CMO PA WEB SUBMISSION Behavioral Health

Provider User Manual – Version 1.0

Revision History

Version	Date	Editor	Description
1.0	1/3/2017	Sri Ranganathan	Initial Draft
1.1	1/20/2017	Sri Ranganathan	Updated with the changes requested.
1.2	2/16/2017	Sri Ranganathan	Updated with the changes requested.

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 services handled by CMO third party vendors (dental, vision, radiology etc.) and Behavioral Health inpatient/outpatient PAs are excluded from CMO PA submission in Phase I**.
2	8/1/2015	• Durable Medical Equipment • Children's Intervention Services
3	3/1/2017	• Behavioral Health And Outpatient Services

Table 1

Contents

General Submission Requirements

Member/Provider Validation

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

Tracking 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 *Medical Review Portal* and displays in the 'CMO PA Request ID' field. The CMO authorization number is the number used for claims submission/adjudication.

Medical Review Portal Functionality

The portal *Medical Review Portal* has been customized with functions applicable to CMO PAs.
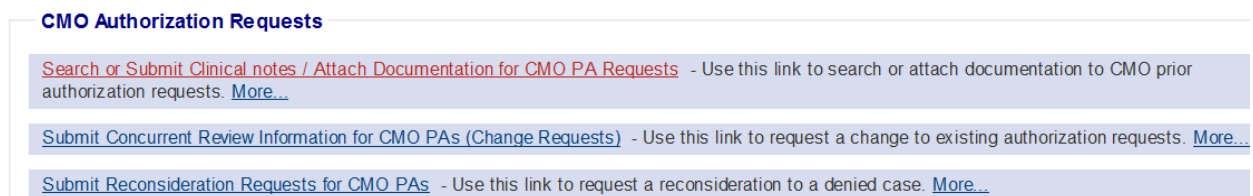
CMO Authorization Requests

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 Behavioral Health PA's.
Attach File	Attach additional clinical data to the CMO PA
Submit Change Requests	Submit a change request for any Pending CMO PA's.
Submit Reconsideration Requests	Submit a reconsideration of a denied CMO PA.

Table 1

Behavioral Health and Outpatient Services PA Submission

The Behavioral Health and Outpatient Services form is submitted via the *centralized* portal using an entry process similar to submitting a CMO or FFS Hospital Admissions request.

Behavioral Health and Outpatient Services form

The Behavioral Health and Outpatient Services form is completed for all members, enrolled in a Medicaid Care Management Organization, who request services for Behavioral Health. This form should only be used for Behavioral Health and not used for Psychiatric Testing services. Additional documentation, such as treatment plan, reauthorization clinical information, psychological testing information, integrated services, and case manager referral, may be attached to the Behavioral Health and Outpatient Services at any time based on the PA status.

Providers can 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.

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 **Medical Review Portal** and, on the workspace page, select **Enter a New Authorization Request**.

Figure 2

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. The following links display for the provider logged in as Behavioral Health provider.
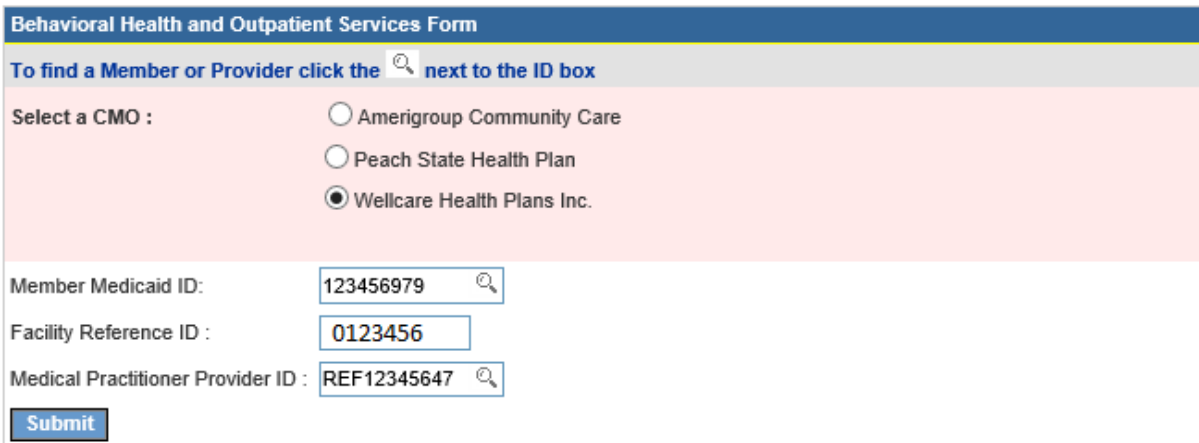

New Request for Prior Authorization

- Behavioral Health and Outpatient Services Form
- Hospital Admissions and Outpatient Procedures (Form Number: GMCF form PA81/100)
- In-State Transplants (Form Number: PA-81)
- Out-of-State Services (Form Number: GMCF FAX OOS)
- Radiology-Facility Setting

Figure 3

6. Select the Behavioral Health and Outpatient Services Form.
7. On the next page, select the CMO.

New Request for Prior Authorization

Behavioral Health and Outpatient Services Form

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

Select a CMO :
- ○ Amerigroup Community Care
- ○ Peach State Health Plan
- ● Wellcare Health Plans Inc.

Member Medicaid ID: `123456979` 🔍

Facility Reference ID : `0123456`

Medical Practitioner Provider ID : `REF12345647` 🔍

Submit

Figure 4

8. Enter the Member ID. The member id can be searched using the Search Icon 🔍 and entering the data on the following page.

Prior Authorization : Member Search

Member Last Name : | Member SSN : | Date of Birth : | **Search** | **Clear Search**

Figure 5

9. If the member is associated with the selected CMO, the request form opens.

10. 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.

New Request for Prior Authorization

Behavioral Health and Outpatient Services Form

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

Select a CMO :
- ○ Amerigroup Community Care
- ○ Peach State Health Plan
- ● Wellcare Health Plans Inc.

Member Medicaid ID: 123456979 🔍

Facility Reference ID : 0123456

Medical Practitioner Provider ID : REF12345647 🔍

ERROR: Member is not enrolled in selected CMO.

Submit

Figure 6

11. 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.

12. The Reference Provider ID can also be searched using the Search Icon 🔍 and entering the search data on the following page.

Prior Authorization : Reference Provider Search

If you are looking for a specific Provider, enter the name or part of the name or Provider ID or Reference Provider ID before starting your search. Make sure you spell the name correctly so your search is successful.

This search only includes providers for Medicaid/PeachCare for Kids. If you are in a plan associated with the State Health Benefit Plan or Board of Regents Health Plans, use the links below to find medical services.

Provider Name:

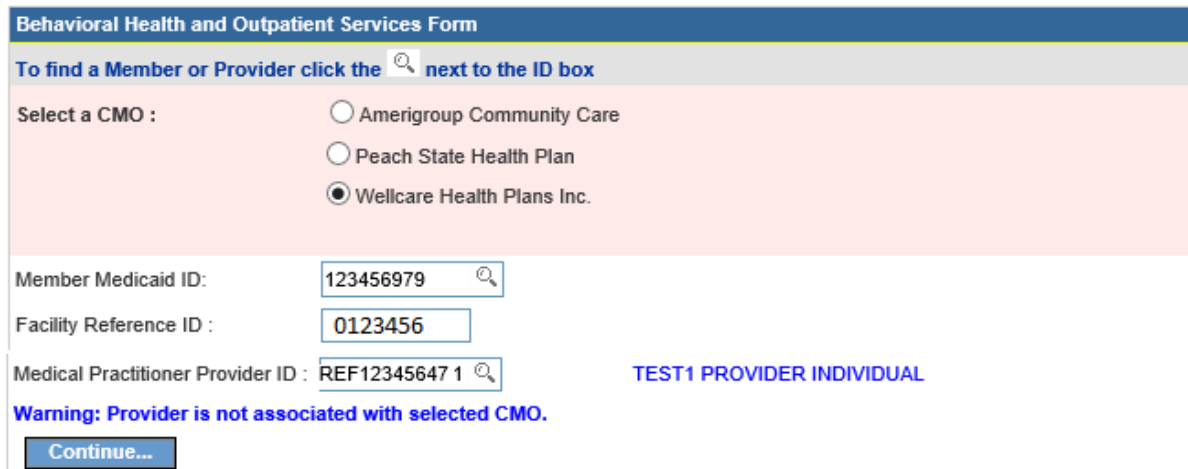Provider ID:

Reference Provider ID:

Category Of Service:

Search   Clear Search

Figure 7

13. A Reference Provider ID **is optional** to initiate a Behavioral Health Prior Authorization.

14. If the Reference Provider ID is not enrolled with the CMO then the warning message "**Provider is not associated with the selected CMO**" is displayed. However this does

not prevent the PA submission. Click on "**Continue**.." in order to proceed with the PA submission.

New Request for Prior Authorization

Figure 8

15. **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.

16. **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.

17. Click **Submit** to open the Behavioral Health and Outpatient Services form.

Enter Behavioral Health and Outpatient Services Data

Member/Provider Information

When the notification form opens, the member and provider information is system auto populated at the top of the page based on the member ID and provider IDs entered. These sections cannot be edited and are read only fields.

Behavioral Health and Outpatient Services Form

Please verify that the member name represents the correct member for this request. If not, please select under Prior Authorization the 'Submit/View' link to re-enter the correct information. If you need assistance please select under Contact Information the 'Contact Us' link, or call the Provider Contact Center at 1-800-766-4456.

Please provide the required information for this request. When you have completed entering data for this request, select the 'Review Request' link at the bottom of the page.

Prior authorization or pre-certification does not guarantee payment, approval of service or member benefit eligibility for the service.

Member Information

Member ID	Last Name	First Name	MI	Suffix	DOB	Gender
1234567	TEST L6	TEST6			01/01/2299	F

Service Provider Information

Provider ID	Name and Address	Phone	Taxonomy (Specialty)
00001245	TEST BEHAVIORAL HEALTH PROVIDER TEST STREET ATLANTA , GA 30012	454-545-4545	- Community Health Centers

Reference Provider Information

Physician ID	Name and Address	Phone	Taxonomy (Specialty)
REF	TEST TES ADDR ATLANTA, GA 30012	123-456-4545	- Case Management - Family Practice

Figure 9

Contact Information

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

Contact Information

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

Figure 20

Primary Care Physician (PCP)

This section captures the PCP Information for the member. This section is an optional section. Therefore, the information in this section does not have to be entered in order for PA to be submitted.

Figure 11

Request Information

This section captures the Type of Recommendation, the Initial Admit Date and the Place of Service.

1. The "Type of Recommendation" selection can only be either "Initial" or "Reassessment" and not both.

2. The "Initial Admit Date" can be either entered or selected from the drop down calendar.

3. The "Place of Service" is a drop down and only one value can be selected. There are four options (a) 03 – School, (b) 11 – Office, (c) 12 – Home, and (d) 53 – Community Mental Health Center. All the information in this section have to be entered in order to submit the PA.

Figure 32

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.

1. **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.

2. 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.

Figure 43

3. Enter the date that the primary diagnosis was established in the 'Date' box.

4. The system pre-populates the 'Primary' diagnosis checkbox and the 'Secondary diagnosis checkbox on the first diagnosis line. **Check only one box either Primary or Secondary. Atleast one Primary Diagnosis code needs to be entered.** If you add both the primary and secondary diagnosis check, an error message will display when an attempt is made to add the Diagnosis code as "**Either Primary or Secondary Diagnosis has to be selected, not both at one time**". If the "Primary" is checked first, then the next lines can be checked on "Secondary". The 'Secondary' checkbox may be unchecked also.

Figure 54

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

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

7. If the Diagnosis code needs to be edited or deleted before the PA submission, then this can be achieved by clicking on the "Edit" or "Delete" button.

Figure 65

8. Once the Diagnosis line is edited, click on "Save" to save the changes or "Cancel" to revert the changes.

Diag Code	Diagnosis Description	Date	Primary	Secondary	Type	
F06.0	PSYCHOTIC DISORDER W HALLUCIN DUE TO KNOWN PHYSIOL CONDITION	12/26/2016	Yes	No	ICD-10	EDIT DELETE
F06.0 🔍	PSYCHOTIC DISORDER W HALLUCIN DUE TO K	12/26/2016	☑	☐		SAVE CANCEL

Primary, Secondary and all co-morbid and co-occurring Diagnosis

Figure 76

9. 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.

10. There is no restriction for the number of Diagnosis lines that can be entered.

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.

CPT Code	CPT Description	From Date	To Date	Units	Req Units / Month	Mod 1	Mod 2	Mod 3	Mod 4	
96151 🔍		01/09/2017	02/03/2017							ADD CANCEL

Procedures

Figure 87

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.**"

1. 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.

CPT Search

CPT Code : [   ]   Description : [   ]   [Search] [Clear]

[Close Window]

Figure 98

2. 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 4/1/2017 – 6/31/2017. However there are restriction to the span of each line and also based on the CMO. For Wellcare and Peach State Plan, the span is 90 days and for Amerigroup the span is 6 months. If the number of days requested is more than the allowed span, a message will be displayed and the Procedure line shall not get added. However this does not stop the CMO from authorizing dates further than the requested date. The date span validation is for submission purpose only.

Procedures

CPT Code	CPT Description	From Date	To Date	Units	Req Units / Month	Mod 1	Mod 2	Mod 3	Mod 4	
96151 🔍		01/02/2017	04/11/2017	12	0					ADD CANCEL

The date span between From and To dates should be only 90 days . Please check the Service Dates.

Figure 109

3. In the 'Units' box, enter the number of visits requested during the procedure date span.

4. In the 'Req Units/ Month', the number of units requested per month shall be entered.

5. If there are modifiers that are requested, they could be added under Mod 1, Mod 2, Mod 3, and Mod 4. The modifier values are optional and not all modifiers need to be added. At any point, only modifier also will be allowed to be submitted.

6. For any given Prior Authorization, two lines can have the same Procedure, Date, and Modifier combinations.

7. However if a Prior Authorization was already submitted for a member with a particular Procedure, Date, and Modifier combination, then a new PA with the same Procedure, Date, and Modifier combination will be allowed.

8. Click on the "Add" button to add the Procedure line.

9. If the Procedure line has to be changed, it can be edited or deleted before the PA is submitted. **No changes can be made after the PA submission to the Procedure and Diagnosis lines**.

Procedures

CPT Code	CPT Description	From Date	To Date	Units	Req Units / Month	Mod 1	Mod 2		
90839	PSYTX CRISIS INITIAL 60 MIN	12/26/2016	01/24/2017	2	0			Click to edit this procedure line	EDIT DELETE
🔍									ADD CANCEL

Figure 20

10. Once the Procedure line has been edited, click on "Save" to accept the changes and "Cancel" to revert the changes.

Procedures										
CPT Code	CPT Description	From Date	To Date	Units	Req Units / Month	Mod 1	Mod 2	Mod 3	Mod 4	
90839	PSYTX CRISIS INITIAL 60 MIN	12/26/2016	01/24/2017	2	0					EDIT DELETE
90839	PSYTX CRISIS INITIAL 6	12/26/2016	01/24/2017	2	0					SAVE CANCEL

Figure 21

Comments

1. The Comments section is a required field to add any additional comments the Provider may have regarding the PA.

Figure 22

2. The comments section shall not allow any special characters and shall display "Invalid Characters" if they are entered.

3. There is a text limit for the comments and hence no more than 4000 characters shall be allowed.

Current Clinical Information

1. The current clinical Information gathers various information under the following headings – Anxiety Disorders, Depression, Mania, Substance Abuse, Psychotic Disorders, and Personality Disorders.
2. Each of the field has a drop down with the values N/A, Mild, Moderate, Severe, Acute, and Chronic.
3. Atleast one appropriate data from the drop down needs to be selected. If no value is selected, then the default value is set to N/A.
4. All the fields are required and therefore unless all the data is entered, the PA submission will not be able to be completed.

Figure 23

Level of Care

The Level of Care has various information that needs to be filled. All the fields are required. The fields accept upto 4000 characters. Like other descriptive text field, these fields also do not allow special characters. Therefore it is suggested to avoid copy and paste directly from other sources of data. If the information is plenty, then it is suggested to attach the file instead of a copy and paste. The following are the various level of care information collected

Risk of Harm

Figure 24

Functional Status

Figure 25

Co-morbidities

Figure 26

Environmental Stressors

Level of Care : Environmental Stressors

Figure 29

Support in the Environment

Level of Care : Support in the Environment

Figure 30

Response to Current Treatment Plan

Level of Care : Response to Current Treatment Plan

Figure 31

Acceptance and Engagement

Level of Care : Acceptance and Engagement

Figure 32

Transportation Available

Transportation Available

Figure 33

History

Presenting Problems

Figure 34

Presenting Problems

Presenting Problems

Figure 35

Current Need for Treatment

Current Need for Treatment

Figure 36

Detail Member Behavior within Past 30 days

Detail Member Behavior within Past 30 Days

Figure 37

Other Clinical Information

Other Clinical Information

Figure 38

Current Medications

Current Medications

Figure 39

Medications

1. The medication section is for entering any prescription medicine the member has used, has been using, and shall be using. This section is optional.

2. The Medication Name, Date Prescribed, and whether the member is complaint with Medicaiton is calculated.

3. The Date Prescriped is an optional information to be entered.

Medications

Medication Name	Date Prescribed	Member Complaint with Medication	
		○ Yes ○ No	ADD

Figure 40

History

1. This section is an optional section.

2. The History section gathers the Hospitalization information.

3. The section has a drop down list that can selected for the appropriate value.

4. The Admission Date is to be entered and Discharge Date information is optional for each line.

Figure 41

5. The drop down list has the following information that can be selected.

Figure 42

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.

1. 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 43

2. Review the information entered on the form. To change information entered, click **Edit Request**. **Once a form is submitted, it is not possible to return to the form and make changes.**

3. Click **Submit Request.** When the 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 *Medical Review Portal.*

4. 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.

CMO PA Search

Providers may search for CMO PAs and view PA decision status utilizing the CMO search function available on the *Medical Review Portal*.

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 **Medical Review Portal**.

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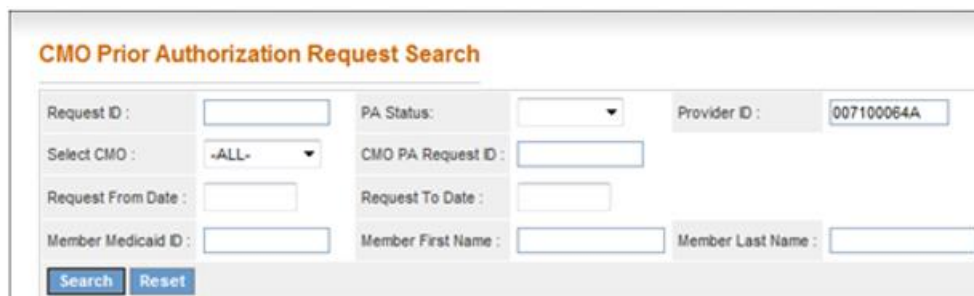
Search or Submit Clinical notes / Attach Documentation for CMO PA Requests - Use this link to search or attach documentation to CMO prior authorization requests. More...

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 44

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

Figure 11

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 46

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, Peach State, or WellCare).
Request From and To Dates	Request Date is the date that **the PA was entered into the PA system.** Search by these date parameters to find PAs entered within a specified time period.
Member Medicaid ID	The Member's Medicaid ID number. This is the member's Medicaid ID and not the CMO member ID.
Member Name	The Medicaid recipient's first name and last name.

Table 2

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**.

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.

Figure 49

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).

Figure 50

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

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 51

View Attachments

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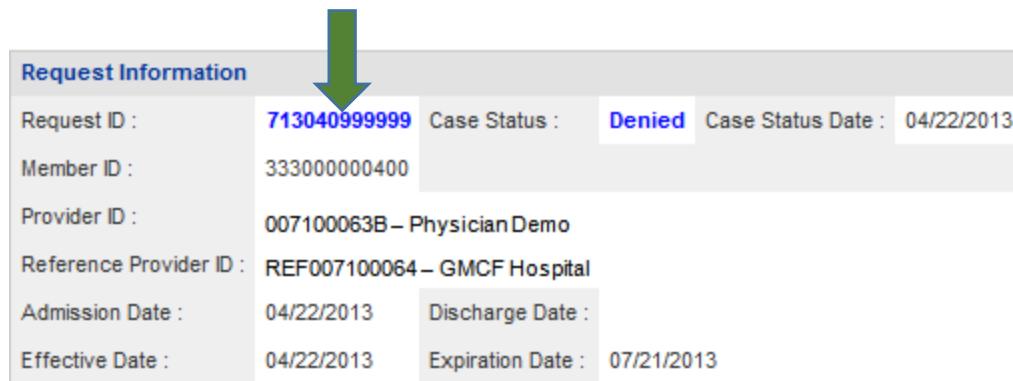
Attached Files

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

Figure 52

View Request Information Details

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

Figure 53

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 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 54

Updates to CMO PAs

Providers may update CMO PAs via the web portal, **except for CMO PAs initiated by the CMOs**. One of the following rules must be met to update a PA:

- **Attach documentation directly to the PA:** Restricted to pending PAs,

- **Submit a Change Request and attach documents to the Change Reques**t: Restricted to pending Pas

- **Submit a Reconsideration Request**: Restricted to denied PAs and according to each CMO timeline for reconsiderations. Amerigroup = 2 business days from denial date; For Wellcare and Peach state, the Reconsideration Request needs to be submitted to the CMO and not on the Georgia Portal.

Attach Documents to the PA

Providers may attach documents to **pending CMO PAs**. 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: **\, /, #, <, >, ', ".**

Attachments can be done immediately after the PA submission.

Once the PA is submitted, scroll up and check the area for Attachment.

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		
CMO-BH	☐ Treatment Plans	☐ Reauthorization Clinical information (restricted to past 1-6 months)	☐ Psychological Testing
	☐ Integrated Summaries	☐ CaseManager Referral	

Figure 55

Click on "Browse", select the files to be attached, and click on "Attach File". Detailed instructions for this is presented below points 9 and 10.

Follow this process to attach a file if attaching at a later point:

1. Open the *Medical Review Portal*.

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 56

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 57

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

Figure 58

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 59

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

8. For BH PAs, there are 'document type' checkboxes. Click the appropriate checkbox or boxes, related to the documents to be attached, before selecting **Browse**.

Figure 60

The options available for the document type are "Treatment Plans", "Reauthorization Clinical Information (restricted to pat 1- 6 months), "Psychological Testing", "Integrated Summaries", and "CaseManager Referral".

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**.
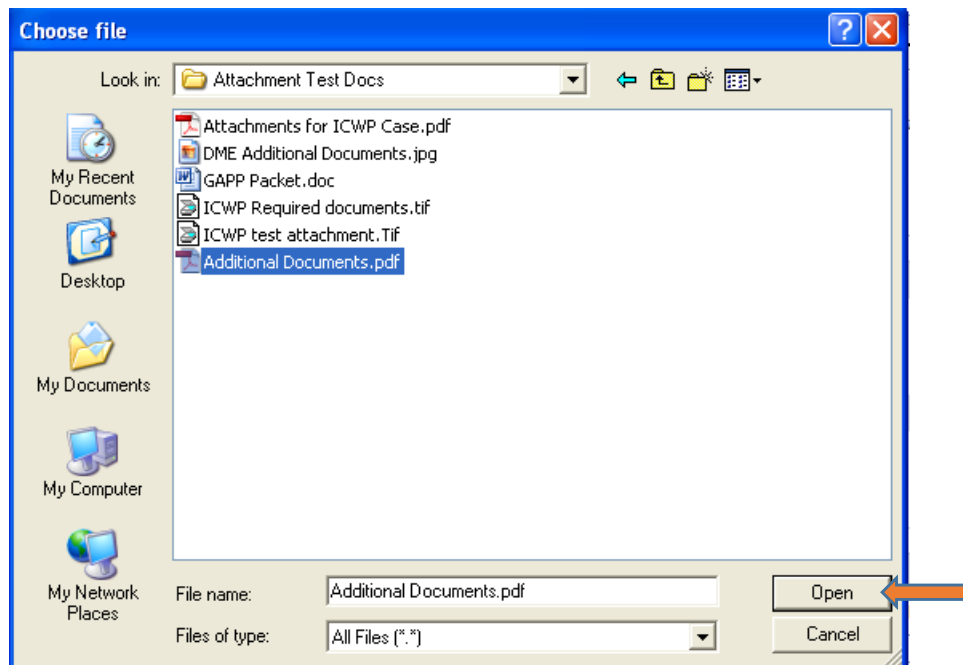

Figure 61

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

Figure 62

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

Figure 63

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

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

Submit a Change Request

Change requests may be submitted if the PA is still pending. Documents can be attached to the change request.

To submit a change request, follow this process:

1. Open the *Medical Review Portal*.

2. Go to the **CMO Authorization Requests** section of the workspace.

3. Click **Submit Concurrent Review Information for CMO PAs (Change Requests)**.

Figure 64

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

Figure 65

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 66

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

Change Request Information

Request ID : **713062756686** CMO Request ID : **IP666666666**

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

Contact Name : [_____] Phone: [_]-[_]-[___] Ext: [___] Fax: [_]-[_]-[___]

Describe what you want changed.

[_____]

Provide your rationale for changing the Prior Authorization Request.

[_____]

Please select Change Request Rationale List:

☐ Change Member	☐ Change Provider	☐ Add or Change Diagnosis Codes	☐ Add or Change Procedure Codes
☐ Withdraw Entire Request	☐ Change Admit Date or Date of Service	☐ Change Place of Service	☐ Increase in Requested Units ☐ Other

[Submit] [Close Window]

Figure 67

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 files may be attached to the change request at this point.** Follow the same attach file process as previously described.

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 *Medical Review Portal*.

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

CMO Authorization Requests

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

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

Submit Reconsideration Requests for CMO PAs - Use this link to request a reconsideration to a denied case. More...

Figure 68

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

CMO Prior Authorization Request Search

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

Figure 69

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 70

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.