1.1 General Submission Requirements

Member/Provider Validation

When a CMO PA request is initiated, the user is prompted to identify the specific CMO (Amerigroup, Peach State, Care Source, or Well Care) in which the member is enrolled. The member ID is validated against CMO member eligibility. In addition, the provider ID(s) is/are validated against CMO provider affiliation. If the member ID or provider ID is not associated with the CMO selected, a warning message informs the user that the member and/or provider does not appear to be associated with the selected CMO. Member enrollment validation is a 'hard edit' which prevents the provider from entering the request. Provider validation is a 'soft edit', and the provider may bypass the warning message and enter the request.

Tracking and Authorization IDs

CMO PAs submitted via the portal are assigned a 12 digit Alliant tracking ID that starts with "7". The requests remain in 'Pending' status until a decision is rendered by the CMOs. The CMOs are responsible for processing the PAs and submitting back to Alliant the review determinations and CMO authorization numbers. The CMO assigned authorization number is loaded to the PA on the *Provider Workspace* and displays in the 'CMO PA Request ID' field. The CMO authorization number is the number used for claims submission/adjudication.

Provider Workspace Functionality

The portal *Provider Workspace* has been customized with functions applicable to CMO PAs.

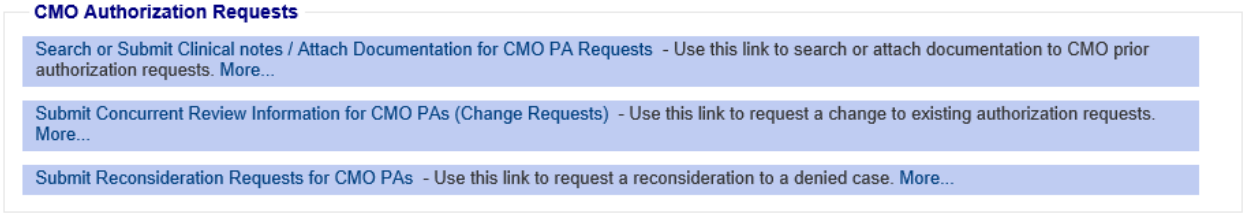


Figure 1

FUNCTION	DESCRIPTION
CMO PA Search	Search submitted PA's, view decisions/edits, and review PA data for CMO PA's.
Attach File	Attach additional clinical data to the CMO PAs form.
Submit Change Requests	Submit a change request with concurrent review information for inpatient admissions.
Submit Reconsideration Requests	Submit a reconsideration of a denied CMO PA.

Table 2

2.0 Orthotics/Prosthetics/Hearing

The Orthotics/Prosthetics/Hearing are submitted via the *Centralized* Portal using an entry similar to submitting CMO or FFS Hospital Admission requests. The Division requires that certain services are approved to the time they are rendered. Prior approval from the division pertains to medical necessity only, not appropriateness of service. It does not guarantee payment of submitted charges, or member eligibility.

2.1 Initiate an O&P PA Request

Follow these instructions to initiate a new CMO PA request.

1. Go to the GA Web Portal at **www.mmis.georgia.gov**.

2. Login with assigned user ID and password.

3. On the portal secure home page, click the **Prior Authorization** tab.

4. Then click **Medical Review Portal**; Then select **Enter a New Authorization Request**.

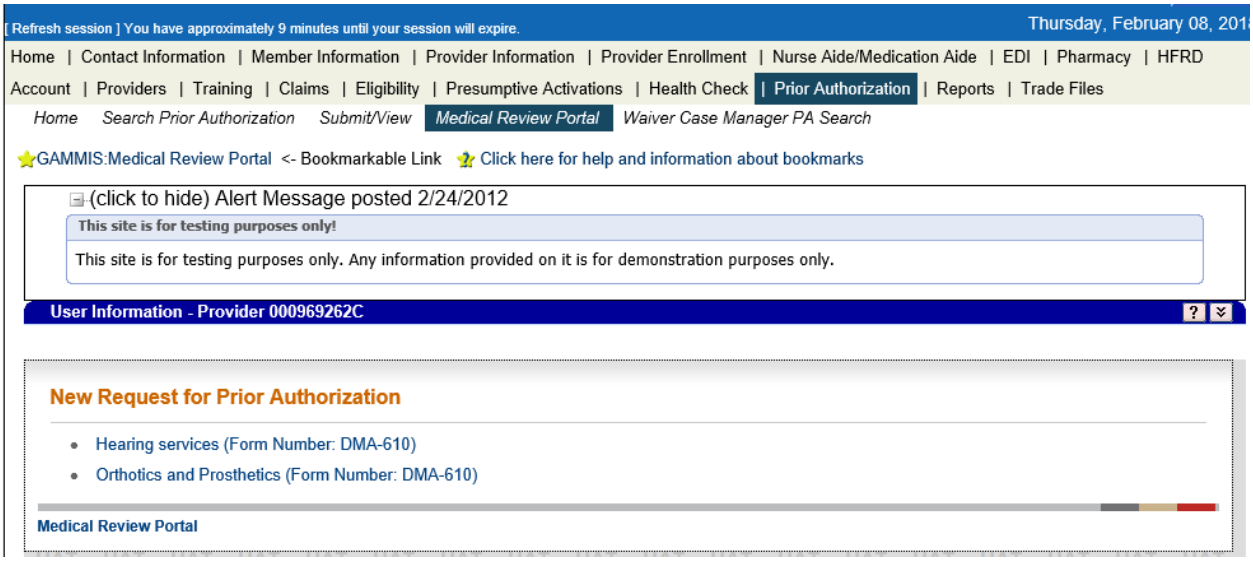


Figure 2

5. A list displays the request types applicable to the requesting provider's category of service.

Figure 3

6. Click the request type to be entered. (O&P)

7. **When the selected request type may be entered as a FFS PA or CMO PA,** the user is prompted to select FFS or one of the Care Management Organizations.

Figure 4

8. For CMO PA entry, click the button next to the specific CMO in which the member is enrolled and enter the member's Medicaid ID number. **(Note the Service Provider ID is pre-populated). Then select Submit.**

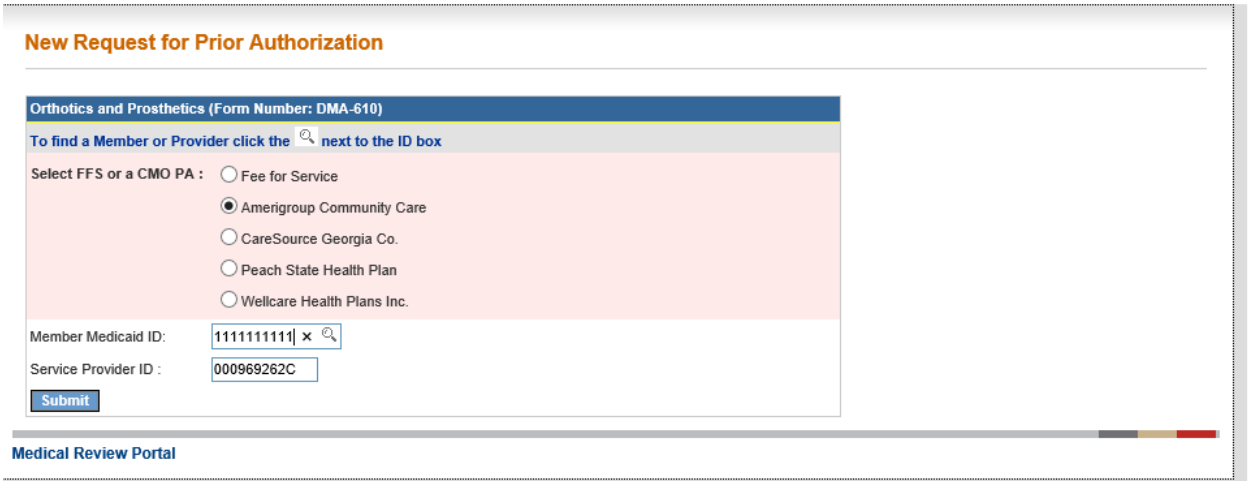


Figure 5

9. If the member is not associated with the selected CMO, the error will be displayed.

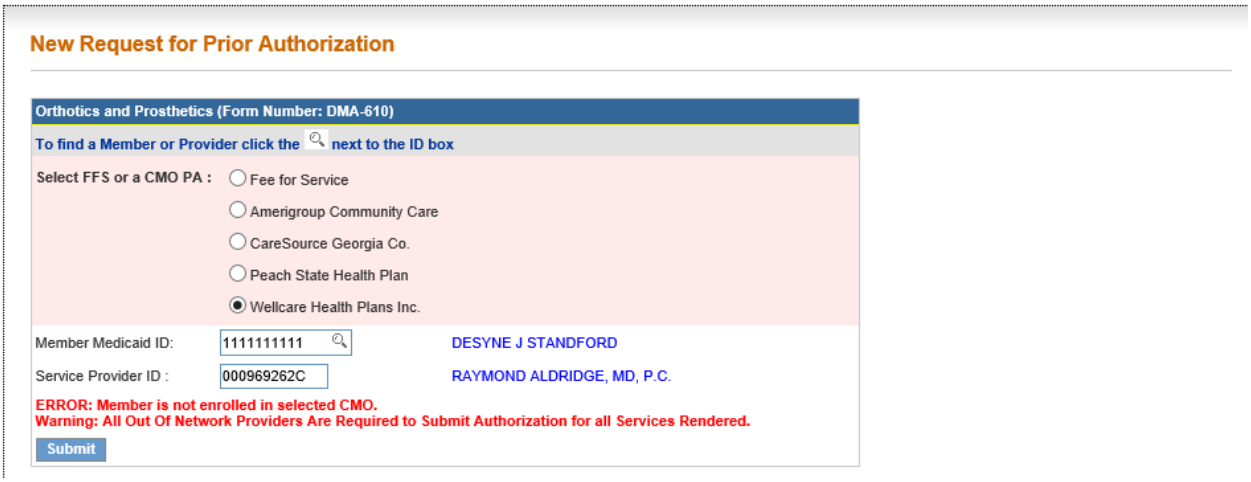


Figure 6

2.2 Enter Request Information

Member and Service Provider Information is already populated based on the information selected in the previous page. (Greyed out member Medicaid ID and provider Medicaid ID)

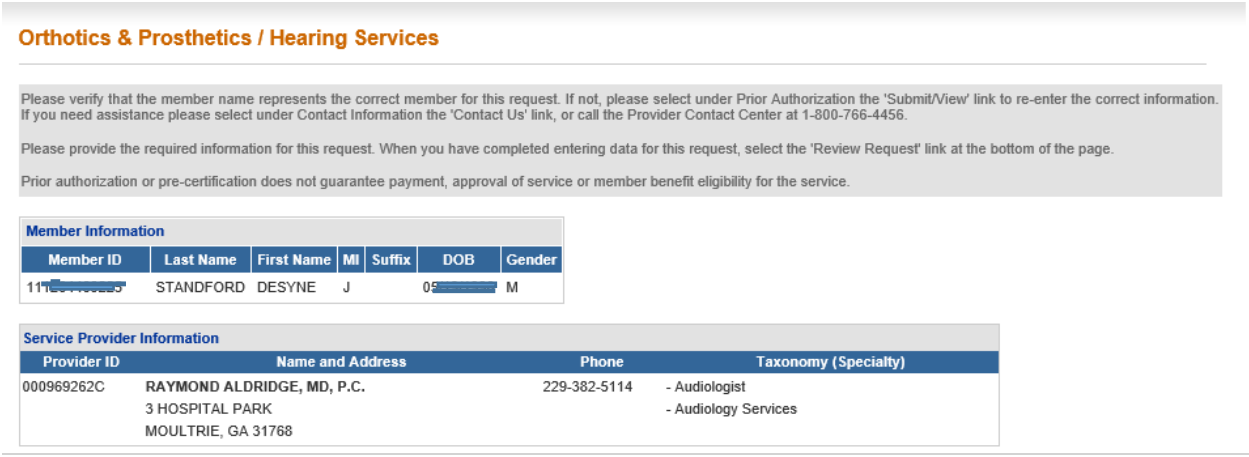


Figure 7

The system also populates the requesting provider's contact information in the **Contact Information** section. The 'Contact Name', 'Contact Phone', and 'Contact Fax' are required. If this information is missing, enter the information in the boxes provided. All contact information may be edited if incorrect.

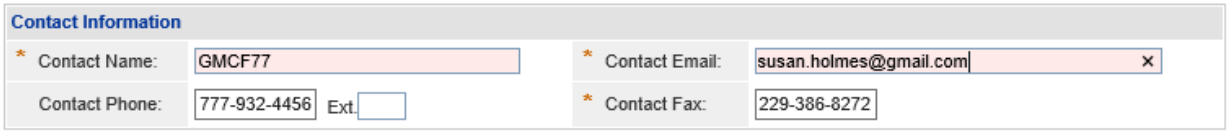


Figure 8

The Request Information section captures the option for providers to select the Place of Service. Users have the option to select "**Home or Other**".

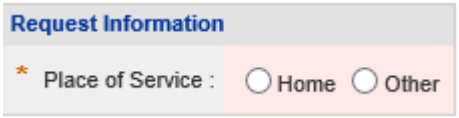
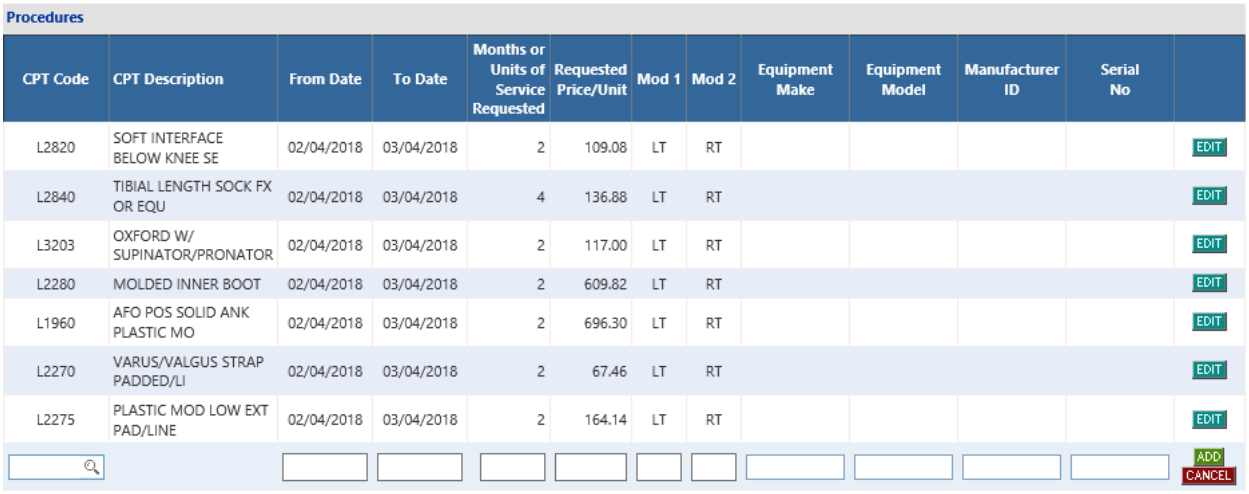


Figure 9

The Diagnosis Section table captures the diagnosis code, code description, diagnosis date, primary diagnosis indicator, and diagnosis type (ICD9 or ICD10). If the date of service is 10/1/2015 or greater, an ICD-10 diagnosis code should be used. Only one primary diagnosis may be entered although more than one admission diagnosis may be entered. Users have the option to search the diagnosis code (by selecting the magnifying glass ( )) or enter the diagnosis code manually. The date calendar will populate for users to select the date on the calendar or you can enter the date manually. Once the data is entered select the "**Add Button**". This will save the data entered.

Figure 10

The Procedure Section table captures CPT Code, CPT code description (auto-populated), procedure 'From Date' and 'To Date', units requested, requested priced/unit, and modifiers (if applicable). The Equipment Make, Model, Manufacturer ID, and Serial No fields are all text fields which users can manually add information in these fields if applicable but are not required unless specified by CMO policy. **Prior Authorization Procedure Code Lookup Tool** is a direct link for CMO providers to use to determine if a procedure code requires a PA.



Procedures

CPT Code	CPT Description	From Date	To Date	Months or Units of Service Requested	Requested Price/Unit	Mod 1	Mod 2	Equipment Make	Equipment Model	Manufacturer ID	Serial No	
L2820	SOFT INTERFACE BELOW KNEE SE	02/04/2018	03/04/2018	2	109.08	LT	RT					EDIT
L2840	TIBIAL LENGTH SOCK FX OR EQU	02/04/2018	03/04/2018	4	136.88	LT	RT					EDIT
L3203	OXFORD W/ SUPINATOR/PRONATOR	02/04/2018	03/04/2018	2	117.00	LT	RT					EDIT
L2280	MOLDED INNER BOOT	02/04/2018	03/04/2018	2	609.82	LT	RT					EDIT
L1960	AFO POS SOLID ANK PLASTIC MO	02/04/2018	03/04/2018	2	696.30	LT	RT					EDIT
L2270	VARUS/VALGUS STRAP PADDED/LI	02/04/2018	03/04/2018	2	67.46	LT	RT					EDIT
L2275	PLASTIC MOD LOW EXT PAD/LINE	02/04/2018	03/04/2018	2	164.14	LT	RT					EDIT
												ADD CANCEL

Figure 11

Note: Like the Diagnosis Code Section, select **Add** to add the procedure code to the request. When Add is selected, a blank procedure line displays, and the Edit button is available on the procedure line. If users need to **Edit** any previous information, select the Edit button and enter the corrected data, then select **Save** to store the updates.

Comments Section allows users to enter additional information that will be helpful for judgement of authorization approval. Select "**Yes**" or "**No**" if the member has retro eligibility in the table below the Comments Section.

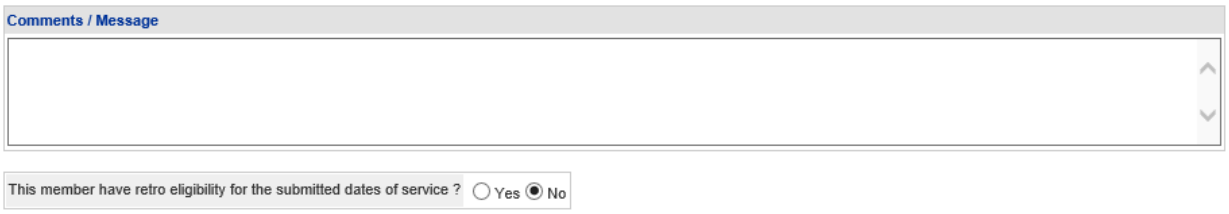
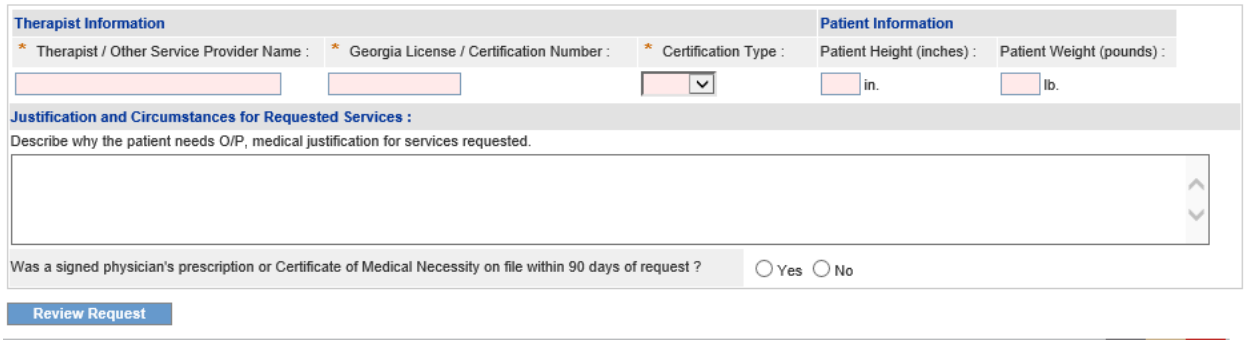


Figure 12

Repairs and Replacements section should be completed if priced amount is over $250.00. The Manufacturer ID, Serial No, Warranty Registration Number, Date of Original Purchase, and Manufacturer Warranty Duration (in months) are needed.

Figure 13

Therapist/Other Service Provider Justification Information section captures the following required information: member's height and weight, and information related to the physician prescription for services. Therapist information and justification for services may be provided but is optional. Lastly, answer "**Yes"** or "**No"** if a signed physician's prescription or Certificate of Medical Necessity is on file within 90 days of request. Then Select **Review Request** when all data is entered on this form.



2.3 Additional Questions Form

Additional Questions Form is populated based on the procedure code(s) that are being requested: The forms are related to Foot and Ankle Orthotics, Knee Orthotics, Wrist Orthotics, and Diabetic Shoes. Input in these fields are required. See questions below:

Additional Information

Please enter additional information. **All questions are required.**

Foot and Ankle Orthotics

	Is this an orthotic for (select one):	○ Ankle ○ Foot ◉ Knee ○ Wrist
	Does member have a history of:	
1	Stroke or CVA affecting lower leg below the knee at ankle or foot?	○ Yes ◉ No ○ Unknown
2	Cerebral Palsy affecting lower leg below the knee at ankle or foot?	○ Yes ◉ No ○ Unknown
3	Neurologic Damage to leg below the knee at ankle or foot?	○ Yes ◉ No ○ Unknown
4	Contracture to lower leg below the knee at ankle or foot?	○ Yes ◉ No ○ Unknown

Review Request

Knee Orthotics

	Is this an orthotic for (select one):	○ Ankle ○ Foot ◉ Knee ○ Wrist
	Does member have a history of:	
1	Stroke or CVA affecting lower leg at the knee	○ Yes ○ No ◉ Unknown
2	Cerebral Palsy affecting lower leg at the knee	◉ Yes ○ No ○ Unknown
3	Neurologic damage to leg at the knee	◉ Yes ○ No ○ Unknown
4	Contracture to lower leg at the knee	◉ Yes ○ No ○ Unknown

Wrist Orthotics

	Is this an orthotic for (select one):	○ Ankle ○ Foot ○ Knee ◉ Wrist
	Does member have a history of:	
1	Stroke or CVA affecting lower arm at or below the wrist?	○ Yes ○ No ◉ Unknown
2	Cerebral Palsy affecting the lower arm at or below the wrist?	◉ Yes ○ No ○ Unknown
3	Neurologic damage affecting the lower arm at or below the wrist?	◉ Yes ○ No ○ Unknown
4	Contracture affecting the lower arm at or below the wrist?	◉ Yes ○ No ○ Unknown

Additional Information

Please enter additional information. **All questions are required.**

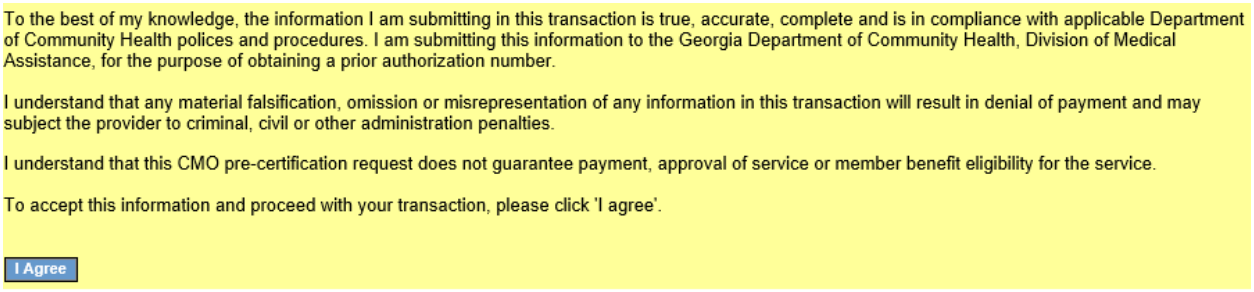
DiabeticShoes

1	Previous amputation of other foot, or part of either foot?	○ Yes ◉ No
2	History of previous foot ulceration of either foot?	○ Yes ◉ No
3	History of pre-ulcerative calluses of either foot?	○ Yes ◉ No
4	Peripheral neuropathy with evidence of callus formation or either foot?	○ Yes ◉ No
5	Foot deformity of either foot?	◉ Yes ○ No
6	Poor circulation in either foot?	○ Yes ◉ No

Figure 14

2.4 Submission/Attaching Documents

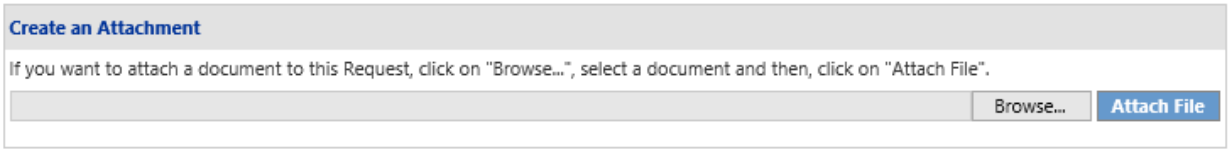
Review the **Attestation Statement** and click **I Agree**. You must click agree to submit the request.



Review the information entered on the request. To change information entered, click **Edit Request**. Otherwise, click **Submit Request**.

When the request is successfully submitted, the system displays the Alliant tracking number. The Alliant tracking ID is a 12 digit number that starts with "7". The Alliant tracking number may be used to search for the case via the portal but is not the PA ID used for claims submission or adjudication. **The CMO authorization number is used for claims submission/adjudication.** The CMO authorization number is added to the PA on the portal once the CMO reviews the PA and sends the decision data to Alliant.

At this point, supporting documentation may be attached to the PA. Go to ***Create an Attachment*** near the middle of the page. This section includes checkboxes for each required document. It is preferable to attach one file with all the documents. To attach the file, click **Browse**; find and open the file. The file name displays in the attachment panel. Click **Attach File**. The attached file displays in the Attach File table.



3.1 Initiate a Hearing PA Request

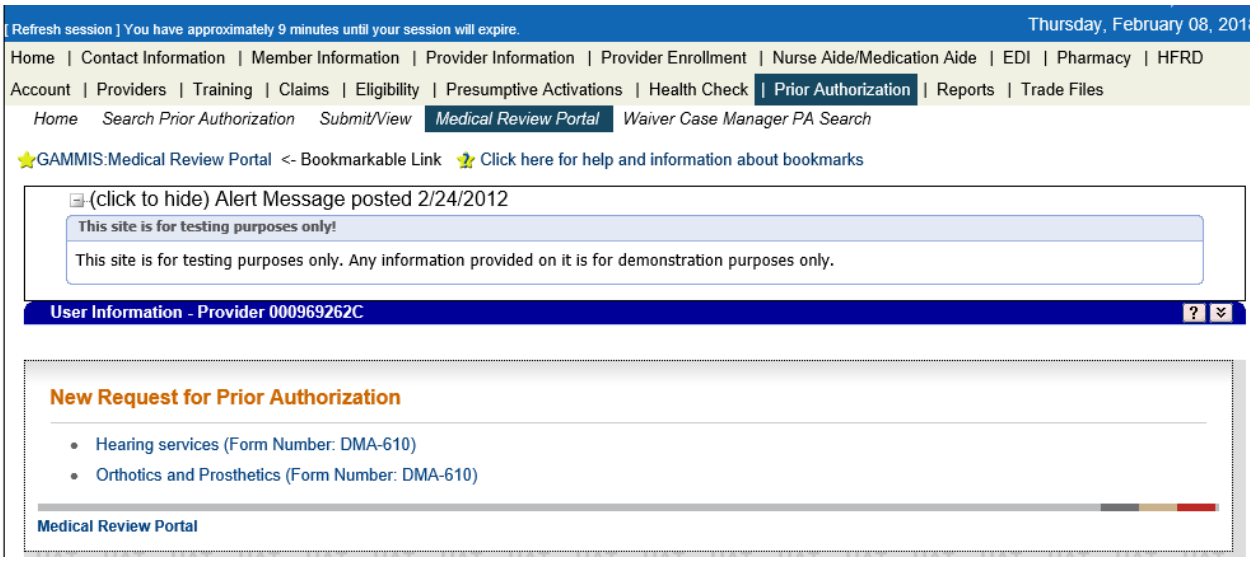
Follow these instructions to initiate a new CMO PA request.

1. Go to the GA Web Portal at **www.mmis.georgia.gov**.

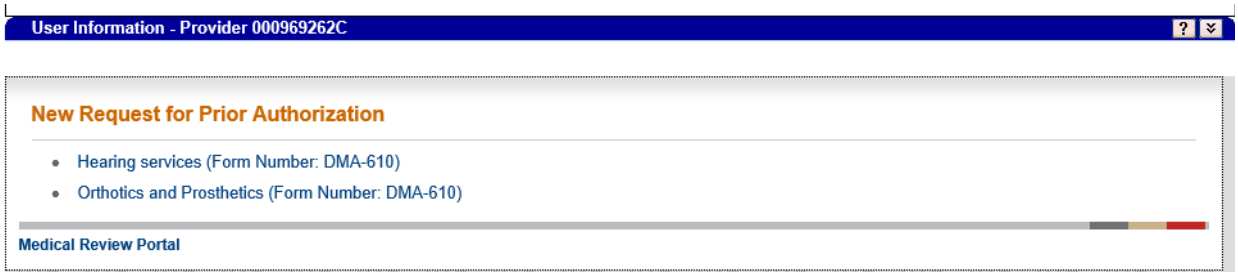
2. Login with assigned user ID and password.

3. On the portal secure home page, click the **Prior Authorization** tab.

4. Then click **Medical Review Portal**; Then select **Enter a New Authorization Request**.

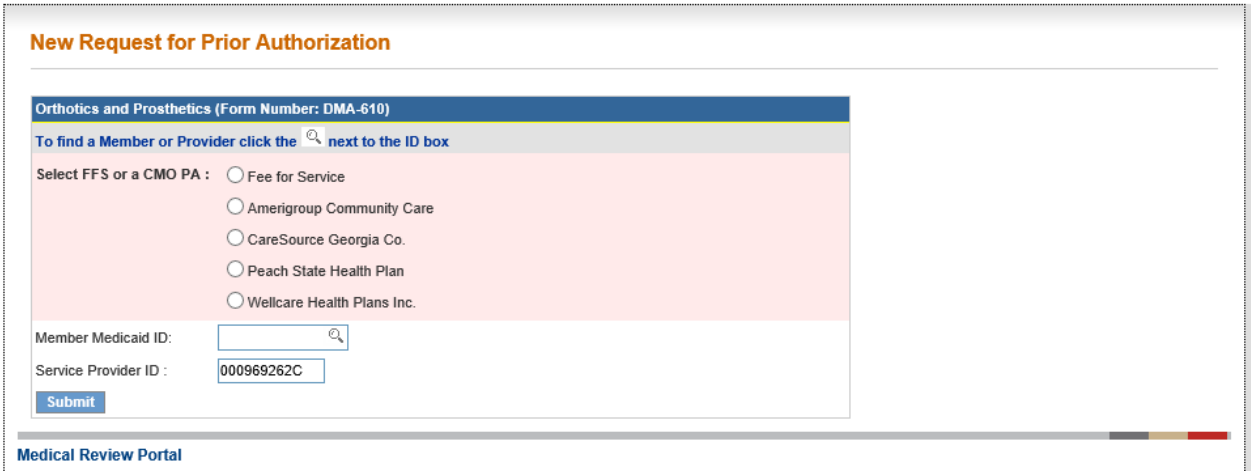


5. A list displays the request types applicable to the requesting provider's category of service.

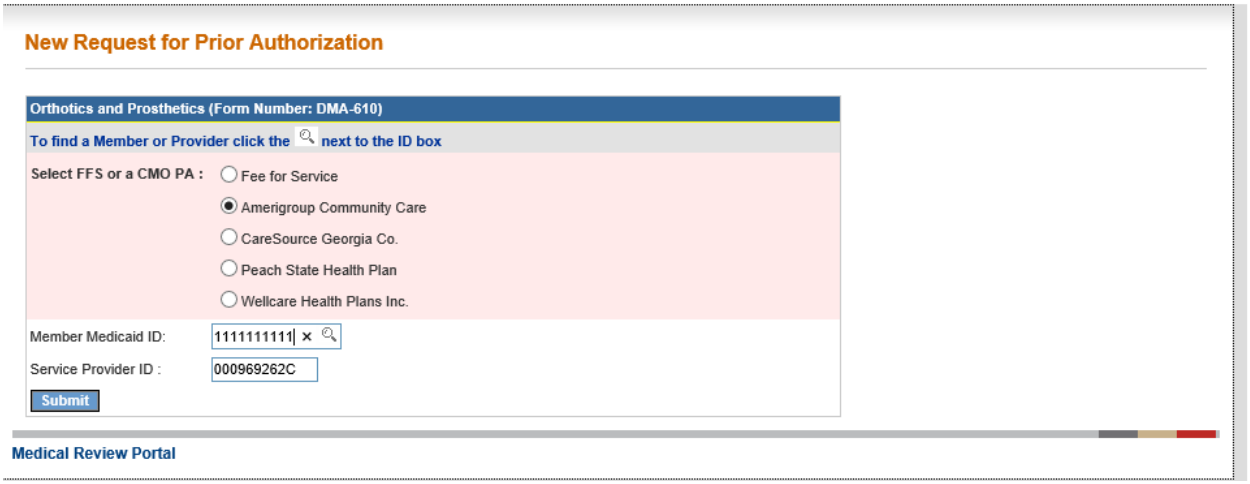


6. Click the request type to be entered. (Hearing Services)

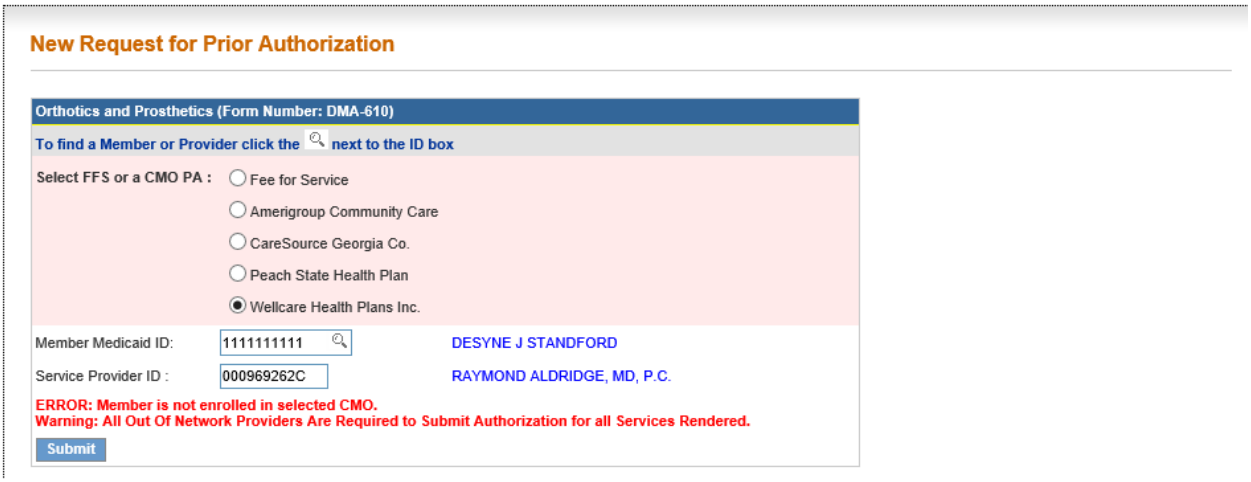
7. **When the selected request type may be entered as a FFS PA or CMO PA,** the user is prompted to select FFS or one of the Care Management Organizations.



8. For CMO PA entry, click the button next to the specific CMO in which the member is enrolled and enter the member's Medicaid ID number. **(Note the Service Provider ID is pre-populated). Then select Submit.**

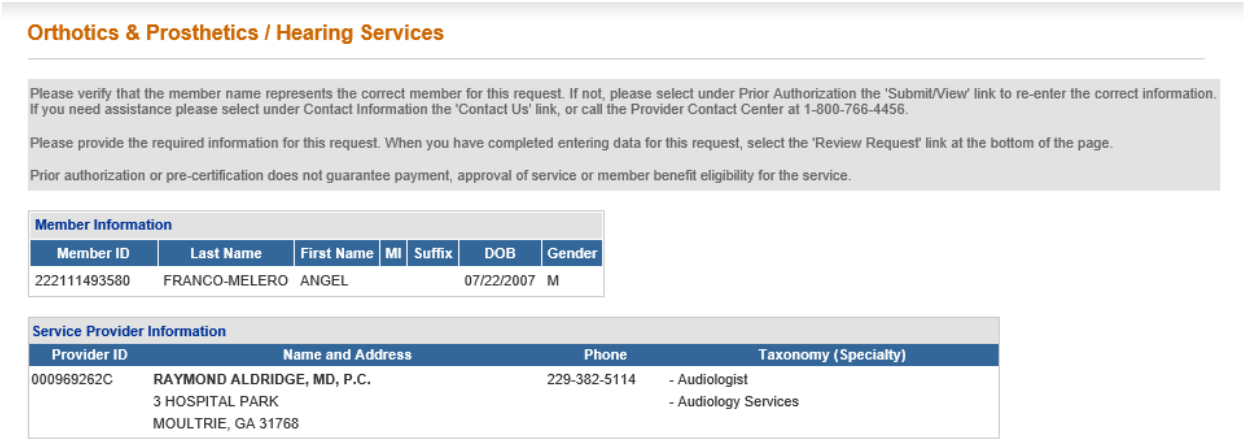


9. If the member is not associated with the selected CMO, the error will be displayed.

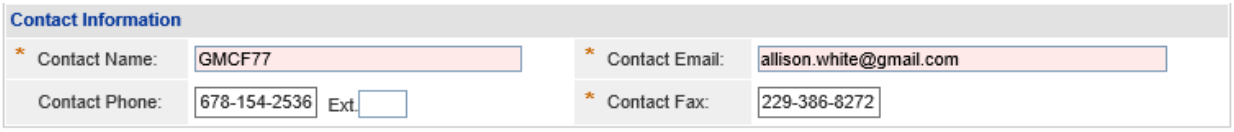


3.2 Enter Request Information

Member and Service Provider Information is already populated based on the information selected in the previous page. (Greyed out member Medicaid ID and provider Medicaid ID)

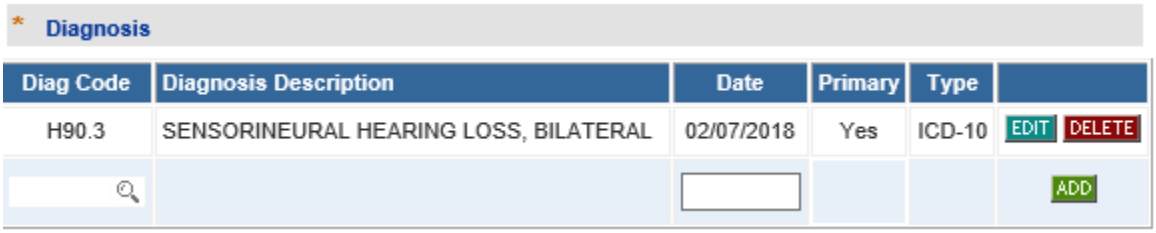


The system also populates the requesting provider's contact information in the **Contact Information** section. The 'Contact Name', 'Contact Phone', and 'Contact Fax' are required. If this information is missing, enter the information in the boxes provided. All contact information may be edited if incorrect.

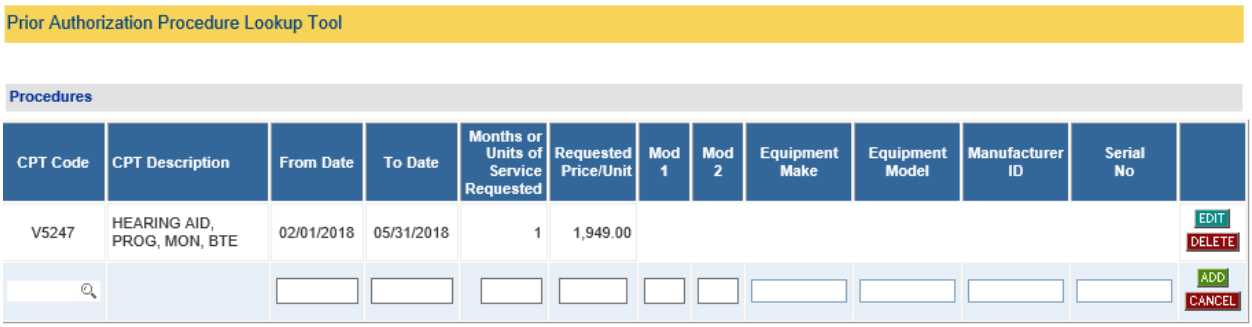


The Request Information section captures the option for providers to select the Place of Service. Users have the option to select "**Outpatient Hospital", "Home", or "Other**".

The Diagnosis Section table captures the diagnosis code, code description, diagnosis date, primary diagnosis indicator, and diagnosis type (ICD9 or ICD10). If the date of service is 10/1/2015 or greater, an ICD-10 diagnosis code should be used. Only one primary diagnosis may be entered although more than one admission diagnosis may be entered. Users have the option to search the diagnosis code (by selecting the magnifying glass ( )) or enter the diagnosis code manually. The date calendar will populate for users to select the date on the calendar or you can enter the date manually. Once the data is entered select the "**Add Button**". This will save the data entered.



The Procedure Section table captures CPT Code, CPT code description (auto-populated), procedure 'From Date' and 'To Date', units requested, requested priced/unit, and modifiers (if applicable). The Equipment Make, Model, Manufacturer ID, and Serial No fields are all text fields which users can manually add information in these fields if applicable but are not required unless specified by CMO policy. **Prior Authorization Procedure Code Lookup Tool** is a direct link for CMO providers to use to determine if a procedure code requires a PA.

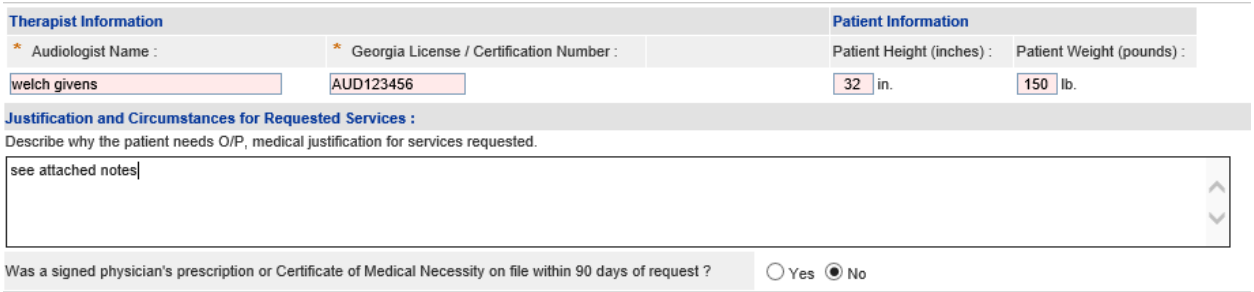


Note: Like the Diagnosis Code Section, select **Add** to add the procedure code to the request. When Add is selected, a blank procedure line displays, and the Edit button is available on the procedure line. If users need to **Edit** any previous information, select the Edit button and enter the corrected data, then select **Save** to store the updates.

Comments Section allows users to enter additional information that will be helpful for judgement of authorization approval. Select "**Yes**" or "**No**" if the member has retro eligibility in the table below the Comments Section.

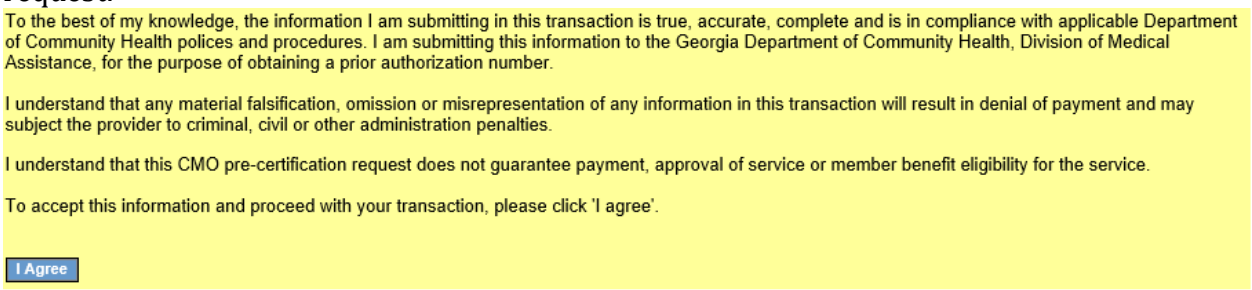
Repairs and Replacements section should be completed if priced amount is over $250.00. The Manufacturer ID, Serial No, Warranty Registration Number, Date of Original Purchase, and Manufacturer Warranty Duration (in months) are needed.

Therapist/Other Service Provider Justification Information section captures the following required information: audiologist name, Georgia license/certification number, member's height and weight. Therapist information and justification for services may be provided but is optional. Lastly, answer "**Yes"** or "**No"** if a signed physician's prescription or Certificate of Medical Necessity is on file within 90 days of request. Then Select **Review Request** when all data is entered on this form.



3.3 Submission/Attaching Documents

Review the **Attestation Statement** and click **I Agree**. You must click agree to submit the request.



Review the information entered on the request. To change information entered, click **Edit Request**. Otherwise, click **Submit Request**.

When the request is successfully submitted, the system displays the Alliant tracking number. The Alliant tracking ID is a 12 digit number that starts with "7". The Alliant tracking number may be used to search for the case via the portal but is not the PA ID used for claims submission or adjudication. **The CMO authorization number is used for claims submission/adjudication.** The CMO authorization number is added to the PA on the portal once the CMO reviews the PA and sends the decision data to Alliant.

At this point, supporting documentation may be attached to the PA. Go to ***Create an Attachment*** near the middle of the page. This section includes checkboxes for each required document. It is preferable to attach one file with all the documents. To attach the file, click **Browse**; find and open the file. The file name displays in the attachment panel. Click **Attach File**. The attached file displays in the Attach File table.