

# Entering a Prior Authorization


## Purpose:

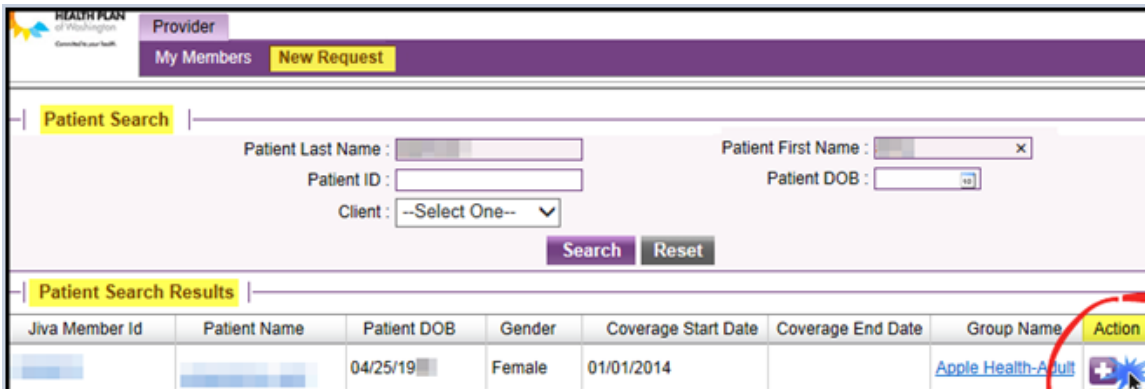
The purpose of this document is to provide step-by-step instructions on how to enter a Prior Authorization.


## Step-by-Step Instructions:

### Starting the request

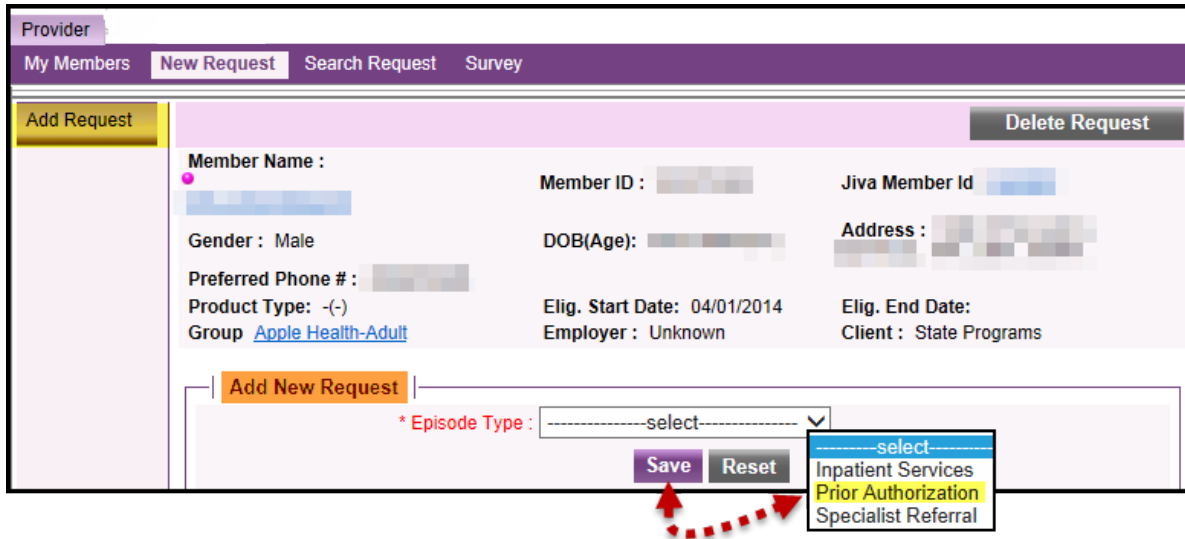
Prior Authorizations are used by the specialist to request specific procedures for the member. This document starts with the process after the member's eligibility is verified.

1. Click on the **Action**  icon to navigate to the **Add Request** screen.



Jiva Member Id	Patient Name	Patient DOB	Gender	Coverage Start Date	Coverage End Date	Group Name	Action
		04/25/19	Female	01/01/2014		Apple Health-Adult	 Add Request

2. Click on the **Episode Type** drop down window located in the **Add New Request** section. Click on **Prior Authorization** then click **Save**.



Provider

My Members **New Request** Search Request Survey

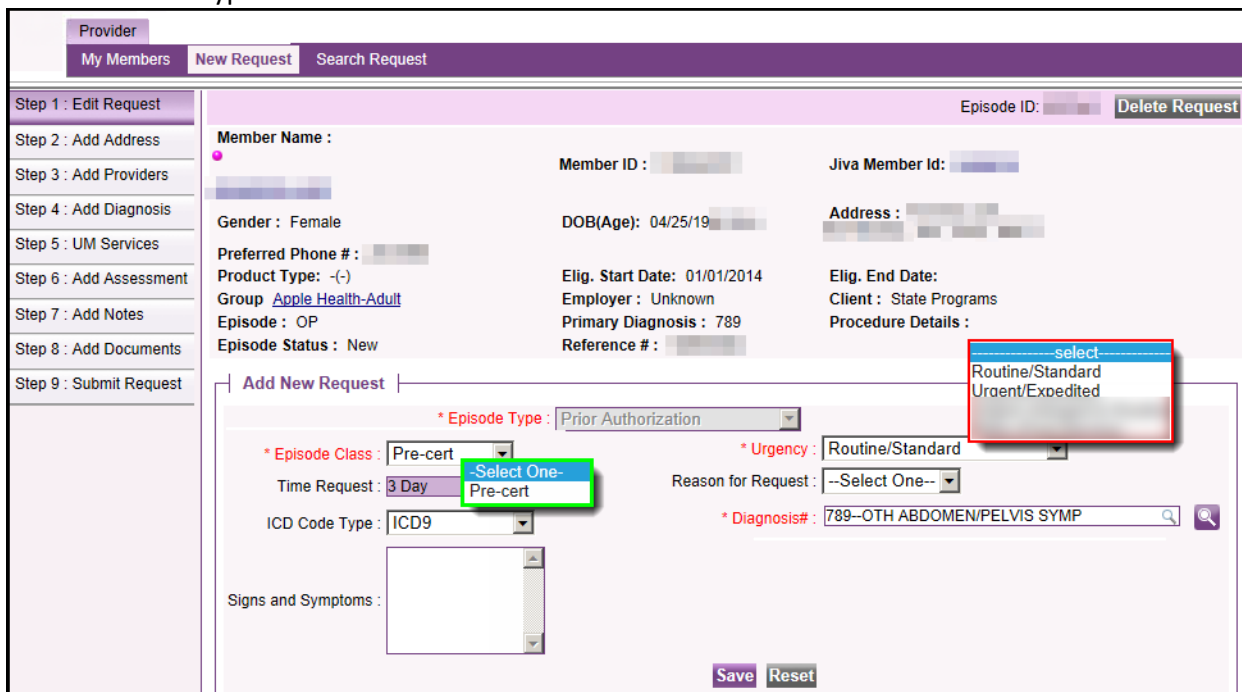
Add Request Delete Request

Member Name :   
 Member ID :   
 Jiva Member Id :   
 Gender : Male   
 DOB(Age):   
 Address :   
 Preferred Phone # :   
 Product Type: (-)   
 Group [Apple Health-Adult](#)   
 Elig. Start Date: 04/01/2014   
 Employer : Unknown   
 Elig. End Date:   
 Client : State Programs

Add New Request |   
 \* Episode Type :   
 Save Reset   
 select   
 Inpatient Services   
 Prior Authorization   
 Specialist Referral

Several windows will auto populate after the **Save** button is clicked. Work the windows in the following order:

- **Episode Class:**
  - Pre-Cert
- **Urgency : (Choose one)**
  - Routine/Standard
  - Urgent/Expedited
- **Diagnosis#:**
  - Type the ICD-9 Code here



Provider

My Members **New Request** Search Request

Step 1 : Edit Request Episode ID:   
 Delete Request

Step 2 : Add Address   
 Step 3 : Add Providers   
 Step 4 : Add Diagnosis   
 Step 5 : UM Services   
 Step 6 : Add Assessment   
 Step 7 : Add Notes   
 Step 8 : Add Documents   
 Step 9 : Submit Request

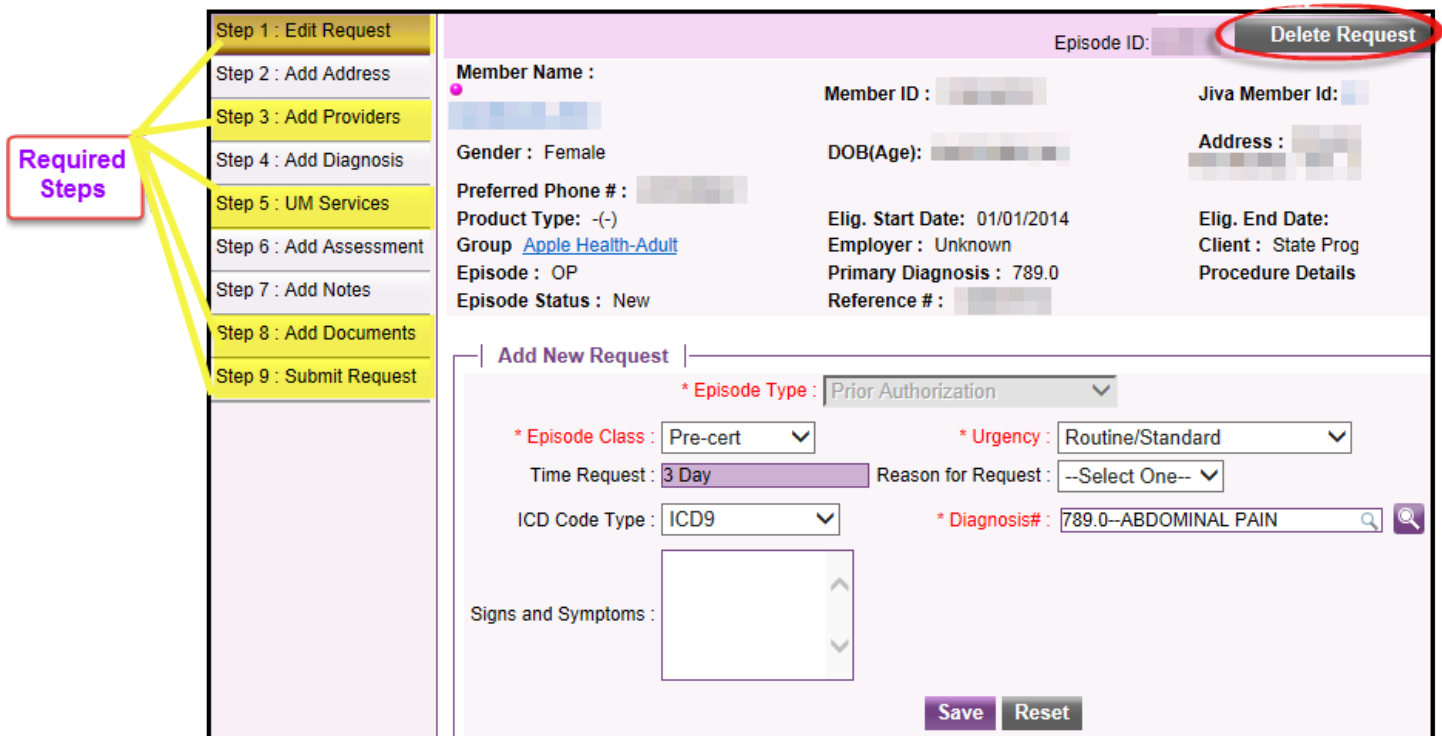
Member Name :   
 Member ID :   
 Jiva Member Id :   
 Gender : Female   
 DOB(Age): 04/25/19   
 Address :   
 Preferred Phone # :   
 Product Type: (-)   
 Group [Apple Health-Adult](#)   
 Elig. Start Date: 01/01/2014   
 Employer : Unknown   
 Elig. End Date:   
 Client : State Programs   
 Episode : OP   
 Primary Diagnosis : 789   
 Procedure Details :   
 Episode Status : New   
 Reference # :

Add New Request |   
 \* Episode Type : Prior Authorization   
 \* Episode Class : Pre-cert   
 Time Request : 3 Day   
 ICD Code Type : ICD9   
 Signs and Symptoms :   
 \* Urgency : Routine/Standard   
 Reason for Request : --Select One--   
 \* Diagnosis# : 789--OTH ABDOMEN/PELVIS SYMP   
 Save Reset

## Required Steps

Clicking the save button starts the request process. Steps 1 thru 9 are now listed on the left side of the screen. Not all steps are required to be worked. This section gives step-by-step instructions about each required step along with the required sections to be entered within each step.

**Note:** If the user clicks the save button then later realizes the request is no longer needed; click the delete request button on the top right corner of the screen.



The screenshot displays a web interface for managing a request. On the left, a sidebar titled 'Required Steps' lists nine steps: Step 1: Edit Request, Step 2: Add Address, Step 3: Add Providers, Step 4: Add Diagnosis, Step 5: UM Services, Step 6: Add Assessment, Step 7: Add Notes, Step 8: Add Documents, and Step 9: Submit Request. The main content area is divided into two sections. The top section, titled 'Member Information', displays fields for Member Name, Member ID, Jiva Member ID, Gender (Female), DOB(Age), Preferred Phone #, Product Type (-), Elig. Start Date (01/01/2014), Elig. End Date, Group (Apple Health-Adult), Employer (Unknown), Client (State Prog), Episode (OP), Primary Diagnosis (789.0), Episode Status (New), and Reference #. A 'Delete Request' button is circled in red in the top right corner. The bottom section, titled 'Add New Request', contains several dropdown menus and text boxes: \* Episode Type (Prior Authorization), \* Episode Class (Pre-cert), \* Urgency (Routine/Standard), Time Request (3 Day), Reason for Request (--Select One--), ICD Code Type (ICD9), and \* Diagnosis# (789.0--ABDOMINAL PAIN). There are also 'Save' and 'Reset' buttons at the bottom right.

### Required steps:

- **Step 1: Edit Request**
  - This is the same information that's populated under **Add New Request**.
- **Step 3: Add Providers**
  - Requesting provider:
    - Provider who is referring the member to the specialist. (PCP)
  - Treating Provider:
    - Provider who is treating the member. (Specialist)
- **Step 5: UM Services**
  - Adding the service type (CPT codes)
- **Step 8: Add Documents**
  - Upload clinical chart notes, labs, x-rays, or any pertinent information to show medical necessity.
- **Step 9: Submit Request**

- The request will not process if step 9 is not complete.

## Entering Appropriate Fields

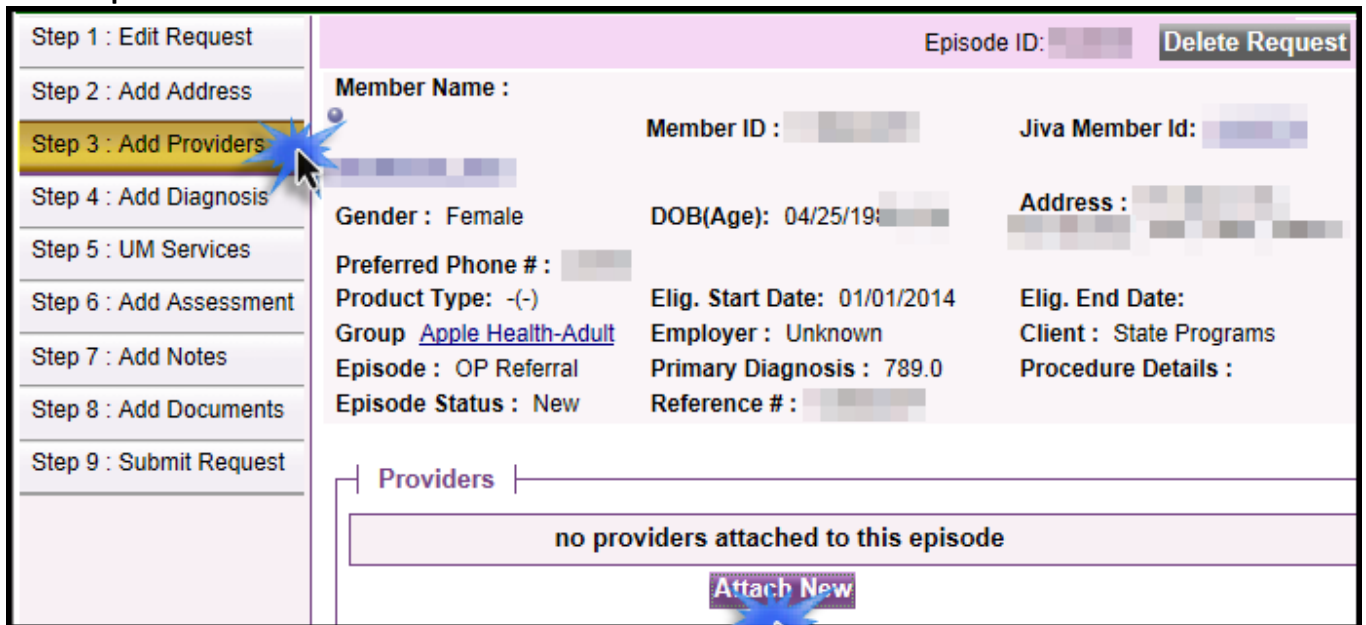
### Step 1: Edit Request:

This step allows the user to edit three sections of the **Add New Request: Episode Class, Urgency, and Diagnosis**. Clicking the widget on dropdown windows will allow the user to edit what was previously entered.

**Note: Episode Type** is the only field that cannot be modified. If the incorrect episode type was selected the user must delete the request and start the process over.

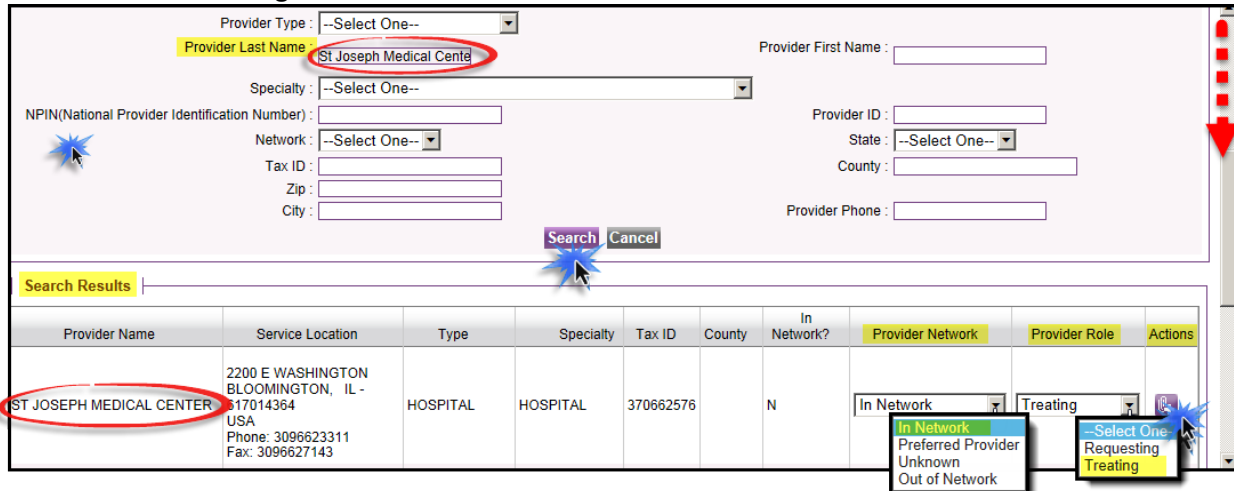
### Step 3: Add Providers:

1. Click **Step 3: Add Provider** then click **Attach New**.



2. Click in the **Provider Last Name** section to add the facility, group, or the specialist last name the member is being referred to then click **Search** to attach the treating and/or requesting provider.
3. Scroll down to **Search Results**. Click the dropdown window of **Provider Network** and **Provider Role** to select the network and role of the facility, group, or provider needed.
  - **Provider Network:**
    - In-network
    - Preferred
    - Unknown

- Out-of-Network
- **Provider Role:**
  - Requesting
  - Treating



Provider Type: --Select One--

Provider Last Name: **St Joseph Medical Cente**

Specialty: --Select One--

NPIN(National Provider Identification Number):

Network: --Select One--

Tax ID:

Zip:

City:

Provider First Name:

Provider ID:

State: --Select One--

County:

Provider Phone:

Search Cancel

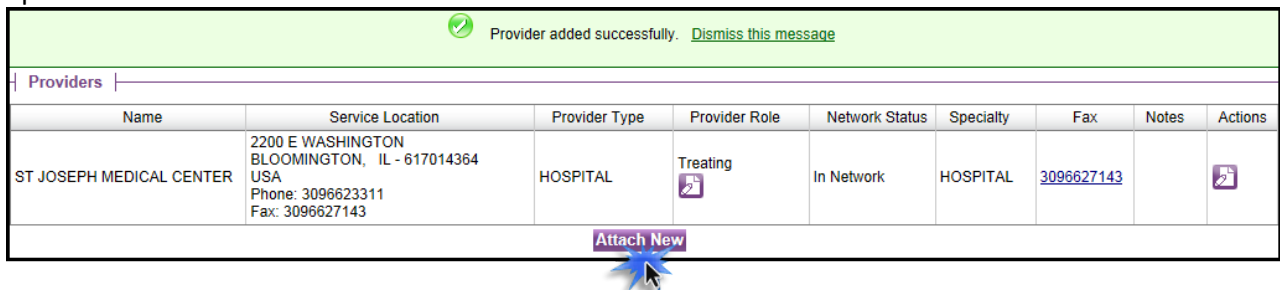
Search Results

Provider Name	Service Location	Type	Specialty	Tax ID	County	In Network?	Provider Network	Provider Role	Actions
<b>ST JOSEPH MEDICAL CENTER</b>	2200 E WASHINGTON BLOOMINGTON, IL - 617014364 USA Phone: 3096623311 Fax: 3096627143	HOSPITAL	HOSPITAL	370662576		N	In Network	Treating	

In Network  
Preferred Provider  
Unknown  
Out of Network

--Select One--  
Requesting  
Treating

4. Click the **Attach New** button within the **Providers** section to add another facility, group, or provider to the episode.



Provider added successfully. [Dismiss this message](#)

Providers

Name	Service Location	Provider Type	Provider Role	Network Status	Specialty	Fax	Notes	Actions
ST JOSEPH MEDICAL CENTER	2200 E WASHINGTON BLOOMINGTON, IL - 617014364 USA Phone: 3096623311 Fax: 3096627143	HOSPITAL	Treating	In Network	HOSPITAL	<a href="tel:3096627143">3096627143</a>		

Attach New

5. Follow step 2 above to add the other provider role. E.g. If the first choice for the provider role is **Treating** the next provider role entered would be **Requesting**.
- **Note:** There is not a specific order the provider role has to be entered. No more than two roles are allowed to be attached to the episode at any given time; one treating the other requesting.

Provider Type : --Select One--

Provider Last Name : Smith      Provider First Name : Donna

Specialty : --Select One--

NPIN(National Provider Identification Number) :      Provider ID :      State : --Select One--

Network : --Select One--      County :      Provider Phone :      Zip :      City :

**Search**   **Cancel**

**Search Results**

Provider Name	Service Location	Type	Specialty	Tax ID	County	In Network?	Provider Network	Provider Role	Actions
<u>SMITH, DONNA, L</u>	4575 SAND POINT WAY NE SEATTLE, WA - 981053950 USA Phone: 2065258000 Fax: N/A	PHYSICIAN	PEDIATRICS	910511770	KING	N	In Network	Requesting	

- Attached will show the two provider roles entered. The message **Provider added successfully** will appear at the top of the screen.

**Provider added successfully.** [Dismiss this message](#)

**Providers**

Name	Service Location	Provider Type	Provider Role	Network Status	Specialty	Fax	Notes	Actions
ST JOSEPH MEDICAL CENTER	2200 E WASHINGTON BLOOMINGTON, IL - 617014364 USA Phone: 3096623311 Fax: 3096627143	HOSPITAL	Treating	In Network	HOSPITAL	3096627143		
SMITH, DONNA, L	4575 SAND POINT WAY NE SEATTLE, WA - 981053950 USA Phone: 2065258000 Fax: N/A	PHYSICIAN	Requesting	In Network	PEDIATRICS			

**Attach New**

### Step 5: UM Services:

- Click **Step 5: UM Services** then click **Add Services** located in the **Service Request** section.

Step 1 : Edit Request      Episode ID:      **Delete Request**

Step 2 : Add Address

Step 3 : Add Providers

Step 4 : Add Diagnosis

**Step 5 : UM Services**

Step 6 : Add Assessment

Step 7 : Add Notes

Step 8 : Add Documents

Step 9 : Submit Request

**Member Name :**      **Member ID :**      **Jiva Member Id:**

**Gender :** Female      **DOB(Age):** 04/25/19      **Address :**

**Preferred Phone # :**      **Elig. Start Date:** 01/01/2014      **Elig. End Date:**

**Product Type:** (-)      **Employer :** Unknown      **Client :** State Programs

**Group:** [Apple Health-Adult](#)      **Primary Diagnosis :** 789.0      **Procedure Details :**

**Episode :** OP Referral      **Reference # :**

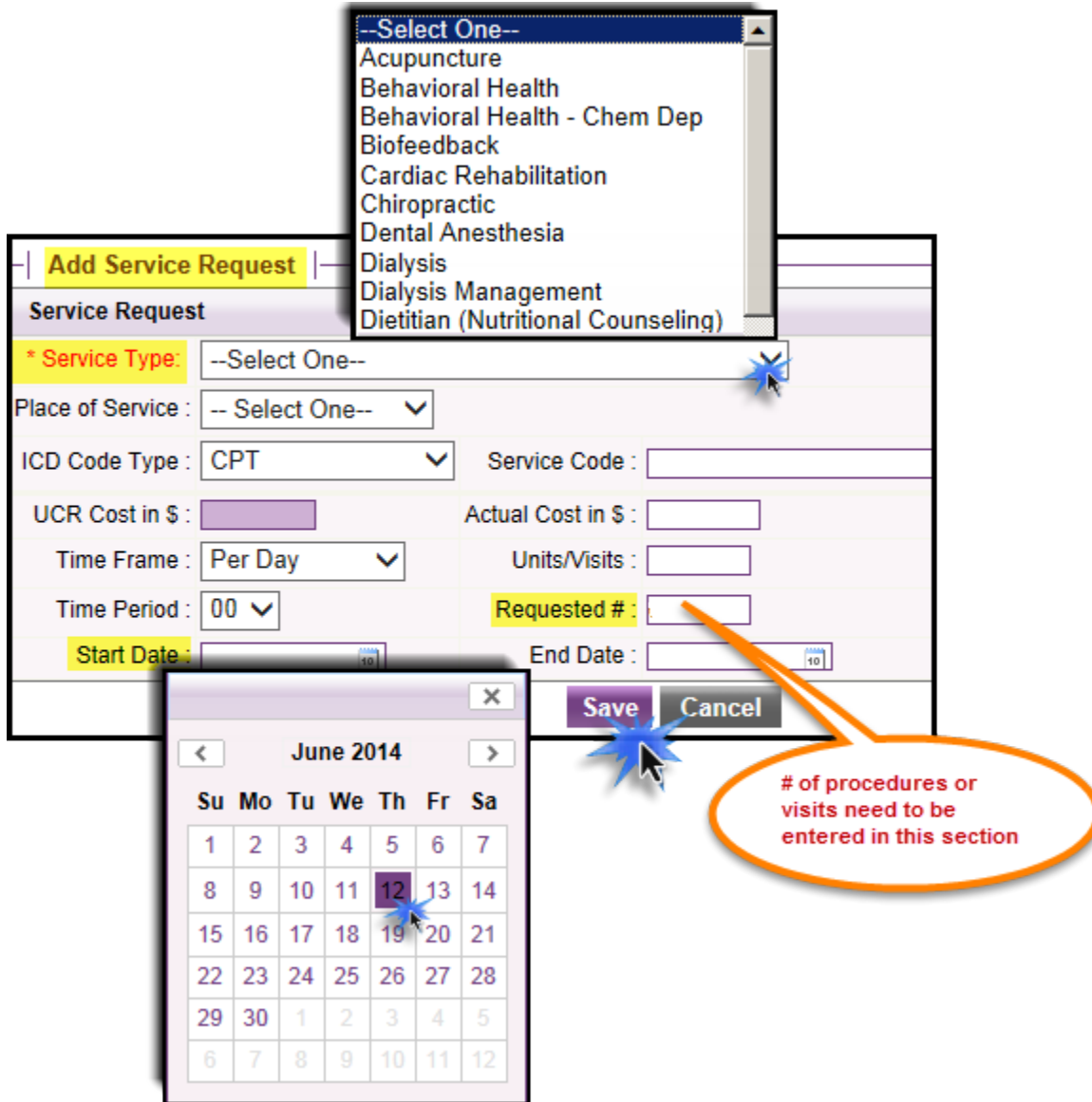
**Episode Status :** New

**Service Request**

No services are added.

**Add Service**

- Click on **Service Type** and click on the type of services that will be rendered. Click within the **Start Date** section to populate the calendar. Click the date the request was started then click **Save**. Click in the **Requested#** section to delete the zero to add the number that's being requested.



**Add Service Request**

**Service Request**

\* **Service Type:** --Select One--

Place of Service : -- Select One--

ICD Code Type : CPT Service Code :

UCR Cost in \$ : Actual Cost in \$ :

Time Frame : Per Day Units/Visits :

Time Period : 00 Requested # :

Start Date : End Date :

Save Cancel

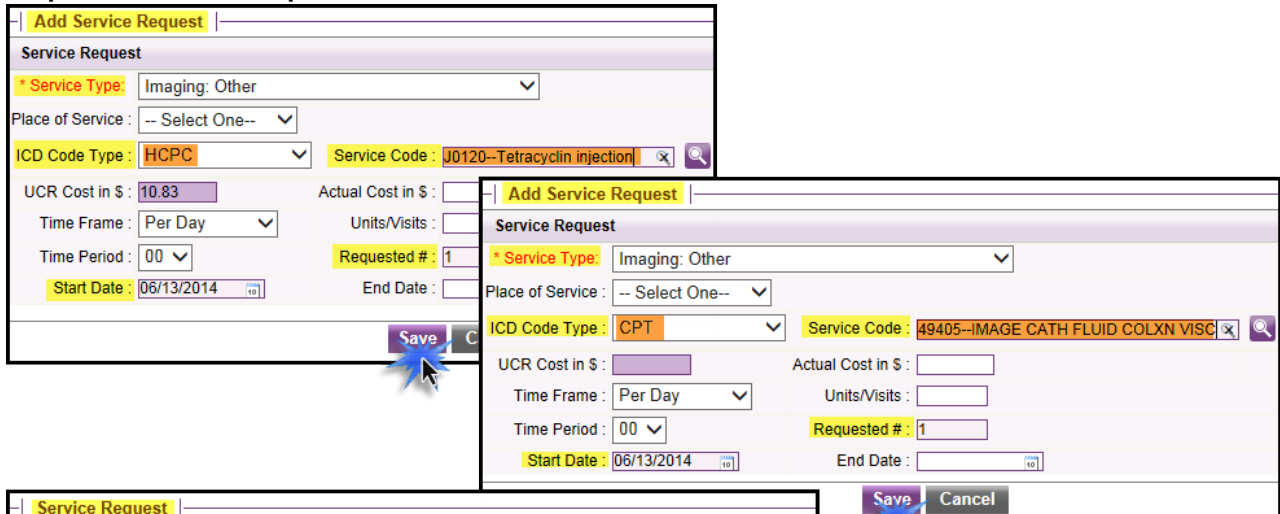
# of procedures or visits need to be entered in this section

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5
6	7	8	9	10	11	12

- Note:** If there is no service type that match the services being requested, use one of the following **Service Type**:
  - DME: Other
  - Imaging: Other
  - Injectable: Other
  - OP Procedure:

- OP Surgery:

- Enter the CPT/HCPCS Code in the section labeled **Service Code**. The CPT codes appear in the **Service Request** section of **Step 5: UM Services** after the **Save** button is clicked.



**Add Service Request**

Service Request

\* Service Type: Imaging: Other

Place of Service: -- Select One--

ICD Code Type: HCPC Service Code: J0120--Tetracyclin injection

UCR Cost in \$: 10.83 Actual Cost in \$:

Time Frame: Per Day Units/Visits:

Time Period: 00 Requested #: 1

Start Date: 06/13/2014 End Date:

Save

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**Add Service Request**

Service Request

\* Service Type: Imaging: Other

Place of Service: -- Select One--

ICD Code Type: CPT Service Code: 49405--IMAGE CATH FLUID COLXN VISC

UCR Cost in \$: Actual Cost in \$:

Time Frame: Per Day Units/Visits:

Time Period: 00 Requested #: 1

Start Date: 06/13/2014 End Date:

Save Cancel

Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency	Decision	Actions
3671540	J0120 (HCPC)	1	0	0			Injectable: Other	Per Day	-	
3671543	49405 (CPT)	1	0	0			Imaging: Other	Per Day	-	

Add Service

### Step 8: Add Documents:

1. Click on **Step 8: Add Documents** then click the **Add Documents** button.



Step 1: Edit Request

Step 2: Add Address

Step 3: Add Providers

Step 4: Add Diagnosis

Step 5: UM Services

Step 6: Add Assessment

Step 7: Add Notes

**Step 8: Add Documents**

Step 9: Submit Request

Episode ID: Delete Request

Member Name: Member ID: Jiva Member Id:

Gender: Female DOB(Age): 04/25/19 Address:

Preferred Phone #: Elig. Start Date: 01/01/2014 Elig. End Date:

Product Type: (-) Employer: Unknown Client: State Programs

Group: Apple Health-Adult Primary Diagnosis: 789.0 Procedure Details:

Episode: OP Reference #: Episode Status: New

Please attach documents relevant to Member such as consent forms etc. Please attach the clinical document to the respective episode.

Documents

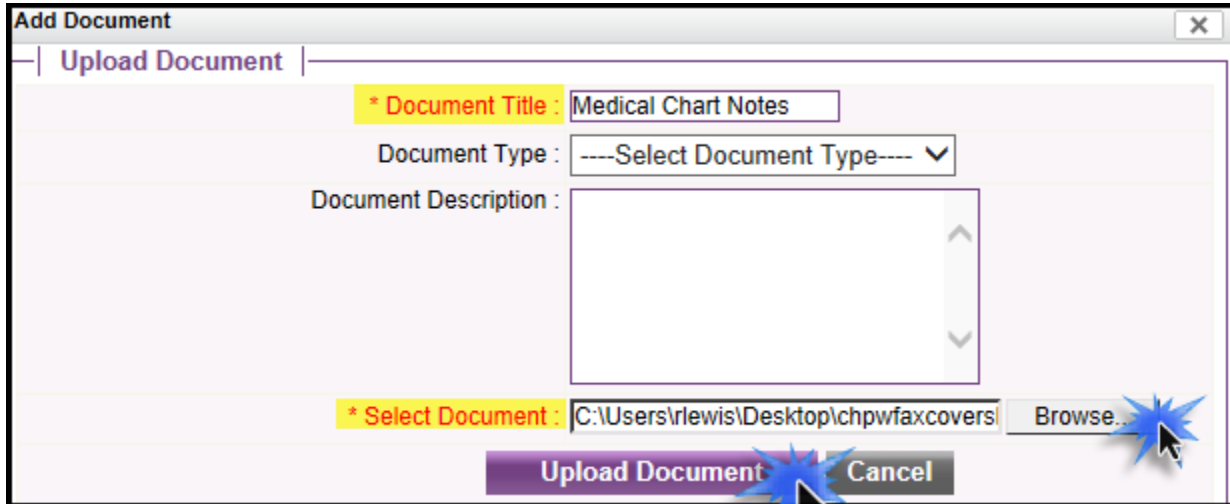
Episode View Member View

no documents.

Add Document



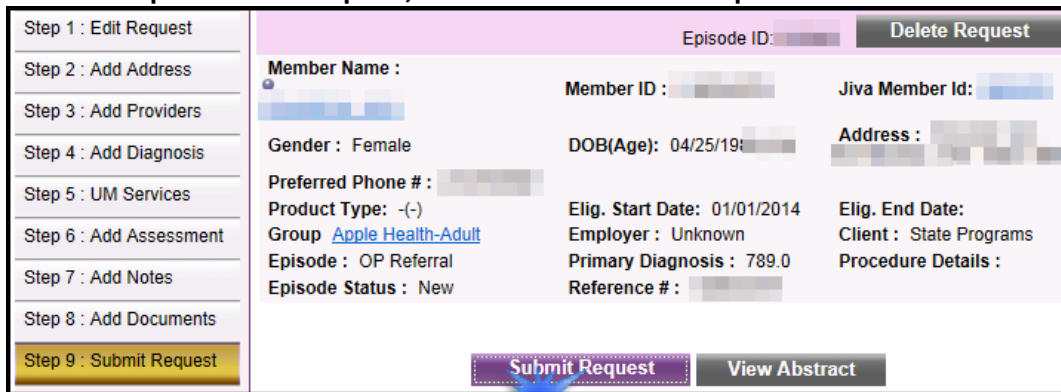
- Type the title of the document within the **Document Title** section. The title will be whatever makes sense of what will be attached. Click on **Browse...** to find the document that will be uploaded. The document will populate in the **Select Document** section then click **Upload Document**.



- The message **Document uploaded successfully** will appear within the **Documents** section of **Step 8: Add Documents**.

#### Step 9: Submit Request:

- Click on **Step 9: Submit Request**, then click the **Submit Request** button.



- Click **OK** to complete the submission.

