# OKLAHOMA HEALTH CARE AUTHORITY

# FAQ's Related to PA Process Change / Provider Letter 2016-29

**1) How do providers access the OHCA or vendor sites to initiate a Prior Authorization?**

For **Therapy** and **Imaging** providers, OHCA prefers that you access the Sooner Care provider portal to initiate your PA request.  After selecting the applicable button (Therapy or Imaging) you will be directed to a link which will connect you to the vendor platform (eviCore/Triad Healthcare for Therapy providers or eviCore for Imaging providers) for PA entry.  *There are no other changes related to Therapy and Imaging PA entry*

For **Medical** and **Dental** providers, you will select the button for your provider type and you will be directed to the Sooner Care portal for entry of your PA.

Per Provider Letter 2016-29, the following procedures will be processed by OHCA after 11/1/16 instead of our vendor:  Spine procedures, Joint procedures, Cardiology procedures, Pain Management and Radiation Therapy

The additional access buttons for Therapy and Imaging will appear on the Provider Portal on November 1, 2016 for your use

**2) Will this power point presentation be available to providers?**

This presentation is available on the Training page of the Sooner Care public website at the link below:

http://www.okhca.org/providers.aspx?id=110&parts=7557_7559

Once you have clicked on the link, go to Resources on the right hand side of the page and then down to the link labeled Prior Authorization Required Process Change

**3) What do we do in case of the need for an EMERGENCY PA?**

Providers should submit the PA via the Provider Portal and an email to MAUADMIN@okhca.org . Enter "EMERGENCY PA" in the subject line and in the body provide a contact name and number, the PA number and reason it is an emergency. MAU staff will review PA and contact you as soon as possible.

*Contact eviCore related to EMERGENCY PA's for IMAGING OR THERAPY.*

**4) What is the best way for a provider to check on the status of PA's previously submitted to eviCore prior to 11/1/2016?**

Providers can view the status of a PA thru the Sooner Care Provider Portal. If you are not seeing the PA you can submit your questions regarding the eviCore PA submissions to the MAU staff via e-mail MAUADMIN@okhca.org .

**5) Uploading Attachments**

a. Attachments are limited to 10MB per each PA request.  If your attachment exceeds that amount, contact the MAU staff at MAUADMIN@okhca.org for resolution.

b. If you are requesting multiple codes you can submit 1 set of documents to support all codes being requested, you do not have to submit separate supporting  documentation for each line item requested.

c. Providers must attach documentation prior to the addition of the first service detail line on the PA to insure that your attachments are received – See Pg. 39 of the Provider Training Presentation – Fall 2016

d. You may attach multiple attachments to the PA request but it must be the same transmission method (JPG, PDF, or TIFF) for all attachments.  All attachments must be submitted at the same time.  See Pg. 36 of the Provider Training Presentation – Fall 2016

e. As of July 1, 2017, OHCA will accept uploaded documents only.  Any documents faxed or mailed after that date will be returned to the provider.

**6) Can you clarify the 30 day retro requirements for OHCA?**

See excerpt from Provider Letter 2008-38 which continues to be applied to Prior Authorizations processed by OHCA

*"Authorization requests and all necessary forms and documentation must be received by the Medical Authorization Unit (MAU) within 30 days of the initial date of service."*

**7) Several therapy providers are continuing to have issues getting access to the eviCore/Triad website to enter PA's**

> **See print screens from eviCore/Triad for your use:**
>
> If a Sooner Care **provider** is registering then they would register with their tax ID. If the **group** is registering on the portal then they are able to register with the group tax ID or NPI. The example below was registered as the individual provider so they entered the tax ID that is not associated to Sooner Care. The first image shows the required fields to register as an individual provider. The second image shows the required fields to register as a group. If you continue to have issues the provider can contact the Client Services Rep team at clientservices@evicore.com or they can call the intake team at 1-800-693-3281.

## Provider Registration: Step 1 of 2 (All fields are required)

Registration Type:  ⦿ Individual          ○ Group
First Name:                                Group/Practice Name:
Last Name:                                 Provider Health Plan ID:
TaxID:
License Number:
License State Code: Alabama ▼

Continue     Clear

## Provider Registration: Step 1 of 2 (All fields are required)

Registration Type:  ○ Individual          ⦿ Group
First Name:                                Group/Practice Name:
Last Name:                                 Provider Health Plan ID:
Group TAX-ID or NPI:
License Number:
License State Code: Alabama ▼

Continue     Clear

**LINK TO TRIADHEALTHCAREINC.COM SECURE WEBSITE**
https://secure.triadhealthcareinc.com/providerportal/(S(hcwo4ai1o3zgow450vkf30e3))/home/default.aspx

Monday, November 21, 2016

**8) Group questions - how do I validate that a PA has been received by OHCA for cardiology PA's?  I don't see a facility option when submitting the PA.**

> You can view the status of the PA by using the Secure Provider Portal Prior Authorization tab View Authorization Status; click on the Advanced Search box; Select the appropriate Authorized Day Range from the drop down menu; type in the member ID and then select search

**9) All PAs submitted after 11/1/16 will allow the 51 modifier to be added to all secondary CPT codes.**

> Please see Provider Letter 2015-24. Please communicate with the person(s) who submits your PA requests to add the 51 modifier on all secondary codes with the initial PA submission in the Sooner Care Provider Portal.

**10)  HCA-12A form**

> If the PA was submitted electronically, the HCA-12A Form is NOT required.  You will be required to submit a signed and dated physician order for what is being requested.

**11)    Why can you only add 1 diagnosis code to the authorization on the website?**

> Currently the PA submission on the Provider Portal only allows the entry of 1 diagnosis code which should be the Primary Diagnosis code that supports the requested service. Future changes that will be made to the Provider Portal will allow the submission of 6 diagnosis codes. Once the diagnosis code changes have been made to the system, providers will be notified.

**12)    Where does the hospital information go?**

> When you have procedures/surgeries that are being done in a facility the only provider that will show on the PA is the requesting provider. The PA is considered a member issued PA which allows both the physician and the facility to be paid off of one PA. Requesting provider will need to make sure when submitting the request that the Servicing Provider is left blank, codes have been submitted with appropriate modifiers and units for both the physician and the facility are requested.

**13) What Assignment Code do I use?**

Please Note – The purpose of the Assignment Code is for determination on whether or not a Servicing Provider is REQUIRED on the PA submission. The Assignment Code will have no bearing on claims payment. When utilizing the Medical radio button you should only be using one of the below choices:

**SERVICING PROVIDER ENTRY IS REQUIRED ON THE PA**

**DMEPOS** – Used for Durable Medical Equipment, Prosthetics and Orthotics, Hearing Aids etc.  - Servicing Provider **IS** required
**Home Health** – Used for Additional Home Health Visits needed for children - Servicing Provider **IS** required
**Hospice** – Used for Hospice Services - Servicing Provider **IS** required
**Specialized Nursing** – Used for Private Duty Nursing - Servicing Provider **IS** required
**Vision Care** – Used for frames, lenses, and contact lenses - Servicing Provider **IS** required

**SERVICING PROVIDER ENTRY IS NOT REQUIRED ON THE PA AND MAY CAUSE DENIALS IF ENTERED**

Audiology – Used for audiology professional services such as Hearing Aid exams - Servicing Provider not required
Clinic – Used for physician rendered services - Servicing Provider not required
General – Use for services that do not fall within one of the other categories listed - Servicing Provider not required
High Risk OB – Used for all High Risk OB Services - Servicing Provider not required
Hospital Outpatient – Used for services that are being doing in an outpatient facility setting - Servicing Provider not required
Hospital IP Facility or Physician – Used for services being done in an Inpatient setting - Servicing Provider not required
Lab & XRay – Servicing Provider not required
Physician – Used for physician rendered services - Servicing Provider not required
Sleep Studies – Used for Sleep Studies - Servicing Provider not required
Transplant – Used for Transplants - Servicing Provider not required

**14) For Cardiology services how do we bill each line?**

You will need to determine if the claim needs to be billed as a global or with the Technical TC modifier and Professional 26 modifier and submit the PA in that manner. Please remember that however the PA is submitted, Global or with modifiers, the claim must be billed in that same manner or the claim will deny for NO PA since it does not match the PA.

**15)  For services that can be billed globally or with a TC and 26 modifiers how do we request each line?**

> If you need to bill globally you will request the code on one line item with 1 unit.  If you need the code to be billed with a TC and a 26 modifier, you will need to request one line item with the code and a TC modifier and 1 unit and a second line with the same code and a 26 modifier and 1 unit.

**16)  How do we submit a PA request when member's eligibility has been back dated?**

> TEFRA Members are the only eligibility retro auths beyond the typical 30 day retros allowed. When submitting the PA for the TEFRA member you will have to submit a copy of the Eligibility Award Letter within 30 days of receipt along with the supporting documentation. The PA will System Cancel as a Retro Auth. You will then need to submit an e-mail to MAUAdmin@okhca.org with the Subject Line "TEFRA Retro – Please Review"

**17)  Will there be a time that we can copy and paste clinical documentation?**

> Not at this time

**18)  Under service provider name what needs to be listed?**

> Please see question #13 to determine if a Servicing Provider is required for your PA submission. Please note that if a Servicing Provider is required, the Rendering Provider on the claim MUST match.

**19)  Will the portal let us submit for an auth if the patient's insurance is not currently active (example – auth submitted on 11/4/2016 and member eligibility ended on 10/31/2016)?**

> In the example provided if the provider submits a request on 11/4/2016 for a November date of service the request would System Cancel as the member is not in an Active Case. If the provider submits a request on 11/4/2016 for an October date of service the request would come into the system to be reviewed for medical necessity.

**20)  What is the turnaround time for a decision on a PA?**

> The agency strives to have a 72 business hour turnaround time from the time the supporting documentation is received;  however,  this might fluctuate dependent upon the amount of requests that are submitted.  Duplicate requests or phone calls will delay the processing – utilize the Provider Portal to determine the status of the PA.

**21) I had a case yesterday that was a cath and echo and it had 14 codes but the portal only let me do 12 of those and then said some of the codes weren't valid but it would not specify which codes weren't valid. I had to delete them and try to figure out which ones were and weren't valid on my own. Is there any way that we can have a list sent of codes that do not need to be auth's with caths?**

You can search the Fee Schedule thru the Portal to see if a code is valid or if it requires a PA. Only submit the PA for the codes that required a PA.

**22) If I have more than 12 codes how do I submit what is left?**

If you have 14 line items that require a PA you will need to submit 1 PA with 12 lines items with the supporting documentation for all codes and in the "Remarks" section indicate Part 1 of 2, then submit a 2nd PA for the remaining 2 codes attaching the same supporting documentation and note in the "Remarks" section Part 2 of 2.

**23) If there is an auth that touches dates with another, it will "system cancel" it stating that my dates cannot overlap. It will only allow us to submit an echo once in that frame? Sometimes the patient has more than one echo in that time frame.**

That is correct. Approved dates of service on a PA cannot overlap date of service on another PA request for the same service. For example, a PA for code 93306 x 1 unit for dates of service 11/4/2016 thru 2/28/2017 is currently approved for the member and service was performed on 11/6/2016. Member now needs the same procedure again on 12/1/2016 which requires a 2nd PA request to be submitted. You must also submit a separate amendment request to have the 1st PA end date of service adjusted prior to 12/1/2016 such as 11/30/2016. The 2nd PA request may not be processed or approved until the amendment has been completed on the 1st PA.

**24) Is the SC-10 form still required?**

No, the SC-10 form is no longer a valid form available on the OHCA website.

**25) Can a provider still fax in initial (new) PAs for data entry rather than using the portal?**

No. Effective 11/1/2016, providers must initiate all NEW PAs through the Provider Portal (this does not include Behavioral Health, Dental or Pharmacy PAs). The provider should upload all documentation at the time they are submitting the PA. Providers will be able to continue faxing additional supporting documentation for a PA initiated through the portal until 6/30/2017 with the HCA-13A fax cover sheet as the first page with the PA number listed in block 3. ***Initial PAs***

*that are faxed and not submitted through the provider portal will be returned to the provider and not processed.*

**27) Will the provider receive faxed determinations on the PA submissions?**

No, the provider will need to access the provider portal to view the authorization status.

**28) Where should we send amendments that are now processed by Sooner Care be sent?**

**Where should amendments be sent for processing on or after 11/1/2016 related to PA's previously approved by eviCore?**

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There are 3 categories for amendments and instructions follow for each category

### A)  PRIOR AUTHORIZATIONS PROCESSED AND APPROVED BY OHCA

1) PA must be in an APPROVED status to be eligible for an amendment

2) If claims have previously paid with this PA, the provider must void the claim before requesting an amendment – after the PA is amended, the provider will need to resubmit the claim for payment - provider may need to provide proof of timely filing to support claim

3)  Fax your amendment request and documentation to OHCA Fax # 1.405.702.9080 or 1.866.574.4991 – the OHCA goal is to process the amendments within 72 business hours.

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### B)  PRIOR AUTHORIZATION PROCESSED AND APPROVED BY EVICORE PRIOR TO 11/1/16

### PA Types (Spine), (Joint), (Cardiology), (Pain Management), Radiation

1) PA must be in an APPROVED status to be eligible for an amendment

2) If claims have previously paid with this PA, the provider must void the claim before requesting an amendment – after the PA is amended, the provider will need to resubmit the claim for payment - provider may need to provide proof of timely filing to support claim

3) EMAIL the amendment request for this category to MAUADMIN@okhca.org – the OHCA goal is to process amendments within 72 business hours.

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### C)  PRIOR AUTHORIZATION APPROVED BY EVICORE FOR THERAPY (OT, PT, ST) or IMAGING

1)  This category of amendments will continue to be processed by eviCore – you may contact eviCore at clientservices@evicore.com or contact eviCore at 800.575.4517 for instructions.

**PLEASE SEND ANY ADDITIONAL QUESTIONS TO MAUADMIN@OKHCA.ORG.  Please provide your contact information including your provider # and a call-back number so that MAU staff can contact you regarding your question.**

**The intent of the published FAQ's are to provide clarification to general questions.  If you have a specific question contact the MAU staff at the email address listed above**

**Please do not send duplicate copies of emails or make repeated inquiries during the 72 hour turnaround time - duplicate requests or inquiries will delay the turnaround time.  Please review the PA status by checking your Provider Portal.**