CMO PA WEB SUBMISSION

Provider User Manual - Version 2.1

ALLIANT
HEALTH SOLUTIONS

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.**

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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	Newborn Delivery Notification Pregnancy Notification

1	7/1/13	• Inpatient Hospital Admissions and Outpatient Hospital or Ambulatory Surgical Center Procedures • Hospital Outpatient Therapy (includes Ambulatory Surgical Centers) • In- State Transplants **Exclusions:** **Outpatient** s**ervices 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**.
2	8/1/2015	☐ Durable Medical Equipment ☐ Children's Intervention Services
TBD	TBD	☐ Inpatient Behavioral Health

<div align="center">Table 1</div>

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

Figure 2

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

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.

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.

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.

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.

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
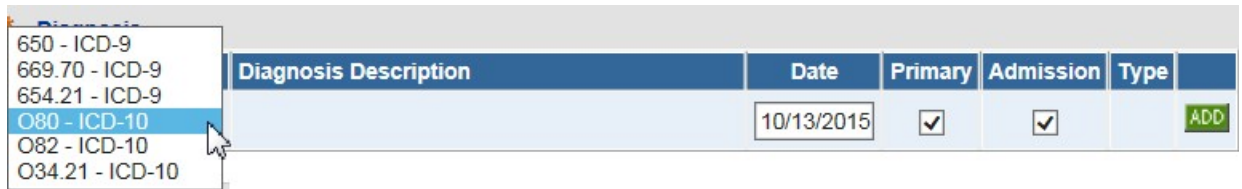- Admission Diagnosis indicator is checked

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:

11

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*.

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

- [ ] DVT/Pulmonary Embolism
- [x] Current Cigarette Use   If checked, number per day : 10
- [ ] Diabetes Mellitus Type I or II
- [ ] Cardiac Condition
- [ ] Thyroid
- [x] History of STI's
- [ ] History of Pyelonephritis
- [x] Dental Care Within Last Year
- [ ] Dental Condition Receiving Treatment
- [ ] Current Dental Problems
- [ ] Primary Hypertension
- [ ] Asthma/COPD
- [ ] Lupus
- [ ] Seizure Disorder   On Seizure Medication   ⚪ Yes ⚪ No

HIV/AIDS Tested ⚪ Yes 🔘 No   If No, Test Declined   🔘 Yes ⚪ No

- [ ] No significant maternal medical history known

Psycho-Neurological History

- [ ] Clinical/Post Partum Depression
- [ ] Suicide Attempt
- [ ] Takes Medication for Mental Illness
- [ ] Mentally/physically Challenged
- [x] Previous Counseling, Evaluation or Treatment, For how long 6 months   (year / month)
- [x] Desires Counseling Referral
- [ ] Substance/Alcohol Abuse History
- [ ] Current Use   List Substance :

- [ ] No significant psycho-neurological history known

Maternal Obstetrical History

- [ ] Current Preterm Labor
- [ ] History of Preterm Labor
- [ ] Placenta Previa
- [ ] Abrubtio Placenta
- [ ] Pregnancy Induced Hypertension
- [ ] Pre-Eclampsia
- [ ] Hyperemesis
- [ ] RH Negative
- [ ] Previous Gestational Diabetes
- [ ] Tocoloytics used @ _____ weeks gestation
- [ ] Eating Disorder   List :
- [ ] Multiple Births [ ] Current [ ] Past   [ ] Twins [ ] Triplets [ ] More than 3 [ ] Less than 12 months between births
- [ ] Previous Uterine Surgery (please describe below)

- [x] 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

Stillbirth > 22 Weeks	Preterm Birth < 30 Weeks	Preterm Birth 30-36 Weeks	Birthweight < 2500 Grams	Birthweight > 4000 Grams
At what age ☐ Unknown	At what age ☐ Unknown	At what age ☐ Unknown	At what age ☐ Unknown	At what age ☐ Unknown

☐ Other (please describe below)

☑ 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).

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.

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

3. 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.

4. Enter the 'Alliant Tracking Number' in the 'Request ID' box (no other data is needed) and then, click **Search**.

Figure 17

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

6. Click the **Attach File** button at the bottom of the page.

Figure 18

7. On the page that displays, go to the **Create an Attachment** section.

8. Click **Browse** to open the file directory.

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**.
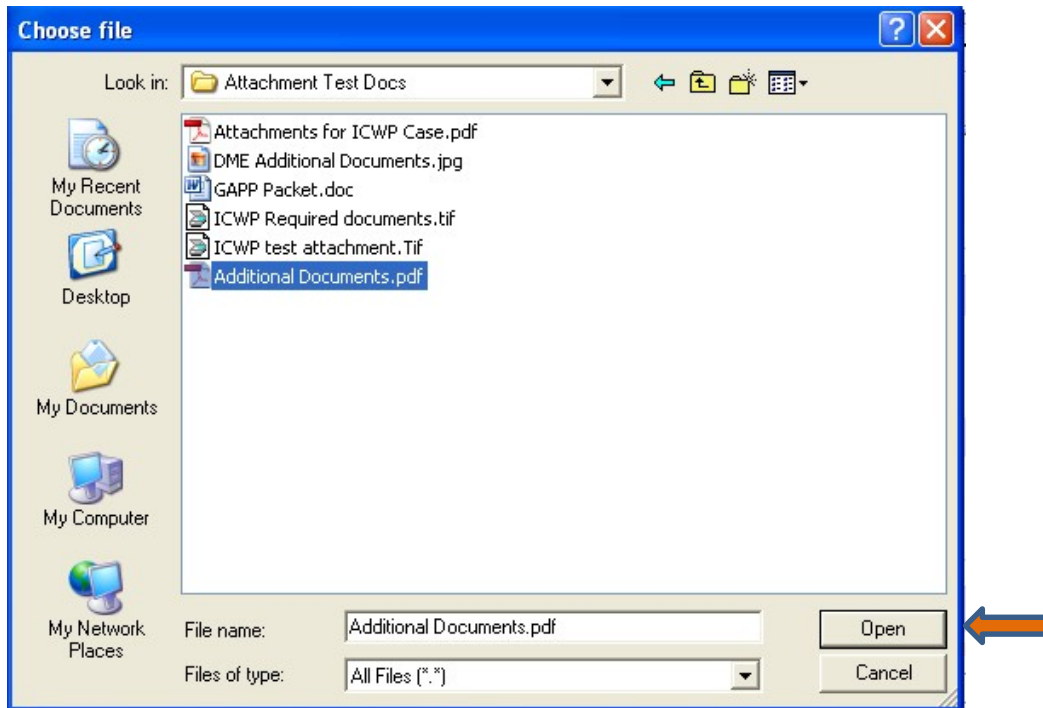
Figure 20

11. Once the file is selected, it displays in the attachment panel.
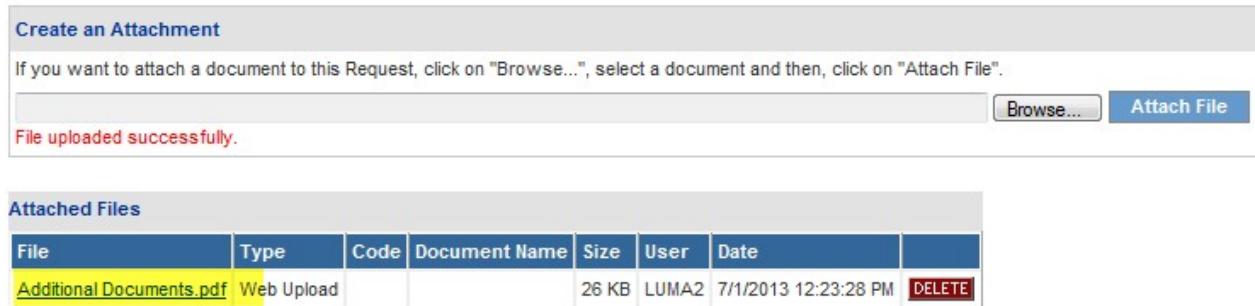
Figure 21

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.

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".

[Browse...] [Attach File]

File uploaded successfully.

Attached Files

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.

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.
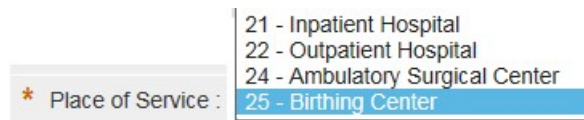
CareSource/Amerigroup   Peachstate

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

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:

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 : 04/30/2013	Delivery Type : ⦿ Vaginal ◯ C-Section	Gravida : 3 ▾	Para : 2 ▾	Abortus : 1 ▾

Figure 28

Baby Information:

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.

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**).

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 polices 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**.

Figure 33

5. 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

6. Click the request type to be entered.

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

Figure 35

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

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

Select FFS or a CMO PA :
- ○ Fee for Service
- ● Amerigroup Community Care
- ○ CareSource Georgia Co.
- ○ Peach State Health Plan

Member Medicaid ID: 33300000400 🔍

Facility Provider ID : 00▇▇▇▇▇▇A

Medical Practitioner Reference ID : 007100063B 🔍

Submit

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.

Hospital OutPatient Therapy

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

Select FFS or a CMO PA :
- ○ Fee for Service
- ○ Amerigroup Community Care
- ● CareSource Georgia Co.
- ○ Peach State Health Plan

Member Medicaid ID: 333000000100 🔍

Facility Provider ID : 000▇▇▇▇▇A

Submit

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.

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:

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.
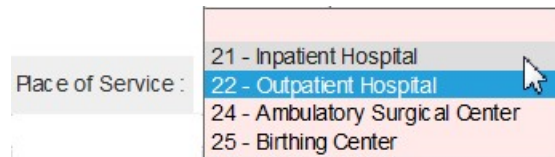
Figure 41

6. Select the type of admission related to the request from the 'Admission Type' drop list.
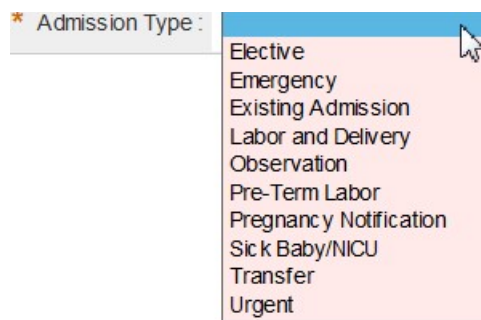
Figure 42

7. 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.

Figure 43

Peach State:

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 'Discharge Date'.

    OR

4. 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.

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

Figure 44

6. 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.
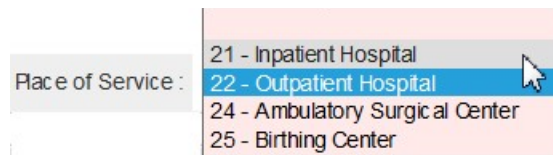
Figure 45

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

Figure 46

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:

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*.

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?   ⦿ Yes ○ 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.

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	☑	☑		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
🔍				☐		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.

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.

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
🔍									ADD CANCEL

Procedures

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.

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.

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, w hether the patient w as 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 w ound 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

<div align="center">

Figure 59

</div>

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 polices 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]

<div align="center">

Figure 60

</div>

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 |

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.

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

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

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.

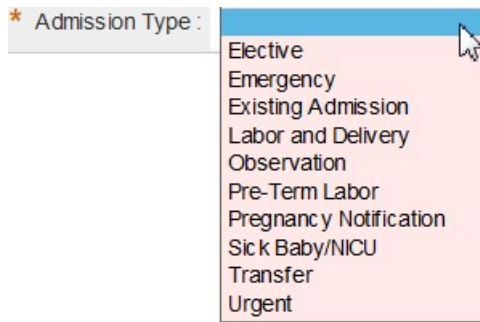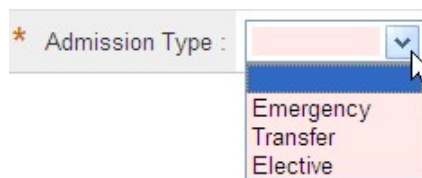6. Select the applicable 'Admission Type' from the drop list.

Figure 65

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

Figure 66

Figure 67
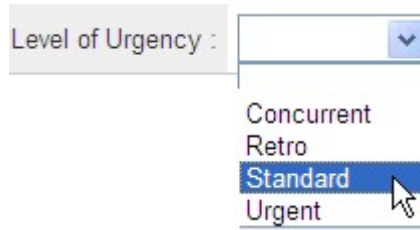
Diagnosis

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.

Figure 68

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

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.

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 '*I 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
🔍					▼					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

51

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.

OutPatient Therapy

Addi tional information is requi red 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 onyl 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 Hospitalprogram.However, shon term rehabilitation services, i.e., physical therapy,occupational therapy and speech therapy are covered i mmediately following and i n treatment of acute illness, injury or impairment..." when certain c onditions are met

Is this request for wheelchair evaluation. management. or training?   0 Yes 0 No

Aie the services requested intended as short term therapy for an acute medical condition?   0 Yes 0 No

If Yes provide the acute diagnosis ·   Ithrombotoc stroke

and date of onset   ₁ o410112o13 ₁

Is th•s a request for continued therapy seMces ?   0 Yes 0 No

L If Yes   ondoc   ate   the progress towards   treatment goals dunng the last month

Does the Member suff'er from any chrontc Illness ?   0 Yos 0 No 0 Unknown
Does the Member sufFer *hom* any chron•c tllness ?   0 Yos 0 *No* 0 Unknown

tf Yes PfO\'tde the diagnoses for the chrome tilness   Ot abetes

Is the Member receMng other rehabthtatrve therapies under another Me<hcatd program (such as Chlldren·s Intetventton SeMces or Warver program)? 0 Yes 0 *No* 0 Unknown tfYes tndtcate whtch programs

Range of Moti on Evaluation :

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

Affected Body Pan	Side Affected

CMO PA WEB SUBMISSION

FeeVAnkle O N/A O Both O Left Side O Right Side

Knee O N/A O Both O Left Side O Right Side

O Hip O N/A O Both O Left Side O Right Side $C:::=J$

                  O N/A O Both O Left Side O Right Side $C=J$

D Spine O N/A O Both O Left Side O Right Side $C=J$

D Shoulder O N/A O Both O Left Side O Right Side $C:::=J$

D Elbow O N/A O Both O Left Side O Right Side $C:::=J$

D wnst
Hand O N/A O Both O Left Side O Right Side

D Fingers O N/A O Both O Left Side O Right Side $C=J$

D Neck O N/A O Both O Left Side O Right Side $C:::=J$

D Othe O N/A O Both O Left Side O Right Side $C:::=J$

Range of Motion

If the therapy is related to strength,complete thi s 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 Pan	Side affected			
FeeVAnkle	O N/A O Both O Left Side O Right Side			
Knee	O N/A O Both O Left Side O Right Side			
D Hip	O N/A O Both O Left Side O Right Side $C=J$			
D Spine	O N/A O Both O Left Side O Right Side $C=J$			
D Shoulder	O N/A O Both O Left Side O Right Side $C=J$			
D Elbow	O N/A O Both O Left Side O Right Side $C=J$			
D wrist	O N/A O Both O Left Side O Right Side $C=J$			
Hand	O N/A O Both O Left Side O Right Side			
D Fingers	O N/A O Both O Left Side O Right Side $C=J$			
D Neck	O N/A O Both O Left Side O Right Side $C=J$			
D Othe	O N/A O Both O Left Side O Right Side $C=J$			

Strength Eval uation
:

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

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 polices 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

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**

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.

Figure 77

Request Information

This section captures place of service.

1. Select Home or 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.

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
					ADD

<p align="center">Figure 80</p>

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/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	
												ADD CANCEL

<p align="center">Figure 81</p>

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.*"

9. 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.

10. Procedure description is auto-populated when the procedure is added.

11. 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.

12. 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
🔍											🔍	ADD CANCEL

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)	
					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) :
		63 in.	112 lb.

Justification and Circumstances for Requested Services :

Describe why the patient needs O/P, medical justification for services requested.

Was a signed physician's prescription or Certificate of Medical Necessity on file within 90 days of request ?	⦿ Yes ○ No
Did the practitioner signing the CMN/prescription have a face to face encounter with the member regarding the items in this request?	⦿ Yes ○ No
Date of face to face encounter :	04/27/2015
Ordering Practitioner Last Name :	Doctor
Ordering Practitioner First Name :	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 :

[text box]

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 :

[text box]

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 polices 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

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.

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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.

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.

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.

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
🔍									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.

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.

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?	○ Yes ⦿ No	If Yes, Previous PA#:	[▾]
Is there a current Individualized Education Plan (IEP)?	⦿ Yes ○ No	If Yes, IEP Date:	05/01/2015
		If No, please explain why :	[ ]
Is there a current Individualized Family Sevice Plan (IFSP) on file ?	⦿ Yes ○ No	Date Signed :	05/01/2015
Is there a current Attestation form attached (child does not have an IEP or IFSP)?	⦿ Yes ○ No	If Yes, date Attestation form was signed :	05/01/2015
Is there a current Letter of Medical Necessity, Written Service Plan or Plan of Care?	⦿ Yes ○ No	If Yes, LMN/WSP/POC date:	04/27/2015
Are current standardized testing results attached?	⦿ Yes ○ No	If Yes, standardized testing date:	04/05/2015
Are there current progress notes attached?	○ Yes ⦿ No	If Yes, most current progress note date:	[ ]
If No, is this a new patient?	⦿ Yes ○ No	If No, please explain why there are no progress notes :	[ ]
Is there a valid parental consent on file and the parent has not withdrawn consent ?	⦿ Yes ○ No	Date Signed :	05/01/2015
Name of Service Coordinator :	[ ]	Title :	[ ]

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 polices 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

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.

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*.

CMO Prior Authorization Request Search

Request ID :	PA Status :	Provider ID : 007100064A
Select CMO : -ALL-	CMO PA Request ID :	
Request From Date :	Request To Date :	
Member Medicaid ID :	Member First Name :	Member Last Name :

Search   Reset

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.

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 *ALL* CMOs; or narrow the search to a specific CMO (Amerigroup, CareSource, or Peach State).
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

9. 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**.

10. 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**.

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 :		PA Status :	▼	Provider ID :	007100063B
Select CMO :	AMERIGRP ▼	CMO PA Request ID :			
Request From Date :	04/01/2013	Request To Date :			
Member Medicaid ID :	111222333444	Member First Name :		Member Last Name :	

Search **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.

1. 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

2. 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		xxxxxxxxx
E0431	PORTABLE GASEOUS 02	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		xxxxxxxxx

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

1. 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 – GMCF Hospital
Admission Date : 04/22/2013 Discharge Date :
Effective Date : 04/22/2013 Expiration Date : 07/21/2013

Figure 106

2. When the 'Request ID' is selected, a page opens that displays all the information entered on the request when first submitted.

3. 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**.

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.

Figure 108

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; 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

3. 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 :	713062756687	PA Status:		Provider ID :	007100064A
Select CMO :	-ALL-	CMO PA Request ID :			
Request From Date :		Request To Date :			
Member Medicaid ID :		Member First Name :		Member Last Name :	

Search   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

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

Figure 111

5. Click the **Attach File** button.

6. 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.

Figure 112

7. In the attachment panel, click **Browse**.

8. 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".

| | Browse... | 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 | ✗ Certificate of Medical Necessity (CMN) |

Figure 113

9. Browse opens the file directory. Find the file to be attached.

10. Then, select the file by double clicking the file; or highlight the file and click **Open**.
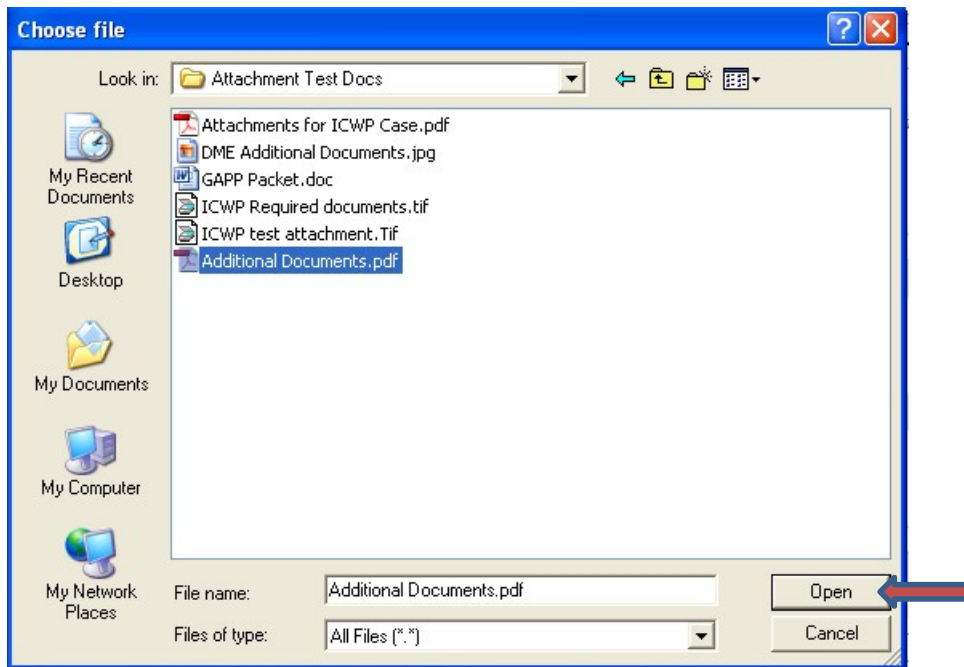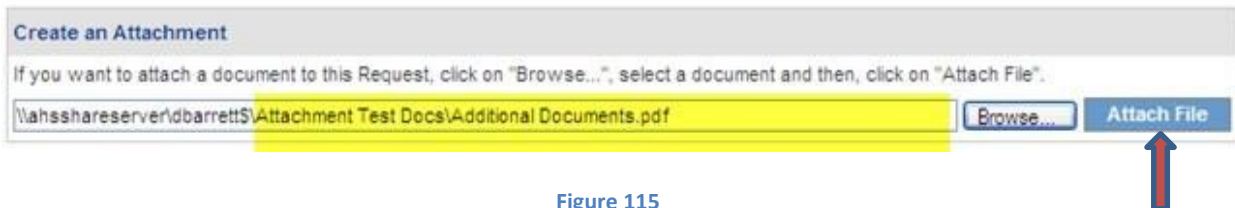
5.2 Submit a Change Request

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**.

Figure 118

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

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

Figure 119

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

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**.
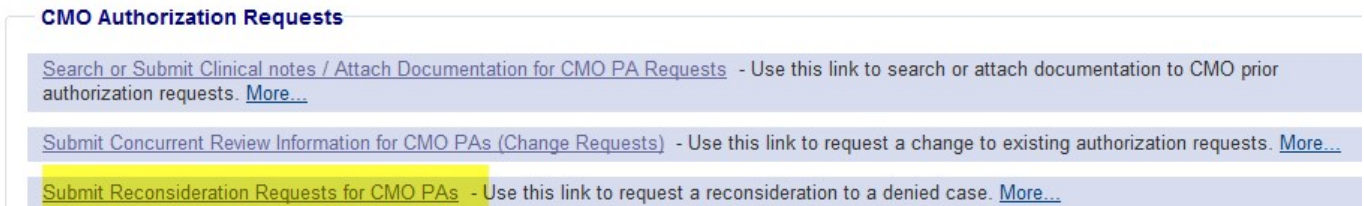

Figure 121

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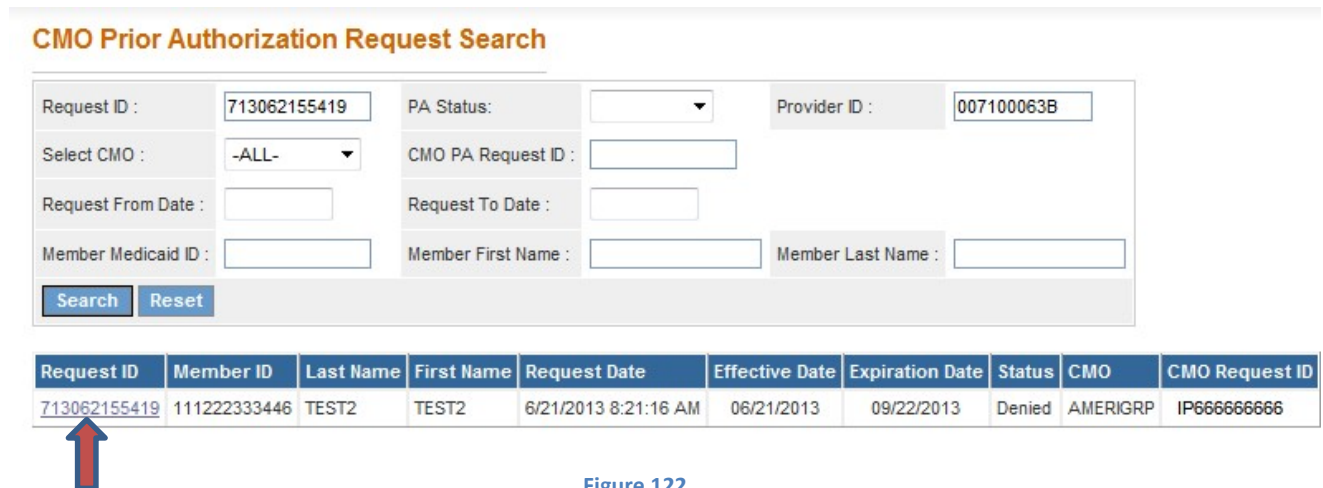

Figure 122

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.

Submit   Close Window

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.