

NewMMIS Job Aid: Enter a Prior Authorization Request for PCM (Personal Care Management)

This job aid describes how to enter a prior-authorization (PA) request via the Provider Online Service Center (POSC).

Access Enter a PA Request

From the POSC home page:

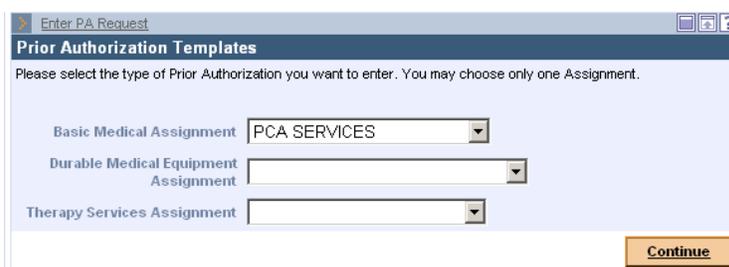
1. Click **Manage Service Authorizations**.
2. Click **Prior Authorizations**.
3. Click **Enter a PA Request**. The **Prior Authorization Templates** panel is displayed.

Select Assignment Type

The assignment types are grouped into three categories: Basic Medical, Durable Medical Equipment, and Therapy Services.

On the **Prior Authorization Templates** panel:

4. Select the **Basic Medical Assignment Code** from the drop-down list. There are two options:
 - **PCA Services** – adults 22 years old or older
 - **PCA Pediatric Services**
5. Click the **Continue** button.



The screenshot shows a web browser window titled "Enter PA Request". Inside the window, there is a panel titled "Prior Authorization Templates". Below the title, there is a message: "Please select the type of Prior Authorization you want to enter. You may choose only one Assignment." There are three dropdown menus: "Basic Medical Assignment" (with "PCA SERVICES" selected), "Durable Medical Equipment Assignment", and "Therapy Services Assignment". A "Continue" button is located at the bottom right of the panel.

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Search for and Select Requesting Provider

On the **Base Information** panel:

6. Enter the NewMMIS **Member ID**.
7. Enter the member's **Height** (optional).
8. Enter the member's **Weight** (optional).
9. Select the **Requesting Provider** from the drop-down list.
Note: This is the PCA/PCM Provider ID. The drop-down list displays provider IDs, service locations, NPIs (national provider identifiers), and names accessible to your login ID.

10. Select **Place of Service** from the drop-down menu (optional).

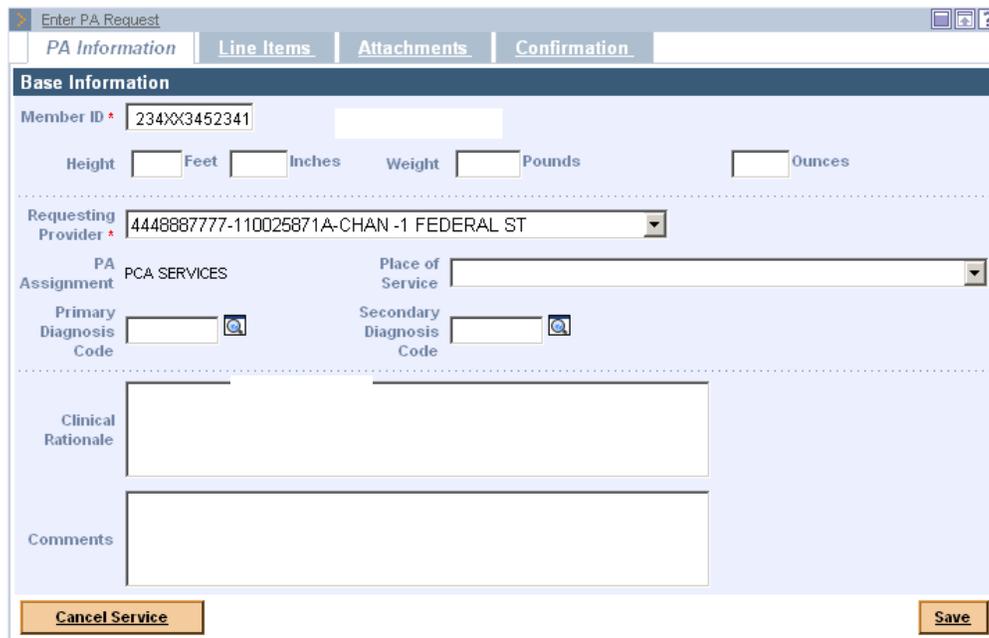
11. Enter the **Primary/Secondary Diagnosis Codes** (optional).

Note: If desired, you can click the **Field Search** icon () to perform a search for the correct diagnosis code.

12. Enter **Clinical Rationale** (medical reason for PA).

13. Enter **Comments** (non-medical explanation of PA).

14. Click the **Line Items** tab.



The screenshot shows a web application window titled "Enter PA Request". It has four tabs: "PA Information", "Line Items", "Attachments", and "Confirmation". The "Base Information" panel is active and contains the following fields:

- Member ID ***: 234XX3452341
- Height**: [] Feet [] Inches
- Weight**: [] Pounds [] Ounces
- Requesting Provider ***: 4448887777-110025871A-CHAN -1 FEDERAL ST (dropdown menu)
- PA Assignment**: PCA SERVICES
- Place of Service**: [] (dropdown menu)
- Primary Diagnosis Code**: [] (with a magnifying glass icon)
- Secondary Diagnosis Code**: [] (with a magnifying glass icon)
- Clinical Rationale**: [] (text area)
- Comments**: [] (text area)

At the bottom of the form are two buttons: "Cancel Service" and "Save".

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Add a Line Item

On the **List of Line Items** panel:

15. Click New Item.

On the **Basic Medical Details** panel:

16. Enter the **Procedure Code** (for example, T1019).
17. Enter **Modifier 1** (for example, TV) if appropriate.

Note: Please do not enter more than one modifier.

18. Enter or click on the calendar icon to select the **Requested Effective Date**.
19. Enter or click on the calendar icon to select the **Requested End Date**.
20. Enter the number of **Requested Units**.
21. Enter the **Servicing Provider ID** by either:

- Searching for the **Servicing Provider** by clicking the search icon.

Note: The **Servicing Provider** is the fiscal intermediary (FI). There are three options:

CPMA **110027795 C**

Stavros **110031119 B**

NSARC **110026357 I**

- Entering the FI's Provider ID and Location alpha character (for example, 123456789 A) in the **Provider ID/Service Location** field.

22. Click **Add**.

The screenshot shows the 'Enter PA Request' form with the following fields and options:

- Line Item A** (Title)
- Status:** IN PROCESS
- Procedure Code:** [Text Field]
- Thru Procedure:** [Text Field]
- Requested Effective Date:** [Calendar Icon]
- Requested End Date:** [Calendar Icon]
- Requested Units:** [Text Field]
- Requested Service Days:** [Text Field]
- Modifier 1, 2, 3, 4:** [Dropdown Menus]
- Same as Requesting Provider:**
- Service Provider:** [Text Field]
- Provider ID / Service Location:** [Text Field]
- FI:** [Text Field]
- Buttons:** Cancel Rem, Add, Cancel Service, Save

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Add an Attachment

23. Click the **Attachments** tab. The **List of Attachments** panel displays.

24. Click **New Item**.

On the **Attachment Details** panel:

25. Select the **Report Type** from the drop-down list.

- **Initial Assessment** – initial request
- **Patient Medical History Document** - reevaluation
- Select the **Transmission Code** from the drop-down list.

26. Enter the FI's provider ID/service location.

27. Enter the **Control Number** (only if the transaction code is **Available on Request at Provider Site**).

28. Enter a brief description of attachment in the **Description** field.

29. Click **Browse**. The **Open** window displays.

30. Navigate to the file you want to attach and click **Open**.

31. Click **Add/Upload**.

32. Click the **Confirmation** tab.

Note: If you add an attachment after submitting the PA Request, you must contact the PA Unit to notify them of the attachment.

The screenshot shows a web application window titled "Enter PA Request". It has four tabs: "PA Information", "Line Items", "Attachments", and "Confirmation". The "Attachments" tab is selected. The main content area is divided into two sections: "List of Attachments" and "Attachment Details".

List of Attachments: A table with three columns: "Date Attached", "Reference #", and "Description". There is a "New Item" button to the right of the table.

Attachment Details: A form with the following fields:

- Report Type ***: A dropdown menu.
- Transmission Code ***: A dropdown menu.
- Description ***: A text input field.
- Reference #**: A text input field.
- Control #**: A text input field.

At the bottom of the form, there is a "File Name" field with a "Browse..." button to its right. Below this are four buttons: "Cancel Item", "Add / Upload", "Cancel Service", and "Save".

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Submit Request

33. Click the **Confirmation** tab.

On the **Confirmation** panel:

34. Review the requested information to ensure that it is correct.

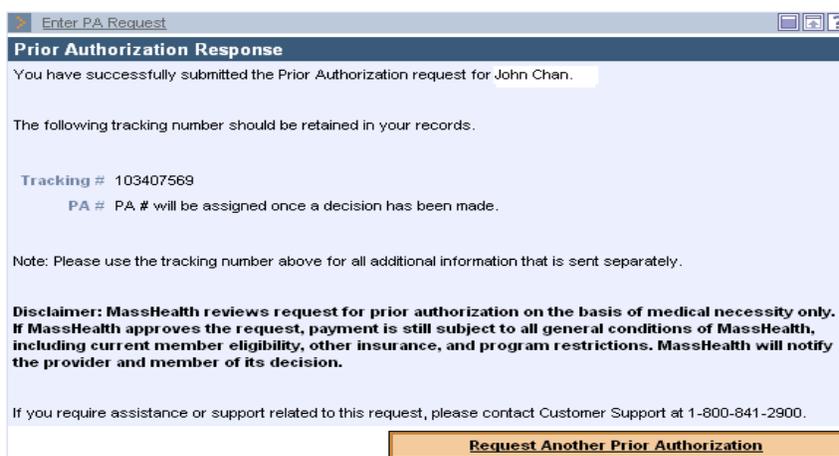
When you have made sure the request is correct:

35. Click **Submit**. The **Prior Authorization Response** panel is displayed, indicating the request was successfully submitted.

Note: A "PA not required" message is displayed on the POSC when entering a PA request for services that SOMETIMES require a PA. This is a so-called "soft edit" and WILL NOT PREVENT YOU FROM ENTERING THE PA. Click the **Ignore** checkbox to close this message. Please refer to Subchapter 6 of your MassHealth provider manual to determine if PA is required. The provider manual can be found at www.mass.gov/masshealthpubs. Click on Provider Library, then on MassHealth Provider Manuals.



The screenshot shows a web browser window titled "Enter PA Request". It has four tabs: "PA Information", "Line Items", "Attachments", and "Confirmation". The "Confirmation" tab is active. The content of the Confirmation tab includes a heading "Confirmation" and a message: "You are about to submit a Prior Authorization request for Member: 234XX345234 for the following procedures. Please verify the data and then click 'Submit'." Below this is a section for "PA Assignment" with the value "PCA SERVICES". There is a table with two columns: "Service Provider" and "Procedure Codes". The "Service Provider" row contains "Rasputin Roger M" and the "Procedure Codes" row contains "99347". At the bottom of the window are three buttons: "Cancel Service", "Submit", and "Save".



The screenshot shows the same "Enter PA Request" window, but now the "Prior Authorization Response" panel is displayed. The heading is "Prior Authorization Response" and the message reads: "You have successfully submitted the Prior Authorization request for John Chan." Below this is a section for "Tracking # 103407569" and a note: "PA # PA # will be assigned once a decision has been made." A "Note" section follows: "Note: Please use the tracking number above for all additional information that is sent separately." A "Disclaimer" section states: "Disclaimer: MassHealth reviews request for prior authorization on the basis of medical necessity only. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. MassHealth will notify the provider and member of its decision." At the bottom, there is a button labeled "Request Another Prior Authorization".

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Glossary of PCM Terms

Adjudicate – There are header-level PA statuses to indicate where the PA request is in the process. Adjudicated means MassHealth has made a decision on the PA and that all lines have been finalized. Finalized is when all line statuses are cancelled, approved, modified, or denied. When the PA is adjudicated, a letter is sent to the member (with right to appeal for denied or modified lines), PCM, and FI.

Control Number – the number assigned by the PCM for an attachment that will be stored at the PCM office (only applies when Transmission Code is Available on Request at Provider Site).

Report Type – Documentation submitted with request by PCM. There are two options for PCM:

Initial Assessment – initial request

Patient Medical History Document - reevaluation

Status – Indicates where the request is in the process of being reviewed and adjudicated. Status options:

Additional Information Received – Indicates information has been received that was missing from the original request.

Approved – The request is approved by MassHealth. A PA letter is generated and sent to the member, the PCM, and the FI.

Cancelled – The request is cancelled by MassHealth due to duplication or insufficient information. A PA letter is generated and sent to the member, the PCM, and the FI with a reason for the cancellation. The PCM may resubmit the request as appropriate.

Cancelled by Provider – The status used for all lines when the provider (PCM) voids the PA request.

Note: A provider can void a PA only while the PA is in Ready for Review status.

Denied – The request has been denied by MassHealth. A PA letter is generated and sent to the member (with right to appeal), and to the PCM and the FI.

In Process – The request has only been saved, and has not been submitted to MassHealth for review.

In Review – The request has been submitted by the PCM and assigned to a MassHealth reviewer.

Modified – The request has been altered by a MassHealth reviewer either in adjudicating or as an adjustment requested by the PCM. A PA letter is generated and sent to the member (with right to appeal), and to the PCM and the FI.

Ready for Review – The request has been submitted, but has not been assigned to MassHealth reviewer.

Testing – The request has been submitted in order to test functionality of the system.

Void – The request has been voided by MassHealth. A PA letter is not generated.

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Glossary of PCM Terms (continued)

Tracking Number – The number assigned to a PA request before MassHealth review.

Transmission Code – The method by which the PCM transmits an attachment to MassHealth. There are six code options:

Available on Request at Provider Site

By Fax

By Mail

Electronically Only

E-mail

Voice

Note: To inquire on, modify, or void a PA Request, please refer to the *Inquire/Maintain a Prior Authorization for PCM* job aid.