form

New Automated Intake Process



New Automated Intake Process

- **Incoming Prior Authorization requests will be automatically scanned into ProviderOne when:**
  - **First page received is Prior Authorization Form 13-835**
    - Do not use your own fax cover sheets
  - **DSHS Forms are not modified**
    - Modified forms will fail scanning process and delay processing
  - **Each authorization request is received separately**
    - The scanner does not separate multiple requests that are faxed at the same time, therefore they are processed as a single request
  - **Faxed pages are set to size 8 ½ x 11**
  - **Forms are typed and printed from the online forms webpage**

New Form Rolled out March 1, 2010

- New On-line Authorization Form (13-835) http://www.dshs.wa.gov/msa/forms/eforms.html
  - Forms must be typed online for scanning and efficient processing
  - PDF form can be easily filled in and printed
  - Handwritten forms will be returned for required preparation
- New data elements required on the form
  - ProviderOne Client ID and NPI
- Step by Step Instructions to complete form
  - ProviderOne Billing and Resource Guide (Appendix F) athttp://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html

Online Prior Authorization Form

	for Continue		
13-823	SSN Referral / Take Charge	Word	PDF
13-830	ICF/MR Admissions Review Team Checklist	Word	PDF
13-831	Durable Medical Equipment	Word	PDF
13-832	Tysabri (Natalizumab) J2323 Request	Word	PDF
13-835	General Information for Authorization	Word	PDF
13-835A	Pharmacy Information Authorization	Word	
13-836	Family and Children's Medical Benefits Renewal **PDF Translations:** Cambodian, Chinese, Korean, Laotian, Russian,	Word	

By clicking on the PDF version of the PA request form, you can easily fill in the fields and print the form.

http://www.dshs.wa.gov/msa/forms/eforms.html

Prior Authorization Form 13-835

Washington State Department of Social & Health Services
MPA Medicaid Purchasing Administration

General Information for Authorization

Org	1.	Service Type	2.
Client Information			
Name	3.	Client ID	4.
Living Arrangements	5.	Reference Auth #	6.
Provider Information			
Requesting NPI #	7.	Requesting Fax #	8.
Billing NPI #	9.	Name	10.
Referring NPI #	11.	Referring Fax #	12.
Service Start Date:	13.		14.
Service Request Information			
Description of service being requested: 15.		16.	17.
18. Serial / NEA#		19.	

20. Code Qualifier	21. National Code	22. Mod	23. # Units/Days Requested	24. $ Amount Requested	25. Part # (DME Only)	26. Tooth or Quad #

Medical Information			
Diagnosis Code	27.	Diagnosis name	28.
Place of service	29.		
30. Comments:			

http://www.dshs.wa.gov/pdf/ms/forms/13_835.pdf

Please Fax this form and any supporting documents to 1-866-668-1214.

PA Form Instructions- Tips

Requesting NPI #	7.
Billing NPI #	9.
Referring NPI #	11.

- **"Requesting" is the NPI for the individual or group requesting authorization**
- **"Billing" is the NPI for the individual or group who will bill DSHS for payment**
- **"Referring" is the NPI for the individual or group referring the client for services**

PA Form Instructions- Tips

ProviderOne

20. Code Qualifier

- **Enter the letter corresponding to the code from below:**
  - **T - CDT Procedure Code (dental related)**
  - **C - CPT Procedure Code (physician related)**
  - **P - HCPCS Procedure Code (equipment, supplies and some physician services)**
  - **I - ICD-9/10 Procedure Code (institutional related)**
  - **D - DRG (only use when instructed by DSHS)**
  - **R - Rev Code (applicable to PM&R, inpatient psych, and LTAC)**
  - **N - NDC-National Drug Code**
  - **S - ICD-9/10 Diagnosis Code**

PA Form Instructions- Tips

23. # Units/Days Requested	24. $ Amount Requested

- **Use field 23 if the service code has an allowable dollar amount in the fee schedule <u>or</u> if the service code has a number of units that are allowed before authorization is required (e.g. physical therapy visits).**
- **Use field 24 if the service code does not have an allowable dollar amount. For example the fee schedule might indicate B.R. for By Report instead of a dollar amount.**
- **Do not use both fields 23 and 24 on the same line. You should only use one or the other.**

Tips to Expedite Your Request

- Fax prior authorization request forms to 1-866-668-1214
- Remember
  - Fax one PA request at a time
  - First page received is Prior Authorization Form 13-835
  - Do not use your own fax cover sheets
  - Adjust your fax settings to 8 ½ x 11
  - Do not modify authorization form
  - Only use the ProviderOne Client ID and NPI

Sending in Non-Scannable Items

- **If sending x-rays, photos, CDs, or other non scannable items:**
  1. **Place the items in a large envelope**
  2. **Attach the PA request form and any other additional pages to the envelope (ie: tooth chart, perio charting, etc)**
  3. **Put the client's name, ProviderOne Client ID#, NPI, and section the request is for on the envelope**
     - Note for orthodontics –write "orthodontics" on the envelope.
  4. **Place in a larger envelope for mailing. Can mail multiple sets together**
- **Mail the large envelope to:**

  Authorization Services Office

  PO Box 45535

  Olympia, WA 98504-5535

Sending in Non-Scannable Items

- Another option for submitting photos or x-rays for Prior Authorization is the FastLook and FastAttach services provided by National Electronic Attachment, Inc. (NEA) for dental providers and Medical Electronic Attachment, Inc. (MEA) for medical/DME providers
  - For Dental Providers: (NEA)
    - Register with NEA by visiting www.nea-fast.com and entering "FastWDSHS" in the blue promotion code box.
    - Contact NEA at 800-782-5150 ext. 2 with any questions.
  - For Medical/DME Providers: (MEA) www.mea-fast.com
    - Phone 1-888-329-9988 extension 3.
    - Please identify your office as a participant in the Washington Department of Social and Health Services pilot.
    - Give the technician promotion code MEAFFL.

The DSHS Cover Sheet

- If you are mailing/faxing supporting documentation to an existing PA request, you will need to print and attach the DSHS cover sheet.
- The DSHS Cover Sheets can be located at http://hrsa.dshs.wa.gov/download/document_submission_cover_sheets.html
- Directions for cover sheets are in Appendix G of the ProviderOne Billing and Resource Guide.

ProviderOne

ProviderOne

PA Pend Forms Submission Cover Sheet

Authorization Reference # 123456789

(Please enter 9 digit numeric value.)

Print Cover Sheet | Clear Fields

Instructions will not appear on the printed coversheet

INSTRUCTIONS:
Click ENTER on your keyboard after typing the number in above.

Please use the **Print Cover Sheet** Button Above to print ONLY.

Use Only ADOBE Reader to generate this coversheet. Other readers will not generate the barcode correctly.

DO NOT USE FOR PHARMACY RELATED AUTHORIZATION REQUESTS!

Privacy Statement:
This material in this facsimile is intended only for the use of the individual who it is addressed and may contain information that is confidential, privileged and exempt from disclosure under applicable law.

HIPAA Compliance:
Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment to see insurance payment or to perform other specific health care operations.

FAX to : 1-866-668-1214.

THE BAR CODE COVER SHEET SHOULD BE THE FIRST PAGE OF YOUR FAX WITH ALL SUPPORTING DOCUMENTATION BEHIND THE BAR CODE SHEET.

DSHS Cover Sheets

ProviderOne

ProviderOne

PA Pend Forms Submission Cover Sheet

Authorization Reference # 123456789

DSHS Cover Sheets

- You must submit a separate DSHS cover sheet for each set of supporting documentation.
- If faxing multiple requests, each cover sheet and documentation set must be faxed separately. If mailing, however, multiple sets of documentation can be mailed in a single envelope.
- Backup documentation must be single sided.
- Backup documentation needs to be 8 ½ x 11.

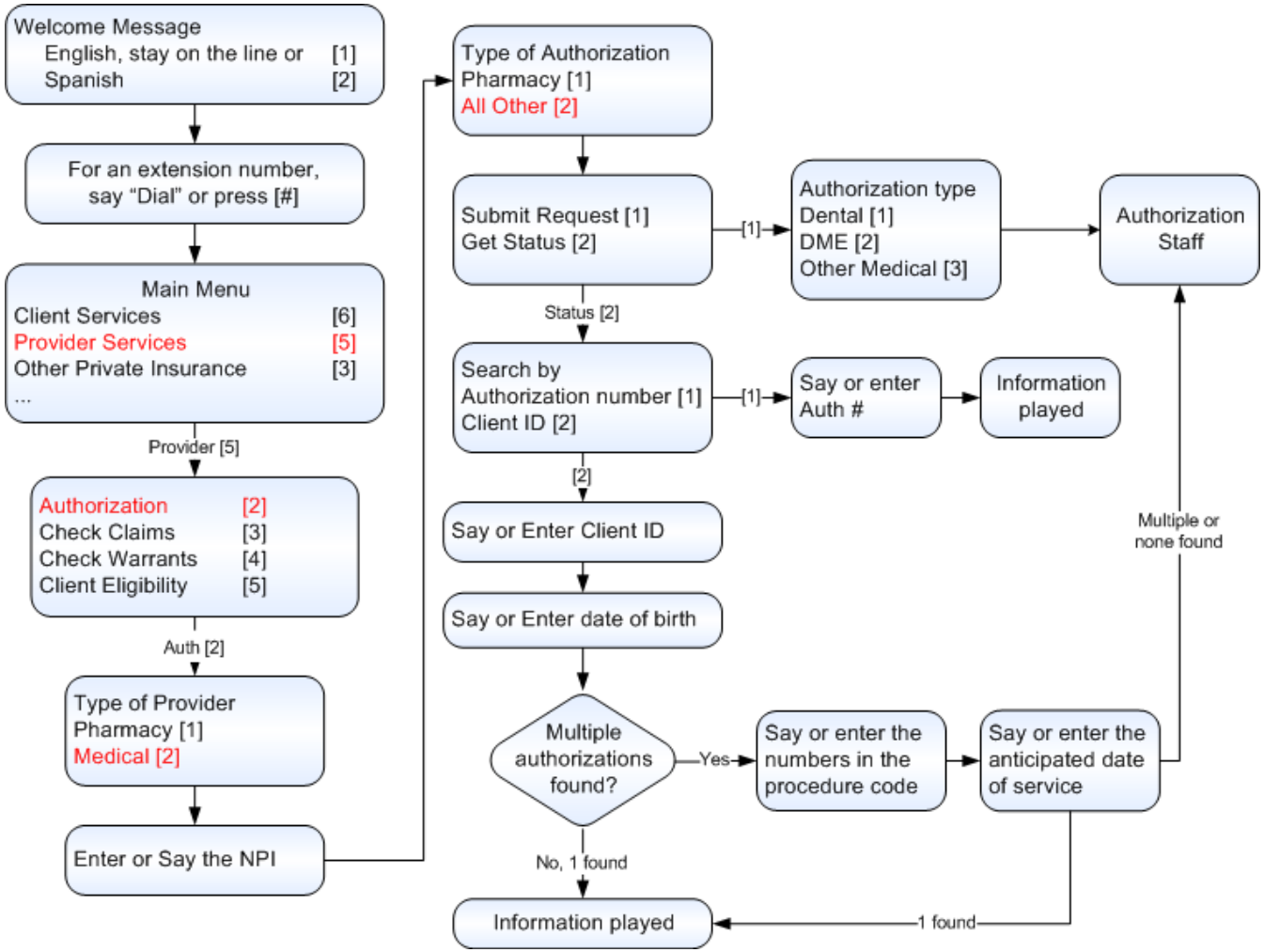
DSHS Cover Sheets

- You can save the link or URL to the cover sheets as a “Favorite,” but be sure to always get them real-time from our Web site to make sure you’re using the correct version. Do not save the actual cover sheets to your own desktop and re-use them.
- Do not use a DSHS cover sheet when submitting an original prior authorization request form.

Checking on PA Status Using the IVR

- Call 800-562-3022
  - PA Shortcut enter 1,5,2
- Search by Authorization number or by the Services Card number and date of birth
- If multiple authorization numbers are found, narrow the search with a Service Code or expected date of service

IVR Phone Tree – 800-562-3022



Checking on PA Status Using ProviderOne

- Select "Provider Authorization Inquiry" from the provider portal home page
- Enter one of the search criteria

Close Submit

PA Inquire:

To submit a Prior Authorization Inquiry, complete one of the following criteria sets and click 'Submit'.

- Prior Authorization Number; or
- Provider NPI AND Client ID; or
- Provider NPI, Client Last Name, Client First Name, AND Client Date of Birth

For additional information, please contact our Customer Service Center (WA State DSHS Provider Relations) (800) 562-3022

Prior Authorization Number:

Provider NPI:

Client ID:

Client Last Name:

Client First Name:

Client Date of Birth:

Checking on PA Status Using ProviderOne

- The system will return your authorization status

Close

PA Utilization:

Authorization #: 100000226
Client ID: [redacted]
Service: Partial
Request Date: 5/9/2010
Service Start Date: 6/14/2010
Requestor ID: 1972676971

Authorization Status: Approved
Client Name:
Organization: PA - DENTAL
Last Updated Date: 6/14/2010
Service End Date: 6/14/2011
Requestor Name:

Line #	Modified Date	Servicing Provider ID	Code	Claim Type	Modifier1	ToothNum	ToothSurf	Quad	From Date	To Date	Request Amount	Request Units	Auth Amount	Auth Units	Used Amount	Used Units	Status
1	06/14/2010	1297174503	D5213	K-Dental Claim				01	06/14/2010	06/14/2010	0	1	0	1	0	0	Approved

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Checking on PA Status Using ProviderOne

- The following statuses may be returned

Requested	This means the authorization has been requested and received.
In Review	This means your authorization is currently being reviewed.
Cancelled	This means the authorization request has been cancelled.
Pended	This means we have requested additional information in order to make a decision on the request.
Referred	This means the request has been forwarded to a second level reviewer.
Approved/Hold	This means the request has been approved, but additional information is necessary before the authorization will be released for billing.
Approved/Denied	This means the request has been partially approved and some services have been denied.
Rejected	This means the request was returned to you as incomplete.
Approved	This means the Department has approved your request.
Denied	This means the Department has denied your request.

Authorization Policy

- **Authorization for services does not guarantee payment. Providers must meet administrative requirements (client eligibility, claim timeliness, third-party insurance, etc.) before the Department pays for services.**

Tips for Success

- Must use the new ProviderOne Client ID and NPI
  - ProviderOne cannot recognized the PIC or legacy provider numbers

- Frequently asked questions, helpful hints, and instructions for completing the authorization request form for our most common service types can be located at http://hrsa.dshs.wa.gov/Authorization/

Ending the Webinar

- To close the webinar
  - Click the X button in the control panel