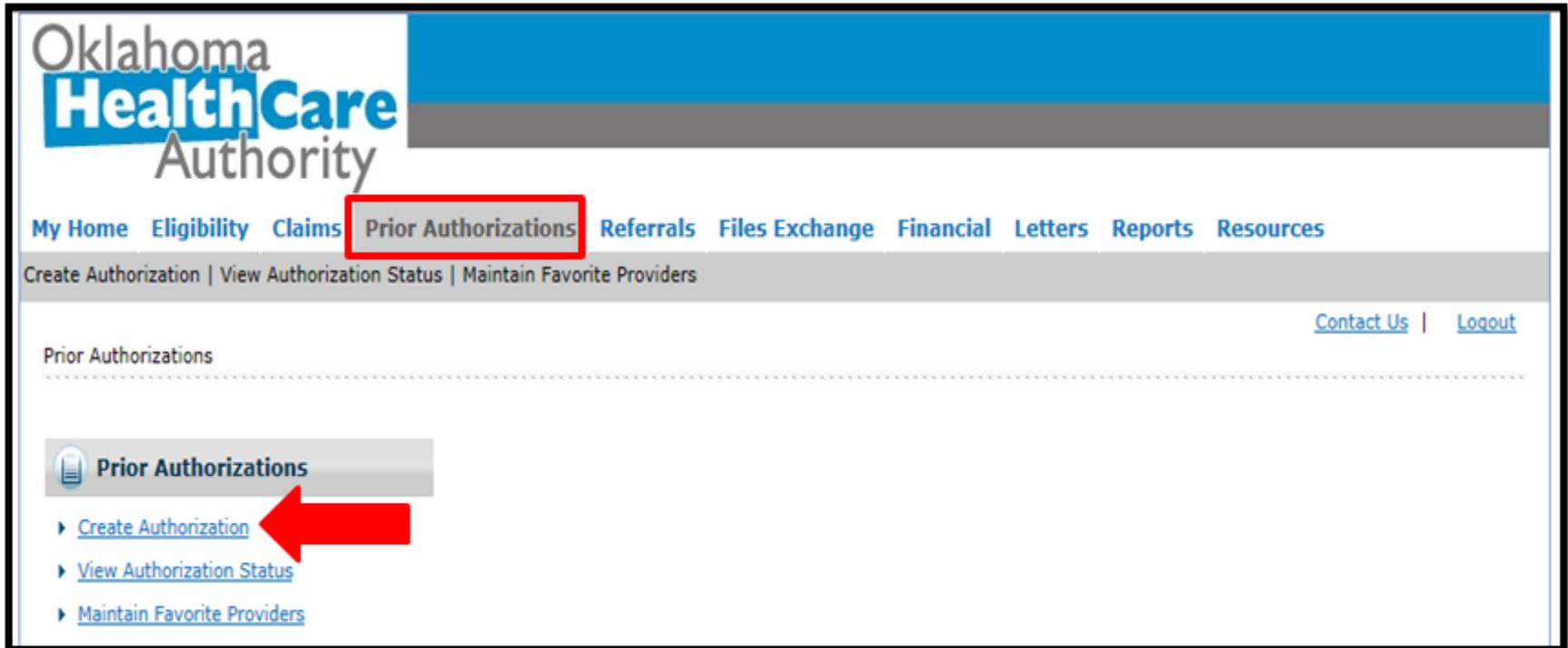


# Submitting a Prior Authorization for Personal Care School Based Services

# PA Submission



The screenshot shows the Oklahoma HealthCare Authority website. The header includes the logo and a navigation menu with the following items: My Home, Eligibility, Claims, **Prior Authorizations** (highlighted with a red box), Referrals, Files Exchange, Financial, Letters, Reports, and Resources. Below the navigation menu, there are links for "Create Authorization", "View Authorization Status", and "Maintain Favorite Providers". On the right side, there are links for "Contact Us" and "Logout". The main content area is titled "Prior Authorizations" and contains a sub-menu with the following options: "Prior Authorizations" (with a document icon), "Create Authorization" (with a red arrow pointing to it), "View Authorization Status", and "Maintain Favorite Providers".

Select **Create Authorization** under the **Prior Authorizations** tab

# PA Submission, *cont.*

**Requesting Provider Information**

This panel contains provider information.

Zip Code	Provider ID	Contract Code	ID Type Taxonomy	Name SC Provider Number
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**Requesting Provider Information** – This will automatically populate the provider logged in

**Member Information**

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

\*Member ID

Last Name	First Name	Middle
Birth Date		

**Member Information** – Enter the SoonerCare Member ID

# PA Submission, *cont.*

**Service Provider Information**

Service Provider may be required depending on the type of Assignment selected. To use a new service provider, enter either a valid NPI or SoonerCare Provider Number. To use an existing Service Provider and have the fields auto-populated, either check the Service Provider same as Requesting Provider checkbox or select a provider previously saved to the favorites list using the Select from Favorites dropdown. To add a new provider to the favorites list, click the Add to Favorites checkbox. Service Provider is required, the servicing provider cannot be a group, clinic or organization. If a group, clinic or organization is selected, the submission will be denied. To use a new service provider, enter either a valid NPI or SoonerCare Provider Number. To use an existing Service Provider and have the fields auto-populated select a provider previously saved to the favorites list using the Select from Favorites dropdown. To add a new provider to the favorites list, click the Add to Favorites checkbox.

Service Provider same as Requesting Provider

Select from Favorites: No favorite providers available

Provider ID:

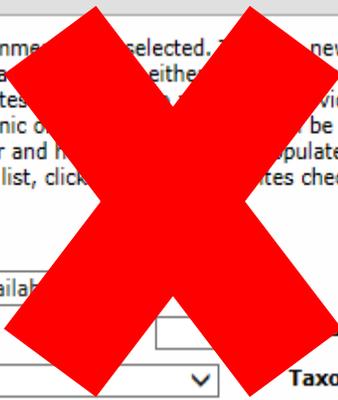
Zip Code <sup>⓪</sup>:

Contract Code:

Taxonomy:

Add to Favorites:

SC Provider Number:



**Service Provider Information** is only required for durable medical equipment, prosthetics, orthotics and supplies (DMEPOS), Home Health, Hospice, Specialized Nursing and Vision Care services. **All other types leave blank.**

# PA Submission, *cont.*

**Other Information**

Assignment Code must be selected from the dropdown. The Assignment Code can be viewed in the Prospective Authorizations results panel and in the Search Results panel when using Search Authorizations.

\*Assignment Code

Fund

Managed Care

Letter

**Diagnosis Information**

Click the **Remove** link to remove the e

ICD Version

Click to collapse.

\*ICD Version ICD-10-CM

**Service Details**

Click '+' to view or update the details of

From Date To Date

Click to collapse.

ADVANTAGE WAIVER  
AUDIOLOGY  
CHIRO  
CLINIC  
DME  
GENERAL  
HIGH RISK OB  
HOMEHEALTH  
HOSPICE  
HOSPITAL - OUTPATIENT  
HOSPITAL IP FACILITY OR PHYSIC  
LAB & XRAY  
MRI-MRA-PET  
O-EPIC  
OT  
PHARMACY  
PHYSICIAN  
PODIATRY  
PT  
REHAB  
ROOM AND BOARD  
SLEEP STUDIES  
SPECIALIZED NURSING  
SPEECH  
TRANSPLANT  
TRANSPORTATION  
VISION CARE

Diagnosis Code Action

Cancel

Click **Copy** to copy or **Remove** to remove the entire row.

Modifiers Units Action

- **Assignment Code** – Select the appropriate assignment code
- **Managed Care, Fund, Letter** – Leave blank

# PA Submission, *cont.*

**Diagnosis Information**

Click the **Remove** link to remove the entire row.

ICD Version	Diagnosis Code	Action
Click to collapse.		
*ICD Version	*Diagnosis Code	

ICD-10-CM

**Add** **Cancel**



**Diagnosis Code** – Enter the primary diagnosis code without the decimal point, then click **Add**

# PA Submission, *cont.*

**Service Details**

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

From Date	To Date	Code	Modifiers	Units	Action
Click to collapse.					
*From Date	<input type="text"/>	To Date	<input type="text"/>	*Code Type <input type="text" value="Procedure Code"/>	*Code <input type="text"/>
				Thru <input type="text"/>	

**From Date** and **To Date** – Enter the date range needed for the **school year**.

# PA Submission, *cont.*

**Service Details**

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

From Date	To Date	Code	Modifiers	Units		Action
Click to collapse.						
*From Date <input type="text"/>	To Date <input type="text"/>	*Code Type <input type="text" value="Procedure Code"/>	*Code <input type="text"/>	Thru <input type="text"/>		

- **Code Type** – Select **Procedure Code**
- **Code** – Enter the procedure code
- **Thru Code** – Leave **blank**

# PA Submission, *cont.*

Appropriate modifier(s) must be submitted on PA for claims processing.

Modifiers 

\*Units  Dollars  Payment Method 1-Pay System Calculated Price

Remarks (optional)

The image shows a screenshot of a web form for PA submission. A red rectangular box highlights the 'Modifiers' section, which includes a header instruction and two rows of input boxes. Below this, there are fields for '\*Units' (with a value of 0), 'Dollars', and 'Payment Method' (set to '1-Pay System Calculated Price'). At the bottom is a large text area for 'Remarks (optional)'.

**Modifiers – TM modifier** will need to be placed in the first modifier box

# PA Submission, *cont.*

Appropriate modifier(s) must be submitted on PA for claims processing.

Modifiers <sup>⊕</sup>

\*Units  Dollars  Payment Method 1-Pay System Calculated Price

Remarks (optional)

- **Units** – Enter the number of units needed for the dates requested for the school year.
- **Remarks (optional)**

# PA Submission, *cont.*

**Service Details**

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

From Date	To Date	Code	Modifiers	Units	Action				
Click to collapse.									
*From Date	08/01/2018	To Date	10/31/2018	*Code Type	Procedure Code	*Code	62323-NJX INTERLAMINAR LMBR/S.	Thru	
<b>Appropriate modifier(s) must be submitted on PA for claims processing.</b>									
Modifiers									
*Units	1	Dollars		Payment Method 1-Pay System Calculated Price					
Remarks (optional)	Jackie Peyton RN at (405) 867-5309								
<b>Attachments</b>									
[Add Service] [Cancel Service]									



- **Attachments must be added before the first service line.**
- **Attachments** – Click the “+” sign to upload the attachments.

# PA Submission, *cont.*

Transmission Method	File	Control #	Action
Click to collapse.			
Transmission Method	EL-Electronic Only		
*Upload File	<input type="text"/>		Browse...
*Description	<input type="text"/>		
Add Cancel			

## Transmission Method:

### EL = Electronic Only

- Accepted file types: JPG, PDF, TIF, XPS
- Up to 10 MB
- Only the first line item requires attached documents

# PA Submission, *cont.*

**Attachments**

Transmission Method	File	Control #	Action
Click to collapse.			
Transmission Method	EL-Electronic Only		
*Upload File	<input type="text"/> Browse...		
*Description	<input type="text"/>		
<input type="button" value="Add"/>			

- **Upload File** – Select **Browse** to locate the attachments.
- **Description** – Enter a brief description of the documentation. Click **Add**.

# PA Submission, *cont.*

	Transmission Method	File	Control #	Action
<input type="checkbox"/>	EL-Electronic Only	order.pdf (957K)	20180904926264	<a href="#">Remove</a>

Click to collapse.

**Transmission Method** EL-Electronic Only

\*Upload File

\*Description

- The transmission method, file and control number will reflect if the documentation is successfully attached to the PA line item.
- The system will populate another blank section if additional documents need to be attached.

# PA Submission, *cont.*

**Service Details**

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

From Date	To Date	Code	Modifiers	Units	Action				
Click to collapse.									
*From Date	08/01/2018	To Date	10/31/2018	*Code Type	Procedure Code	*Code	62323-NJX INTERLAMINAR LMBR/S.	Thru	
Appropriate modifier(s) must be submitted on PA for claims processing.									
Modifiers									
*Units	1	Dollars		Payment Method	1-Pay System Calculated Price				
Remarks (optional)	Jackie Peyton RN at (405) 867-5309								

**Attachments**

Transmission Method	File	Control #	Action
EL-Electronic Only	order.pdf (957K)	20180904926264	<a href="#">Remove</a>

Click to collapse.

Transmission Method: EL-Electronic Only

\*Upload File:  [Browse...](#)

\*Description:

[Add](#) [Cancel](#)

[Add Service](#) 

Click **Add Service** once the documentation is attached

# PA Submission, *cont.*

**Service Details**

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

	From Date	To Date	Code	Modifiers	Units		Action
+	08/01/2018	10/31/2018	62323-NJX INTERLAMINAR LMBR/SAC		1	1	<a href="#">Copy</a>   <a href="#">Remove</a>

Click to collapse.

\*From Date  To Date  \*Code Type  \*Code  Thru

**Appropriate modifier(s) must be submitted on PA for claims processing.**

Modifiers

\*Units  Dollars  Payment Method 1-Pay System Calculated Price

Remarks (optional)

**Attachments**

[Add Service](#) [Cancel Service](#)



- If no additional codes need to be added, click **Submit**.

# PA Submission, *cont.*

Service Details						
	From Date	To Date	Code	Modifiers	Units	
<input type="checkbox"/>	08/01/2018	10/31/2018	62323-NJX INTERLAMINAR LMBR/SAC		1	1
Dollars _ Payment Method _						
Remarks (optional) Jackie Peyton RN at (405) 867-5309						
Attachments						
	Transmission Method	File	Control #	Action		
<input type="checkbox"/>	EL-Electronic Only	order.pdf (957K)	20180904376312			



Click **Confirm** to submit the request

# PA Submission, *cont.*

The screenshot displays the Oklahoma HealthCare Authority website interface. At the top left is the logo for the Oklahoma HealthCare Authority. A navigation menu includes links for My Home, Eligibility, Claims, Prior Authorizations, Referrals, Files Exchange, Financial, Letters, Reports, and Resources. Below the navigation menu, there are links for 'Create Authorization', 'View Authorization Status', and 'Maintain Favorite Providers'. The current page is titled 'Prior Authorizations > Authorization Receipt'. A red box highlights the main message: 'Authorization Receipt' and 'Your Prior Authorization Number 501812345 was successfully submitted.' Below this message, there are instructions: 'Click Print Preview to view authorization details and receipt.', 'Click Copy to copy member data or authorization data.', and 'Click New to create a new authorization for a different member.' At the bottom of the content area, there are three buttons: 'Print Preview', 'Copy', and 'New'. On the right side of the page, there are links for 'Contact Us' and 'Logout'.

**Authorization Receipt** – The portal will generate a PA number to confirm the request submitted successfully. This does not mean the PA is approved.