

CMO PA WEB SUBMISSION

Provider User Manual - Version 2.1

REVISION HISTORY

Version	Date	Editor	Description
1.0	8/14/2013	D. Barrett	Phase I requirements
1.1	9/6/2013	D. Barrett	Update from build 2.30.07
2.0	7/14/2015	D. Barrett	Phase 2 requirements
2.1	10/15/15	D. Barrett	Update from Build 2.51.02

DOCUMENT PURPOSE AND SCOPE

The *CMO PA Web Submission* manual describes the Care Management Organization (CMO) prior authorization (PA) functionality available on the portal *Provider Workspace*. This is not a policy manual but is meant to provide information regarding PA system functionality for CMO PA requests. This manual does not describe Fee-for-Service (FFS) PA entry. Information on FFS PA entry, can be found on the *Provider Workspace* under Education and Training/User Manuals/*FFS PA Web Entry*. **Any Provider or Member IDs displayed in this manual are fictitious.**

TABLE OF CONTENTS

1.0	CMO PA OVERVIEW	4
1.1	General Submission Requirements	5
2.0	PREGNANCY/NEWBORN NOTIFICATIONS	6
2.1	Initiate a Notification Form	6
2.2	Enter Pregnancy Notification Data	9
2.3	Enter Newborn Delivery Notification Data	20
3.0	CMO PA SUBMISSION	26
3.1	Initiate a New CMO PA Request	26
3.2	Hospital Admissions and In-State Transplants	31
3.3	Hospital Outpatient Therapy	42
3.4	Durable Medical Equipment	51
3.5	Children's Intervention Services	58
4.0	CMO PA SEARCH	64
4.1	Search Instructions	64
4.2	Review the Request	68
5.0	UPDATES TO CMO PAS	71
5.1	Attach Documents to the PA	71
5.2	Submit a Change Request	75
5.3	Submit a Request for Reconsideration	78

1.0 CMO PA Overview

The Georgia Web Portal serves as the *centralized* portal for the submission of Fee-for-Service (FFS) authorization requests, and authorization requests for certain services provided to Medicaid members enrolled in a Care Management Organization (CMO). The *centralized* PA submission process for CMO PAs is being phased in over time. This means that different CMO authorization request types will be added during each phase. The following table provides a summary of the request types that have been added thus far, and what is projected.

Note: Start dates are subject to change.

Phase #	Start Date	Request Types
1	6/1/2013	<ul style="list-style-type: none"> Newborn Delivery Notification Pregnancy Notification
1	7/1/13	<ul style="list-style-type: none"> Inpatient Hospital Admissions and Outpatient Hospital or Ambulatory Surgical Center Procedures Hospital Outpatient Therapy (includes Ambulatory Surgical Centers) In- State Transplants <p>Exclusions: Outpatient services handled by CMO third party vendors (dental, vision, radiology etc.) and Behavioral Health inpatient/outpatient PAs are excluded from CMO PA submission in Phase I.</p>
2	8/1/2015	<ul style="list-style-type: none"> Durable Medical Equipment Children's Intervention Services
TBD	TBD	<ul style="list-style-type: none"> Inpatient Behavioral Health

Table 1

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 or WellCare) 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.

CMO Authorization Requests

[Search or Submit Clinical notes / Attach Documentation for CMO PA Requests](#) - Use this link to search or attach documentation to CMO prior authorization requests. [More...](#)

[Submit Concurrent Review Information for CMO PAs \(Change Requests\)](#) - Use this link to request a change to existing authorization requests. [More...](#)

[Submit Reconsideration Requests for CMO PAs](#) - Use this link to request a reconsideration to a denied case. [More...](#)

Figure 1

The following table provides a description of the functions available:

Function	Description
CMO PA Search	Find PAs, view decisions, and view PA data for existing Pregnancy and Newborn Delivery Notification forms and CMO PAs.
Attach File	Attach additional clinical data to the CMO PAs and Pregnancy Notification 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 Pregnancy/Newborn Notifications

The Pregnancy Notification and the Newborn Delivery Notification are submitted via the *centralized* portal using an entry process similar to submitting a CMO or FFS Hospital Admissions request. The notification forms can only be submitted for female members who are between 9 and 55 years of age.

Pregnancy Notification

The Pregnancy Notification form is completed for all members, enrolled in a Medicaid Care Management Organization, who are being seen in a practice for prenatal services. The form identifies members who have high risk pregnancy conditions so that they can receive appropriate assistance and support. This form should only be used for reporting prenatal care and is not used for reporting delivery outcomes. The Care Management Organizations use the information from the Pregnancy Notification to generate a global OB PA. Additional documentation, such as the final antepartum flow sheet, may be attached to the Pregnancy Notification at any time without restriction.

Newborn Delivery Notification

The Newborn Delivery Notification is completed for all OB deliveries that are submitted for claims payments to the CMOs. The notification form is entered under the Mom's Medicaid ID and captures newborn information for single or multiple births. The form should not be used to request a future C-section surgery date. The Newborn Delivery Notification information is used by the CMOs to generate the maternal delivery authorization.

2.1 Initiate a Notification Form

Follow these instructions to initiate a Pregnancy or Newborn Delivery notification via the GA web portal.

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.

- Click **Submit/View** (or select **Provider Workspace** to open the workspace and then click **Enter a New Authorization Request**).

The screenshot shows the Georgia Department of Community Health Web Portal. The header includes the Georgia Department of Community Health logo, the text "GEORGIA WEB PORTAL", and the Georgia Health Partnership logo. Below the header is a blue banner with "Welcome, Physician Demo" and a "Search" button. A message bar indicates the session will expire in 19 minutes on Monday, April 01, 2013. The navigation menu includes links for Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, Account, Providers, Training, Claims, Eligibility, Presumptive Activations, Health Check, Prior Authorization, GBHC Referral, Reports, Trade Files, Home, Secure Home, Demographic Maintenance, Direct Exchange Addresses, Provide, Search, Search, EOB Search, and MAPIR Registration. A dropdown menu is open for the "Submit/View" option, showing "Submit/View" and "Provider Workspace". Below the navigation menu is an alert message: "(click to hide) Alert Message posted 2/24/2012" with the text "This site is for testing purposes only. Any information provided on it is for demonstration purposes only." Below the alert is a section for "User Information - Provider 007100063B" with a table of provider details. Below the user information is a section for "Messages" with the text "*** No rows found ***".

Provider Service Location Information	
Name	DEMO, PHYSICIAN
Medicaid Provider ID	007100063B
National Provider ID	1659376614
Provider Type	PHYSICIANS/OSTEOPATHS
Address 1	123 DEMO DR
Address 2	
City, State	LAWRENCEVILLE, GA
Zip	30043-0000

Figure 2

- A request menu displays with the notification forms and request types applicable to the requesting provider's category of service.

New Request for Prior Authorization

- [Georgia Pregnancy Notification Form](#)
- [Hospital OutPatient Therapy](#)
- [Medications PA Facility Setting](#)
- [Newborn Delivery Notification Form](#)
- [Hospital Admissions and Outpatient Procedures \(Form Number: GMCF form PA81/100\)](#)
- [In-State Transplants \(Form Number: PA-81\)](#)
- [Out-of-State Services \(Form Number: GMCF FAX OOS\)](#)
- [Radiology-Facility Setting](#)

Figure 3

6. Select the *Pregnancy Notification Form* or *Newborn Delivery Notification Form*. These forms are available to physicians/medical practitioners and hospital/facilities.
7. On the next page that displays, select the CMO, in which the member is enrolled, by clicking the button next to the CMO name.
9. Enter the mother's Medicaid ID in the 'Member Medicaid ID' box. The member must be female and between 9 and 55 years of age. If the member ID entered is not for a female or falls outside the acceptable age range, a message displays informing the user of the discrepancy. The member ID must be changed in order to initiate the request.
10. The requesting provider ID is populated by the system based on the portal login. Enter the Reference ID for the **other provider** in the box provided. The reference number always starts with REF.
11. A medical practitioner (such as a physician) **AND** a facility provider **must be entered** to initiate a Pregnancy or Newborn Delivery Notification request. For example, in the figure below, the provider requesting the notification was the physician. **Consequently, the reference number for a facility must be entered.** This is the facility where it is anticipated that the delivery will occur.

New Request for Prior Authorization

Figure 4

12. Click **Submit** to open the notification form.

2.2 Enter Pregnancy Notification Data

Member/Provider Information

When the notification form opens, the member and provider information is system populated at the top of the page based on the member ID and provider IDs entered.

Contact Information

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 any of this information is missing, enter the information in the boxes provided. All contact information may be edited if incorrect.

Contact Information					
* Contact Name:	DBARRETT		Contact Email:	db@gmail.com	
Contact Phone:	444-444-4444	Ext.		* Contact Fax:	444-444-9999

Figure 5

Member Details

This section captures information related to the expectant mother and pregnancy. Highlighted fields are required. However, all data should be entered if available or applicable.

Member Details					
Primary Language Spoken :	English ▼	If Other :		Daytime Phone :	- -
Expected Date of Delivery (EDD) :		Last Menstrual Period (LMP) :		Gravida :	0 ▼
First Prenatal Visit Date :		Para :	0 ▼	Abortus :	0 ▼
Select one that Apply :	<input checked="" type="radio"/> Normal Pregnancy V22 <input type="radio"/> High Risk Pregnancy V23		Planned Delivery Route :	<input checked="" type="radio"/> Vaginal <input type="radio"/> C-Section	

Figure 6

1. Select the Mom's primary language from the 'Primary Language Spoken' drop list. The default value is *English*. If the specific language is not in the drop list, select '*Other*' and enter the language in the 'Other' text box.

2. If known, enter the Mom's day time phone number in the box provided. This is not required.
3. Enter the anticipated delivery date in the 'Expected Date of Delivery' (EDD) box. This is required.
4. Enter the date of the 'Last Menstrual Period (LMP)' in the box provided. This is required.

Note: A message displays when the LMP date entered is thirty (30) weeks or less than the expected delivery date. The message alerts the user to check the LMP date and make sure it was entered correctly. This is a warning only and does not prevent submission of the notification.

5. Enter the date of the first prenatal visit in the 'First Prenatal Visit Date' box. This is required.
6. Gravida: The system defaults this item to zero. Select the expectant mother's number of pregnancies to include the current pregnancy from the 'Gravida' drop list.
7. Para: The system defaults this item to zero. Select the number of births including stillbirths from the 'Para' drop list. **Note:** Gravida should be equal to or greater than Para.
8. Abortus: The system defaults this item to zero. Select the number of pregnancies lost from the 'Abortus' drop list.
9. Indicate if the pregnancy is expected to be normal or high risk by selecting the applicable diagnosis code from the drop list. The diagnosis type (ICD9 or ICD10) selected should correspond to the 'First Prenatal Visit Date'. The choices include:

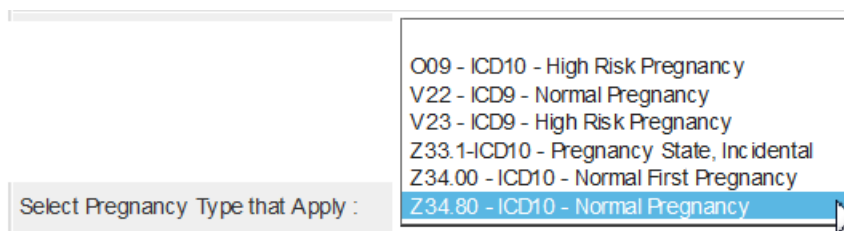


Figure 7

10. Finally, indicate the planned delivery method by clicking the appropriate button. The default value is *Vaginal*. Click *C-Section* if that is the planned delivery method.

Member Details			
Primary Language Spoken :	English ▼	If Other :	
Estimated Date of Confinement (EDC) :	05/01/2016	Last Menstrual Period (LMP) :	08/15/2015
First Prenatal Visit Date :	10/01/2015	Gravida :	1 ▼
		Para :	0 ▼
		Abortus :	0 ▼
Select one that Apply :	Z34.80 - ICD10 - Normal Pregnancy ▼	Planned Delivery Route :	<input checked="" type="radio"/> Vaginal <input type="radio"/> C-Section

Figure 8

Diagnosis Information

This section captures the mother's primary delivery diagnosis. On the first diagnosis line, the system defaults to these values:

- The first diagnosis code in the diagnosis drop list
- Date = the date when form submitted
- Primary Diagnosis indicator is checked
- Admission Diagnosis indicator is checked

* Diagnosis						
Diag Code	Diagnosis Description	Date	Primary	Admission	Type	
650 - ICD-9 ▼		10/13/2015	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		ADD

Figure 9

11. If 650 is not the correct primary diagnosis, select a different diagnosis from the drop list. One of the diagnoses from the drop list must be selected as the primary diagnosis. **Select the diagnosis type (ICD9 or ICD10) that was valid on the 'First Prenatal Visit Date'.**

The choices are:

* Diagnosis						
Diag Code	Diagnosis Description	Date	Primary	Admission	Type	
650 - ICD-9		10/13/2015	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		ADD
669.70 - ICD-9						
654.21 - ICD-9						
O80 - ICD-10						
O82 - ICD-10						
O34.21 - ICD-10						

Figure 10

12. The diagnosis date is defaulted to the form request date. This date should be modified so that it corresponds to the diagnosis type selected (ICD9 or ICD10). For example, if an ICD9 is selected; then the diagnosis date should be before 10/1/15. If an ICD10 is selected, then the diagnosis date should be 10/1/15 or greater.

13. Click **Add** to add the diagnosis code information to the notification.
14. When **Add** is clicked, a blank diagnosis code line displays and the **Edit** button becomes available on the diagnosis line just entered.
15. If needed, enter another diagnosis code and diagnosis date.
16. Click **Add** to add the diagnosis code to the notification form.

Social Risk Factors

This section captures the mother's socioeconomic and family risk factors.

17. Check all known risk factors that apply to this pregnancy.
18. When certain boxes are checked, it may be necessary to provide additional information.
For example, if *Unemployed or DSS greater than 1 year* is checked, enter the 'Date of Last Employment' or the 'Date of DSS Enrollment'.
19. If *Other Barriers to Receiving Care, Physical/Sexual Abuse* or *Other* (risk factor) are checked, provide explanations in the text boxes.
20. If there are no known social risk factors, check *No Significant Risk Factors Known*.

Social Risk Factors				
<input type="checkbox"/> No Phone	<input checked="" type="checkbox"/> Unstable Living Arrangements	<input type="checkbox"/> Lives Alone	<input checked="" type="checkbox"/> No Family Support	<input checked="" type="checkbox"/> Transportation Problem
<input checked="" type="checkbox"/> Unemployed or DSS greater than 1 year?	Date of Last Employment :	<input type="text" value="03/12/2011"/>	Date of DSS Enrollment :	<input type="text"/>
<input type="checkbox"/> WIC Referral given?	WIC Referral Date :	<input type="text"/>		
<input checked="" type="checkbox"/> Domestic Violence Screening	Domestic Violence Screening Date :	<input type="text" value="03/13/2013"/>		
<input checked="" type="checkbox"/> Other Barriers to Receiving Care				
Lives in an isolated location. Family lives out of state.				
<input checked="" type="checkbox"/> History of Physical/Sexual Abuse	<input checked="" type="checkbox"/> Is this a current Problem?			
Report of physical abuse in past year.				
<input type="checkbox"/> Other (please describe below)				
<input type="checkbox"/> No Significant Risk Factors Known				

Figure 11

Maternal History

This section captures the mother's medical, psycho-neurological and obstetrical history.

21. Check all boxes that apply.

22. When certain boxes are checked, additional information may need to be checked or entered. For example, if *Current Cigarette Use* is checked, enter the number of cigarettes per day.

23. If there is no significant history in a specific category, check the no significant history known checkboxes.

Maternal Medical History			
<input type="checkbox"/> DVT/Pulmonary Embolism	<input checked="" type="checkbox"/> Current Cigarette Use	If checked, number per day : <input type="text" value="10"/>	<input type="checkbox"/> Diabetes Mellitus Type I or II
<input type="checkbox"/> Cardiac Condition	<input type="checkbox"/> Thyroid	<input checked="" type="checkbox"/> History of STIs	<input type="checkbox"/> History of Pyelonephritis
<input type="checkbox"/> Dental Condition Receiving Treatment	<input type="checkbox"/> Current Dental Problems	<input type="checkbox"/> Primary Hypertension	<input checked="" type="checkbox"/> Dental Care Within Last Year
<input type="checkbox"/> Seizure Disorder	On Seizure Medication	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Lupus
HIV/AIDS Tested <input type="radio"/> Yes <input checked="" type="radio"/> No	If No, Test Declined	<input checked="" type="radio"/> Yes <input type="radio"/> No	
<input type="checkbox"/> No significant maternal medical history known			

Psycho-Neurological History	
<input type="checkbox"/> Clinical/Post Partum Depression	<input type="checkbox"/> Suicide Attempt
<input type="checkbox"/> Takes Medication for Mental Illness	<input type="checkbox"/> Mentally/physically Challenged
<input checked="" type="checkbox"/> Previous Counseling, Evaluation or Treatment, For how long <input type="text" value="6 months"/> (year / month)	<input checked="" type="checkbox"/> Desires Counseling Referral
<input type="checkbox"/> Substance/Alcohol Abuse History	<input type="checkbox"/> Current Use
List Substance :	<input type="text"/>
<input type="checkbox"/> No significant psycho-neurological history known	

Maternal Obstetrical History			
<input type="checkbox"/> Current Preterm Labor	<input type="checkbox"/> History of Preterm Labor	<input type="checkbox"/> Placenta Previa	<input type="checkbox"/> Abruptio Placenta
<input type="checkbox"/> Pregnancy Induced Hypertension	<input type="checkbox"/> Pre-Eclampsia	<input type="checkbox"/> Hyperemesis	<input type="checkbox"/> RH Negative
<input type="checkbox"/> Previous Gestational Diabetes	<input type="checkbox"/> Tocolytics used @ <input type="text"/> weeks gestation		
<input type="checkbox"/> Eating Disorder	List :	<input type="text"/>	
<input type="checkbox"/> Multiple Births <input type="checkbox"/> Current <input type="checkbox"/> Past	<input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> More than 3 <input type="checkbox"/> Less than 12 months between births		
<input type="checkbox"/> Previous Uterine Surgery (please describe below)			
<input type="text"/>			
<input checked="" type="checkbox"/> No significant maternal obstetrical history known			

Figure 12

Previous Infant/Findings

24. Complete this section if the member had a previous birth with findings corresponding to one of the categories.

25. If no known significant findings, click *No Significant Previous Infant Findings Known*.

Previous Infant/Findings				
<input type="checkbox"/> Stillbirth > 22 Weeks At what age <input type="text"/> <input type="checkbox"/> Unknown	<input type="checkbox"/> Preterm Birth < 30 Weeks At what age <input type="text"/> <input type="checkbox"/> Unknown	<input type="checkbox"/> Preterm Birth 30-36 Weeks At what age <input type="text"/> <input type="checkbox"/> Unknown	<input type="checkbox"/> Birthweight < 2500 Grams At what age <input type="text"/> <input type="checkbox"/> Unknown	<input type="checkbox"/> Birthweight > 4000 Grams At what age <input type="text"/> <input type="checkbox"/> Unknown
<input type="checkbox"/> Other (please describe below)				
<input checked="" type="checkbox"/> No significant previous infant/findings known				

Figure 13

Additional Information

This section captures additional information not entered in other parts of the form; the community agencies involved in the pregnancy or mother's situation; the name of the person who signed the form; and the date signed.

26. Enter additional information in the textboxes provided, if applicable.

27. Under **Current Community Agencies Involved**, check all boxes that apply; or check the 'Other' checkbox and explain in the text box.

28. Enter the name of the authorized person who signed the notification form in the 'Name of authorized personnel signing form' box (required).

29. Enter the date signed/authorized in the 'Date Signed' box (required).

Additional Information

Please list all current medications :

List current medications

Please list any other medical/psychological problems not included above or other issues which may place this member at risk :

Please list any other medical/psychological problems not included above or other issues which may place this member at risk

Additional risks to patient in pregnancy not stated previously :

Additional risks to patient in pregnancy not stated previously

Does the member want a home environment assessment to identify issues which may be impacting this pregnancy ☐ Yes ☒ No

Current Community Agencies Involved :

<input checked="" type="checkbox"/> Adult Protective Services (APS)	<input type="checkbox"/> Alcoholics Anonymous®	<input checked="" type="checkbox"/> Centering Pregnancy	<input type="checkbox"/> Child Protective Services (CPS)
<input type="checkbox"/> Community Service Board	<input checked="" type="checkbox"/> Department of Public Health (DPH)	<input type="checkbox"/> Division of Family and Children Services (DFCS)	<input type="checkbox"/> Easter Seals
<input type="checkbox"/> Faith Based Organization	<input type="checkbox"/> GRITS (Immunization)	<input type="checkbox"/> March of Dimes	<input type="checkbox"/> Narcotics Anonymous
<input type="checkbox"/> POWERLINE/Healthy Mothers Healthy Babies	<input type="checkbox"/> TEXT 4 BABY™	<input type="checkbox"/> Other (please describe below)	

Does this member desire assistance with linking to community or other services (ie, WIC) ☐ Yes ☒ No

Name of authorized personnel signing form : Date signed :

Figure 14

30. When all data has been entered on the notification form, click **Review Request** at the bottom of the page to display the *Attestation Statement*. If a message displays that 'information is missing or incorrect', scroll up the page to find what is missing or incorrect. 'Required' displays next to a data box when information is missing. Enter or correct the data, and then click **Review Request** again.

31. Review the *Attestation Statement* and, if in agreement, click **I Agree**. You must click agree to submit the notification form.

To the best of my knowledge, the information I am submitting in this transaction is true, accurate, complete and is in compliance with applicable Department of Community Health policies and procedures. I am submitting this information to the Georgia Department of Community Health, Division of Medical Assistance, for the purpose of obtaining a prior authorization number.

I understand that any material falsification, omission or misrepresentation of any information in this transaction will result in denial of payment and may subject the provider to criminal, civil or other administration penalties.

I understand that this CMO pre-certification request does not guarantee payment, approval of service or member benefit eligibility for the service.

To accept this information and proceed with your transaction, please click 'I agree'.

I Agree

Figure 15

32. Review the information entered on the notification form. To change information entered, click **Edit Request**. **Once a notification form is submitted, it is not possible to return to the form and make changes.**
33. Click **Submit Request**. When the notification is successfully submitted, a twelve (12) digit Alliant tracking number starting with a '7', displays on the form. This number can be used to search for the PA via the *Provider Workspace*.
34. Additional documentation may be attached to the notification form at this point via **Create an Attachment**. Refer to the instructions in the following section (2.2.1) starting at step #7.
35. To enter another notification or a new request under the same Portal ID/provider, click **Enter a New PA Request**. The request type menu page re-displays.

2.2.1 Attach Documentation to Pregnancy Notification

Additional documentation may be attached to the Pregnancy Notification upon submission, or attached to a previously submitted form. There are no restrictions as to when documents may be attached. The following file types are acceptable for attachments: TXT, DOC, DOCX, PDF, TIF, TIFF, JPG/JPE/JPE and EXCEL; although the preferred file type is PDF. The file size for an individual attachment must be less than 20 MB in size. Multiple documents may be attached to one notification form, although each file must be attached individually. When naming files, the following symbols should not be included in the file name: \, /, #, <, >, ', ". In addition, the name of the file to be attached cannot have the same name of a file that is already attached.

The following instructions describe how to attach a document to a previously submitted notification form. The first step is to find the pregnancy notification to which the file is to be attached.

1. Open the *Provider Workspace*.
2. Go to the **CMO Authorization Requests** section and select **Search or Submit Clinical Notes/Attach Documentation** to open request search.

CMO Authorization Requests

Search or Submit Clinical notes / Attach Documentation for CMO PA Requests - Use this link to search or attach documentation to CMO prior authorization requests. [More...](#)

Submit Concurrent Review Information for CMO PAs (Change Requests) - Use this link to request a change to existing authorization requests. [More...](#)

Submit Reconsideration Requests for CMO PAs - Use this link to request a reconsideration to a denied case. [More...](#)

Figure 16

- On the search page, the provider ID number is system populated and cannot be edited. The provider ID inserted by the system must match the provider ID on the notification form. Otherwise, the search will not return a result.
- Enter the 'Alliant Tracking Number' in the 'Request ID' box (no other data is needed) and then, click [Search](#).

CMO Prior Authorization Request Search

Request ID :	<input type="text" value="713092550001"/>	PA Status :	<input type="text" value=""/>	Provider ID :	<input type="text" value="007100063B"/>
Select CMO :	<input type="text" value="-ALL-"/>	CMO PA Request ID :	<input type="text" value=""/>		
Request From Date :	<input type="text" value=""/>	Request To Date :	<input type="text" value=""/>		
Member Medicaid ID :	<input type="text" value=""/>	Member First Name :	<input type="text" value=""/>	Member Last Name :	<input type="text" value=""/>
<input type="button" value="Search"/>		<input type="button" value="Reset"/>			

Fictitious provider/member information

Request ID	Member ID	Last Name	First Name	Request Date	Effective Date	Expiration Date	Status	CMO	CMO Request ID
713092550001	333000000400	TEST	JOANNE	9/25/2013 8:34:23 AM	09/25/2013	12/24/2013	Pending	AMERIGRP	

Figure 17

- Click on the [Request ID](#) to open the *Review Request* page.
- Click the [Attach File](#) button at the bottom of the page.

Request Information

Request ID :	713092550001	Case Status :	Pending	Case Status Date :	09/25/2013
Member ID :	333000000400				
Provider ID :	REF007100064 - GMCF Hospital	CMO PA Request ID :			
Reference Provider ID :	007100063B - Physician Demo				
Admission Date :		Discharge Date :			
Effective Date :	09/25/2013	Expiration Date :	12/24/2013		
Denial Reason :					

Diagnosis

ICD-9 Code	ICD-9 Description	ICD-9 Date	Primary
650	NORMAL DELIVERY	09/25/2013	Yes
V22	NORMAL PREGNANCY	03/12/2014	No



Figure 18

7. On the page that displays, go to the **Create an Attachment** section.
8. Click **Browse** to open the file directory.

Reference Provider Information			
Physician ID	Name and Address	Phone	Taxonomy (Specialty)
007100063B	Physician Demo 120 Demo Lane Tucker, 30084	555-555-5555	-

Create an Attachment

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

Figure 19

9. Find the file to be attached.
10. Then, select the file by double clicking the file; or by highlighting the file and clicking **Open**.

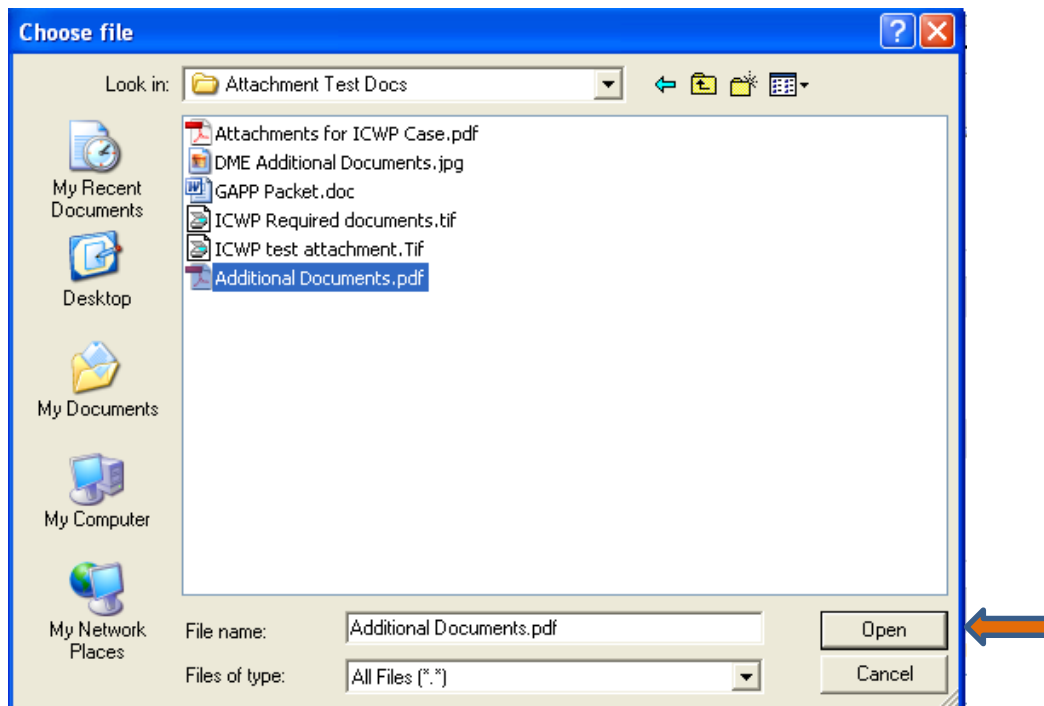


Figure 20

11. Once the file is selected, it displays in the attachment panel.

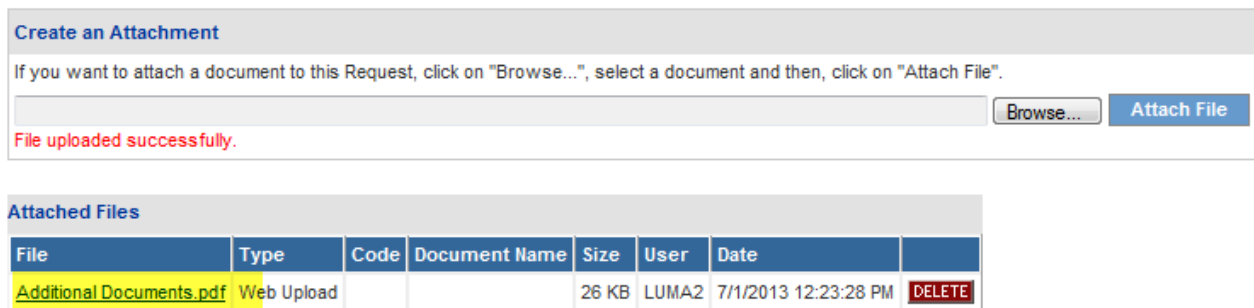


The screenshot shows a web form titled "Create an Attachment". Below the title is a instruction: "If you want to attach a document to this Request, click on 'Browse...', select a document and then, click on 'Attach File'". There is a text input field containing the file path "Wahsshareserver\lbarrett\Attachment Test Docs\Additional Documents.pdf". To the right of the text field are two buttons: "Browse..." and "Attach File".

Figure 21

12. Click the **Attach File** button.

13. If the file is uploaded, the 'File uploaded successfully' message displays, and a link to the attachment displays in the **Attached Files** table.



The screenshot shows the "Create an Attachment" form after a successful upload. The instruction text is the same. The text input field is now empty. Below the input field, a red message "File uploaded successfully." is displayed. To the right of the message are the "Browse..." and "Attach File" buttons. Below the form is a section titled "Attached Files" containing a table.

File	Type	Code	Document Name	Size	User	Date	
Additional Documents.pdf	Web Upload			26 KB	LUMA2	7/1/2013 12:23:28 PM	DELETE

Figure 22

14. If necessary, follow the same process to attach another file.

15. To return to the main *Review Request* page, click the **Back** link at the bottom of the page.

2.3 Enter Newborn Delivery Notification Data

Member/Provider Information

When the notification form opens, the member and provider information is system populated at the top of the page based on the member ID and provider IDs entered.

Contact Information

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.



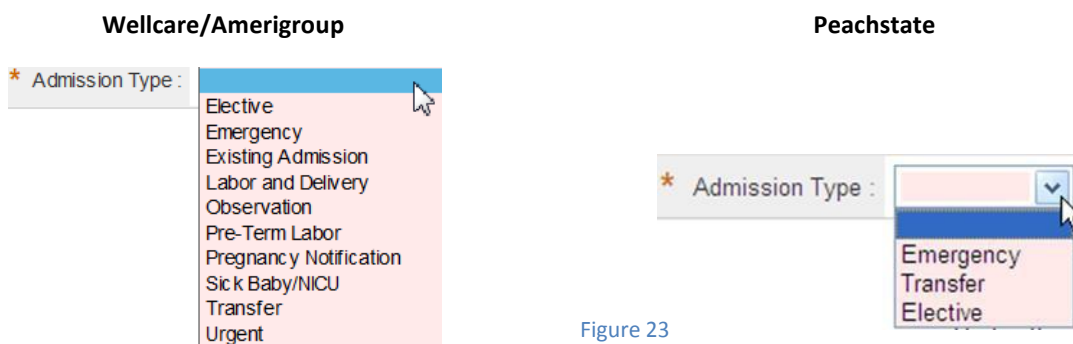
The screenshot shows a form titled "Contact Information". It contains four fields: "Contact Name" with the value "DBARRETT", "Contact Email" with the value "db@gmail.com", "Contact Phone" with the value "444-444-4444" and an "Ext." field, and "Contact Fax" with the value "444-444-9999".

Figure 23

Request Information

This section captures information specific to the admission for delivery.

1. In the 'Maternal Admit Date' box, enter the mother's admit date. **Admit dates in the future are not allowed** since the submission of the Newborn Delivery notification indicates that a delivery is occurring or has occurred.
2. If the mother was already discharged, enter the 'Discharge Date'; **or** if the mother is still in the facility, check 'Still in Facility'.
3. Select the applicable 'Admission Type' from the drop list (drop lists are different based on the CMO selected). The admission type should pertain to the delivery admission.



The image compares two "Admission Type" drop-down lists. On the left, under the heading "Wellcare/Amerigroup", the list includes: Elective, Emergency, Existing Admission, Labor and Delivery, Observation, Pre-Term Labor, Pregnancy Notification, Sick Baby/NICU, Transfer, and Urgent. On the right, under the heading "Peachstate", the list includes: Emergency, Transfer, and Elective.

Figure 23

4. Select the applicable 'Place of Service' from the drop list. The place of service should relate to the facility where the delivery occurred.

Figure 24

Figure 25

Diagnosis

This section captures the mother's primary delivery diagnosis. On the first diagnosis line, the system defaults to these values:

- The first diagnosis code in the diagnosis drop list
- Date = the date when form submitted
- Primary Diagnosis indicator is checked
- Admission Diagnosis indicator is checked

Diag Code	Diagnosis Description	Date	Primary	Admission	Type	
650 - ICD-9		10/13/2015	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		ADD

Figure 26

5. If 650 is not the correct primary diagnosis, select a different diagnosis from the drop list. One of the diagnoses from the drop list must be selected as the primary diagnosis. **Select the diagnosis type (ICD9 or ICD10) that was valid on the 'Maternal Admit Date'.**

The choices are:

Figure 27

6. The diagnosis date is defaulted to the form request date. This date should be modified so that it corresponds to the diagnosis type selected (ICD9 or ICD10). For example, if an ICD9 is selected; then the diagnosis date should be before 10/1/15. If an ICD10 is selected, then the diagnosis date should be 10/1/15 or greater.
7. Click **Add** to add the diagnosis code information to the notification.
8. When **Add** is clicked, a blank diagnosis code line displays and the **Edit** button becomes available on the diagnosis line just entered.
9. If needed, enter another diagnosis code and diagnosis date.
10. Click **Add** to add the diagnosis code to the notification form.

Mother/Baby Details

The next two sections capture details regarding the mother, delivery, and newborn. Highlighted fields are required; although other data should be entered if available or applicable.

Member (Mother) Details:

11. Enter the estimated date of delivery in the 'EDC Date' box. This is required. Enter the estimated date of delivery in the 'EDC Date' box. This is required. EDC information should be based on ultrasound dating or a combination of LMP and ultrasound dating. LMP dates are **NOT** allowed in this field. The gestational age should be between 23 and 45 weeks.
12. Indicate the delivery method by clicking the appropriate button. The default value is *Vaginal*. Click *C-Section* if that is the correct delivery method.
13. **Gravida**: Select the number of times that the mother has been pregnant from the 'Gravida' drop list (required). The available values are 0-9.
14. **Para**: Select the number of births including stillbirths from the 'Para' drop list (required). The available values are 0-9. **Note**: Gravida should be equal to or greater than Para.
15. **Abortus**: Select the number of pregnancies lost from the 'Abortus' drop list (required). The available values are 0-9.

Member Details					
EDC Date :	<input type="text" value="04/30/2013"/>	Delivery Type :	<input checked="" type="radio"/> Vaginal <input type="radio"/> C-Section	Gravida :	<input type="text" value="3"/>
				Para :	<input type="text" value="2"/>
				Abortus :	<input type="text" value="1"/>

Figure 28

Baby Information:

Baby #: New			
Baby's First Name :	<input type="text"/>	Middle Initial :	<input type="text"/>
Date of Birth :	<input type="text"/>	Gender :	<input checked="" type="radio"/> Male <input type="radio"/> Female
Disposition of Baby :	<input type="text" value="Well"/>	Pediatrician Name :	<input type="text"/>
APGAR Score (1 Min) :	<input type="text" value="0"/>	APGAR Score (5 Min) :	<input type="text" value="0"/>
		Baby's Last Name :	<input type="text"/>
		Baby's Weight at Birth :	<input type="text"/> (grams)
		Baby's Medicaid ID :	<input type="text"/>
Add Another Baby			

Figure 29

16. Enter the baby's first name and the last name (required). Middle initial is optional.
17. Enter the baby's date of birth (required).
18. Gender defaults to Male. Select Female if that is the appropriate gender.
19. Enter the baby's birth weight in grams (required). Gram weights outside of 300 - 10,000 grams are not acceptable.
20. Select the disposition of the baby from the drop list. 'Well' is the default value. Other values include: *Stillborn, NICU, SCH, Adopted, and Detained*.
21. From the 'APGAR Score' drop lists, select the 1 minute Apgar score, and the 5 minute Apgar score. Both drop lists contain values from 0-10.
22. Enter the pediatrician's name. This is optional.
23. Finally, enter the baby's Medicaid ID **if this is known**. Otherwise, leave blank.

Baby #: New			
Baby's First Name :	<input type="text" value="BABY BOY"/>	Middle Initial :	<input type="text" value="W"/>
Date of Birth :	<input type="text" value="05/03/2013"/>	Gender :	<input checked="" type="radio"/> Male <input type="radio"/> Female
Disposition of Baby :	<input type="text" value="Well"/>	Pediatrician Name :	<input type="text" value="Doctor John"/>
APGAR Score (1 Min) :	<input type="text" value="4"/>	APGAR Score (5 Min) :	<input type="text" value="5"/>
		Baby's Last Name :	<input type="text" value="SMITH"/>
		Baby's Weight at Birth :	<input type="text" value="3400"/> (grams)
		Baby's Medicaid ID :	<input type="text" value="333000000800"/>
Add Another Baby			

Figure 30

24. If there was more than one birth, click **Add Another Baby** to open another new baby section. (If clicked in error, the additional section can be removed by clicking **Remove**).

Baby #: New

Baby's First Name :	BABY BOY	Middle Initial :	W	Baby's Last Name :	SMITH
Date of Birth :	05/03/2013	Gender :	<input checked="" type="radio"/> Male <input type="radio"/> Female	Baby's Weight at Birth :	3400 (grams)
Disposition of Baby :	Well	Pediatrician Name :	Doctor John		
APGAR Score (1 Min) :	4	APGAR Score (5 Min) :	5	Baby's Medicaid ID :	333000000800

Baby #: New

Baby's First Name :		Middle Initial :		Baby's Last Name :	
Date of Birth :	05/03/2013	Gender :	<input checked="" type="radio"/> Male <input type="radio"/> Female	Baby's Weight at Birth :	(grams)
Disposition of Baby :	Well	Pediatrician Name :			
APGAR Score (1 Min) :	0	APGAR Score (5 Min) :	0	Baby's Medicaid ID :	

Remove

Add Another Baby

Figure 31

25. Enter the required information for the second birth.
26. When all data has been entered on the notification form, click **Review Request** at the bottom of the page to display the *Attestation Statement*. If a message displays that 'information is missing or incorrect', scroll up the page to find what is missing or incorrect. 'Required' displays next to a data box when information is missing. Enter or correct the data, and then click **Review Request** again.
27. Review the *Attestation Statement* and, if in agreement, click **I Agree**. You must click agree to submit the notification form.

To the best of my knowledge, the information I am submitting in this transaction is true, accurate, complete and is in compliance with applicable Department of Community Health policies and procedures. I am submitting this information to the Georgia Department of Community Health, Division of Medical Assistance, for the purpose of obtaining a prior authorization number.

I understand that any material falsification, omission or misrepresentation of any information in this transaction will result in denial of payment and may subject the provider to criminal, civil or other administration penalties.

I understand that this CMO pre-certification request does not guarantee payment, approval of service or member benefit eligibility for the service.

To accept this information and proceed with your transaction, please click 'I agree'.

I Agree

Figure 32

28. Review the information entered on the notification form. To change information entered, click [Edit Request](#). **Once a notification form is submitted, it is not possible to return to the form and make changes.**
29. Click [Submit Request](#). When the notification form is successfully submitted, the system displays a 12 digit Alliant tracking number that starts with a '7'. This number can be used to search for the PA via the *Provider Workspace*.
30. To enter a new request or notification form under the same Portal ID/provider, click [Enter a New PA Request](#). The request type menu page re-displays.

3.0 CMO PA Submission

Providers submit PA requests for members enrolled in a Medicaid Care Management Organization via the GA Web Portal utilizing an entry/submission process similar to submitting PAs for FFS Medicaid members.

3.1 Initiate a New CMO 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 **Submit/View**; or click **Provider Workspace** and, on the workspace page, select **Enter a New Authorization Request**.

The screenshot shows the Georgia Department of Community Health Web Portal. The top navigation bar includes the Georgia Department of Community Health logo, the Georgia Web Portal title, and the Georgia Health Partnership logo. Below the navigation bar, there is a welcome message for a "Physician Demo" user, a search button, and a session expiration notice. The main navigation menu includes links for Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, Account, Providers, Training, Claims, Eligibility, Presumptive Activations, Health Check, Prior Authorization, GBHC Referral, Reports, and Trade Files. The "Prior Authorization" tab is highlighted, and a dropdown menu is open, showing options for Search, Submit/View, and Provider Workspace. Below the navigation menu, there is an alert message posted on 2/24/2012. The main content area displays "User Information - Provider 007100063B" and a table of "Provider Service Location Information".

Provider Service Location Information	
Name	DEMO, PHYSICIAN
Medicaid Provider ID	007100063B
National Provider ID	1659376614
Provider Type	PHYSICIANS/OSTEOPATHS
Address 1	123 DEMO DR
Address 2	
City, State	LAWRENCEVILLE, GA
Zip	30043-0000

Below the table, there is a "Messages" section with the text "*** No rows found ***".

Figure 33

- A list displays with request types applicable to the requesting provider's category of service. For example, the following list displays when a physician provider is logged into the portal.

- [Medications PA Facility Setting](#)
- [Medications PA Physician Office](#)
- [Oral Max \(Form Number: DMA-81\)](#)
- [Practitioner's Office Surgical Procedures \(Form Number: GMCF form PA81/100\)](#)
- [Hospital Admissions and Outpatient Procedures \(Form Number: GMCF form PA81/100\)](#)
- [In-State Transplants \(Form Number: PA-81\)](#)
- [Out-of-State Services \(Form Number: GMCF FAXOOS\)](#)
- [Additional Psychiatric Services \(Form Number: GMCF PSY/PA\)](#)
- [Radiology-Facility Setting](#)
- [Radiology-Physician Office](#)
- [Additional Physician Office Visit \(Form Number: DMA-81\)](#)

Figure 34

- Click the request type to be entered.
- 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 35

- For CMO PA entry, click the button next to the specific CMO in which the member is enrolled.

Hospital Admissions and Outpatient Procedures (Form Number: GMCF form PA81/100)

To find a Member or Provider click the next to the ID box

Fee For Service or CMO PA ? ☐ Fee for Service
☐ Amerigroup Community Care
☐ Peach State Health Plan
☒ Wellcare Health Plans Inc.

Member Medicaid ID:

Facility Reference ID :

Medical Practitioner Provider ID : 007100063B

Figure 36

9. The provider ID of the requesting provider is auto-populated.
10. Enter the member's Medicaid ID.
11. **If the request type selected requires a second provider ID** (such as an inpatient admission/outpatient procedures request), enter the Reference ID for the other provider in the box provided. The Reference ID always starts with REF.

The figure below shows this page for a Hospital Admissions/Outpatient Procedures request. **The physician is the requesting provider so the REF number for the hospital is entered. When the hospital is the requestor, the REF number for the medical practitioner is entered.**

Hospital Admissions and Outpatient Procedures (Form Number: GMCF form PA81/100)

To find a Member or Provider click the next to the ID box

Fee For Service or CMO PA ? ☐ Fee for Service
☒ Amerigroup Community Care
☐ Peach State Health Plan
☐ Wellcare Health Plans Inc.

Member Medicaid ID: 333000000400

Facility Reference ID : REF007100064

Medical Practitioner Provider ID : 007100063B

Fictitious member and provider IDs.

Figure 37

12. Some PA request types have only one provider ID associated with the request, such as Hospital Outpatient Therapy, Durable Medical Equipment, and Children's Intervention Services requests. For these request types, only the provider ID of the requesting provider is required. The next figure shows the authorization request page for a Hospital Outpatient Therapy request. The requesting provider must be a facility, and is the only provider ID required for this request type.

Figure 38

13. Once the required ID information is entered, click **Submit**. The system validates the member ID and provider ID(s) against member CMO enrollment and provider CMO affiliation status, respectively.
14. If the member is associated with the selected CMO, the request form opens.
15. If the member ID is not associated with the selected CMO based on member file data, a message displays indicating that '**Member is not enrolled in selected CMO**'. A similar message displays if a provider is not affiliated with the selected CMO.

Figure 39

16. **Member Validation Message:** Be sure the correct CMO was selected, and the member ID was entered correctly. If not entered correctly, fix the data and re-submit. If the data was entered correctly, but the message persists, check with the specific Care Management Organization to verify CMO enrollment.
17. **Provider Validation Message:** A warning message also displays if the provider is not affiliated with the selected CMO. However, this message may be bypassed by clicking [Continue](#), and the request can be entered. After entering the request, check with the CMO to confirm affiliation status.

3.2 Hospital Admissions and In-State Transplants

CMO requests for hospital admissions, including inpatient admissions and admissions for services provided in an outpatient hospital setting or ambulatory surgical center, are entered on the *Hospital Admissions and Outpatient Procedures* request template. Instate Transplant requests, for transplant services provided by GA Medicaid providers, are entered on the *In-State Transplants* request template. These requests may be submitted a maximum of 30 days prior to elective service/admission. Retrospective PA may be requested only if the service/admission was emergent.

The request templates utilized for hospital admissions and in-state transplants are identical except that the *Hospital Admissions/Outpatient Procedures* form may include **Additional Information** questions. The additional questions are system generated depending on data entered for one or more of the following: diagnosis, procedure code, place of service, and patient's current location (inpatient admissions only).

3.2.1 Enter Request Information

Member/Provider Information

When the request template opens, the member and provider information is system populated at the top of the page based on the member ID and provider IDs entered.

Contact Information

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.

Contact Information				
* Contact Name:	DBARRETT		Contact Email:	db@gmail.com
Contact Phone:	444-444-4444	Ext.	* Contact Fax:	444-444-9999

Figure 40

Request Information

This section captures information specific to the admission. Follow the instructions under the specific CMO since there are some differences in data fields per CMO.

Amerigroup and WellCare:

1. In the 'Admit Date' box, enter the date of admission to the facility.
2. If the admission is an elective admission and the admission date is equal to the request date or is in the future, skip steps 3 and 4.
3. If the member was already discharged, enter the date in the 'Discharge Date' box.

OR

4. If the member is still in the facility, check 'Still in Facility'.
5. Select the place where the service was provided or is to be provided from the 'Place of Service' the drop list.

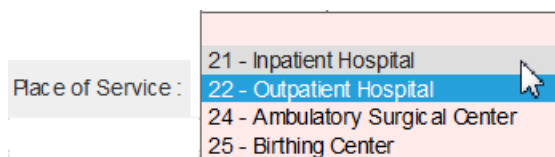


Figure 41

6. Select the type of admission related to the request from the 'Admission Type' drop list.

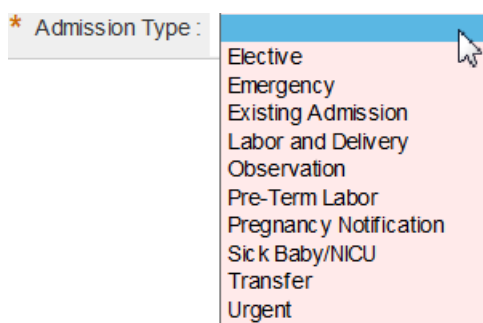
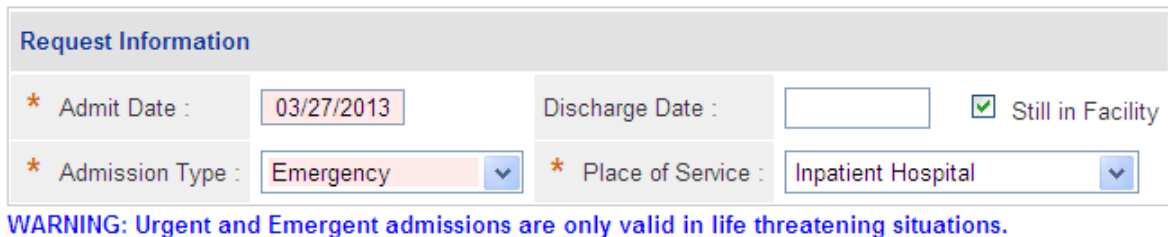


Figure 42

- If *Urgent or Emergency* is selected as the admission type, a message displays as a reminder that urgent or emergency admissions are only valid in life threatening situations. The warning message **does not prevent PA submission**. Clinical data provided to support the need for admission should also substantiate the emergent nature of the patient's condition.



The screenshot shows a web form titled "Request Information". It contains several fields:

- "* Admit Date :" with a text box containing "03/27/2013".
- "Discharge Date :" with an empty text box.
- A checkbox labeled "Still in Facility" which is checked.
- "* Admission Type :" with a dropdown menu showing "Emergency".
- "* Place of Service :" with a dropdown menu showing "Inpatient Hospital".

 Below the form, a red warning message states: "WARNING: Urgent and Emergent admissions are only valid in life threatening situations."

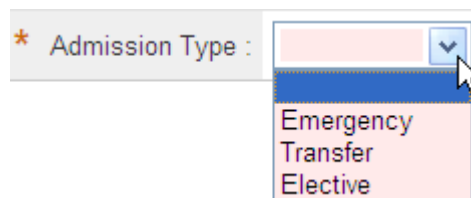
Figure 43

Peach State:

- In the 'Admit Date' box, enter the date of admission to the facility.
- If the admission is an elective admission and the admission date is equal to the request date or is in the future, skip steps 3 and 4.
- If the member was already discharged, enter the 'Discharge Date'.

OR

- If the member is still in the facility, check 'Still in Facility'; and then enter the expected discharge date in the 'Targeted Discharge Date' box.
- Select the type of admission related to the request from the 'Admission Type' drop list.



The screenshot shows the "Admission Type" dropdown menu open. The menu has three options: "Emergency", "Transfer", and "Elective". A mouse cursor is pointing at the "Emergency" option.

Figure 44

- If *Emergency* is selected as the admission type, a message displays as a reminder that urgent/emergency admissions are only valid in life threatening situations. The warning message **does not prevent PA entry**. Clinical data provided to support the need for admission should also substantiate the emergent nature of the patient's condition.

7. Select the place where the service was provided or is to be provided from the 'Place of Service' the drop list.

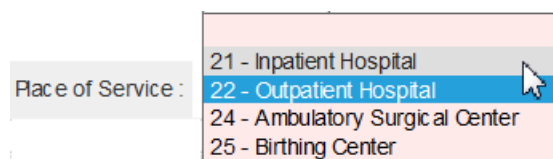


Figure 45

8. Next, select the 'Level of Urgency' related to the hospitalization/service requested.

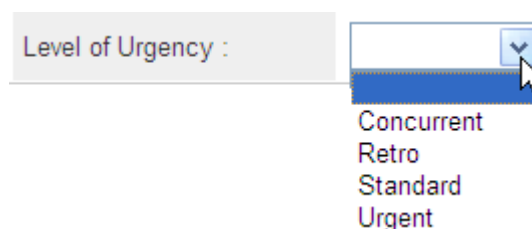


Figure 46

Request Information					
* Admit Date :	03/27/2013	Discharge Date :		<input checked="" type="checkbox"/> Still in Facility	Targeted Discharge Date : 04/03/2013
* Admission Type :	Emergency	* Place of Service :	Inpatient Hospital	Level of Urgency :	Urgent

WARNING: Urgent and Emergent admissions are only valid in life threatening situations.

Figure 47

Current Location of Member

If **Inpatient** is selected as the place of service, and **Emergency** or **Urgent** selected as the type of admission, the following questions display:

Select the patient's current location :	
Did patient fail to improve enough to safely discharge after 48 hours of hospital level care ?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Figure 48

9. If the patient's current location in the hospital is known, select that location from the drop list. Otherwise, select *Unknown*.

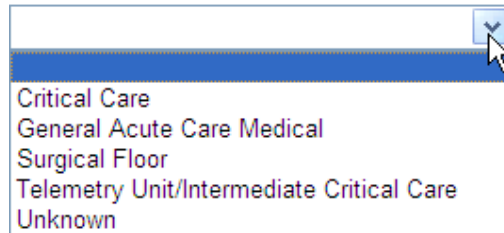


Figure 49

10. Next, indicate whether or not the patient failed to improve enough to safely discharge after 48 hours of hospital care by clicking *Yes*, *No* or *Unknown*.

Select the patient's current location :	General Acute Care Medical
Did patient fail to improve enough to safely discharge after 48 hours of hospital level care ?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown

Figure 50

Expedited Review

Providers may request an expedited review when the standard timeframe for approvals would seriously jeopardize a member's life or health.

11. Click 'Yes' to the question if an expedited review is being requested. Otherwise, click 'No' if an expedited review is not being requested.

12. If 'Yes' is selected, provide a description of the circumstances which necessitate an expedited review.

Expedited Review	
Does the standard timeframe for approvals seriously jeopardize the Member's or P4HB participant's life or health so that an expedited authorization determination within 24 hours is needed?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If 'Yes', please provide a brief description of the circumstances which necessitate this expedited review request.	
Explain why the review needs to be expedited. <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>	

Figure 51

Diagnosis

The Diagnosis table captures the diagnosis code, code description, diagnosis date, primary diagnosis indicator, admission 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.

13. **The primary diagnosis must be entered on the first diagnosis line.** Enter the diagnosis code in the 'Diag Code' box. If the code includes a decimal point, enter the code with the decimal point.
14. It is also possible to search for a code by the diagnosis description. Click the spy glass symbol in the code box; enter the description and click search. Select the code and the system populates the diagnosis code in the code box.
15. Enter the date that the primary diagnosis was established in the 'Date' box or enter the admission date as the diagnosis date. **Note:** The diagnosis date should correspond to the diagnosis code entered. If an ICD9 code is entered, the date should be before 10/1/15; if an ICD10 code is entered, the date should be 10/1/15 or greater.
16. The system pre-populates the 'Primary' diagnosis checkbox and the 'Admission' diagnosis checkbox on the first diagnosis line. **Do not remove the check in the Primary diagnosis box.** If you remove the primary diagnosis check, an error message will display when an attempt is made to submit the PA. The 'Admission' checkbox may be unchecked.

* Diagnosis						
Diag Code	Diagnosis Description	Date	Primary	Admission	Type	
285.22 		04/01/2013	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		ADD

Figure 52

17. Click [Add](#) to add the primary diagnosis code information to the request.


* Diagnosis						
Diag Code	Diagnosis Description	Date	Primary	Admission	Type	
285.22	ANEMIA IN NEOPLASTIC DIS	04/01/2013	Yes	Yes	ICD-9	EDIT DELETE
<input type="text"/> 		<input type="text"/>		<input type="checkbox"/>		ADD

Figure 53

18. Follow the same process to add other diagnosis codes, as applicable. Remember to click **Add** after each line of diagnosis information is entered.
19. If a diagnosis code is entered that is not 5010 compliant (meaning that the code is unspecified or not specific enough), this warning message displays: **Invalid or unspecified code and/or has a more specific ICD code value. Please check your input.** When this message displays, the diagnosis code must be changed in order to proceed with the request.

Procedures

The Procedures Table captures CPT Code, CPT code description (auto-populated), procedure 'From Date' and 'To Date', units requested, and modifiers (if applicable). Instate Transplant requests and Outpatient Hospital/Ambulatory Surgical Center requests require at least one procedure code. Inpatient hospital admissions may or may not require a procedure depending on the service(s) requested and CMO PA requirements.

If the requesting provider is a participating provider in the selected CMO's network, a direct link to the CMO's PA Lookup Tool is provided above the procedures section as shown in the next figure. The lookup tool may be used to determine if a procedure requires PA.

The screenshot displays two main sections of the CMO PA Web Submission interface. The top section is titled "Diagnosis" and contains a table with columns: ICD-9 Code, ICD-9 Description, ICD 9 Date, Primary, Admission, and an ADD button. Below this is a yellow banner with the text "Prior Authorization Procedure Lookup Tool". The bottom section is titled "Procedures" and contains a table with columns: CPT Code, CPT Description, From Date, To Date, Units, Mod 1, Mod 2, Mod 3, Mod 4, and buttons for ADD and CANCEL. Both tables have a search icon in the first column.


Diagnosis					
ICD-9 Code	ICD-9 Description	ICD 9 Date	Primary	Admission	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="ADD"/>

Prior Authorization Procedure Lookup Tool

Procedures									
CPT Code	CPT Description	From Date	To Date	Units	Mod 1	Mod 2	Mod 3	Mod 4	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="ADD"/> <input type="button" value="CANCEL"/>

Figure 54

However, if any provider associated with the PA is not a participating provider, the Lookup Tool is not provided and this disclaimer displays: *"It does not appear that <<provider name>> associated with this request is a CMO participating provider. Consequently, all requested procedures/services require prior authorization."*

20. In the Procedures table, enter the procedure code for a requested service in the 'CPT Code' box or search  for the code and the system inserts in the 'CPT Code' box.

21. Enter the date of service for the procedure in the 'From Date' box; and enter the end date of service in the 'To Date' box.
22. Enter the units requested for the procedure under 'Units'.
23. If a modifier is required for the procedure **per CMO policy**, enter the modifier in the 'Mod 1' box, otherwise leave blank.
24. Click **Add** to add the procedure code to the request. When **Add** is clicked, a blank procedure line displays, and the **Edit** button is available on the procedure line just entered.

Procedures									
CPT Code	CPT Description	From Date	To Date	Units	Mod 1	Mod 2	Mod 3	Mod 4	
36431	BLOOD TRANSFUSION SERVICE	04/09/2013	04/09/2013	1					EDIT DELETE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ADD CANCEL

Figure 55

25. Follow the same process to add other procedure codes, if applicable. Remember to click **Add** after each procedure line is entered.

Note: Do not enter procedures for services handled by CMO third party vendors associated with CMO PA types **not yet added** to the centralized PA portal process. When an attempt is made to add a procedure code for one of these services, the following message displays: *"Code <procedure code> is reviewed in an outpatient setting by a vendor for <CMO Name>. Please refer to the <CMO Name> website."*

Transfer Information

This section captures the reasons for patient transfer to or from a facility.

Patient Transfer Information	
Is patient being transferred TO your facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is patient being transferred FROM your facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Figure 56

26. Respond to each general transfer question by clicking 'Yes' or 'No'.

27. When 'Yes' is selected for either transfer question, transfer information checkboxes display.

Patient Transfer Information	Patient Transfer Information : (select all that apply and explain in clinical)
Is patient being transferred <u>TO</u> your facility? <input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> a. Higher level of care facility. (Explain in Clinical)
Is patient being transferred <u>FROM</u> your facility? <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> b. MD Specialist/Speciality Unit not available at original facility. (Explain in Clinical)
	<input type="checkbox"/> c. Back transfer to lower level of care facility. (select all that apply)
	<input type="checkbox"/> 1. Higher level of care is no longer warranted.
	<input type="checkbox"/> 2. Level of care continues to meet inpatient confinement.
	<input type="checkbox"/> 3. Transfer back does not compromise patient care.
	<input type="checkbox"/> 4. Transfer back is not to alleviate bed overcrowding at sending facility.
	<input type="checkbox"/> d. Patient/family/physician convenience. (Explain in Clinical)
	<input type="checkbox"/> e. No beds available at original facility. (Explain in Clinical)

Figure 57

28. Check all the boxes that apply to explain the reason(s) for the transfer. If 'c' is checked, then 1, or 2, or 3 or 4 must be checked.

Supporting Information

This section captures information supporting the medical necessity of the services requested

29. Enter a synopsis of the patient's presenting clinical situation in the first box; and a description of the patient's treatment in the second box.

30. If the request is to notify the CMO of an inpatient admission, and the specific clinical/treatment plan information is to be provided after the request is submitted, enter 'Information to be attached' in the text boxes.

Supporting Information
Please provide a brief synopsis of the patient's presenting clinical situation and, if inpatient, describe the initial 24 -48 hours of treatment in the following boxes.
* Clinical Data to Support Request :
Include vital signs, history and physical, lab reports, X-rays, signs/symptoms, whether the patient was treated on an outpatient basis for 48 hours prior to admission
Information to be attached
* Admitting Treatment Plan :
Describe the services to be provided, i.e., IV fluids, medications, complex wound care and other treatments.
Information to be attached

Figure 58

Additional Information Questions

In this section, additional questions may display depending on the diagnosis codes, procedure codes, admission type, and/or current location entered on the request. The additional information questions are generally required but providers can bypass the questions when the request is for an inpatient emergency/urgent admission with an admission date equal to or before the current date; AND the clinical data is not known at the time that the request is submitted. However, providers need to attest to this fact (see #32 below).

31. Click *Yes*, *No*, or *Unknown* for each question. For some questions, additional responses are required when yes is selected. The next figure shows the additional information questions that display for an inpatient admission request for a member with a diagnosis of anemia in neoplastic disease.

Additional Information

Please enter additional information. All questions are required.

Inpatient Cancer and Anemia

1 Does patient have a diagnosis of cancer and a planned 2 or more days stay for non-experimental cancer treatment? ☐ Yes ☒ No ☐ Unknown

2 Is HCT below 21.0 and patient requires multiple units of blood or blood products? ☒ Yes ☐ No ☐ Unknown

3 Is the sickle cell patient in acute painful crisis receiving IVFs and IV analgesics? ☐ Yes ☒ No ☐ Unknown

Figure 59

32. When all data is entered on the request form, click **Review Request** at the bottom of the page to display the *Attestation Statement*. If a message displays that ‘information is missing or incorrect’, scroll up the page to find what is missing or incorrect. ‘**Required**’ displays next to a data box when information is missing. Enter or correct the data, and then click **Review Request** again.
33. An attestation statement displays. Review the *Attestation Statement* carefully. Click the checkbox verifying the last statement of the attestation statement. Then, click **I Agree**. You must click agree to submit the request.

To the best of my knowledge, the information I am submitting in this transaction is true, accurate, complete and is in compliance with applicable Department of Community Health policies and procedures. I am submitting this information to the Georgia Department of Community Health, Division of Medical Assistance, for the purpose of obtaining a prior authorization number.

I understand that any material falsification, omission or misrepresentation of any information in this transaction will result in denial of payment and may subject the provider to criminal, civil or other administration penalties.

I understand that this CMO pre-certification request does not guarantee payment, approval of service or member benefit eligibility for the service.

To accept this information and proceed with your transaction, please click 'I agree'.

☒ If you are notifying the CMO of the admission without all needed clinical data but are notifying they do not provide the clinical data at this time, you should submit that information within 24 hours of this notification. This attestation states that you understand that additional clinical data has been requested with the request, and that you are bypassing it because it is unknown at this time.

[I Agree](#)

Figure 60

34. Review the information entered on the request. To change information entered, click [Edit Request](#). Otherwise, click [Submit Request](#).
35. 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".

GMCF Tracking ID :	713050999999	Amerigroup Community Care Authorization ID :	Not Available	Status :	Pending
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Figure 61

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.

36. To enter a new request under the same Portal ID/provider, click [Enter a New PA Request](#). The request type menu page re-displays.

3.3 Hospital Outpatient Therapy

CMO PA requests for therapeutic services provided in an outpatient hospital setting or ambulatory surgical center are submitted utilizing the *Hospital Outpatient Therapy* request template. Hospital Outpatient Therapy requests may only be requested by a facility (outpatient hospital or ambulatory surgical center). The *Hospital Outpatient Therapy* request form includes additional information questions which are required regardless of the therapeutic services requested. These requests may be submitted a maximum of 30 days prior to elective service/admission. Retrospective PA may be requested only if the service/admission was emergent.

3.3.1 Enter Request Information

Member/Provider Information

When the request template opens, the member and provider information is system populated at the top of the page based on the member ID and provider ID entered.

Contact Information

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.

Contact Information				
* Contact Name:	<input type="text" value="DBARRETT"/>		Contact Email:	<input type="text" value="db@gmail.com"/>
Contact Phone:	<input type="text" value="444-444-4444"/>	Ext. <input type="text"/>	* Contact Fax:	<input type="text" value="444-444-9999"/>

Figure 62

Request Information

This section captures information specific to the admission. Follow the instructions under the specific CMO since there are some differences in data fields per CMO.

Amerigroup and Wellcare:

1. From the 'Place of Service' drop list, select *Ambulatory Surgical Center* or *Outpatient Hospital*.
2. In the 'Therapy Start Date' box, enter the date that the services being requested will start or did start.
3. Select the applicable 'Admission Type' from the drop list.

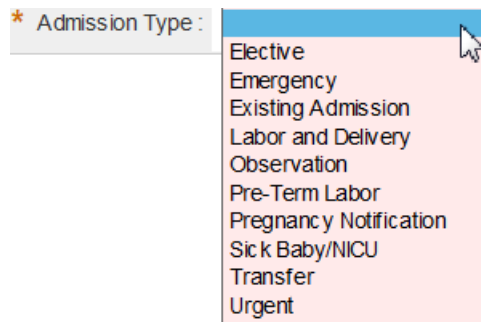


Figure 63

Request Information

* Place of Service : * Therapy Start Date : * Admission Type :

Figure 64

Peach State:

4. From the 'Place of Service' drop list, select *Ambulatory Surgical Center* or *Outpatient Hospital*.
5. In the 'Therapy Start Date' box, enter the date that the services being requested will start or did start.
6. Select the applicable 'Admission Type' from the drop list.

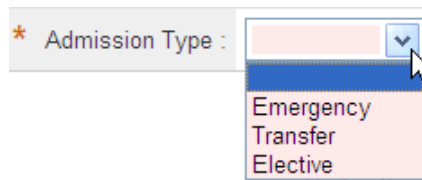


Figure 65

7. Select the 'Level of Urgency' from the drop list related to the service(s) requested.

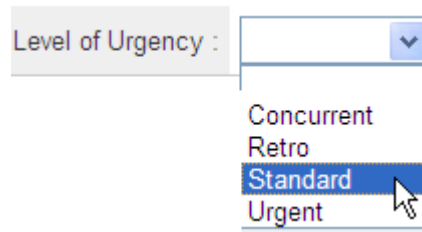


Figure 66

Request Information				
* Place of Service :	Ambulatory Surgical Center	* Therapy Start Date :	04/09/2013	* Admission Type :
				Elective
			Level of Urgency :	Standard

Figure 67

Diagnosis

The Diagnosis table captures the diagnosis code, code description, diagnosis date, primary diagnosis indicator, admission 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 entered. Only one primary diagnosis may be entered.

8. **The primary diagnosis must be entered on the first diagnosis line.** Enter the diagnosis code in the 'Diag Code' box. If the code includes a decimal point, enter the code with the decimal point.
9. It is also possible to search for a code by the diagnosis description. Click the spy glass symbol in the code box; enter the description; select ICD9 or ICD10; and click [Search](#). Select the code and the system populates the diagnosis code in the code box.
10. Enter the date that the primary diagnosis was established in the 'Date' box or enter the admission date as the diagnosis date. **Note:** The diagnosis date should correspond to the diagnosis code entered. If an ICD9 code is entered, the date should be before 10/1/15; if an ICD10 code is entered, the date should be 10/1/15 or greater.
11. The system pre-populates the 'Primary' diagnosis checkbox and the 'Admission' diagnosis checkbox on the first diagnosis line. **Do not remove the check in the Primary diagnosis box.** If you remove the primary diagnosis check, an error message will display when an attempt is made to submit the PA. The 'Admission' checkbox may be unchecked.

* Diagnosis						
Diag Code	Diagnosis Description	Date	Primary	Admission	Type	
344.04		04/30/2015	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		ADD

Figure 68

12. Click **Add** to add the primary diagnosis code information to the request.

* Diagnosis						
Diag Code	Diagnosis Description	Date	Primary	Admission	Type	
344.04	QUADRPLG C5-C7, INCOMPLT	04/30/2015	Yes	Yes	ICD-9	EDIT DELETE
				<input type="checkbox"/>		ADD

Figure 69

13. Follow the same process to add other diagnosis codes, as applicable. Remember to click **Add** after each line of diagnosis information is entered.

14. If the diagnosis code is entered which is not 5010 compliant (meaning that the code is unspecified or not specific enough), this warning message displays: **Invalid or unspecified code and/or has a more specific ICD code value. Please check your input.** When this message displays, the diagnosis code must be changed in order to proceed with the request.

Procedures

The Procedures Table captures CPT Code(s), dates of service, requested units, and number of visits per week. If the requesting provider is a participating provider in the selected CMO's network, a direct link to the CMO's PA lookup tool is provided above the procedures section as shown in the next figure. The lookup tool may be used to determine if a procedure requires PA.

Prior Authorization Procedure Lookup Tool

Procedures										
Enter procedure code(s), From/To Date, and Number of Visits Per Week. If the service is to be provided only once, please select '1 Time Only' for the Number of Visits Per Week.										
CPT Code	CPT Description	From Date	To Date	Units	Number of Visits Per Week	Mod 1	Mod 2	Mod 3	Mod 4	
										ADD CANCEL

Figure 70

If the provider associated with the request is not a participating provider, the Lookup Tool is not available and this disclaimer displays: *“It does not appear that <<provider name>> associated with this request is a CMO participating provider. Consequently, all requested procedures/services require prior authorization.”*

15. Enter the procedure code for the service requested in the ‘CPT Code’ box; or search



for the procedure code and the system inserts the procedure code.

16. In the ‘From Date’ box, enter the start date of service, and, in the ‘To Date’ box, enter the end date of service. Each procedure line may be entered for more than one month, such as 4/1/2013 – 6/31/2013.

17. In the ‘Units’ box, enter the number of visits requested during the procedure date span.

18. From the ‘Number of Visits per Week’ drop list, select the visits per week for the service requested. If the service is to be provided only once, select ‘1 Time Only’.

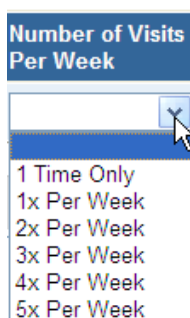


Figure 71

19. Click **Add** to add the procedure code to the request. When **Add** is clicked, a blank procedure line displays and the **Edit** button is available on the procedure line just entered.

20. Follow the same process to add other procedure codes, if applicable. Remember to click **Add** after each procedure line is entered.

CPT Code	CPT Description	From Date	To Date	Units	Number of Visits Per Week	Mod 1	Mod 2	Mod 3	Mod 4	
97001	PT EVALUATION	04/01/2013	04/30/2013	1	1 Time Only					EDIT DELETE
97530	THERAPEUTIC ACTIVITIES	04/01/2013	06/21/2013	24	2x Per Week					EDIT DELETE
97535	SELF CARE MNGMENT TRAINING	04/01/2013	06/21/2013	12	1x Per Week					EDIT DELETE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ADD CANCEL

Figure 72

Supporting Information

This section captures information supporting the medical necessity of the therapeutic services requested for the patient's treatment and rehabilitation.

21. Enter a synopsis of the patient's presenting clinical situation in the first box; and a description of the patient's treatment in the second box.

Supporting Information

*** Clinical Data to Support Request :**
Include vital signs, history and physical, lab reports, X-rays, signs/symptoms, whether the patient was treated on an outpatient basis for 48 hours prior to admission

Describe the patient's severity of illness/acute condition requiring therapeutic services.

*** Admitting Treatment Plan :**
Describe the services to be provided, i.e., IV fluids, medications, complex wound care and other treatments.

Describe the therapeutic services to be provided.

Figure 73

Additional Information Questions

Additional questions display at the bottom of the request form. All questions are required except for the 'Range of Motion' and 'Strength Evaluation' sections. However, the range of motion and strength sections should be completed when this information supports the medical necessity of the services requested.

22. Respond *Yes* or *No* to each question. If *yes* is the response, additional data may be required.

The following screen shots provide an example of the additional questions and response options.

CMO PA WEB SUBMISSION

OutPatient Therapy

Additional information is required for Code 97530,97530,97001,97530.

The following questions will be used for obtaining additional information related to Hospital Outpatient Therapies. For each PA the page is only needed once. All questions require a response, with the exceptions being 'conditional' responses or sections designated as required for a PT or OT code.

Please note per section 903.5 Hospital Services Manual "Rehabilitation as defined by federal regulation is not covered in the Hospital program. However, short term rehabilitation services, i.e., physical therapy, occupational therapy and speech therapy are covered immediately following and in treatment of acute illness, injury or impairment..." when certain conditions are met.

Is this request for wheelchair evaluation, management, or training?

☐ Yes ☐ No

Are the services requested intended as short term therapy for an acute medical condition?

☐ Yes ☐ No

If Yes, provide the acute diagnosis -

thrombotic stroke

and date of onset

04/01/2013

Is this a request for continued therapy services?

☐ Yes ☐ No

If Yes, indicate the progress towards treatment goals during the last month.

Does the Member suffer from any chronic illness?

☐ Yes ☐ No ☐ Unknown

Does the Member suffer from any chronic illness?

☐ Yes ☐ No ☐ Unknown

If Yes, provide the diagnosis for the chronic illness.

Diabetes

Is the Member receiving other rehabilitative therapies under another Medicaid program (such as Children's Intervention Services or Warmer program)?

☐ Yes ☐ No ☐ Unknown

If Yes, indicate which programs.

Range of Motion Evaluation :

If the therapy is related to range of motion, complete this section. Indicate the range of motion (ROM) in degrees for the affected part(s) of the body based on the most current assessment.

Affected Body Part	Side Affected	Range of Motion
Foot/Ankle	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	
Knee	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	
<input checked="" type="radio"/> Hip	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	C:::J
<input checked="" type="radio"/> Spine	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	C=J
<input checked="" type="radio"/> Shoulder	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	C=J
<input checked="" type="radio"/> Elbow	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	C:::J
<input checked="" type="radio"/> Wrist	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	C:::J
Hand	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	
<input checked="" type="radio"/> Fingers	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	C=J
<input checked="" type="radio"/> Neck	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	C:::J
<input checked="" type="radio"/> Other _____	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	C:::J

Strength Evaluation :

If the therapy is related to strength, complete this section. Indicate the current strength on a five (5) point scale for the affected part(s) of the body based on the most current assessment.

Affected Body Part	Side affected	
Foot/Ankle	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	
Knee	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	
<input checked="" type="radio"/> Hip	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	C=J
<input checked="" type="radio"/> Spine	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	C=J
<input checked="" type="radio"/> Shoulder	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	C=J
<input checked="" type="radio"/> Elbow	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	C=J
<input checked="" type="radio"/> Wrist	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	C=J
Hand	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	
<input checked="" type="radio"/> Fingers	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	C=J
<input checked="" type="radio"/> Neck	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	C=J
<input checked="" type="radio"/> Other _____	<input type="radio"/> N/A <input type="radio"/> Both <input type="radio"/> Left Side <input type="radio"/> Right Side	C=J

Has a medical practitioner (physician, nurse practitioner or physician assistant) certified that these services are necessary for the treatment of the acute illness, injury or impairment; and/or that these services are necessary to the establishment of a safe and effective maintenance program?

☒ Yes ☐ No

If yes, date of certification :

04/01/2013

Medical Practitioner Name :

Doctor John

Medical Practitioner contact number :

444-444-4444

Is the treatment plan signed by a Medical Practitioner ?

☒ Yes ☐ No

If Yes, date signed by Medical Practitioner :

04/01/2013

Does the treatment plan include a statement about the Member's rehabilitation potential ?

☐ Yes ☒ No

If Yes, provide this statement.

Can these therapy services be effectively provided by a family member/non-professional?

☐ Yes ☐ No ☒ Unknown

Figure 74

23. When all data is entered on the request form, click **Review Request** at the bottom of the page to display the *Attestation Statement*. If a message displays that 'information is missing or incorrect', scroll up the page to find what is missing or incorrect. **'Required'** displays next to a data box when information is missing. Enter or correct the data, and then click **Review Request** again.
24. Review the *Attestation Statement* and, if in agreement, click **I Agree**. You must click agree to submit the request.

To the best of my knowledge, the information I am submitting in this transaction is true, accurate, complete and is in compliance with applicable Department of Community Health policies and procedures. I am submitting this information to the Georgia Department of Community Health, Division of Medical Assistance, for the purpose of obtaining a prior authorization number.

I understand that any material falsification, omission or misrepresentation of any information in this transaction will result in denial of payment and may subject the provider to criminal, civil or other administration penalties.

I understand that this CMO pre-certification request does not guarantee payment, approval of service or member benefit eligibility for the service.

To accept this information and proceed with your transaction, please click 'I agree'.

I Agree

Figure 75

25. Review the information entered on the request. To change information entered, click **Edit Request**. Otherwise, click **Submit Request**.
26. 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".

GMCF Tracking ID :	713050999999	Amerigroup Community Care Authorization ID :	Not Available	Status :	Pending
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Figure 76

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.

27. To enter a new request under the same Portal ID/provider, click [Enter a New PA Request](#). The request type menu page re-displays.

3.4 Durable Medical Equipment

CMO PA requests for Durable Medical Equipment (DME) are submitted utilizing the *Durable Medical Equipment (Form DMA610)* request template. Additional questions may be pulled into the request template depending on the procedure/modifier entered. Only DME providers may request a PA for Durable Medical Equipment. Providers may attach supporting documentation to the request upon submission or to an existing pending request. Attachments are required for high cost wheelchair codes.

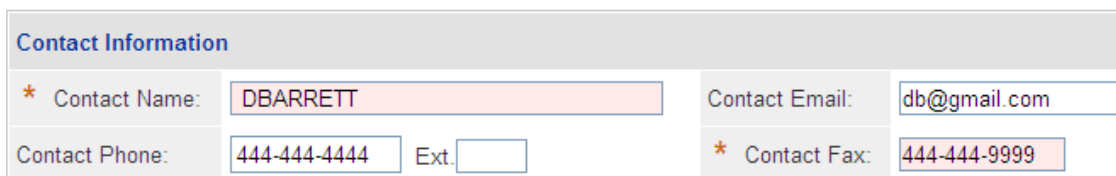
3.4.1 Enter Request Information

Member/Provider Information

When the request template opens, the member and provider information is system populated at the top of the page based on the member ID and provider ID entered.

Contact Information

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.



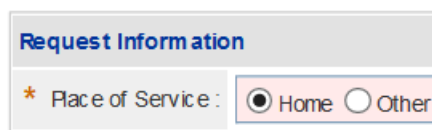
The screenshot shows a form titled "Contact Information" with a light gray header. Below the header, there are four input fields arranged in two rows. The first row contains "Contact Name:" with a red asterisk and a text box containing "DBARRETT", and "Contact Email:" with a text box containing "db@gmail.com". The second row contains "Contact Phone:" with a text box containing "444-444-4444" and an "Ext." label followed by an empty text box, and "Contact Fax:" with a red asterisk and a text box containing "444-444-9999".

Figure 77

Request Information

This section captures place of service.

1. Select Home or Other.




The screenshot shows a form titled "Request Information" with a light gray header. Below the header, there is a single input field labeled "Place of Service:" with a red asterisk. The field contains two radio buttons: "Home" (which is selected) and "Other".

Figure 78

Diagnosis

The Diagnosis 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 entered.

2. **The primary diagnosis must be entered on the first diagnosis line.** Enter the primary diagnosis code in the 'Diag Code' box. If the code includes a decimal point, enter the code with the decimal point.
3. It is also possible to search for a code by the diagnosis description. Click the spy glass symbol  in the code box; enter the description; select ICD9 or ICD10; and click **Search**. Select the code and the system populates the diagnosis code in the code box.
4. Enter the date that the primary diagnosis was established in the 'Date' box or enter the date of service as the diagnosis date. **Note:** The diagnosis date should correspond to the diagnosis code entered. If an ICD9 code is entered, the date should be before 10/1/15; if an ICD10 code is entered, the date should be 10/1/15 or greater.
5. The system defaults the first diagnosis line to 'Primary'. **Do not remove the check in the Primary box on the first diagnosis line.** If you remove the primary diagnosis check, an error message will display when an attempt is made to submit the PA.

* Diagnosis				
Diag Code	Diagnosis Description	Date	Primary	Type
786.03 	APNEA	05/01/2015	<input checked="" type="checkbox"/>	ADD

Figure 79

6. Click **Add** to add the primary diagnosis code information to the request.

Note: If a diagnosis code is entered, which is not 5010 compliant (meaning that the code is unspecified or not specific enough), this warning message displays: **Invalid or unspecified code and/or has a more specific ICD code value. Please check your input.** When this message displays, the diagnosis code must be changed.

7. When **Add** is clicked, a blank diagnosis line displays; and **Edit** and **Delete** are available on the diagnosis line added.

* Diagnosis					
Diag Code	Diagnosis Description	Date	Primary	Type	
786.03	APNEA	05/01/2015	Yes	ICD-9	EDIT DELETE
<input type="text"/>	<input type="text"/>	<input type="text"/>			ADD

Figure 80

- Follow the same process to add other diagnosis codes, as applicable. Remember to click **Add** after each line of diagnosis information is entered.

Procedures

The Procedures table captures the following required data: CPT/HCPCS code, procedure description, from and to dates of service, months/units of service requested, requested price per unit, and modifiers. In addition, for certain types of equipment, the table captures additional data: equipment make, equipment model, manufacturer's ID and serial number. If the requesting provider is affiliated with the selected CMO, then a link to the CMO's Procedure Lookup displays.

Prior Authorization Procedure Lookup Tool

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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ADD CANCEL

Figure 81

If the provider is not affiliated with the CMO (non-participating provider), the Lookup Tool is not available and the following disclaimer displays: ***“Disclaimer: It does not appear that <provider> associated with this request is a CMO participating provider. Consequently, all requested procedures/services require prior authorization.”***

- Enter the CPT/HCPCS code for a DME item in the 'CPT Code' box; or search for the procedure code to have the system insert the code.
- Procedure description is auto-populated when the procedure is added.
- Enter the start date of service in the 'From Date' box. An end date of service may be entered in the 'To Date' box, but is optional. If a 'To Date' is added, it can only go up to twelve (12) months.
- Enter the months or units of service requested in the next box.

13. Enter the requested price per unit/month of service in the 'Requested Price/Unit' box.
14. Enter the modifier in the 'Mod 1' box. Modifiers are optional.
15. If applicable to the equipment requested and required by the specific CMO policy, enter the equipment make, model, manufacturer's ID and serial number.
16. Click **Add** to add the procedure code to the request. When **Add** is clicked, a blank procedure line displays, and the **Edit** and **Delete** buttons are available on the procedure line just entered.

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	
E1390	OXYGEN CONCENTRATOR	05/04/2015	10/03/2015	6	240.00	RR						EDIT DELETE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ADD CANCEL

Figure 82

17. Follow the same process to add other procedure codes, if applicable. Remember to click **Add** after each procedure line is entered.

Repairs and Replacements

Manufacturer ID	Serial No	Warranty Registration Number	Date of Original Purchase	Manufacturer Warranty Duration (In Months)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ADD

Figure 83

18. This section is completed for equipment repairs and/or replacements over \$250.00. Fill in the data in each box and then click **Add**.

Therapist Information, Patient Information and Justification

This 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.

19. Enter the member's height in inches and the weight in pounds.
20. Respond yes or no to the question: *Was a signed physician's prescription or certificate of medical necessity on file within 90 days of the request.*
21. Respond yes or no to the next question regarding a practitioner face-to-face encounter.
22. If yes to the face-to-face encounter, enter the date if the encounter.
23. Enter the physician's last name and first name.

Therapist Information		Patient Information	
Therapist / Other Service Provider Name :	Georgia License / Certification Number :	Patient Height (inches) :	Patient Weight (pounds) :
<input type="text"/>	<input type="text"/>	63 in.	112 lb.
Justification and Circumstances for Requested Services :			
Describe why the patient needs O/P, medical justification for services requested.			
<div><input type="text"/></div>			
Was a signed physician's prescription or Certificate of Medical Necessity on file within 90 days of request ?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
Did the practitioner signing the CMN/prescription have a face to face encounter with the member regarding the items in this request?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
Date of face to face encounter :		<input type="text" value="04/27/2015"/>	
Ordering Practitioner Last Name :		<input type="text" value="Doctor"/>	
Ordering Practitioner First Name :		<input type="text" value="John"/>	

Figure 84

Additional Information Questions

Additional information questions may be pulled into the request depending on the procedure and modifier entered. In general, response to the questions is required. The next figure displays the questions for certain oxygen codes.

Additional information is required for the following Procedure code / Modifier combinations : E1390RR

Is Member on continuous Oxygen Therapy ? ☒ Yes ☐ No

Prescription information :

Date Oxygen Prescribed : 04/27/2015 ☒ Initial ☐ Renewal Date Last Seen by Physician : 04/27/2015 Method of Delivery : Trach

Liters Per Minute : 1 Hours Per Day : 6 Estimated Length of Time Oxygen is Needed: 6 month(s)

If portable oxygen prescribed, please select at least one of the following :

☒ Doctor's office visits ☐ Use at night ☒ Shopping/Church ☐ Other (please describe)

If Other is selected, please describe :

Is there a signed statement on file verifying that there is no smoking in the Member's home ? ☒ Yes ☐ No

Laboratory Results :

ABG Performed ? ☐ Yes ☒ No Date of Test : PO2 Result :

Oxygen Saturation Performed ? ☒ Yes ☐ No Date of Test : 04/27/2015 Oxygen Saturation Test Result : 89 %

Was the Test Performed on Room Air ? ☒ Yes ☐ No

If test was not performed on room air, provide explanation :

If ABG result exceeds 60mmHg, provide medical justification for the need for oxygen :

Figure 85

24. When all data is entered on the request form, click **Review Request** at the bottom of the page to display the *Attestation Statement*. If a message displays that 'information is missing or incorrect', scroll up the page to find what is missing or incorrect. 'Required' displays next to a data box when information is missing. Enter or correct the data, and then click **Review Request** again.

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

To the best of my knowledge, the information I am submitting in this transaction is true, accurate, complete and is in compliance with applicable Department of Community Health policies and procedures. I am submitting this information to the Georgia Department of Community Health, Division of Medical Assistance, for the purpose of obtaining a prior authorization number.

I understand that any material falsification, omission or misrepresentation of any information in this transaction will result in denial of payment and may subject the provider to criminal, civil or other administration penalties.

I understand that this CMO pre-certification request does not guarantee payment, approval of service or member benefit eligibility for the service.

To accept this information and proceed with your transaction, please click 'I agree'.

I Agree

Figure 86

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

27. 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.

GMCF Tracking ID :	713050999999	Amerigroup Community Care Authorization ID :	Not Available	Status :	Pending
--------------------	--------------	----------------------------------------------	---------------	----------	---------

Figure 87

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

3.5 Children's Intervention Services

CMO PA requests for members in the Children's Intervention Services program are submitted via the web portal utilizing the *Children's Intervention Services* request template. The submission of CIS requests is restricted to providers with a Children's Intervention Services (840) category of service. Providers may attach required supporting documentation to the request upon submission or to an existing pending request.

3.5.1 Enter Request Information

Member/Provider Information

When the request template opens, the member and provider information is system populated at the top of the page based on the member ID and provider ID entered.

Contact Information

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 88

Request Information:


This section captures the location where the service is rendered.

1. Enter the 'Place of Service' by selecting the service location from the drop list. The place of service defaults to *Office*. If this is not correct, select: *School*, *Home*, or *Outpatient Hospital*.

Figure 89

Diagnosis

The Diagnosis 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 ICD10 diagnosis code should be entered.

2. **The primary diagnosis must be entered on the first diagnosis line.** Enter the primary diagnosis code in the 'Diag Code' box. If the code includes a decimal point, enter the code with the decimal point.
3. It is also possible to search for a code by the diagnosis description. Click the spy glass symbol  in the code box; enter the description; select ICD9 or ICD10; and click **Search**. Select the code and the system populates the diagnosis code in the code box.
4. Enter the date that the primary diagnosis was established in the 'Date' box or enter the date of service as the diagnosis date. **Note:** The diagnosis date should correspond to the diagnosis code entered. If an ICD9 code is entered, the date should be before 10/1/15; if an ICD10 code is entered, the date should be 10/1/15 or greater.
5. The system defaults the first diagnosis line to 'Primary'. **Do not remove the check in the Primary box on the first diagnosis line.** If you remove the primary diagnosis check, an error message will display when an attempt is made to submit the PA.

* Diagnosis				
Diag Code	Diagnosis Description	Date	Primary	Type
334.9 		02/10/2012	<input checked="" type="checkbox"/>	ADD

Figure 90

6. Click **Add** to add the primary diagnosis code information to the request.
Note: If a diagnosis code is entered, which is not 5010 compliant (meaning that the code is unspecified or not specific enough), this warning message displays: **Invalid or unspecified code and/or has a more specific ICD code value. Please check your input.** When this message displays, the diagnosis code must be changed.
7. When **Add** is clicked, a blank diagnosis line displays; and **Edit** and **Delete** are available on the diagnosis line added.


* Diagnosis				
Diag Code	Diagnosis Description	Date	Primary	Type
334.9	SPINOCEREBELLAR DIS NOS	02/10/2012	Yes	ICD-9 EDIT DELETE
				ADD

Figure 91

8. Follow the same process to add other diagnosis codes, as applicable. Remember to click **Add** after each line of diagnosis information is entered.

Procedures

The Procedures table captures the following required data: CPT code, procedure description, from and to dates of service, units requested, and modifiers. If the requesting provider is affiliated with the selected CMO, then a link to the CMO's Procedure Lookup displays.

[Prior Authorization Procedure Lookup Tool](#)

If the requesting provider is not affiliated with the CMO (non-participating provider) then the following disclaimer displays: ***Disclaimer: It does not appear that <provider> associated with this request is a CMO participating provider. Consequently, all requested procedures/services require prior authorization.***

9. Enter the CPT code for the therapeutic service in the 'CPT Code' box; or search for the procedure code to have the system insert the code.
10. Procedure description is auto-populated when the procedure is added.
11. Enter the start date of service in the 'From Date' box and the end date in the 'To Date' box. Each procedure/service may be entered for multiple months on one procedure line, such as 5/1/2015 – 7/31/2015.
12. Enter the units of service requested in the next box.
13. Modifiers are optional. Modifiers entered should be entered in the correct order under 'Mod 1' and 'Mod 2', as applicable.
14. Click **Add** to add the procedure code to the request. When **Add** is clicked, a blank procedure line displays, and the **Edit** and **Delete** buttons are available on the procedure line just added.
15. To add other procedures/services, follow the same process. Remember to click **Add** after entering the procedure information.

Procedures									
CPT Code	CPT Description	From Date	To Date	Units	Mod 1	Mod 2	Mod 3	Mod 4	
97001	PT EVALUATION	05/07/2015	05/30/2015	1					EDIT DELETE
97535	SELF CARE MNGMENT TRAINING	05/07/2015	07/31/2015	12					EDIT DELETE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ADD CANCEL

Figure 92

Program/Service Information

This section captures the following information: Date admitted to CIS, type of service requested, justification for services, outcome information, and required documentation.

16. Enter the date that the member was admitted to the Children's Intervention Services program. This is required.
17. Select the type of service to be provided. This is optional.
18. Enter the reason that the services are being requested in the textbox provided. If supporting documentation that justifies services is to be attached to the PA, enter *See Attached* in this box.
19. Enter the name of the member's PCP in the 'Primary Care Physician Name' box. This is required.

* Date admitted to program :		05/01/2014
Description of Services Requested :		
<input type="radio"/> Physical Therapy <input type="radio"/> Occupational Therapy <input type="radio"/> Speech/Language Therapy		
Justification and Circumstances for Required Services :		
Medical necessity and expected outcomes.		
<input type="text" value="See Attached"/>		
Primary Care Physician Name:		Doctor Smith

Figure 93

20. The next three textboxes capture information related to the goals, expectations, and progress outcomes for current and requested services. Enter *See Attached* in each box if this information is to be attached to the PA.

Outcomes

A. What would you like to see change as a result of early intervention ?
(Goals and Expectations)

See Attached

B. What is happening now (Evaluation / Assessment information) ?
(Describe what is taking place at this time relative to the Goals and Expectations)

See Attached

C. Progress Statement: How will we know we are making progress with this child ?
(What will be different relative to the Goals and Expectations ?)

See Attached

Figure 94

21. At the bottom of the request form are questions related to supporting documentation that is required for authorization of services in the CIS program. Respond Yes or No to each question. Depending on the response, it may be necessary to enter a date related to a required information, or add an explanation. The 'Name of the Service Coordinator' is only applicable to members in *Babies Can't Wait*.

Is this PA request a continuation from a previous PA?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If Yes, Previous PA#:	<input type="text" value="v"/>
Is there a current Individualized Education Plan (IEP)?	<input checked="" type="radio"/> Yes <input type="radio"/> No	If Yes, IEP Date:	<input type="text" value="05/01/2015"/>
		If No, please explain why :	<input type="text"/>
Is there a current Individualized Family Service Plan (IFSP) on file ?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Date Signed :	<input type="text" value="05/01/2015"/>
Is there a current Attestation form attached (child does not have an IEP or IFSP)?	<input checked="" type="radio"/> Yes <input type="radio"/> No	If Yes, date Attestation form was signed :	<input type="text" value="05/01/2015"/>
Is there a current Letter of Medical Necessity, Written Service Plan or Plan of Care?	<input checked="" type="radio"/> Yes <input type="radio"/> No	If Yes, LMN/WSP/POC date:	<input type="text" value="04/27/2015"/>
Are current standardized testing results attached?	<input checked="" type="radio"/> Yes <input type="radio"/> No	If Yes, standardized testing date:	<input type="text" value="04/05/2015"/>
Are there current progress notes attached?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If Yes, most current progress note date:	<input type="text"/>
If No, is this a new patient?	<input checked="" type="radio"/> Yes <input type="radio"/> No	If No, please explain why there are no progress notes :	<input type="text"/>
Is there a valid parental consent on file and the parent has not withdrawn consent ?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Date Signed :	<input type="text" value="05/01/2015"/>
Name of Service Coordinator :	<input type="text"/>	Title :	<input type="text"/>

22. When all data is entered on the request form, click **Review Request** at the bottom of the page to display the *Attestation Statement*. If the *Attestation Statement* does not display when **Review Request** is selected; or a message displays that 'information is missing or incorrect', scroll up the page to find what is missing or incorrect. 'Required' displays next to a data box when information is missing. Enter or correct the data, and then click **Review Request** again.

23. Review the *Attestation Statement* and, if in agreement, click **I Agree**. You must click agree to submit the request.

To the best of my knowledge, the information I am submitting in this transaction is true, accurate, complete and is in compliance with applicable Department of Community Health policies and procedures. I am submitting this information to the Georgia Department of Community Health, Division of Medical Assistance, for the purpose of obtaining a prior authorization number.

I understand that any material falsification, omission or misrepresentation of any information in this transaction will result in denial of payment and may subject the provider to criminal, civil or other administration penalties.

I understand that this CMO pre-certification request does not guarantee payment, approval of service or member benefit eligibility for the service.

To accept this information and proceed with your transaction, please click 'I agree'.

I Agree

Figure 95

24. Review the information entered on the request. To change information entered, click **Edit Request**. Otherwise, click **Submit Request**.
25. 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.

GMCF Tracking ID :	713050999999	Amerigroup Community Care Authorization ID :	Not Available	Status :	Pending
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26. At this point, supporting documentation may be attached to the PA.
27. Go to *Create an Attachment*. This section includes checkboxes for each required document.
28. Check the boxes for the document types that will be attached. It is preferable to attach one file with all the documents.

Create an Attachment

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

Please Check the name of the documents included in the Attachment before you attach. (All the files colored in red need to be attached for faster review.)

Codes	Documents
ATTESTATION	<input type="checkbox"/> Attestation Form
IFSP	<input type="checkbox"/> IFSP
LMN	<input type="checkbox"/> Letter of Medical Necessity
PROGRESS NOTE	<input type="checkbox"/> Current Progress Notes
STANDARD TEST	<input type="checkbox"/> Standardized testing

Figure 96

29. To attach the file, click **Browse**; find and open the file.
30. The file name displays in the attachment panel. Click **Attach File**.
31. The attached file displays in the **Attach File** table.

4.0 CMO PA Search

Providers may search for CMO PAs and view PA decision status utilizing the CMO search function available on the *Provider Workspace*.

4.1 Search Instructions

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. Click **Provider Workspace**.
5. Under **CMO Authorization Requests**, select **Search or Submit Clinical notes / Attach Documentation for CMO PA Requests** to open the search page.

CMO Authorization Requests

[Search or Submit Clinical notes / Attach Documentation for CMO PA Requests](#) - Use this link to search or attach documentation to CMO prior authorization requests. [More...](#)

[Submit Concurrent Review Information for CMO PAs \(Change Requests\)](#) - Use this link to request a change to existing authorization requests. [More...](#)

[Submit Reconsideration Requests for CMO PAs](#) - Use this link to request a reconsideration to a denied case. [More...](#)

Figure 97

6. The search page opens with the provider ID auto-populated, and the 'Select CMO' indicator defaulted to *ALL*.

The screenshot shows a web form titled "CMO Prior Authorization Request Search". The form contains several input fields and buttons. The "Request ID" field is empty. The "PA Status" field is a dropdown menu. The "Provider ID" field is populated with "007100064A". The "Select CMO" field is a dropdown menu with "ALL" selected. The "CMO PA Request ID" field is empty. The "Request From Date" and "Request To Date" fields are empty. The "Member Medicaid ID" field is empty. The "Member First Name" and "Member Last Name" fields are empty. At the bottom left, there are "Search" and "Reset" buttons.

Figure 98

The provider ID is associated with the portal login credentials, or is populated based on the provider ID that the user ‘switches to’ after login. **The provider ID cannot be changed on the Search page.** The ‘Select CMO’ indicator may be changed to a specific CMO.

The screenshot shows a web form with four input fields: 'Request ID', 'Select CMO', 'Request From Date', and 'Member Medicaid ID'. The 'Select CMO' dropdown menu is open, displaying four options: '-ALL-' (highlighted), 'AMERIGRP', 'PEACHSTA', and 'WELLCARE'. A mouse cursor is pointing at the dropdown arrow.

Figure 99

7. **The best way to search for a specific case is by the Alliant Tracking number** also known as the ‘Request ID’. The Alliant Tracking number is a 12 digit number that starts with a ‘7’ and is assigned to each CMO request when the request is submitted via the web portal. Follow these instructions to find a specific PA using the Alliant tracking number:
 - Enter the Alliant Tracking number in the ‘Request ID’ box
 - Leave the ‘Select CMO’ indicator as ‘All’ CMOs.
 - The provider ID is populated by the system in the ‘Provider ID’ box. **This provider ID must match the provider ID associated with the PA or the search will not work.**
 - Do not enter any other data.
 - Click **Search**. The CMO PA displays below the search fields.
8. When the Alliant tracking number is not known, it is possible to search using the following search parameters:

Parameter	Description
CMO PA ID	The CMO authorization ID assigned by the CMO.
PA Status	The overall PA status. For PAs with procedures, the PA status is derived from the line level decisions but is not always the same.
‘Select’ CMO	Search for CMO PAs for <i>ALL</i> CMOs; or narrow the search to a specific CMO (Amerigroup, Peach State, or WellCare).
Request From and To Dates	Request Date is the date that the PA was entered into the PA system . Search by these date parameters to find PAs entered within a specified time period.
Member Medicaid ID	The Member’s Medicaid ID number. This is the member’s Medicaid ID and not the CMO member ID.
Member Name	The Medicaid recipient’s first name and last name.

Table 3

- To find CMO PAs requested during a specific period of time: Select 'All' CMOs or select the specific CMO from the 'Select CMO' drop list. Next, enter the Request 'From' Date and the Request 'To' Date. **These dates relate to the dates that the PA was submitted via the portal.** To further limit the search, select a 'PA Status': Pending, Approved or Denied. Click [Search](#).

CMO Prior Authorization Request Search

Request ID :	<input type="text"/>	PA Status:	<input type="text" value="▼"/>	Provider ID :	<input type="text" value="007100064A"/>
Select CMO :	<input type="text" value="WELLCARE ▼"/>	CMO PA Request ID :	<input type="text"/>		
Request From Date :	<input type="text" value="05/01/2013"/>	Request To Date :	<input type="text" value="05/10/2013"/>		
Member Medicaid ID :	<input type="text"/>	Member First Name :	<input type="text"/>	Member Last Name :	<input type="text"/>
<input type="button" value="Search"/> <input type="button" value="Reset"/>					

Figure 100

- To find a PA for a specific member and CMO: Enter the member's Medicaid ID (or first and last name); and select the CMO name from 'Select CMO' drop list. To further limit the search so it does not return numerous PAs, enter a Request 'From' Date. Click [Search](#).

CMO Prior Authorization Request Search

Request ID :	<input type="text"/>	PA Status:	<input type="text" value="▼"/>	Provider ID :	<input type="text" value="007100063B"/>
Select CMO :	<input type="text" value="AMERIGRP ▼"/>	CMO PA Request ID :	<input type="text"/>		
Request From Date :	<input type="text" value="04/01/2013"/>	Request To Date :	<input type="text"/>		
Member Medicaid ID :	<input type="text" value="111222333444"/>	Member First Name :	<input type="text"/>	Member Last Name :	<input type="text"/>
<input type="button" value="Search"/> <input type="button" value="Reset"/>					

Figure 101

Search Results

When a search is successful, the result or results display below the search fields. If searching by the Alliant Tracking number (Request ID) or CMO PA Request ID, only one result will display.

CMO Prior Authorization Request Search

Request ID :	<input type="text"/>	PA Status:	<input type="text"/>	Provider ID :	<input type="text" value="007100063B"/>
Select CMO :	AMERIGRP ▾	CMO PA Request ID :	<input type="text"/>		
Request From Date :	<input type="text" value="04/01/2013"/>	Request To Date :	<input type="text"/>		
Member Medicaid ID :	<input type="text" value="111222333444"/>	Member First Name :	<input type="text"/>	Member Last Name :	<input type="text"/>
<input type="button" value="Search"/> <input type="button" value="Reset"/>					

Request ID	Member ID	Last Name	First Name	Request Date	Effective Date	Expiration Date	Status	CMO	CMO Request ID
713052050263	111222333444	TEST	TEST	5/20/2013 9:31:32 AM	05/20/2013	08/18/2013	Pending	AMERIGRP	
713052150440	111222333444	TEST	TEST	5/21/2013 9:50:05 AM	05/21/2013	08/19/2013	Pending	AMERIGRP	
713052150441	111222333444	TEST	TEST	5/21/2013 9:57:58 AM	05/17/2013	08/19/2013	Pending	AMERIGRP	
713060352457	111222333444	TEST	TEST	6/3/2013 7:15:40 AM	06/03/2013	09/01/2013	Pending	AMERIGRP	
713060452659	111222333444	TEST	TEST	6/4/2013 8:29:05 AM	06/04/2013	09/02/2013	Pending	AMERIGRP	
713062055274	111222333444	TEST	TEST	6/20/2013 10:34:18 AM	06/20/2013	09/18/2013	Pending	AMERIGRP	
713062055275	111222333444	TEST	TEST	6/20/2013 10:42:02 AM	06/18/2013	09/18/2013	Pending	AMERIGRP	
713062556375	111222333444	TEST	TEST	6/25/2013 8:02:01 AM	05/30/2013	09/23/2013	Pending	AMERIGRP	

Figure 102

The search results also display the status of the PA (Pending, Approved, Denied); and the CMO Request ID (authorization number) **if this information has been received from the CMOs**. Cases that are 'Pending' (not processed by the CMO) will not have a CMO Request ID.

- To view details for one of the cases listed in the search results, click a [Request ID](#) (noted in blue font).



Request ID	Member ID	Last Name	First Name	Request Date	Effective Date	Expiration Date	Status	CMO	CMO Request ID
713052050263	111222333444	TEST	TEST	5/20/2013 9:31:32 AM	05/20/2013	08/18/2013	Pending	AMERIGRP	
713052150440	111222333444	TEST	TEST	5/21/2013 9:50:05 AM	05/21/2013	08/19/2013	Pending	AMERIGRP	
713052150441	111222333444	TEST	TEST	5/21/2013 9:57:58 AM	05/17/2013	08/19/2013	Pending	AMERIGRP	
713060352457	111222333444	TEST	TEST	6/3/2013 7:15:40 AM	06/03/2013	09/01/2013	Pending	AMERIGRP	
713060452659	111222333444	TEST	TEST	6/4/2013 8:29:05 AM	06/04/2013	09/02/2013	Pending	AMERIGRP	
713062055274	111222333444	TEST	TEST	6/20/2013 10:34:18 AM	06/20/2013	09/18/2013	Pending	AMERIGRP	
713062055275	111222333444	TEST	TEST	6/20/2013 10:42:02 AM	06/18/2013	09/18/2013	Pending	AMERIGRP	
713062556375	111222333444	TEST	TEST	6/25/2013 8:02:01 AM	05/30/2013	09/23/2013	Pending	AMERIGRP	

Figure 103

- When a request ID is selected, the PA *Review Request* page opens.

4.2 Review the Request

The *Review Request* page provides an overview of the request information and provides the decision information. The information displayed always includes: Member ID, Provider ID, PA decision status, and diagnosis code(s). Other information displays depending on PA type and may include: PA error descriptions, clinical data, procedure code(s) and procedure decision(s). In general, when the CMO renders a decision, the CMO authorization number or denied number displays in the CMO PA Request ID under **Request Information** as shown highlighted below.

Request Information					
Request ID :	713040999999	Case Status :	Denied	Case Status Date :	04/22/2013
Member ID :	333000000400				
Provider ID :	007100063B – Physician Demo				
Reference Provider ID :	REF007100064 – GMCF Hospital	CMO PA Request ID :			
Admission Date :	04/22/2013	Discharge Date :			
Effective Date :	04/22/2013	Expiration Date :	07/21/2013		

Diagnosis			
ICD-9 Code	ICD-9 Description	ICD-9 Date	Primary
022.2	GASTROINTESTINAL ANTHRAX	04/22/2013	Yes

Procedures									
CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
45378	DIAGNOSTIC COLONOSCOPY	04/22/2013	07/21/2013	1			Nurse Denied	INC	No

Clinical Data to Support Request	
Clinical data to support medical necessity	

Attached Files				
File	Type	Document Name	User	Date
Attachment.docx	Change Request		Test User	4/5/2013 8:34:32 AM

Figure 104

Note: For **Durable Medical Equipment PAs**, the CMOs may authorize individual procedure lines separately. Each line item may have a different decision and a different CMO PA ID. The next figure is a ‘mock up’ of how this might look.

Procedures									
CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	CMO PA ID
E1390	OXYGEN CONCENTRATOR	05/04/2015	05/03/2016	6	6		Approved		xxxxxxxxxx
E0431	PORTABLE GASEOUS O2	05/04/2015	05/03/2016	6	6		Approved		bbbbbbbb
E0130	WALKER RIGID ADJUST/FIXED HT	05/04/2015	09/04/2015	1	1	0.00	Approved		xxxxxxxxxx

Figure 105

View Attachments

Documents attached to the PA display in the *Attached Files* table. To view an attachment, click the file name.

Attached Files				
File	Type	Document Name	User	Date
Attachment.docx	Change Request		Test User	4/5/2013 8:34:32 AM

View Request Information Details

- To view request information details, click the **Request ID** in the **Request Information** section.

Request Information			
Request ID :	713040999999	Case Status :	Denied Case Status Date : 04/22/2013
Member ID :	333000000400		
Provider ID :	007100063B – Physician Demo		
Reference Provider ID :	REF007100064 – GMC Hospital		
Admission Date :	04/22/2013	Discharge Date :	
Effective Date :	04/22/2013	Expiration Date :	07/21/2013

Figure 106

- When the 'Request ID' is selected, a page opens that displays all the information entered on the request when first submitted.
- Click **Back** to return to the *Review Request* page.

View Denial Reason/Rationale for PA without Procedure Codes

For cases without procedure codes (such as an inpatient hospital admission), decision information displays under **Request Information**.

Request Information			
Request ID :	713040999999	Case Status :	Denied Case Status Date : 04/22/2013
Member ID :	333000000400		
Provider ID :	007100063B – Physician Demo		
Reference Provider ID :	REF007100064 – GMCF Hospital	CMO PA Request ID :	
Admission Date :	04/22/2013	Discharge Date :	
Effective Date :	04/22/2013	Expiration Date :	07/21/2013
Denial Reason:	LACK OF JUSTIFICATION Documentation does not support the inpatient admission – Reviewer, 04/22/2013		

Figure 107

View Denial Reason/Rationale for PAs with Procedure Codes

To view denial reason/rationale for PAs with procedure codes, hold the mouse pointer over the denial reason code at the end of a procedure line to display the specific denial code description and denial rationale for that procedure line.

Diagnosis			
ICD-9 Code	ICD-9 Description	ICD-9 Date	Primary
022.2	GASTROINTESTINAL ANTHRAX	04/22/2013	Yes

Procedures									
CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
45378	DIAGNOSTIC COLONOSCOPY	04/22/2013					INCOMPLETE INFORMATION TO MAKE A DETERMINATION	INC	Yes

Clinical Data to Support Request
Clinical data to support medical necessity

Incomplete information to make a determination. - GMCF Reviewer, 04/22/2013

Figure 108

Hold mouse pointer over the 'Reason' to display the reason description.

5.0 Updates to CMO PAs

Providers may update CMO PAs via the web portal, except for Newborn Delivery notifications. Updates are allowed according to the following rules:

- **Attach documentation directly to the PA:** Restricted to web portal pending PAs or CMO initiated pending PAs; and Pregnancy Notifications of any status.
- **Submit a Change Request and attach documents to the Change Request:** Restricted to web portal pending PAs, or web portal approved inpatient hospital PAs with no discharge date in order to submit *concurrent review information*.
- **Submit a Reconsideration Request:** Restricted to web portal denied PAs and according to each CMO timeline for reconsiderations. Amerigroup = 2 business days from denial date; Wellcare = 5 business days; and Peach state = 5 business days.

5.1 Attach Documents to the PA

Providers may attach documents to **pending CMO PAs** or Pregnancy Notifications of any status. The following file types are acceptable for attachments: TXT, DOC, DOCX, PDF, TIF, TIFF, JPG, JPEG, JPE and XLS. The preferred attachment method is to attach one PDF file with all the necessary information. The file size for an individual attachment MUST be less than 20 MB in size. Multiple documents may be attached to one PA request, although each file must be attached individually and each file must have a different name. Avoid using the following symbols when naming files: \, /, #, <, >, ', ".

Follow this process to attach a file:

1. Open the *Provider Workspace*.
2. In the **CMO Authorization Requests** section of the workspace, click on **Search or Submit Clinical Notes/Attach Documentation** to open PA request search.

CMO Authorization Requests

[Search or Submit Clinical notes / Attach Documentation for CMO PA Requests](#) - Use this link to search or attach documentation to CMO prior authorization requests. [More...](#)

[Submit Concurrent Review Information for CMO PAs \(Change Requests\)](#) - Use this link to request a change to existing authorization requests. [More...](#)

[Submit Reconsideration Requests for CMO PAs](#) - Use this link to request a reconsideration to a denied case. [More...](#)

Figure 109

- Find the PA to which an attachment is to be made. Enter the 'Alliant Tracking Number' and click **Search**.

CMO Prior Authorization Request Search

Request ID :	<input type="text" value="713062756687"/>	PA Status:	<input type="text"/>	Provider ID :	<input type="text" value="007100064A"/>
Select CMO :	<input type="text" value="-ALL-"/>	CMO PA Request ID :	<input type="text"/>		
Request From Date :	<input type="text"/>	Request To Date :	<input type="text"/>		
Member Medicaid ID :	<input type="text"/>	Member First Name :	<input type="text"/>	Member Last Name :	<input type="text"/>
<input type="button" value="Search"/> <input type="button" value="Reset"/>					

Request ID	Member ID	Last Name	First Name	Request Date	Effective Date	Expiration Date	Status	CMO	CMO Request ID
713062756687	111222333444	TEST	TEST	6/27/2013 10:43:09 AM	06/27/2013	10/01/2013	Pending	AMERIGRP	



Figure 110

- Click on the **Request ID** to open the *Review Request* page.

Prior Authorization - Hospital OutPatient Therapy Review Request

Request Information			
Request ID :	713062756687	Case Status :	Pending
Member ID :	111222333444	Case Status Date :	06/27/2013
Provider ID :	007100064A - GMCF Hospital		CMO PA Request ID :
Admission Date :	06/27/2013	Discharge Date :	
Effective Date :	06/27/2013	Expiration Date :	10/01/2013

Diagnosis			
ICD-9 Code	ICD-9 Description	ICD-9 Date	Primary
812.00	FX UP END HUMERUS NOS-CL	06/27/2013	Yes

Procedures								
CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason
97001	PT EVALUATION	06/27/2013	10/01/2013	1			Pending	
97530	THERAPEUTIC ACTIVITIES	06/27/2013	09/30/2013	8			Pending	

Clinical Data to Support Request
dasdgsa



Figure 111

- Click the **Attach File** button.

- Go to the **Create an Attachment** section of the next page. The attachment panel will be available if the PA meets the criteria for attachments.

GMCF Tracking ID : 713062756687 Amerigroup Community Care Authorization ID : Not Available Status : Pending

Member Information						
Member ID	Last Name	First Name	MI	Suffix	DOB	Gender
111222333444	TEST	TEST			01/01/1980	F

Service Provider Information			
Provider ID	Name and Address	Phone	Taxonomy (Specialty)
007100084A	GMCF Hospital 100 Demo Lane TUCKER, GA 30084	444-444-4444	-

Create an Attachment

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

Figure 112



- In the attachment panel, click **Browse**.
- For some DME PAs, there may be 'document type' checkboxes. Click the appropriate checkbox or boxes, related to the documents to be attached, before selecting **Browse**.

Create an Attachment

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

Please Check the name of the documents included in the Attachment before you attach. (All the files colored in red need to be attached for faster review.)

Codes	Documents
B9998	<input checked="" type="checkbox"/> Certificate of Medical Necessity (CMN)

Figure 113

- Browse opens the file directory. Find the file to be attached.
- Then, select the file by double clicking the file; or highlight the file and click **Open**.

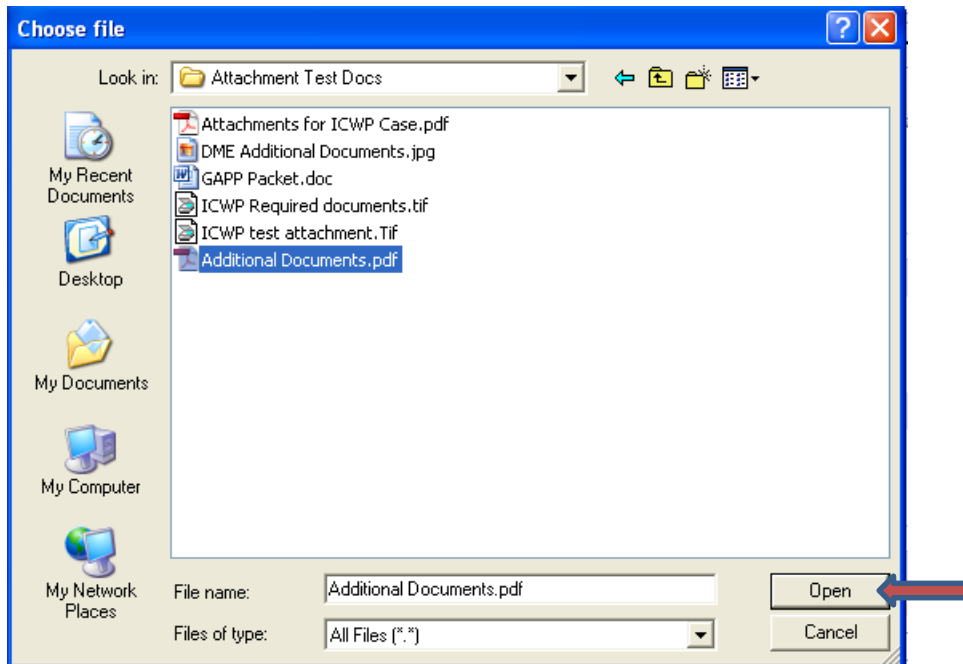


Figure 114

11. Once the file is selected, the file displays in the attachment panel.

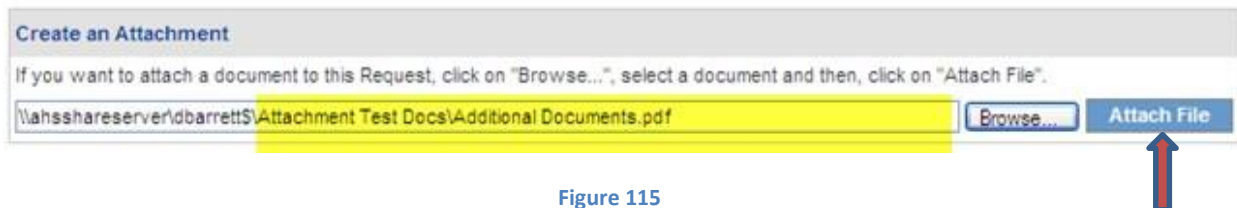


Figure 115

12. Click **Attach File**. If the file is uploaded, the 'File uploaded successfully' message displays, and a link to the attachment displays in the **Attached Files** table.

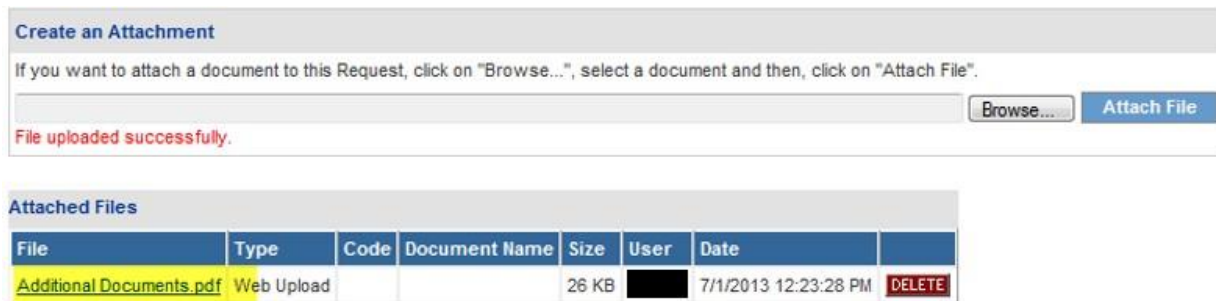


Figure 116

13. If necessary, follow the same process to attach another file.
14. To return to the main *Review Request* page, click the **Back** link at the bottom of the page.

5.2 Submit a Change Request

Change requests are submitted for an approved Inpatient Hospital PA with no discharge date in order to provide concurrent review information. Documents can be attached to the change request.

To submit a change request, follow this process:

1. Open the *Provider Workspace*.
2. Go to the **CMO Authorization Requests** section of the workspace.
3. Click **Submit Concurrent Review Information for CMO PAs (Change Requests)**.

CMO Authorization Requests

[Search or Submit Clinical notes / Attach Documentation for CMO PA Requests](#) - Use this link to search or attach documentation to CMO prior authorization requests. [More...](#)

[Submit Concurrent Review Information for CMO PAs \(Change Requests\)](#) - Use this link to request a change to existing authorization requests. [More...](#)

[Submit Reconsideration Requests for CMO PAs](#) - Use this link to request a reconsideration to a denied case. [More...](#)

Figure 117

4. Search for the PA that needs to be updated by entering the 'Alliant Tracking Number' and clicking **Search**.

CMO Prior Authorization Request Search

Request ID :	<input type="text" value="713062756686"/>	PA Status:	<input type="text" value=""/>	Provider ID :	<input type="text" value="007100063B"/>
Select CMO :	<input type="text" value="-ALL-"/>	CMO PA Request ID :	<input type="text" value=""/>		
Request From Date :	<input type="text" value=""/>	Request To Date :	<input type="text" value=""/>		
Member Medicaid ID :	<input type="text" value=""/>	Member First Name :	<input type="text" value=""/>	Member Last Name :	<input type="text" value=""/>
<input type="button" value="Search"/> <input type="button" value="Reset"/>					

Request ID	Member ID	Last Name	First Name	Request Date	Effective Date	Expiration Date	Status	CMO	CMO Request ID
713062756686	111222333446	TEST2	TEST2	6/27/2013 10:31:29 AM	06/24/2013	09/25/2013	Approved	PEACHSTA	IP666666666



Figure 118

5. Click on the **Request ID** to open the *Review Request* page.

- If the PA meets the criteria for a change request, the **Enter Change Request** button is available.

Request Information			
Request ID :	713062756686	Case Status :	Approved
Member ID :	111222333446	Case Status Date :	07/01/2013
Provider ID :	007100064A - GMCF Hospital	CMO PA Request ID :	IP666666666
Reference Provider ID :	REF007100063 - Physician Demo		
Admission Date :	06/24/2013	Discharge Date :	
Effective Date :	06/24/2013	Expiration Date :	09/25/2013
Denial Reason :			

Diagnosis			
ICD-9 Code	ICD-9 Description	ICD-9 Date	Primary
285.1	AC POSTHEMORRHAG ANEMIA	06/24/2013	Yes

Clinical Data to Support Request
dagasdgadgas

Enter Change Request	Return To Search Results	Return to Provider Workspace
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Figure 119

- Click **Enter Change Request** to open the change request form.

Change Request Information

Request ID : 713062756686 CMO Request ID : IP666666666

Please review the change request information. Once you finish making appropriate changes to PA, update the Change Request by checking change request processed indicator. Please complete the following change request form. Please make your information as complete as possible, as this will be used for determining whether your change request is approved or denied. You may be contacted by a review staff member if there are any questions concerning your change request. You may attach documents to this request. After you click Submit, a confirmation page will display. Use "Create An Attachment" on that page to attach documents."

Contact Name :	<input type="text"/>	Phone: - -	Ext: <input type="text"/>	Fax: - -
----------------	----------------------	------------	---------------------------	----------

Describe what you want changed.
Provide your rationale for changing the Prior Authorization Request.

Please select Change Request Rationale List:					
<input type="checkbox"/> Change Member	<input type="checkbox"/> Change Provider	<input type="checkbox"/> Add or Change Diagnosis Codes	<input type="checkbox"/> Add or Change Procedure Codes		
<input type="checkbox"/> Withdraw Entire Request	<input type="checkbox"/> Change Admit Date or Date of Service	<input type="checkbox"/> Change Place of Service	<input type="checkbox"/> Increase in Requested Units	<input type="checkbox"/> Other	
<input type="button" value="Submit"/> <input type="button" value="Close Window"/>					

Figure 120

8. Enter the contact person's name, phone and fax number.
9. In the first textbox, describe the reason that the change request is being submitted (to submit concurrent review information, or additional clinical).
10. In the second textbox, provide justification for the requested change; or indicate 'see attached' when attaching documents to the change request.
11. The checkboxes at the bottom of the page are optional.
12. Click **Submit** to submit the request.
13. If the submission is successful, a page displays confirming that the change request has been entered successfully.
14. **Additional supporting documentation or concurrent review information files may be attached to the change request at this point.** Follow the same attach file process as previously described.

5.3 Submit a Request for Reconsideration

A request for reconsideration may be submitted via the portal if the PA is denied and less than a certain number of business days (as prescribed by each CMO) has elapsed since the denial. The process used to submit a reconsideration is the same as submitting a change request. Documents can be attached to the reconsideration request.

To submit a reconsideration request, follow this process:

1. Open the *Provider Workspace*.
2. In the **CMO Authorization Requests** section of the workspace, click on **Submit Reconsideration Requests for CMO PAs**.

CMO Authorization Requests

[Search or Submit Clinical notes / Attach Documentation for CMO PA Requests](#) - Use this link to search or attach documentation to CMO prior authorization requests. [More...](#)

[Submit Concurrent Review Information for CMO PAs \(Change Requests\)](#) - Use this link to request a change to existing authorization requests. [More...](#)

[Submit Reconsideration Requests for CMO PAs](#) - Use this link to request a reconsideration to a denied case. [More...](#)

Figure 121

3. Search for the denied PA. Enter the 'Alliant Tracking Number' and click **Search**.

CMO Prior Authorization Request Search

Request ID :	<input type="text" value="713062155419"/>	PA Status:	<input type="text" value=""/>	Provider ID :	<input type="text" value="007100063B"/>
Select CMO :	<input type="text" value="-ALL-"/>	CMO PA Request ID :	<input type="text" value=""/>		
Request From Date :	<input type="text" value=""/>	Request To Date :	<input type="text" value=""/>		
Member Medicaid ID :	<input type="text" value=""/>	Member First Name :	<input type="text" value=""/>	Member Last Name :	<input type="text" value=""/>
<input type="button" value="Search"/> <input type="button" value="Reset"/>					

Request ID	Member ID	Last Name	First Name	Request Date	Effective Date	Expiration Date	Status	CMO	CMO Request ID
713062155419	111222333446	TEST2	TEST2	6/21/2013 8:21:16 AM	06/21/2013	09/22/2013	Denied	AMERIGRP	IP666666666



Figure 122

4. Click on the **Request ID** to open the *Review Request* page.
5. If the PA meets the criteria for a reconsideration request, the **Enter Reconsideration Request** button is available.

6. Click [Enter Reconsideration Request](#) to open the form.

Reconsideration Request Information

Request ID : 713062756686 CMO Request ID : IP666666666

For Reconsideration requests, please make sure that the information submitted addresses the reason for denial. You may attach documents to this request. After you click Submit, a confirmation page will display. Use 'Create An Attachment' on that page to attach documents.

Contact Name : Phone: - Ext: Fax: -

Describe what you want changed.

Provide your rationale for changing the Prior Authorization Request.

Figure 123

7. Enter the contact person's name, phone and fax number.
8. In the first textbox, explain that a reconsideration request for denied PA ID is being submitted.
9. In the second textbox, provide justification for the request for reconsideration; or enter 'See Attached' when attaching documents to the Reconsideration.
10. Click [Submit](#) to submit the request.
11. If the submission is successful, a page displays confirming that the reconsideration has been entered successfully.
12. **Additional supporting documentation may be attached to the reconsideration at this point.** Follow the same attach file process as previously described.