



Medicaid Management Information Systems
Maine Integrated Health Management Solution
HealthPAS Online: Prior Authorization User Guide

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By accessing the Maine Health PAS Online Portal, all users agree to protect the privacy and security of the data contained within as required by law. Access to information on this site is only allowed for necessary business reasons, and is restricted to those persons with a valid user name and password.

Table of Contents

1. Introduction	1
2. System Requirements	2
3. Preparation for PA Submission Process	2
4. Trading Partner.....	2
5. Prior Authorization Submission	4
5.1 Patient Roster or Primary Care Roster.....	4
5.2 Authorization Submission	5
6. Submit Prior Authorization	8
7. Authorization Confirmation	16
8. Add Attachments to Prior Authorization.....	18
9. Prior Authorization Cover Sheet	19
10. View Authorization Status	20
10.1 View Attachments	24
11. Print Detail	25
Appendix A. CT and PET CPT Procedure Codes	27

List of Figures and Tables

Figure 4-1: Trading Partner Sign In.....	3
Figure 5-1: Form Entry– Authorization Submission	4
Figure 5-2: Patient Roster	5
Figure 5-3: Primary Care Roster	5
Figure 5-4: Billing Provider.....	6
Figure 5-5: Member Search	6
Figure 5-6: Member Search Results.....	7
Figure 6-1: PA Detail Screen	8
Table 1: Authorization Information Tab.....	9
Figure 6-2: Rendering Provider Search	9
Figure 6-3: Provider Search Results – With Rendering Providers	10
Figure 6-4: Provider Search - Without Rendering Providers.....	11
Table 2: Diagnosis Fields.....	12
Figure 6-5: Search for Diagnosis Code.....	12
Figure 6-6: Diagnosis Search.....	12
Figure 6-7: Diagnosis Search Results	13
Figure 6-8: Diagnosis Description	13

**Maine Integrated Health Management Solution
Health PAS Online: Prior Authorization User Guide**

Table 3: Field Name and Field Description	14
Figure 6-9: Service Code Search	14
Figure 6-10: Service Code Search Window	14
Figure 6-11: Service Code Search Results.....	15
Figure 6-12: Service Line Example	15
Figure 6-13: Miscellaneous Information.....	16
Figure 6-14: Notes	16
Figure 7-1: Confirmation Page	17
Figure 7-2: View Appeal Rights	18
Figure 8-1: Add Attachment	19
Figure 9-1: Prior Authorization Cover Sheet.....	20
Figure 10-1: Form Entry-Authorization Status.....	21
Figure 10-2: Authorization Search.....	22
Figure 10-3: Authorization Status.....	22
Table 4: View Authorization Detail Functions	22
Table 5: Prior Authorization Disposition Codes.....	23
Figure 10-4: View Authorization Detail	24
Figure 10-5: View Attachment Button.....	24
Figure 10-6: View Attachment	25
Figure 11-1: Print Detail	25
Figure 11-2: Authorization Detail.....	26
Table 6: CT and PET Codes	27

1. Introduction

MaineCare reviews the medical necessity of some services and products to be provided to its members through the use of a Prior Authorization (PA). A prior authorization determines only the medical necessity of the authorized service and does not establish or waive any other prerequisite for payment, such as a referral.

The MIHMS Health PAS Online Portal (online portal) provides MaineCare providers with the tools to submit prior authorizations via the online portal. PA types that may be submitted through the online portal are:

- Dental Services
- Dentures
- DME/Supplies
- DME Urgent
- EPSDT– OTS Services
- EPSDT– OTS DME
- EPSDT PDN OverCap
- Hearing Aids
- In-State Inpatient Procedures
- In-State Outpatient Procedures
- In-State Professional Services
- OMS-OT
- OMS-PT
- Orthodontia
- Orthotic/Prosthetic Devices– DME
- Orthotic/Prosthetic Devices– DME Urgent
- Out of State– Inpatient Procedures
- Out of State– Inpatient Transplants
- Out of State– Long Term Placement
- Out of State– Outpatient Procedures
- Out of State– Professional Services
- Out of State– Transportation
- Physician Administered Drugs
- Private Duty Nursing– Under 21 Years
- Radiology
- TMJ Procedures
- Vision

2. System Requirements

To successfully use all features of the Health PAS Online Portal, ensure that your computer system meets the following minimum requirements:

1. Reliable Online connection
2. Web browser- The latest version of Microsoft Internet Explorer is recommended. As versions of Internet Explorer become available it is recommended that these versions are used.
3. The latest version of Adobe Acrobat Reader

3. Preparation for PA Submission Process

When completing and submitting a prior authorization via the online portal, the user will need to gather the following information:

- Patient history related to the requested service(s)- for medical necessity
- MaineCare Member ID
- Member Name
- Member Date of Birth
- Member Social Security Number (SSN)
- Complete the criteria check list and prepare all the necessary documentation you will attach to the PA request you are submitting over the online portal. Paper documents may be scanned for the purposes of attachment.

4. Trading Partner

To access the secure section of the online portal to submit a PA to MaineCare via Direct Data Entry (DDE), you must first be a registered Trading Partner. To log into your Trading Partner Account (TPA):

1. From the online portal home page, click the **Provider** tab at the top of the screen.
2. On the Provider tab, enter your user name and password, which you created when you registered your TPA, into the **Trading Partner Sign In**. See Figure 4-1: Trading Partner Sign In.
3. Click the **Sign In** button.

Maine Integrated Health Management Solution
Health PAS Online: Prior Authorization User Guide

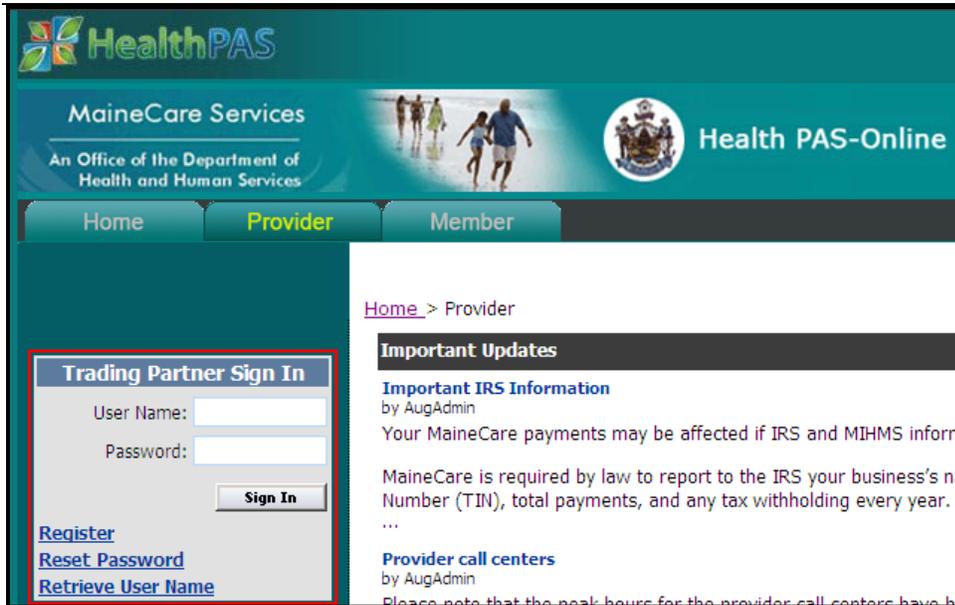


Figure 4-1: Trading Partner Sign In

NOTE: If you are not already a registered Trading Partner, click the link to the Trading Partner User Guides for more information at:

<https://mainecare.maine.gov/Trading%20Partner%20Guides/Forms/Publication.aspx>

5. Prior Authorization Submission

There are three (3) ways you can submit a prior authorization using the online portal, as shown in Figure 5-1: Form Entry- Authorization Submission:

- Patient Roster. See Section 5.1: Patient Roster or Primary Care Roster for more information.
- Primary Care Roster. See Section 5.1: Patient Roster or Primary Care Roster for more information.
- Authorization Submission. See Section 5.2: Authorization Submission for more information.

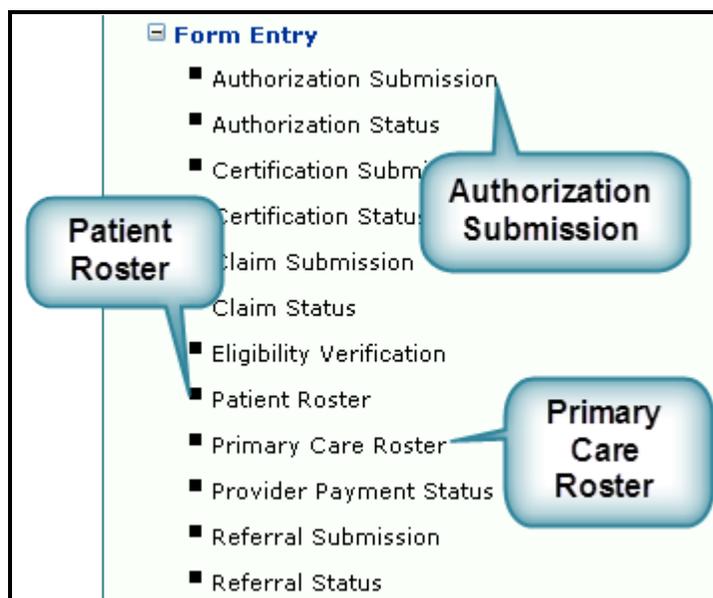


Figure 5-1: Form Entry– Authorization Submission

5.1 Patient Roster or Primary Care Roster

The **Patient Roster** is created by the Provider and contains a list of the members that are patients of the Provider. The **Primary Care Roster** is an automatic list of the members that have been assigned to that Primary Care Provider. Members from the **Primary Care Roster** can be added to the **Patient Roster List**. The user may choose to identify the member by using the **Patient** or **Primary Care Roster**:

1. Once you are logged in as a Trading Partner, click on either the **Patient Roster** or **Primary Care Roster** link under the Form Entry heading.
2. The roster screen will display, as shown in Figure 5-2: Patient Roster or Figure 5-3: Primary Care Roster, depending on which roster you have chosen.
3. Select the **Billing Provider** from the drop-down menu, if applicable. If there is only one Pay-To provider, this field will be grayed out.
4. If you are using the Primary Care Roster, select the **PCP** from the drop-down menu.
5. Select the member from the roster list by clicking the **radio** button, or
6. Select the **first letter** of the member's last name from the alphabetical list. If a letter is grayed out, there are no members assigned that have a last name which starts with that letter. If you are using the Patient Roster and the member does not appear, you will need to add the member to your Patient Roster before a submission can be completed. For instructions on adding new members, see the MHP Patient Roster User Guide at the following link:

Maine Integrated Health Management Solution
Health PAS Online: Prior Authorization User Guide

<https://mainecare.maine.gov/MyHealth%20PAS%20User%20Guides/Forms/Publication%20View.aspx>

NOTE: The user *will not* be able to add members to their **Primary Care Roster**. The Primary Care Roster members are assigned by Member Services.

7. Once you see the correct member, select the **radio** button next to the member in the roster list.
8. Click the **Submit Authorization** button to begin the authorization submission process.



Figure 5-2: Patient Roster

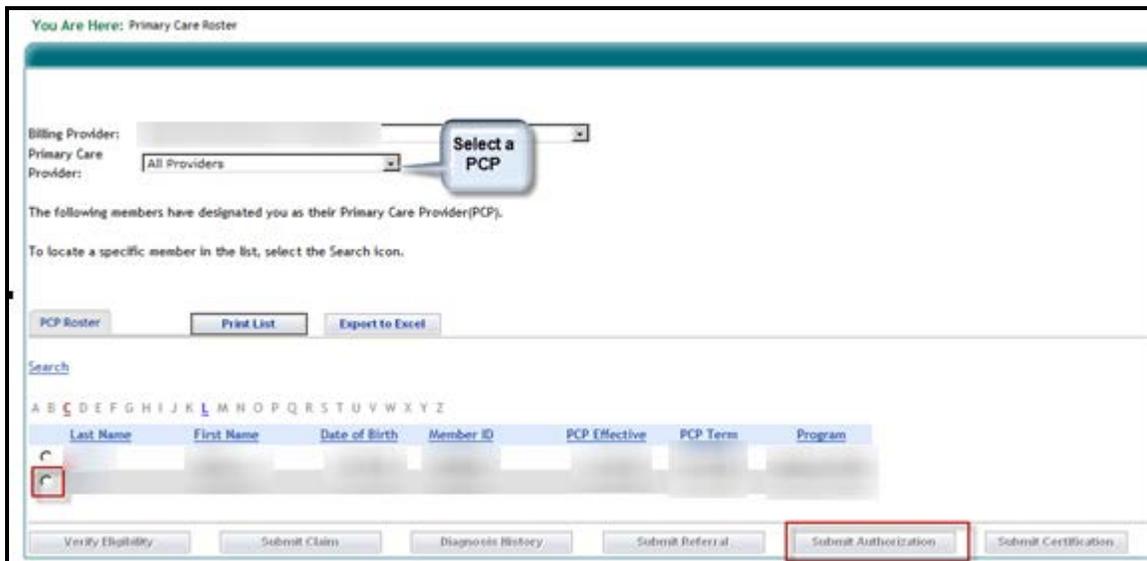


Figure 5-3: Primary Care Roster

9. Go to Section 6: Submit Prior Authorization to complete the PA submission.

5.2 Authorization Submission

1. Once you are logged in as a Trading Partner, click on the Authorization Submission link. The Submit Prior Authorization– Find Member screen will populate. Verify that the **Select Billing Provider** information (above the Find Member tab) is correct. If there is more than one Billing

**Maine Integrated Health Management Solution
Health PAS Online: Prior Authorization User Guide**

Provider associated with the Trading Partner ID, click the drop-down menu to select the proper Billing Provider from the pre-determined list. See Figure 5-4: Billing Provider.



A screenshot of a web form element. It consists of a label "Select Billing Provider:" followed by a rectangular drop-down menu with a small downward-pointing arrow on the right side.

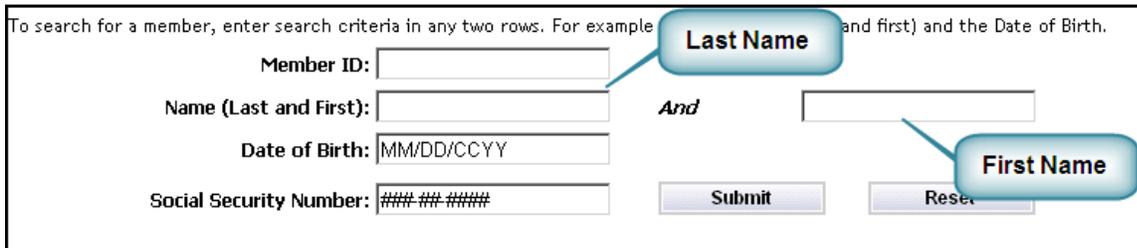
Figure 5-4: Billing Provider

2. Once the Billing Provider is selected, the Member must be identified. To search for a member, at least two (2) of the four (4) available member search criteria fields must be filled for a successful member search:

- Member ID (e.g. 00000000A)
- Name (Last and First)
 - The Last Name and First Name count as one search criterion.
 - On the search screen, enter the last name in the first field provided and the first name in the second field, as shown in Figure 5-5: Member Search.
 - Names must match exactly for the first five (5) letters of the last name and the first three (3) letters of the first name.

***HINT:** For example, Jane Example-Member could be entered as Examp for the last name and Jan as the first name.*

- Date of Birth (e.g. MM/DD/YYYY)
- Social Security Number (SSN)- should be entered without any dashes.



The screenshot shows a search form with the following fields and controls:

- Member ID:
- Name (Last and First): *And*
- Date of Birth:
- Social Security Number:
- Submit button
- Reset button

Callouts in blue rounded rectangles point to the "Last Name" field (the first input in the Name field) and the "First Name" field (the second input in the Name field).

Figure 5-5: Member Search

3. Select the **Submit** button to perform your search.

***NOTE:** If no match is found, change your search criteria. For example, use the MaineCare ID and member Date of Birth. If no match is found, or to start your search over, select the **Reset** button to clear all the values entered in the Find Member search fields.*

4. The search results are returned under the Find Member Results tab, as shown in Figure 5-6: Member Search Results. The search may result in a list of multiple members. Using the member's criteria, identify the correct member. The member information that will be displayed is:

- Name
- Gender
- Date of Birth
- Member ID

**Maine Integrated Health Management Solution
Health PAS Online: Prior Authorization User Guide**

5. Select the **radio** button next to the member name to select the member.
6. Click the **Continue** button to begin the authorization submission process.

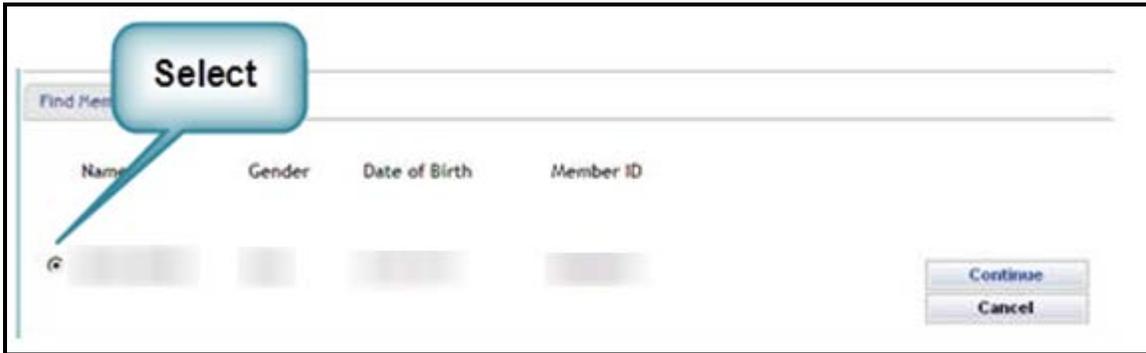


Figure 5-6: Member Search Results

7. Go to Section 6: Submit Prior Authorization section to complete the PA submission.

6. Submit Prior Authorization

After selecting the member, the Submit Prior Authorization– Authorization Detail screen will populate, as shown in Figure 6-1: PA Detail Screen. There are seven (7) tabs associated with this screen:

- Member Information
- Authorization Information
- Rendering Provider
- Diagnosis
- Services
- Miscellaneous Information
- Notes

NOTE: Some of the fields have been pre-populated with the member and provider information based on the member you have selected and the provider entering the authorization.

NOTE: Input fields with a red asterisk (*) are required. An error message will be displayed if these values are left blank.

The screenshot displays the 'Authorization Information' tab of the PA Detail Screen. It contains the following fields:

- Authorization Type*:** A dropdown menu.
- Pay To/Billing Provider:** A text field with pre-populated text.
- Requesting Provider*:** A dropdown menu.
- Requested length of stay:** A text field.
- Start Date*:** A date input field.
- End Date*:** A date input field.

Below this section is the 'Rendering Provider' tab, which includes:

- Rendering Provider or Group:** A text field with a search icon and pre-populated text.
- Pay To/Billing Provider:** A dropdown menu.

At the bottom, the 'Diagnosis' tab is partially visible.

Figure 6-1: PA Detail Screen

1. Complete the Authorization Information tab as outlined in Table 1: Authorization Information Tab.

Table 1: Authorization Information Tab

Field Name	Helpful Information
Authorization Type	Required field. Click the drop-down menu and make a selection from a pre-determined list. If you are unsure about the Authorization Type, contact Provider Services at 1-866-690-5585.
Pay-To/Billing Provider	Pre-populated. This field will be system-generated based on the trading partner account submitting the authorization.
Requesting Provider	Required field. Click the drop-down menu and make a selection from a pre-determined list. This includes all affiliations associated with the trading partner account submitting the authorization. Select the appropriate one.
Requested Length of Stay	Optional field. Some examples for when this field would be used are: Inpatient Hospital stays, Nursing Homes, Boarding Homes and ICF-IID.
Start Date	Required field. Requests for non-emergency services must be submitted to MaineCare at least 30 calendar days before the appointment. Requests must be approved before services are provided.
End Date	Required field. The end date cannot extend beyond one (1) year.

- Complete the Rendering Provider section. The **Rendering Provider** or **Group** field is required. The Rendering Provider or Group should reflect the provider that is rendering the service associated with the prior authorization. To enter a value in the **Rendering Provider or Group** field, select the **Search** icon as shown in Figure 6-2: Rendering Provider Search.

***NOTE:** The system automatically defaults to the provider that is requesting the service.*

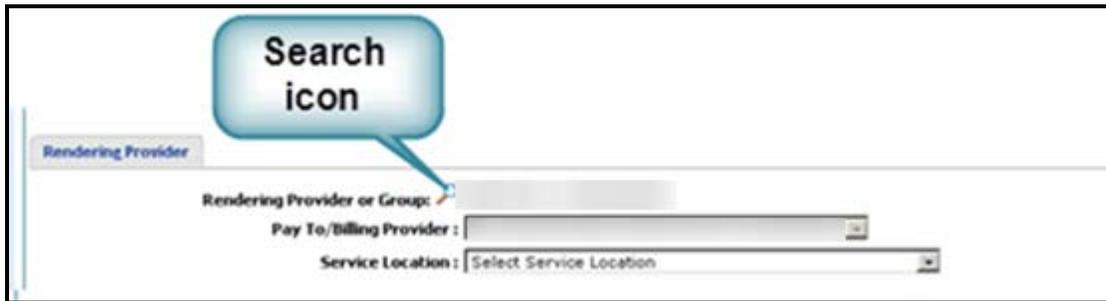


Figure 6-2: Rendering Provider Search

- A provider search screen will populate, as shown in Figure 6-3: Provider Search Results– With Rendering Providers.
- Complete one or more of the provider search fields.
- Click the **Search** button. The search results are returned at the bottom of the screen under the **Search Results** tab as shown in Figure 6-3: Provider Search Results– With Rendering Providers.

**Maine Integrated Health Management Solution
Health PAS Online: Prior Authorization User Guide**

6. To make a selection, click on the **radio** button next to the correct rendering provider, as shown in Figure 6-3: Provider Search Results– With Rendering Providers or the Pay-To provider as shown in Figure 6-4: Provider Search- Without Rendering Providers and select the **Continue** button. Clicking **Cancel** closes the Provider Search screen and returns to the authorization screen.
7. In the **Pay To/Billing Provider** field, if the Rendering Provider (RP) is affiliated to more than one (1) Pay-To Provider, the correct Pay-To/Billing Provider must be selected from the drop-down menu. See Figure 6-2: Rendering Provider Search.
8. Select the correct **Service Location** from the drop-down menu, as shown in Figure 6-2: Rendering Provider Search.

To search for a provider, use one or more of the fields below. Simply click the Search button with no criteria to see a complete listing of available providers.

Provider Search

Provider/Clinic Name:

Program:

Specialty:

Provider Type:

Provider ID:

City:

State:

ZIP:

Search Results

<u>Name</u>	<u>Provider ID</u>	<u>Address</u>	<u>City, State, ZIP</u>	<u>Phone #</u>	<u>County</u>	<u>Primary Specialty</u>	<u>Provider Type</u>
C						OPTOMETRY	46-Optometri

Figure 6-3: Provider Search Results – With Rendering Providers

Maine Integrated Health Management Solution
Health PAS Online: Prior Authorization User Guide

To search for a provider, use one or more of the fields below. Simply click the search button with no criteria to see a complete listing of available providers.

Provider Search

Provider/Clinic Name:

Program:

Specialty:

Provider Type:

Provider ID:

City:

State:

ZIP:

Select

<u>Provider ID</u>	<u>Address</u>	<u>City, State, ZIP</u>	<u>Phone #</u>	<u>County</u>	<u>Primary Specialty</u>	<u>Provider Type</u>
<input type="checkbox"/>					No Specialty Required	78-Facility-Agency-Organization NR Provider

Figure 6-4: Provider Search - Without Rendering Providers

9. The Diagnosis section must be completed to submit the PA. It is possible for the member to have multiple diagnoses. There are three (3) fields in the diagnosis section; these fields are described in Table 2: Diagnosis Fields. If the user already knows the **Diagnosis Code**, he or she can type in the code and press tab.

Table 2: Diagnosis Fields

Field Name	Helpful Information
Seq #	The Seq # will increase as each line is added. Up to 12 diagnosis codes may be entered. To add a new line, press the Tab key at the end of the last line and a new line will appear.
Code	This user is responsible for populating the code field.
Description	The description will appear once the code is entered and the tab key is pressed. Only one primary diagnosis can be entered for each prior authorization. The first line entered is the primary diagnosis and must be closely related to the procedure. Any additional diagnosis entered will be considered a secondary diagnosis.

***NOTE:** Always tab through fields on a single line to ensure proper completion.*

- To search for a **Diagnosis Code**, click within the code box and then click the **Search** icon, as shown in Figure 6-5: Search for Diagnosis Code.

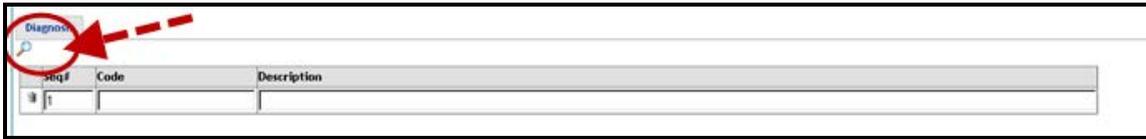


Figure 6-5: Search for Diagnosis Code

- A new search window will open, as shown in Figure 6-6: Diagnosis Search. To search for a specific code, enter part of its description in the field provided.
- Click the **Search** button to retrieve a list of results.



Figure 6-6: Diagnosis Search

***NOTE:** MIHMS will match exactly the sequence of characters entered in the search criteria. For example: if nothing is found for “Sleep Disorder” try using only “sleep.” Conversely, using just the word “disorder” may be too broad and result in a longer list. To start over, click **Reset** to clear the **Description** field.*

**Maine Integrated Health Management Solution
Health PAS Online: Prior Authorization User Guide**

13. The search will return a list of **Code IDs, Descriptions, Effective and Term Dates and ICD Versions**. Click any **Code ID** link to populate the Code ID to the **Diagnosis** section, as shown in Figure 6-7: Diagnosis Search Results.

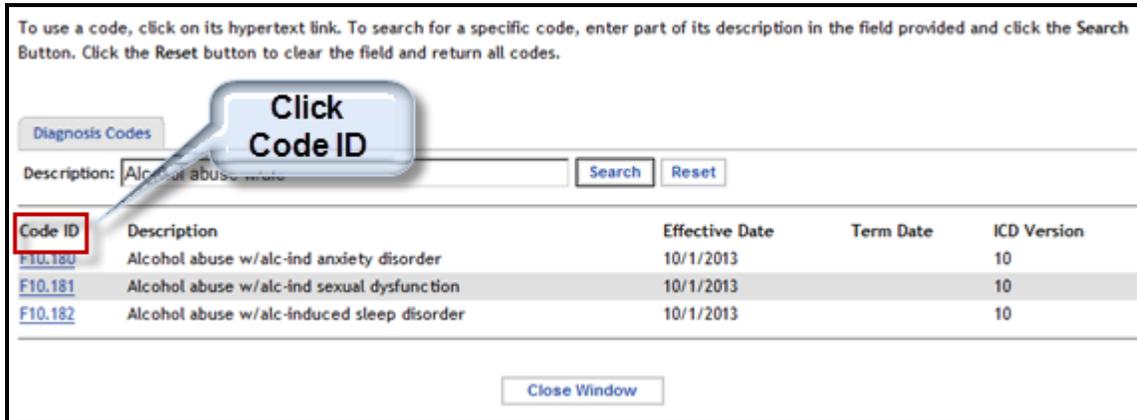


Figure 6-7: Diagnosis Search Results

14. Once the **Code ID** is displayed, tab through to auto-populate the description, as shown in Figure 6-8: Diagnosis Description. A new line will be presented if additional codes need to be entered. Up to 12 Diagnosis Codes can be added by tabbing to the next line.

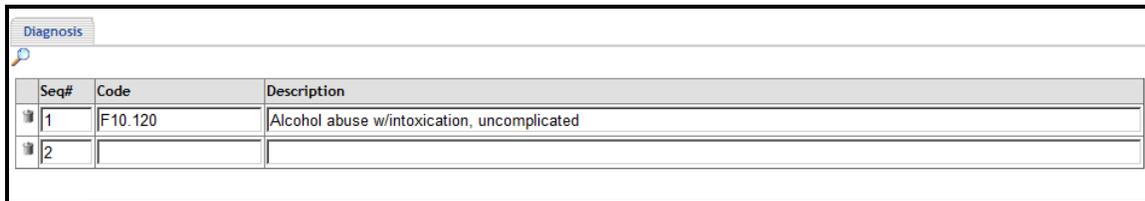


Figure 6-8: Diagnosis Description

15. Complete the Services section. The Service section is used to enter all of the services for which the provider is requesting prior authorization. **As many as 99 service lines can be entered.** The fields and links associated with this section are summarized in Table 3: Field Name and Field Description.

NOTE: Certain radiology services require PA effective March 1st, 2014. A list of these service codes is provided in Appendix A. Submission instructions for CT and PET (radiology) codes that require PA are available in the Pathways Radiology Prior Authorization Request Guide at the link provided below:

<https://mainecare.maine.gov/Provider%20Forms/Forms/Publication.aspx?RootFolder=%2fProvider%20Forms%2fAuthorizations%20Pathways&FolderCTID=&View=%7b550DD634%2d668F%2d47E9%2dB0DD%2d93CDCC1CD721%7d>

**Maine Integrated Health Management Solution
Health PAS Online: Prior Authorization User Guide**

Table 3: Field Name and Field Description

Field Name	Field Description
	Click this icon to delete a service line.
Seq #	Pre-populated. This is a system-generated field used to number each service line added by the user. To add a new service line, hit tab at the end of the last line and a new line will appear.
Code	This field represents the Current Procedural Terminology (CPT) or Revenue Code for the service. Enter the code in this field if known or use the Search icon link to perform a code search. See step 16 for instructions on searching for a code.
Description	Description of the service code entered for the specified service line.
DOS From/DOS To	This field is required. Enter the beginning and ending dates of the period in which the service was provided. Dates must be entered in MM/DD/CCYY format. For example, February 14 th , 2008 would be entered as "02/14/2008".
Modifiers	CPT code modifiers provide additional details regarding various services.
Units	Enter the number of times the service will be performed.

16. To search for a Service Code, click the **Search** icon, as shown in Figure 6-9: Service Code Search.

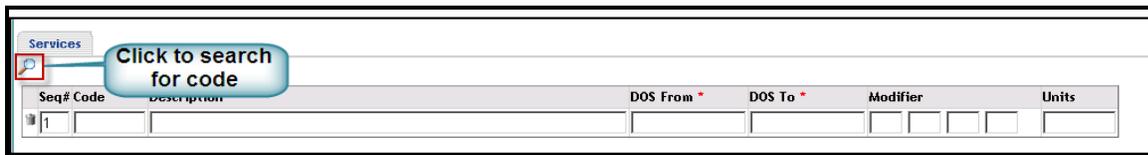


Figure 6-9: Service Code Search

17. A new search window will open, as shown in Figure 6-10: Service Code Search Window. Select the appropriate **radio** button to search for either a **Service Code** or a **Revenue Code**.

18. Enter any part of the description of the code in the **Description** field and click the **Search** button.

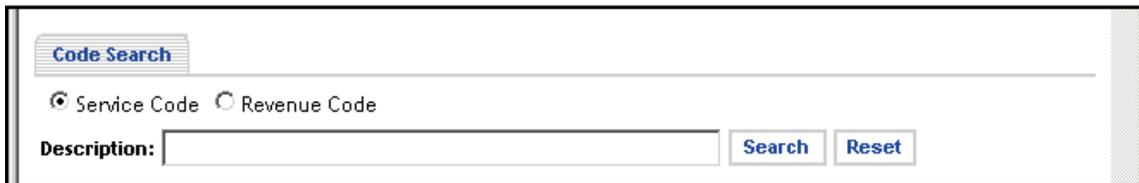


Figure 6-10: Service Code Search Window

**Maine Integrated Health Management Solution
Health PAS Online: Prior Authorization User Guide**

NOTE: MIHMS will match exactly the sequence of characters entered in the search criteria. For example: if nothing is found for “sinus surgery” try using only “sinus.” Conversely, using the word “surgery” may be too broad and result in a longer list.

19. To start over, click the **Reset** button to clear the **Description** field.

NOTE: You may not have the exact service code or all the codes for services you are requesting, but a code that communicates in general terms what you are requesting.

20. The search will return a list of **Service ID Codes**, **Descriptions**, and **Effective** and **Term Dates** as seen in Figure 6-11: Service Code Search Results. Click the **Service ID Code** link to return the selected Service Code to the **Service Code** field.

Service Code	Description	Effective Date	Term Date
S9024	Paranasal sinus ultrasound	1/1/2000	
S2344	Endoscopy balloon nasal/sinus	1/1/2007	3/31/2011
S2342	Nasal endoscopy postop debride aftr sinus surg	1/1/2002	
S1090	ocate sinus implant, 370 MCG	7/1/2012	
D7951	on with bone	1/1/2007	

Figure 6-11: Service Code Search Results

21. Once the code is selected, the **Code** will be highlighted in the code field as shown in Figure 6-12: Service Line Example. Press the tab key to the description field to auto-populate the service description and continue pressing tab to go to the next field on the service line to be completed.

Seq#	Code	Description	Modifier	Units
1	G9140	Frontier extended stay demonstration		
2	0201	ICU/SURGICAL		
3	V2785	Corneal tissue processing/preserving/transprt		

Figure 6-12: Service Line Example

22. Complete the Miscellaneous section. Enter any miscellaneous information about the member into the Miscellaneous Information section, as applicable. See Figure 6-13: Miscellaneous Information. The **Accident Information** box has three (3) selections:

- Auto Accident
- Employment
- Other

NOTE: The **Accident Date** is to be filled in if any of the radio buttons are selected. Click **Investigation Required**, if applicable.

**Maine Integrated Health Management Solution
Health PAS Online: Prior Authorization User Guide**

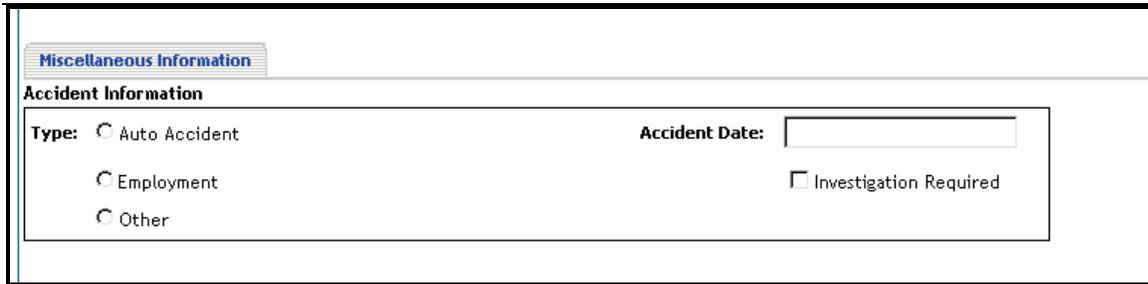


Figure 6-13: Miscellaneous Information

23. The **Notes** section is used to enter any other comments to further support the Prior Authorization request. Click in the **text box** and type in supporting text.
24. When all the information has been entered, click the **Submit** button to submit the authorization, as shown in Figure 6-14: Notes.

NOTE: Any errors in your application will be indicated at the top of the page in a red font and must be corrected before the authorization can be submitted.

NOTE: To ensure a faster decision of your authorization request, add the contact information (e.g. Name & Phone Number) of the person entering the authorization.



Figure 6-14: Notes

7. Authorization Confirmation

NOTE: The approved status of the PA entered into the online portal indicates approved for processing only. Refer to Section 8: Add Attachments to Prior Authorization for more information.

Upon the successful submission of the prior authorization, an authorization confirmation screen will be populated. This screen provides the user with an authorization number, the ability to view appeal rights, and a summary of the prior authorization request as seen in Figure 7-1: Confirmation Page.

1. By using the buttons at the bottom of the screen, you may print the authorization confirmation, add attachments, or print an attachment cover sheet, if necessary. See
 - a. Section 8: Add Attachment to Prior Authorization,
 - b. Section 9: Prior Authorization Cover Sheet, and
 - c. Section 10: View Authorization Status

for more information on how to execute these functions.

**Maine Integrated Health Management Solution
Health PAS Online: Prior Authorization User Guide**

You Are Here: Submit Prior Authorization -- Confirmation

Authorization Number:

Member Information:
 Name:
 Date of Birth:
 Member ID:

Authorization Information:
 Authorization Type: Disposition:
 Provider Name: Dental Reason: [View Appeal Rights](#)
 DOS From Date: DOS To Date:
 Requested length of stay : 0

Rendering Provider:
 Rendering Provider or Group:
 Pay To/Billing Provider:
 Service Location:

Diagnosis:

Seq#	Code	Description
1	E11.01	Type II diabetes mellitus w/ hyperosmolality w/ coma

-- Prev Next --

Services:

Seq#	Code	Description	Modifier	Units
1	09140	Frontier extended stay demonstration		0.00
2	0001	ICU/SURGICAL		0.00
3	V2785	Corneal tissue processing/preserving/transport		0.00

-- Prev Next --

Miscellaneous Information:

Accident Information

Type: Auto Accident Accident Date: 12/11/2014
 Employment Investigation Required
 Other

Notes:

Type Notes in this text box.

Figure 7-1: Confirmation Page

**Maine Integrated Health Management Solution
Health PAS Online: Prior Authorization User Guide**

2. Click on the **View Appeal Rights** hyperlink located in the Authorization Information in Figure 7-1: Confirmation Page to open an explanation of the rights for appeal as shown in Figure 7-2: View Appeal Rights.

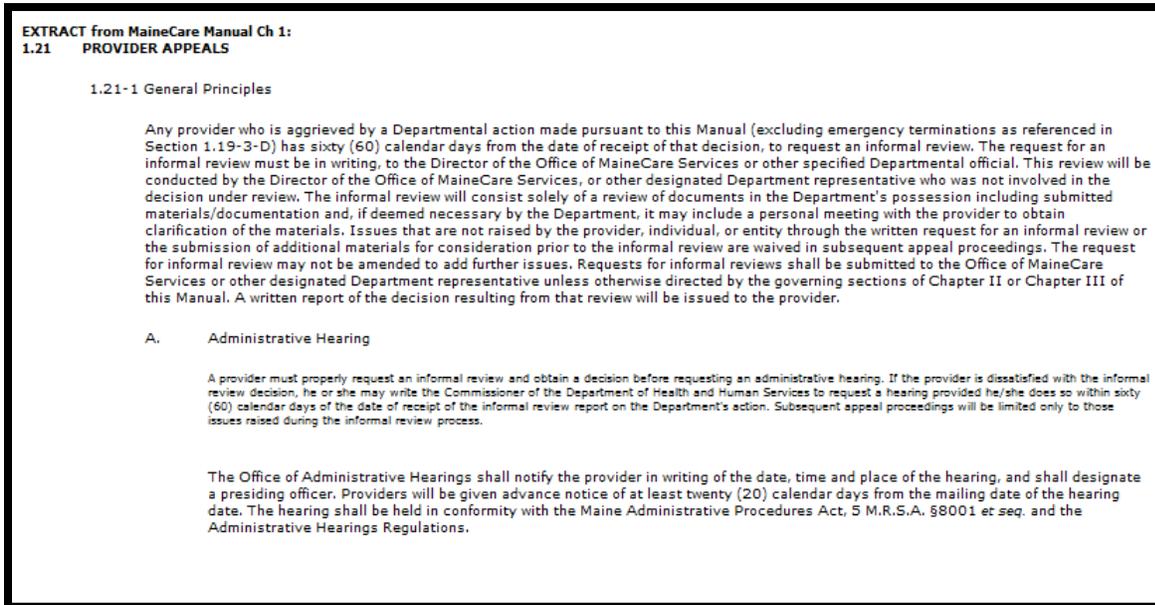


Figure 7-2: View Appeal Rights

8. Add Attachments to Prior Authorization

Supporting documentation is required to be attached to the PA request. Types of required attachments are:

- Letter of Medical Necessity
- McKesson Criteria Sheets

To add attachments, follow these steps:

1. Select the **Add Attachment** button at the bottom of the confirmation screen, as shown in Figure 7-1: Confirmation Page.
2. The Add Attachments screen will open in a new window as shown in Figure 8-1: Add Attachments. Authorization information is pre-populated on the top of the page.
3. Click the drop-down menu to select the **Type of Attachment** that will be added. This field defaults to **PA Support**.
4. Select the **Browse** button to locate the file on your local computer. All supporting document files must be in one of these formats:
 - GIF
 - JPEG
 - MS Excel (.xls)
 - MS Word (.doc)

- PDF
 - TIFF
5. Click the **Attach** button when the selected file to upload is listed in the **Browse** field.
 - a. If you are unable to upload required attachments, prior authorizations should then be submitted on paper with the appropriate attachment. See Section 9: Prior Authorization Cover Sheet for instructions.
 6. Each attachment must have a unique filename.
 7. Once you have received a message that your attachment has been successfully submitted the user may:
 - a. Repeat Steps 1 through 6 to attach another document.
 - b. Click the **Cancel** button to return to the Authorization Confirmation screen.

NOTE: Be sure to check that the red message at the top indicates the documentation you attached has been accepted by the system.

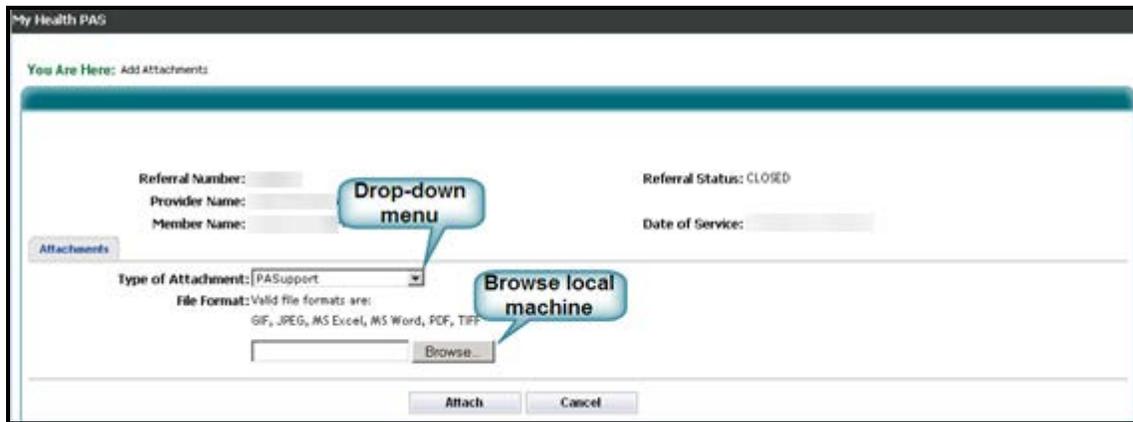


Figure 8-1: Add Attachment

9. Prior Authorization Cover Sheet

Supporting documentation can be submitted manually if you are unable to upload electronic copies of attachments. To do this, print a **Prior Authorization Cover Sheet** along with the **Prior Authorization Number** which is provided to you on the confirmation screen.

If you need to mail in or fax the attachments, use the steps below to print a Prior Authorization Cover Sheet:

1. Click the **Print Attachment Cover Sheet** button located at the bottom of the confirmation screen.
2. A new window will populate with the Prior Authorization Cover Sheet, as shown in Figure 9-1: Prior Authorization Cover Sheet, which must be included as part of the manual submission of any attachments.
3. Select the **Print** button located at the bottom of the screen to print the Prior Authorization Cover Sheet as shown in Figure 9-1: Prior Authorization Cover Sheet.

**Maine Integrated Health Management Solution
Health PAS Online: Prior Authorization User Guide**

Prior Authorization Cover Sheet

For the use when submitting for an already Active PA in the MHMS system.
**Please attach this to all supporting documents to assure it will be routed to the right department. Thank You.

Update PA Request
 Photos/Videos Included
 Dental Holds or X-rays Attached
 Invoice attached
 PA Supporting Documentation Only

Please clearly complete the fields below and it must match the prior authorization request

Cover Page Recipient Name: _____
Mailing Address: _____
Fax number: _____
Date: _____
Requesting Provider ID: _____
Requesting Provider Name: _____
Prior Authorization Number: _____

Change in Units **Original Units Requested :** _____ **New Units :** _____
Changes in Dates **New From Date :** _____ **New To Date :** _____

Authorization Detail

Member ID: _____
Member Name: _____
Dates of Service: _____

All other changes please submit in writing attached to this form.

Purpose:
This form **MUST** be used when mailing or faxing the supporting documentation or with a request to update a current prior authorization or referral. Submission of this completed form along with any required attachments will allow the appropriate review process to be conducted by the PA unit.

Instructions:

- In box 1, fill in Provider Name, NPI or Atypical Provider ID
- In box 2 fill in the Refer to or Servicing Provider's Name and or NPI or servicing group NPI
- In box 3, fill in Member name and the nine-digit Member Identification number that is used for the prior authorization request.
- In box 4, fill in the Prior Authorization Number that the supporting documents that are attached correspond with.
- For changes in units or dates please indicate in box 5 or 6. All other changes must be submitted in writing.

If you are requesting a NEW PA please submit the Initial PA Request form also located on the portal.

Place this completed form on top of the attachment(s) for each request or supporting documents.

For questions please call Provider Services at 1-866-690-5585

Figure 9-1: Prior Authorization Cover Sheet

4. Send this cover sheet, along with any attachments, via fax or mail to:

Mail to:

Prior Authorization Unit
Office of MaineCare Services
11 State House Station
Augusta, ME 04333-0011

Fax #: 1-866-598-3963

10. View Authorization Status

Generally, authorizations are finalized within 30 business days. Providers may check the disposition of their submitted authorizations through the online portal. To view the status details of an authorization that has been previously submitted, follow the steps below:

1. On the left navigation pane, locate the **Authorization Status** link under **Form Entry** to access the View Authorizations screen. See Figure 10-1: Form Entry- Authorization Status.

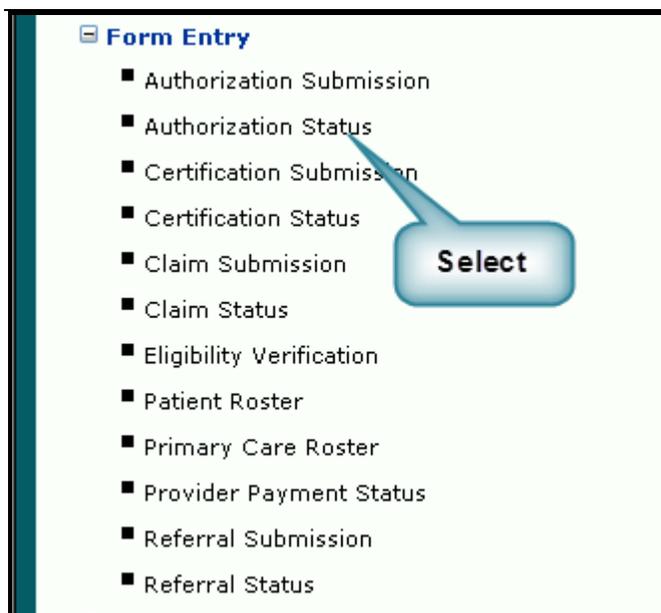


Figure 10-1: Form Entry-Authorization Status

2. As shown in Figure 10-3: Authorization Status, this screen provides a list of the most current prior authorization requests submitted by a specified billing provider.
3. The **Billing Provider** selection reflects data associated with the trading partner logged into the online portal and requesting the authorization status.
 - a. A different Billing Provider can be selected from the **Billing Provider** drop-down menu only if the Trading Partner has additional provider associations. This action will bring up a list of the most current prior authorizations submitted for that provider.
4. The prior authorization list for the specified provider is automatically sorted by the date of service in the order of newest to the oldest.
 - a. The Authorization Search screen will display, as shown in Figure 10-2: Authorization Search.
 - b. Enter the authorization search criteria into the authorization tab and click the **Search** button.

NOTE: Use the **Reset** button to clear all the values entered. Use the **Close** button to close the search window.

- c. The search results will populate at the bottom of the authorization search screen, as shown in Figure 10-3: Authorization Status.

**Maine Integrated Health Management Solution
Health PAS Online: Prior Authorization User Guide**

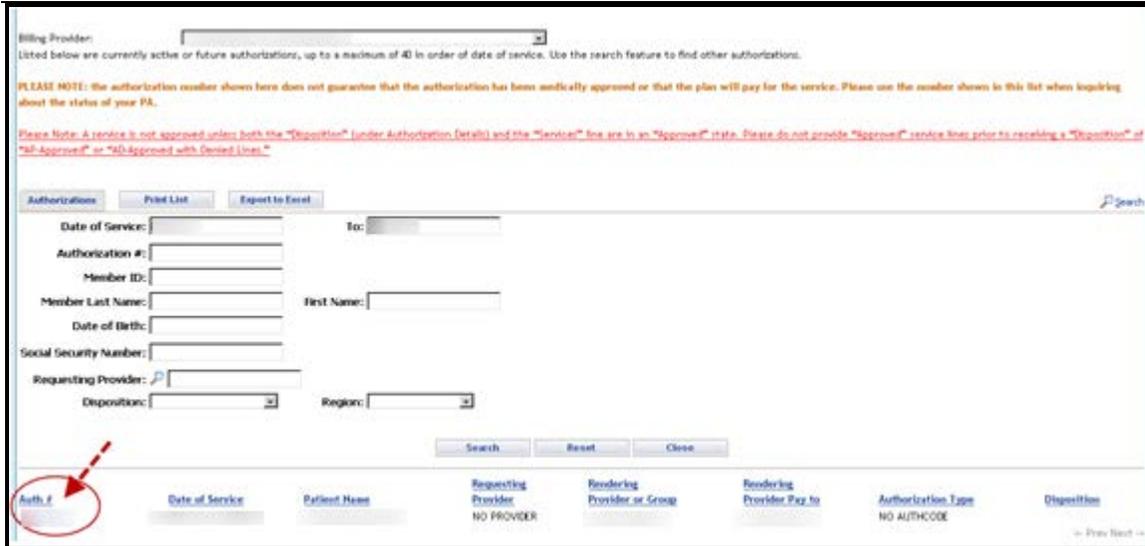


Figure 10-2: Authorization Search



Figure 10-3: Authorization Status

- To view the authorization detail, click the **Auth #** next to the appropriate authorization. This displays the authorization details screen as shown in Figure 10-4: View Authorization Detail. This screen displays the options shown in Table 4: View Authorization Detail Functions.

Table 4: View Authorization Detail Functions

Option/Function Listed	Description/Additional Information
Add Attachments	Follow the steps in section 8: Add Attachments to Prior Authorization to add attachments.
Print Attachment Cover Sheet	Follow the steps in section 9: Prior Authorization Cover Sheet to print an attachment cover sheet.
Print Detail	Follow the steps in section 11: Print Detail to print the prior authorization details.
View Attachments	Follow the steps in section 10.1: View Attachments to view any prior authorization attachments.
Back to Authorizations	Click on the Back to Authorizations button to navigate back to the View Authorization Status page.

**Maine Integrated Health Management Solution
Health PAS Online: Prior Authorization User Guide**

6. The disposition of a Prior Authorization request may be any of the following codes, as shown in Table 5: Prior Authorization Disposition Codes:

Table 5: Prior Authorization Disposition Codes

Disposition Codes	
AD	Approved with Denied Lines
AP	Approved
DF	Deferred
DM	DME Dealer Letter
DN	Denied
DR	Duplicate Record
NE	Not Eligible
NP	No PA Needed
PC	PA Cancelled

Note: A service is not approved unless both the “Disposition” and the “Services” line are in an “Approved” state. Do not provide “Approved” service lines prior to receiving a “Disposition” of “AP-Approved” or “AD-Approved with Denied Lines.”

Maine Integrated Health Management Solution Health PAS Online: Prior Authorization User Guide

Figure 10-4: View Authorization Detail

At times, the users search may not display a PA. Some reasons a PA would not display are:

- Searching for a specific member
- Searching for a specific date range.

10.1 View Attachments

If a user needs to review any attachments associated with an authorization request, follow the steps below:

1. Select the **View Attachments** button from the Authorization Detail screen as shown in Figure 10-5: View Attachment Button.



Figure 10-5: View Attachment Button

2. The View Attachment window will open with an **Attachments** drop-down menu, as shown in Figure 10-6: View Attachment.

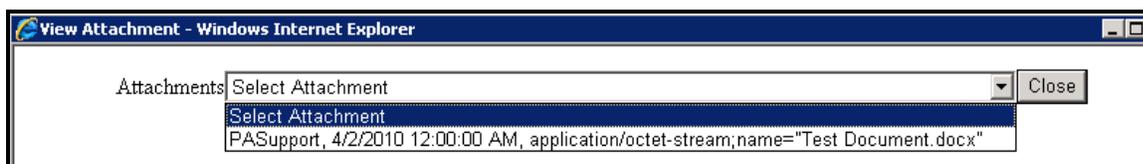


Figure 10-6: View Attachment

3. Select the drop-down menu to view all attachments and click on the name of the attachment you would like to view, as shown in Figure 10-6: View Attachment.

11. Print Detail

Providers rendering services on a PA may want to print a copy of the authorization for their medical records.

To print the authorization details, follow the steps in Section 10: View Authorization Status to navigate to the Authorization Details page, then:

1. Select the **Print Detail** button from the Authorization Detail screen as shown in Figure 11-1: Print Detail.



Figure 11-1: Print Detail

2. The **Authorization Detail** screen will populate, as depicted in Figure 11-2: Authorization Detail.
7. Select the **Print** button at the bottom of the Authorization Detail screen to print.

**Maine Integrated Health Management Solution
Health PAS Online: Prior Authorization User Guide**

Please Note: A service is not approved unless both the "Disposition" (under Authorization Details) and the "Services" line are in an "Approved" state. Please do not provide "Approved" service lines prior to receiving a "Disposition" of "AP-Approved" or "AD-Approved with Denied Lines."

Authorization Detail

Authorization Number: [REDACTED]	Disposition:
Request Date:	Denial Reason:
Start Date: [REDACTED]	Primary Care Provider:
End Date:	Requesting Provider: NO PROVIDER
Member ID:	Rendering Provider or Group: [REDACTED]
Member Name: [REDACTED]	Rendering Provider Address: [REDACTED]
Address: [REDACTED]	
Enroll Effective Date: [REDACTED]	
Enroll Term Date:	

Diagnosis

No Diagnosis codes were found for this Authorization.

Services

No services were found for this Authorization.

Not Medically necessary days:

[Close Window](#) [Print](#)

Figure 11-2: Authorization Detail

Appendix A. CT and PET CPT Procedure Codes

Table 6 contains a list of CT and PET codes that require a PA for dates of service rendered March 1st, 2014 and after, with the following exceptions:

- MaineCare members under age 21
- MaineCare members over age 65
- Services rendered in an emergency room setting
- Services rendered during an inpatient stay

In some cases, other exemptions or rules may apply. For specific information, please reference the appropriate section of Maine Medicaid Policy at the link provided:

<http://www.maine.gov/sos/cec/rules/10/ch101.htm>

NOTE: Submission instructions for these CT and PET (radiology) codes are available in the Pathways Radiology Prior Authorization Request Guide at the link provided below:

<https://mainecare.maine.gov/Provider%20Forms/Forms/Publication.aspx?RootFolder=%2fProvider%20Forms%2fAuthorizations%20Pathways&FolderCTID=&View=%7b550DD634%2d668F%2d47E9%2d0DD%2d93CDCC1CD721%7d>

Table 6: CT and PET Codes

Service Class	CPT Proc Code	Description	Prior Authorization Required?
Computerized Tomographys (CT)	70450	Brain /Head wo contrast	Y
Computerized Tomographys (CT)	70460	Brain/Head w/contrast	Y
Computerized Tomographys (CT)	70470	Brain/Head w/wo contrast	Y
Computerized Tomographys (CT)	70480	Orbits wo contrast	Y
Computerized Tomographys (CT)	70481	Orbits w/contrast	Y
Computerized Tomographys (CT)	70482	Orbits w/wo contrast	Y
Computerized Tomographys (CT)	70486	Sinus wo contrast	Y
Computerized Tomographys (CT)	70487	Sinus w/ contrast	Y
Computerized Tomographys (CT)	70488	Sinus w/wo contrast	Y
Computerized Tomographys (CT)	70490	Neck, Soft Tissue w/wo contrast	Y
Computerized Tomographys (CT)	70491	Neck, Soft Tissue w/contrast	Y
Computerized Tomographys (CT)	70492	Neck, Soft Tissue w/wo contrast	Y
Computerized Tomographys (CT)	70496	Angiogram Head	Y
Computerized Tomographys (CT)	70498	Angiogram Neck	Y
Computerized Tomographys (CT)	71250	Chest wo contrast	Y
Computerized Tomographys (CT)	71260	Chest w/contrast	Y

**Maine Integrated Health Management Solution
Health PAS Online: Prior Authorization User Guide**

Service Class	CPT Proc Code	Description	Prior Authorization Required?
Computerized Tomographys (CT)	71270	Chest w/wo contrast	Y
Computerized Tomographys (CT)	71275	Angiogram, Chest w/contrast	Y
Computerized Tomographys (CT)	72125	Spine Cervical wo contrast	Y
Computerized Tomographys (CT)	72126	Spine Cervical w/contrast	Y
Computerized Tomographys (CT)	72127	Spine Cervical w/wo contrast	Y
Computerized Tomographys (CT)	72128	Spine, Thoracic wo contrast	Y
Computerized Tomographys (CT)	72129	Spine, Thoracic w/contrast	Y
Computerized Tomographys (CT)	72130	Spine, Thoracic w/wo contrast	Y
Computerized Tomographys (CT)	72131	Spine, Lumbar wo contrast	Y
Computerized Tomographys (CT)	72132	Spine, Lumbar w/contrast	Y
Computerized Tomographys (CT)	72133	Spine, Lumbar w/wo contrast	Y
Computerized Tomographys (CT)	72191	Pelvis Angiogram w/contrast	Y
Computerized Tomographys (CT)	72192	Pelvis wo contrast	Y
Computerized Tomographys (CT)	72193	Pelvis w/contrast	Y
Computerized Tomographys (CT)	72194	Pelvis w/wo contrast	Y
Computerized Tomographys (CT)	72292	Sacroplasty	Y
Computerized Tomographys (CT)	73200	Upper Extremity wo contrast	Y
Computerized Tomographys (CT)	73201	Upper Extremity w/contrast	Y
Computerized Tomographys (CT)	73202	Upper Extremity w/wo contrast	Y
Computerized Tomographys (CT)	73206	Upper Extremity Angiogram w/contrast	Y
Computerized Tomographys (CT)	73700	Lower Extremity wo contrast	Y
Computerized Tomographys (CT)	73701	Lower Extremity w/contrast	Y
Computerized Tomographys (CT)	73702	Lower Extremity w/wo contrast	Y
Computerized Tomographys (CT)	73706	Lower Extremity Angiogram	Y
Computerized Tomographys (CT)	74150	Abdomen wo contrast	Y
Computerized Tomographys (CT)	74160	Abdomen w/contrast	Y
Computerized Tomographys (CT)	74170	Abdomen w/wo contrast	Y
Computerized Tomographys (CT)	74174	Abdomen & Pelvis, Angiogram w/wo contrast	Y

**Maine Integrated Health Management Solution
Health PAS Online: Prior Authorization User Guide**

Service Class	CPT Proc Code	Description	Prior Authorization Required?
Computerized Tomographys (CT)	74175	Abdomen, Angiogram/AAA w/contrast	Y
Computerized Tomographys (CT)	74176	Abdomen & Pelvis, Renal Stone wo contrast	Y
Computerized Tomographys (CT)	74177	Abdomen & Pelvis, Enterography	Y
Computerized Tomographys (CT)	74178	Abdomen & Pelvis, Urogram w/wo contrast	Y
Computerized Tomographys (CT)	74261	Diagnostic Virtual Colonoscopy w/o contrast	Y
Computerized Tomographys (CT)	74262	Diagnostic Virtual Colonoscopy w/contrast	Y
Computerized Tomographys (CT)	74263	CT Colonoscopy is not reimbursable when used for screening	Y
Computerized Tomographys (CT)	75571	Heart, CACA wo contrast	Y
Computerized Tomographys (CT)	75572	Cardiac CT w/3d image	Y
Computerized Tomographys (CT)	75573	Cardiac CT w/3d image, congen	Y
Computerized Tomographys (CT)	75574	Cardiac CT angio heart, w/3d image	Y
Computerized Tomographys (CT)	75635	Abdomen, Angio Aorta Runoff w/contrast	Y
Computerized Tomographys (CT)	76380	CT limited/localized follow-up study	Y
Computerized Tomographys (CT)	77078	Bone Mineral Density Study one or more sites	Y
Computerized Tomographys (CT)	92025	Corneal Topography, unilateral or bilateral	Y
Positron Emission Tomography (PET)	78459	Myocardial Imaging, metabolic evaluation	Y
Positron Emission Tomography (PET)	78491	Myocardial imaging, positron emission tomography (PET), perfusion, single study at rest or stress	Y
Positron Emission Tomography (PET)	78492	Myocardial Imaging, perfusion, multiple studies at rest and/or stress	Y
Positron Emission Tomography (PET)	78608	Brain Imaging, metabolic evaluation	Y
Positron Emission Tomography (PET)	78609	Brain Imaging, perfusion	Y

**Maine Integrated Health Management Solution
Health PAS Online: Prior Authorization User Guide**

Service Class	CPT Proc Code	Description	Prior Authorization Required?
Positron Emission Tomography (PET)	78811	Tumor imaging, positron emission tomography (PET); limited area (eg, chest, head/neck)	Y
Positron Emission Tomography (PET)	78812	Tumor imaging, positron emission tomography (PET); skull base to mid-thigh	Y
Positron Emission Tomography (PET)	78813	Tumor imaging, whole body	Y
Positron Emission Tomography (PET)	78814	Tumor imaging, w/CT, limited area (e.g., chest, head/neck)	Y
Positron Emission Tomography (PET)	78815	Tumor imaging, w/CT, skull base to mid-thigh	Y
Positron Emission Tomography (PET)	78816	Tumor imaging, w/CT, whole body	Y