

Welcome to Training!

Prior Authorizations (Fee-for-Service)

Using Provider Network Management (PNM)

Please check your audio settings to ensure everything is working properly before the session begins

Contact Information

Phone Number

Ohio Dept of Medicaid
Integrated Help Desk

1-800-686-1516

PNM Assistance/Error Messages: *Option 2 followed by Option 3*

Ohio Medicaid Enrollment/Credentialing Questions:
Option 2 followed by Option 2

Emails

ODM Integrated Help Desk

ihd@medicaid.ohio.gov

PNM Troubleshooting/
Error Messages

pnmsupport@medicaid.ohio.gov

Ohio Medicaid Enrollment
(for updates to specialties)

Medicaid_Provider_Update@medicaid.ohio.gov

Ohio Medicaid Credentialing
Questions

credentialing@medicaid.ohio.gov

Training Assistance and
Resources

ohiotrainingteam@maximus.com

Ask questions during the session using the Q&A panel or the 'Raise Hand' feature through the Zoom toolbar



Fee-for Service (FFS) Prior Authorizations Session Agenda



Accessing the Self-Service Panel



Submitting a Prior Authorization Request



Prior Authorization Panels



Prior Authorization Summary and Process



Searching for a Prior Authorization

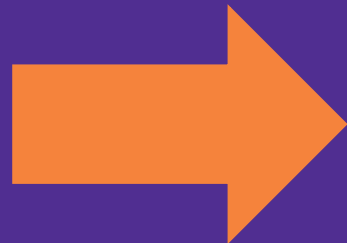


Questions, Training Materials, Upcoming Training Schedule

Fee-For-Service Prior Authorization requests in PNM

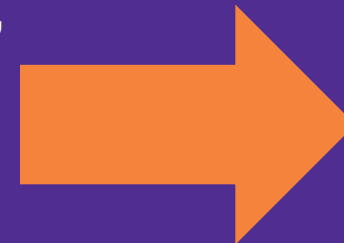
- A prior authorization request can be submitted through PNM. Once that occurs, Gainwell, the Fiscal Intermediary (FI), oversees, manages, and processes the prior authorization request.
 - Permedion is the group that will approve or deny the PA request or ask for more information.
- The prior authorization data appears in PNM after it is processed by the FI.
 - Providers will not have any direct interaction with the FI, but providers will view processed prior authorization request data from the FI in PNM.
 - Managed Care prior authorization submissions will be completed through the same channels in which they are today.
 - This training information does not apply to MyCare Ohio or Single Pharmacy Benefit Manager (SPBM).

**Prior Authorization
Request Submitted
in PNM**



**Data is Sent to the Fiscal
Intermediary (FI) to Oversee,
Manage & Process the
Prior Authorization request**

**Permedion will approve or
deny the PA request**



**PNM Shows
Processed Prior
Authorization Data**

Accessing the Self-Service Panel



Learn how to initiate the Prior Authorization process within the self-service panel in PNM.



Accessing the Self-Service Panel



My Providers

Account Administration

New Provider ?

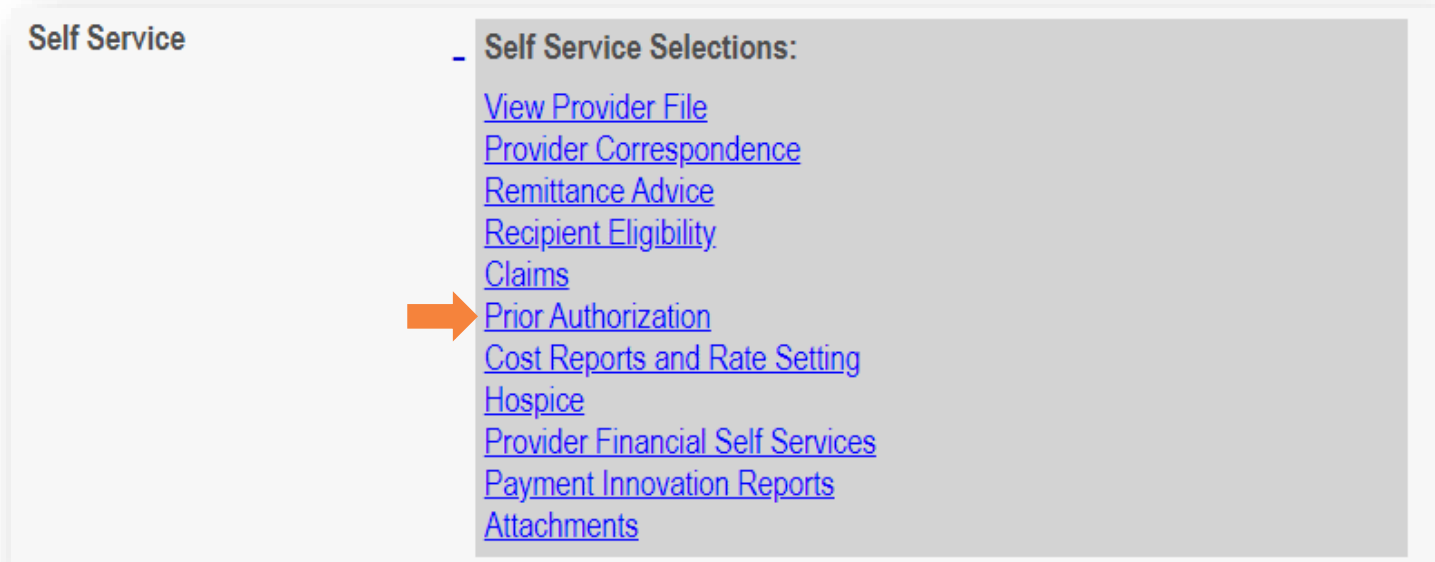
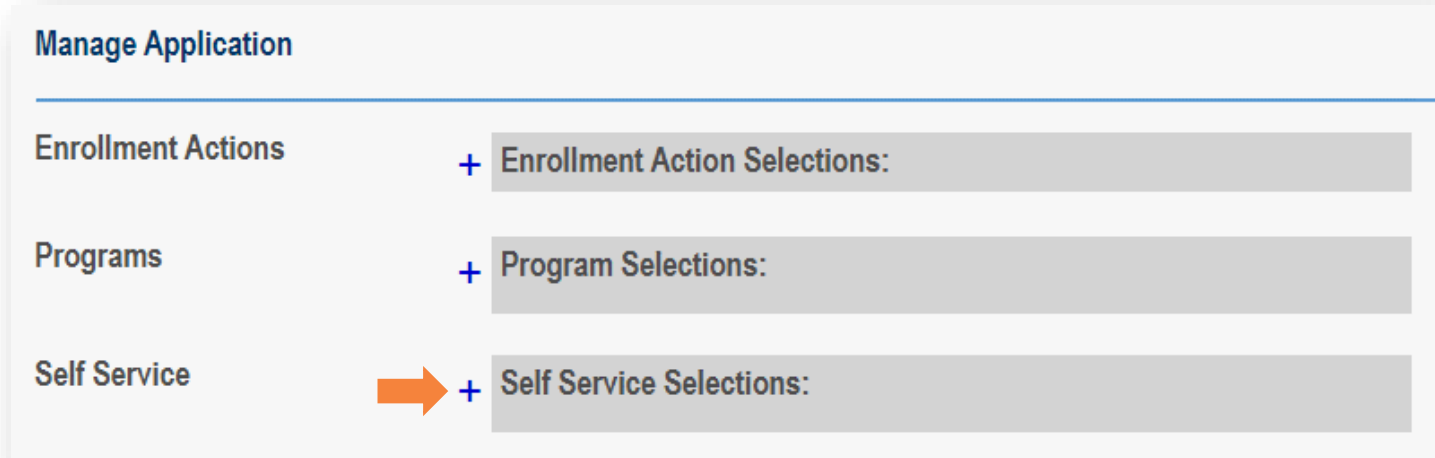
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/> ▾	<input type="text"/> ▾	All ▾	<input type="text"/> ▾	<input type="text"/> ▾	<input type="text"/> ▾	All ▾	<input type="text"/> ▾	<input type="text"/> ▾	<input type="text"/> ▾	<input type="text"/> ▾	<input type="text"/> ▾	<input type="text"/> ▾
<div>→</div> <div>517946</div> <div>→</div>	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	09/20/2023	02/09/2027

- From your homepage/dashboard, click on the Reg ID or Provider Name hyperlink to access the Provider Management Home page.

Accessing the Self-Service Panel



- On the Provider Management Home page, locate the Manage Application section.
- Expand the Self Service section.
- From the Self Service Selections, click 'Prior Authorization'.
- For an Agent to have the blue 'Prior Authorization' hyperlink appear, they need the proper roles from the Administrator:
 - **Prior Authorization Submit** – to have the ability to submit PAs.
 - **Prior Authorization Search** – to search for PA information.



Submitting a Prior Authorization Request



Learn how to submit a prior authorization request for approval in the PNM System.



Submitting a New Prior Authorization



- To submit a Prior Authorization request, click the 'Submit PA' icon at the top of the page or select 'Submit PA' from the Jump To drop-down.

The screenshot shows the 'PRIOR AUTHORIZATION SEARCH' interface. At the top, there is a navigation bar with icons for Search-RA, Submit PA, Search Eligibility, Search PA, Submit Claim, Search Claim, Hospice Enrollment, Retrieve Reports, Provider Financial, Upload Attachments, and Correspondence. An orange arrow points to the 'Submit PA' icon. To the right of the navigation bar is a 'Jump To:' dropdown menu with 'Search PA' selected. Another orange arrow points to this dropdown. Below the navigation bar, there is a header section with the following information: Provider Medicaid ID: 0463664, Provider NPI: 1740821982, and Provider Name: Training Test. The main section is titled 'PRIOR AUTHORIZATION SEARCH' and contains the following fields:

Prior Authorization Number :	<input type="text"/>	Patient Tracking Number :	<input type="text"/>
Medicaid Billing Number :	<input type="text"/>	ICD Procedure Code :	<input type="text"/>
Date of Birth :	<input type="text" value="mm/dd/yyyy"/>	Procedure Code :	<input type="text"/>
PA Submission Date :	<input type="text" value="mm/dd/yyyy"/>	Revenue Code :	<input type="text"/>
Status :	<input type="text" value=""/>	Diagnosis Code :	<input type="text"/>
Ordering Provider NPI :	<input type="text"/>	PA Effective Date :	<input type="text" value="mm/dd/yyyy"/>
* Payer Name :	<input type="text" value=""/>	PA Expiration Date :	<input type="text" value="mm/dd/yyyy"/>
Assignment Type :	<input type="text" value=""/>		

At the bottom right, there is a 'Max Records' dropdown set to '10', a green 'Search' button, and a red 'Clear' button.

Submitting a New Prior Authorization



Jump To: Submit PA

Search-RA Submit PA Search Eligibility Search PA Submit Claim Search Claim Hospice Enrollment Retrieve Reports Provider Financial Upload Attachments Correspond

Provider Medicaid ID: 0463664 Provider NPI: 1740821982 Provider Name: Training Test

Prior Authorization Type

☒ Dental ☐ Professional ☐ Institutional

PA Status: Submission Pending

PA Number:

PA Submission Date:

PA Effective Date:

PA Expiration Date:

- The prior authorization submission page opens.
- Choose the Prior Authorization Type you wish to submit, by selecting the corresponding radio button:
 - Dental
 - Professional
 - Institutional

Required Sections/Fields



*** RECIPIENT INFORMATION**

*Medicaid Billing Number	<input type="text"/>	*Date of Birth	<input type="text"/>	Address 1:	<input type="text"/>
Last Name	<input type="text"/>	Patient Tracking Number	<input type="text"/>	Address 2:	<input type="text"/>
First Name:	<input type="text"/>	Gender:	<input type="text"/>	City :	<input type="text"/>
Middle Name:	<input type="text"/>			State :	<input type="text"/>
				Zip Code:	<input type="text"/>

*** REQUESTER CONTACT INFORMATION**

*Contact First Name	<input type="text"/>	*Contact Last Name	<input type="text"/>
*Contact Number	<input type="text" value="() -"/>	Contact Extension	<input type="text"/>

- A red asterisk appearing at the beginning of any section indicates there is required information to be completed within that section.
- A red asterisk appearing next to a specific field indicates that field must be completed.

Required Sections/Fields



- * SERVICE DETAILS

No Service details found. Please Click on Add button to register. Add

Line

*Procedure Code [Search](#) *Requested Units UN-Unit * Authorized Units Add

Requested unit is required

Procedure Code Description

Modifier:

Provider Service Note:

Requested Dollars Authorized Dollars

*Requested FDOS Authorized FDOS
Requested FDOS is required

*Requested TDOS Authorized TDOS
Requested TDOS is required

Remaining Units

Service Tracking No Status

Cancel

- If required information is not completed on the prior authorization submission, PNM will display error messages to let you know what information was not entered or entered incorrectly.
- The **Add** button allows you to add multiple pieces of information in a section.



- The buttons below appear at the bottom of the Prior Authorization page:
 - **Save:** Saves the Prior Authorization form and data entered.
 - **Submit:** Sends the Prior Authorization for review.
 - **Cancel:** Cancels the Prior Authorization and erases data entered.



Search Function



*Procedure Code [Search](#) 

Procedure Code Search X

Procedure Code Procedure Code Description [Search](#)

Procedure Code Search X

Procedure Code Procedure Code Description [Search](#)

SEARCH RESULTS

Procedure Code	Procedure Code Description
0007M	ONC GASTRO 51 GENE NOMOGRAM
0D1	GASTROINTESTINAL SYSTEM, BYPASS
0D2	GASTROINTESTINAL SYSTEM, CHANGE

SEARCH RESULTS

NPI	MEDICAID ID	BUSINESS/LAST NAME	FIRST NAME	Address Line 1	Address Line 2	City	State	Zip
1003005455	10000046	SMITH	NANCI	2400 CORPORATE EXCHANGE DR		COLUMBUS	OH	43231
1003144130	9999915	SMITH THERAPY SERVICES		141 WASHINGTON AVE		COLUMBUS	OH	43231

- Anytime a 'Search' hyperlink appears, clicking on the hyperlink will open a search panel to locate additional information, such as codes or provider data.
- Enter search criteria and click the **Search** button.
- Search results will appear below the entered criteria.
- Click the hyperlink to add the information to the proper field on the prior authorizations page.

Prior Authorization Panels



Learn how to fill out the various required and situational panels while completing the prior authorization process.



Submit a New Prior Authorization



Provider Medicaid ID: [text field]

Prior Authorization Type

☐ Dental ☐ Professional ☒ Institutional

*Destination Payer Name:
*Destination payer is required

*Assignment: [dropdown menu]

Provider Name: [text field]

PA Subm [button]
PA El [button]
PA Exp [button]

*Destination Payer ID:
*Destination payer is required

*Service Type: [dropdown menu]

--- Please select ---

ACT Enrollment
Applied Behavioral Analysis
ASC
Chiropractic / Acupuncture
Compression Garments
Decubitus Care Equipment
Dressings, Surgical
Enteral Nutrition and Supplies
Hearing Aids
Hospital Beds
IHBT Enrollment
Incontinence Supplies
Increase State Plan Home Health
Laboratory Services
Medicaid School Program
Medical Nutrition Therapy
Medical Services
Mental Health Services
Miscellaneous Equipment

Abortion
Acupuncture
Adjunctive Dental Services
AIDS
Alcoholism
Allergy
Allergy Testing
Alternate Method Dialysis
Anesthesia
Audiology Exam
Burn Care
Cancer
Cardiac
Cardiac Rehabilitation
Case Management
Chemotherapy
Chiropractic
Chronic Renal Disease (CRD) Equipment
Cognitive Therapy

- Select a Destination Payer Name from the drop-down menu.
- Select a Destination Payer ID.
 - Depending on the Payer Name different options will appear under this drop-down.
- Select an Assignment.
- Select a Service Type.

Recipient Information



*Destination Payer Name: *Destination Payer ID:

*Assignment: *Service Type:

- * RECIPIENT INFORMATION

*Medicaid Billing Number: *Date of Birth: Address 1:

Last Name: Patient Tracking Number: Address 2:

First Name: City:

Middle Name: Gender: State:

Zip Code:

- Enter the Medicaid Billing Number and Date of Birth (DOB) for the recipient.
 - DOB must be in MM/DD/YYYY format.
 - Details in the gray boxes will populate from the FI after this information is entered.
- You can create a unique Patient Tracking Number for the recipient to use when reconciling the Prior Authorization.
 - This is not a required field.



A screenshot of a web form titled "REQUESTOR CONTACT INFORMATION" with a blue header bar. The form contains four input fields arranged in two rows. The first row has "Contact First Name" with the value "John" and "Contact Last Name" with the value "Smith". The second row has "Contact Number" with the value "(614) 555-4321" and "Contact Extension" which is empty. Red asterisks are placed before the labels for "Contact First Name" and "Contact Last Name". The form has a light gray background and a vertical scrollbar on the right side.

*Contact First Name	John	*Contact Last Name	Smith
*Contact Number	(614) 555-4321	Contact Extension	

- Enter contact information for the requester.
 - This is the person the Destination Payer will contact if there are any questions regarding the Prior Authorization.

Service Information (Non-Institutional)



- Enter the Place of Service Code.
- If you don't know the place of service, click the 'Search' hyperlink to bring up a search panel to locate the Service Code.
 - Enter a Place of Service description and click **Search**.

- * SERVICE INFORMATION

→ *Place of Service: [Search](#)

Level Of Service:

Accident Date:

Delay Reason:

Date Of Patient Event:

Associate PA No:

Date of Onset of Illness:

Date Of Last Menstrual Period:

Estimated Date Of Birth:

Place of Service Search [X]

Place Of Service Code:

Place Of Service Description:

Search

SEARCH RESULTS

Place of Service Code	Place of Service Description
11	Office

Service Information (Institutional)



- Enter the Facility Type code.
- If you don't know the Facility Type, click the 'Search' hyperlink to bring up a search panel to locate the Facility Type code.
 - Enter a Facility Type description and click **Search**.

- * SERVICE INFORMATION

→ *Facility Type: 013 - Hospital Outpatient [Search](#)

→ *Admission Date: 04/15/2024

Discharge Date:

*Discharge Status:

Date of Last Menstrual Period:

Estimated Date of Birth:

Date of Onset of Illness:

Accident Date:

*Level Of Service:

*Admission Type:

*Admission Source:

Delay Reason:

Associate PA No:

FACILITY TYPE CODE **FACILITY TYPE DESCRIPTION**

hospital **Search**

SEARCH RESULTS

Facility Type Code	Facility Type Description
011	Hospital Inpatient(PartA)
012	Hospital Inpatient(PartB)
013	Hospital Outpatient

- Enter an Admission Date.

Service Provider Information



- Enter the National Provider Identifier (NPI) for the Service Provider.
 - If you don't know the NPI, you can click 'Search' to search for the provider by entering the Medicaid ID, Business Name, or First and Last Name.

- * SERVICE PROVIDER INFORMATION

*NPI	Medicaid ID	Last Name	First Name
* Service Provider : 1023185960	5503333	SMITH	JOHN

SEARCH RESULTS

NPI	MEDICAID ID	BUSINESS/LAST NAME	FIRST NAME	Address Line 1	Address Line 2	City	State	Zip
1023185960	5503333	SMITH	JOHN	91 W 2ND ST		TOLEDO	OH	43617

- Once found, click the hyperlink to add the NPI.

Ordering Provider Information



- ORDERING PROVIDER INFORMATION

*NPI Medicaid ID Last Name First Name

* Ordering Provider : [Search](#) 0144936 SMITH JANE

NPI MEDICAID ID BUSINESS/LAST NAME FIRST NAME

smith jane [Search](#)

SEARCH RESULTS

NPI	Medicaid ID	Business/Last Name	First Name	Address Line 1	Address Line 2	City	State	Zip
1402900399	0144936	SMITH	JANE	1 SHOALS AVE		TOLEDO	OH	43604

- To add Ordering Provider Information, expand the panel by clicking the ‘+’ sign.
- Enter the NPI for the Ordering Provider if it is different than the provider who is completing the Prior Authorization information.
 - If the provider completing the prior authorization information is the same as the ordering provider, this section does not need to be completed.
 - If you don’t know the NPI for the ordering provider, you can click ‘Search’ to search for the Provider by Medicaid ID, Business Name, or First and Last Name.

Diagnosis Information



- To add diagnosis information, expand the panel by clicking the '+' sign.
- To enter diagnosis details, click the **Add** button.
- Enter a Diagnosis Code.
 - If you do not know the code, click 'Search' to open a code lookup window.
- Click **Add** underneath 'Diagnosis Code Description/Date' to add the diagnosis.

- DIAGNOSIS INFORMATION

No Diagnosis Data found. Please Click on Add to add Diagnosis.

Add

- DIAGNOSIS INFORMATION

No Diagnosis Data found. Please Click on Add to add Diagnosis.

Add

* Diagnosis Code Type

Diagnosis Code [Search](#)

Diagnosis Code Description

Diagnosis Date

Add Cancel

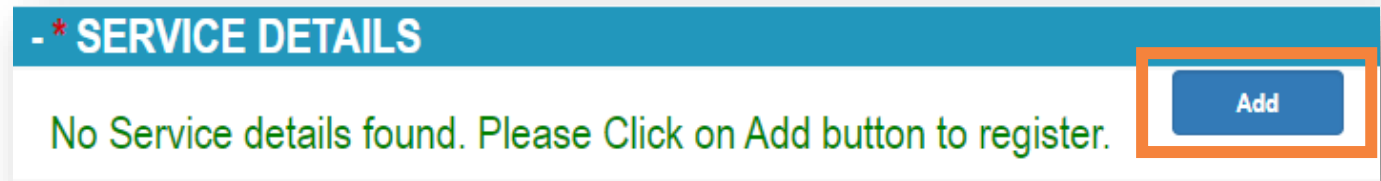


- DIAGNOSIS INFORMATION					
Sequence	*Diagnosis Code Type	*Diagnosis Code	Diagnosis Code Description	Diagnosis Date	
1	Principal	A001	CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR ELTOR	02/02/2024	Edit Delete
					Add

- The added diagnosis appears on a list.
- Repeat the process to add additional diagnoses.

- DIAGNOSIS INFORMATION					
Sequence	*Diagnosis Code Type	*Diagnosis Code	Diagnosis Code Description	Diagnosis Date	
1	Principal	A001	CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR ELTOR	02/02/2024	Edit Delete
2	Admitting	A001	CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR ELTOR		Edit Delete
					Add

- Click **Add** to enter service details.



The 'Service Details' to be included are below: (the next slide shows a PNM visual of this information)

- Procedure Code (*If you do not know the code, click 'Search' to open a code lookup window*)
- Requested Units (*The number of which you are ordering*)
- Requested Dollars
- Requested From Date of Service (*FDOS*)
- Requested To Date of Service (*TDOS*)
- Enter a unique Service Tracking Number to reconcile each service requested for the Prior Authorization.
- Procedure Code Description, Tooth Number, Oral Cavity, Tooth Surface, Provider Service Note, and Prosthesis, Crown or Inlay are "as needed" fields to complete.

Service Details (Dental) continued



- * SERVICE DETAILS

No Service details found. Please Click on Add button to register.

Add

An asterisk * indicates a required field

*Procedure Code

D2950

[Search](#)

Procedure Code Description

Tooth Number

--select--

Oral Cavity

--select--

Tooth Surface

--select--

Provider Service Note:

Prosthesis, Crown or Inlay:

--select--

*Requested Units

1

*Requested Dollars

102

*Requested FDOS

2/10/2024

*Requested TDOS

2/22/2024

Service Tracking No

Authorized Units

Authorized Dollars

Authorized FDOS

Authorized TDOS

Remaining Units

Status

Add

Cancel

- Once the 'Service Details' are entered, click **Add** to add the service.

Service Details (Dental) continued

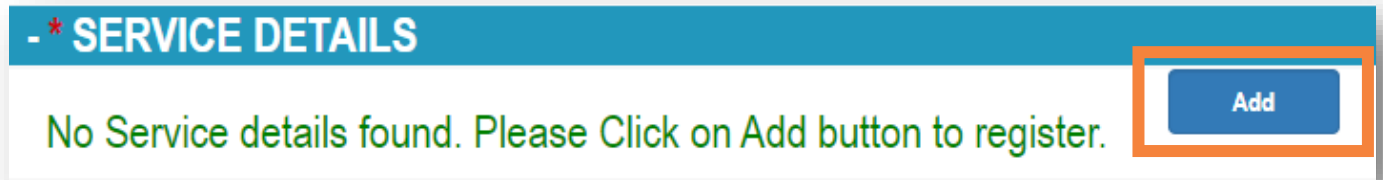


- * SERVICE DETAILS									
Line	Procedure Code	Tooth Number	Oral Cavity	Requested Units	Requested Dollars	Requested FDOS	Requested TDOS	Status	
1	D2950		0	<input type="text" value="1"/>	<input type="text" value="102"/>	<input type="text" value="02/10/2024"/>	<input type="text" value="02/22/2024"/>	Submission Pending	Edit Delete
									Add

- The added service appears on a list and can be edited or deleted.
- Repeat the process to add other service details.

- * SERVICE DETAILS									
Line	Procedure Code	Tooth Number	Oral Cavity	Requested Units	Requested Dollars	Requested FDOS	Requested TDOS	Status	
1	D2950		0	<input type="text" value="1"/>	<input type="text" value="102"/>	<input type="text" value="02/10/2024"/>	<input type="text" value="02/22/2024"/>	Submission Pending	Edit Delete
2	D2950	20	0	<input type="text" value="1"/>	<input type="text" value="110"/>	<input type="text" value="02/20/2024"/>	<input type="text" value="02/22/2024"/>	Submission Pending	Edit Delete
									Add

- Click **Add** to enter service details.



The 'Service Details' to be included are below: (the next slide shows a PNM visual of this information)

- Revenue Code *(If you do not know the code, click 'Search' to open a code lookup window)*
- Procedure Type Code
- Procedure Code *(If you do not know the code, click 'Search' to open a code lookup window)*
- Requested Units *(The number of which you are ordering)*
- Requested Dollars
- Requested From Date of Service *(FDOS)*
- Requested To Date of Service *(TDOS)*
- Procedure Code Description, Provider Service Note, and Level of Care are “as needed” fields to complete.
- Enter a unique Service Tracking Number to reconcile each service requested for the Prior Authorization.

Service Details (Institutional) continued



- * SERVICE DETAILS

No Service details found. Please Click on Add button to register.

Revenue Code

112

[Search](#)

***Procedure Code**

58300

[Search](#)

Procedure Code Description

Provider Service note

Level Of Care

***Procedure Type Code**

HCPCS

***Requested Units**

1

UN-Unit

Requested Dollars

404

***Requested FDOS**

02/02/2024

***Requested TDOS**

02/09/2024

Service Tracking No

Authorized Units

Authorized Dollars

Authorized FDOS

Authorized TDOS

Remaining Units

Status



Add

Cancel

- Once the 'Service Details' are entered, click **Add** to add the service.

Service Details (Institutional) continued



- * SERVICE DETAILS									
Service Line	Revenue Code	*Procedure Code Type	*Procedure Code	*Requested Units	Requested Dollars	*Requested FDOS	*Requested TDOS	Status	
1	<input type="text" value="0112"/>	HCPCS	<input type="text" value="58300"/>	<input type="text" value="1"/>	<input type="text" value="404"/>	<input type="text" value="02/02/2024"/>	<input type="text" value="02/09/2024"/>	<input type="text" value="Submission Pending"/>	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
									<input type="button" value="Add"/>

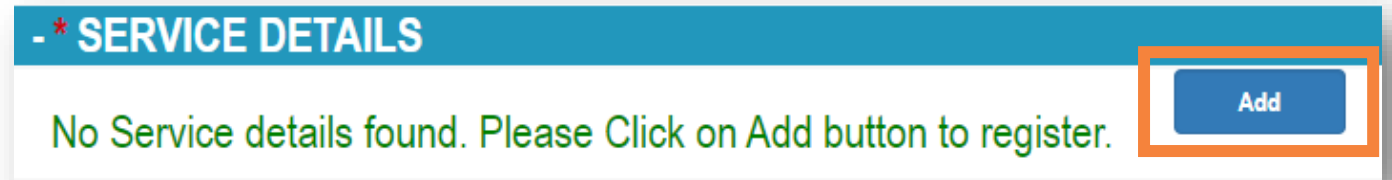
- The added service appears on a list.
- Repeat the process to add other service details.

- * SERVICE DETAILS									
Service Line	Revenue Code	*Procedure Code Type	*Procedure Code	*Requested Units	Requested Dollars	*Requested FDOS	*Requested TDOS	Status	
1	<input type="text" value="0112"/>	HCPCS	<input type="text" value="58300"/>	<input type="text" value="1"/>	<input type="text" value="404"/>	<input type="text" value="02/02/2024"/>	<input type="text" value="02/09/2024"/>	<input type="text" value="Submission Pending"/>	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
2	<input type="text" value="0112"/>	HCPCS	<input type="text" value="J7300"/>	<input type="text" value="1"/>	<input type="text" value="333"/>	<input type="text" value="02/02/2024"/>	<input type="text" value="02/09/2024"/>	<input type="text" value="Submission Pending"/>	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
									<input type="button" value="Add"/>

Service Details (Professional)



- Click **Add** to enter service details.



The 'Service Details' to be included are below: (the next slide shows a PNM visual of this information)

- Procedure Code (*If you do not know the code, click 'Search' to open a code lookup window*)
- Requested Units (*The number of which you are ordering*)
- Requested Dollars
- Requested From Date of Service (*FDOS*)
- Requested To Date of Service (*TDOS*)
- Enter a unique Service Tracking Number to reconcile each service requested for the Prior Authorization.
- Procedure Code Description, Modifier, and Provider Service Note are “as needed” fields to complete.

Service Details (Professional) continued



- * SERVICE DETAILS

No Service details found. Please Click on Add button to register.

***Procedure Code**

G0015

[Search](#)

Procedure Code Description

Modifier:

Provider Service Note:

***Requested Units**

1

UN-Unit ▼ *

***Requested Dollars**

34

***Requested FDOS**

2/26/2024

***Requested TDOS**

2/29/2024

Service Tracking No

Authorized Units

Authorized Dollars

Authorized FDOS

Authorized TDOS

Remaining Units

Status



Add

Cancel

- Once the 'Service Details' are entered, click **Add** to add the service.

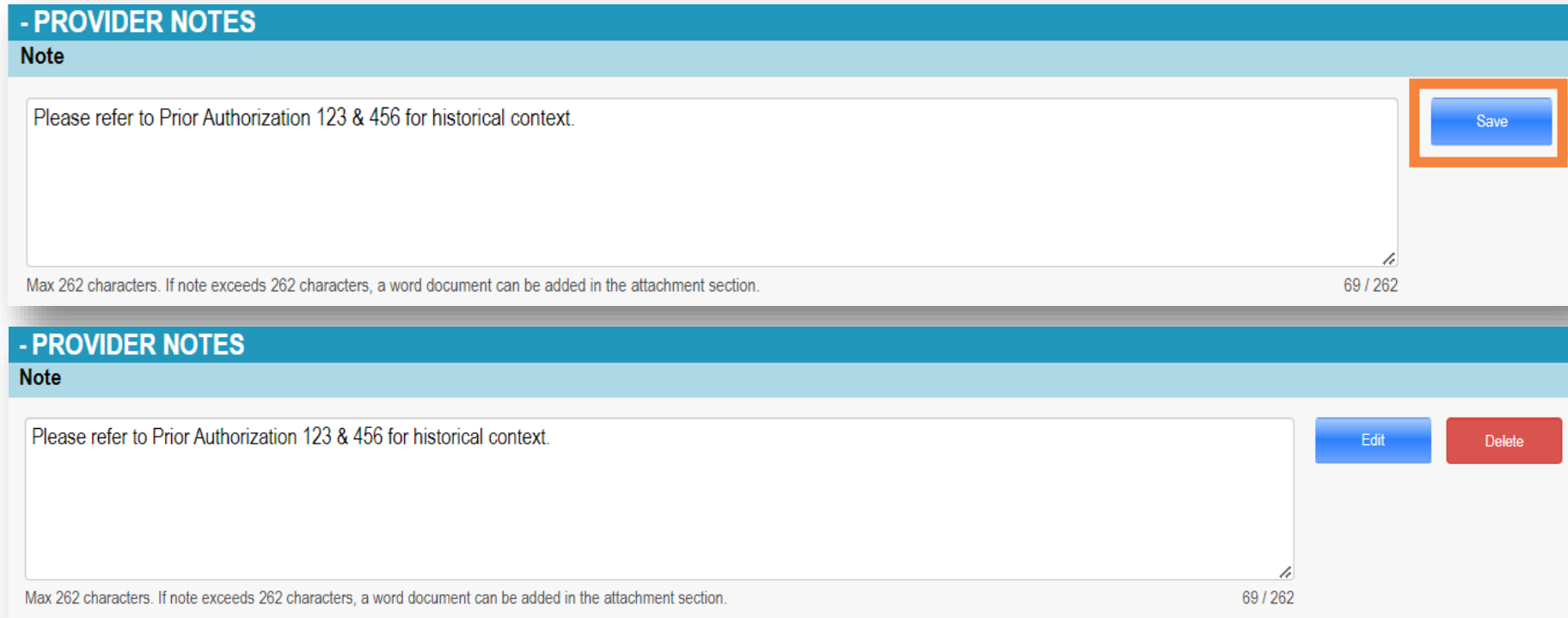
Service Details (Professional) continued



- * SERVICE DETAILS								
Line	Procedure Code Type	Modifier	Requested Units	Requested Dollars	Requested FDOS	Requested TDOS	Status	
1	G0015	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="text"/>	34 <input type="text"/>	02/26/2024 <input type="text"/>	02/29/2024 <input type="text"/>	Submission Pending	Edit Delete
								Add

- The added service appears on a list
- Repeat the process to add other service details

- * SERVICE DETAILS								
Line	Procedure Code Type	Modifier	Requested Units	Requested Dollars	Requested FDOS	Requested TDOS	Status	
1	G0015	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="text"/>	34 <input type="text"/>	02/26/2024 <input type="text"/>	02/29/2024 <input type="text"/>	Submission Pending	Edit Delete
2	0D2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="text"/>	42 <input type="text"/>	02/26/2024 <input type="text"/>	02/29/2024 <input type="text"/>	Submission Pending	Edit Delete
								Add



- PROVIDER NOTES

Note

Please refer to Prior Authorization 123 & 456 for historical context.

Max 262 characters. If note exceeds 262 characters, a word document can be added in the attachment section. 69 / 262

- PROVIDER NOTES

Note

Please refer to Prior Authorization 123 & 456 for historical context.

Max 262 characters. If note exceeds 262 characters, a word document can be added in the attachment section. 69 / 262

Edit Delete

- To add a provider note, expand the panel by clicking the ‘+’ sign.
- Enter any notes related to the Prior Authorization request and then click **Save**.
 - The Save button appears after text is entered in the box.
- Edit and Delete options appear after saving the note.

- Expand the '+' sign next to the 'Reviewer Notes' section to review any notes entered *after* the Prior Authorization is reviewed.

- REVIEWER NOTES	
Line	Note

- Expand the '+' sign next to the 'Outcome of Review' section to view the outcome of the Prior Authorization *after* it is reviewed.
- An outcome for each service requested will display in this section.

- OUTCOME OF REVIEW		
Line	Reason Code	Reason Description

Attachment



- Prior to submitting the prior authorization, make sure to add any supporting medical documentation by expanding the Attachment section (click the '+' icon).
- Click **Choose File**, locate the file on your computer you wish to upload and select the Document Type from the drop-down menu.
- Click **Add**.
- The added attachment appears on a list.
 - Repeat the process to add documents as attachments.

- * ATTACHMENT

* Upload attachment: Chest X-ray.pdf *Document Type: X-Rays Note:

- * ATTACHMENT

Line Item	DOCUMENT ID	Patient Tracking Number	Document Type	Note	
1	1988 2024-33-23 12:33:52		X-Rays	Chest X-ray taken on 4/23	<input type="button" value="Delete"/>

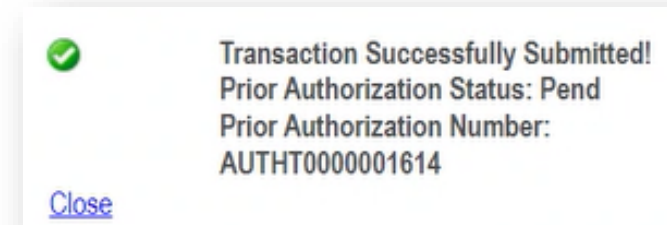
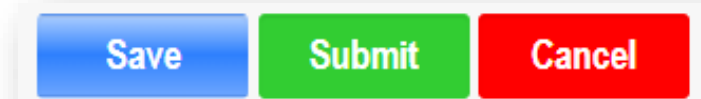
* Upload attachment: No file chosen *Document Type: --- select Document Type --- Note:

- * ATTACHMENT

Line Item	DOCUMENT ID	Patient Tracking Number	Document Type	Note	
1	1988 2024-33-23 12:33:52		X-Rays	Chest X-ray taken on 4/23	<input type="button" value="Delete"/>
2	1989 2024-35-23 12:35:04		Medical Documentation	Image of scan taken on 4/23	<input type="button" value="Delete"/>

* Upload attachment: No file chosen *Document Type: --- select Document Type --- Note:

- When all information for the prior authorization has been entered, click **Submit** located at the bottom of the page.
 - If there are any errors preventing submission, error messages will display at the top of the page in PNM or in a pop-up window.
- A confirmation message appears indicating that the transaction was successfully submitted.
 - Click 'Close.'



Submitting Prior Authorization



*Destination payer is required
*Assignment is required
*Destination Payer ID is required
*Service Type is required
*Medicaid Billing Number is required
*Recipient date of birth is required
*Contact First Name is required
*Contact Last Name is required
*Contact Number is required

*Destination Payer Name:

*Assignment:

- * RECIPIENT INFORMATION

*Medicaid Billing Number

*Date of Birth



Transaction 5959 failed transformation
Error

ERR107026 The Auth Diag Qualifier
specified is missing and/or
invalid.

Please contact EDI support at 800-555-
1212 or support@OMES.com

[Close](#)

- If the **Submit** button is selected and the prior authorization cannot be submitted because of errors with entry in PNM, the system will mark the errors in red at the top of the page.
- These errors are clickable and will navigate you to the panel or highlighted field where the error needs to be addressed.
- If transaction errors (errors in processing the prior authorization by FI) occur, those messages appear in a pop-up window.
- Review the error message description, work to resolve, and **Submit** again.



Validation Error Messages

The request is Invalid. Missing required data.

The Medicaid ID of the member are invalid.

An Invalid Service Category is specified.

The specified Service Code is invalid. The length should be between 1 and 2.

Invalid Auth Diag. Qualifier specified.

Duplicate Diagnosis Codes found.

The specified Diagnosis Code is invalid. The length should be between 1 and 6.

At least one diagnosis code must be entered.

The Service Code is required.

Valid authorization is present for the member by the provider for the specified date.

Prior Authorization Submission Recap

- Select the provider/Medicaid ID for which the claim will be submitted under, from your dashboard.
- Expand the Self Service Selections and click “Prior Authorization.”
- Choose “Submit PA.”
- Select the PA Type: Dental, Institutional, Professional.
- Enter the information related to the PA – a red asterisk within a header indicates information is required in that section and the red asterisk indicates the required field(s) in that section.
- Some sections/panels are situational and can be expanded by clicking the ‘+’ icon.
- Attachments can be added to the PA; the maximum number of documents that can be added on the submission page is 10, with the maximum file size of 10 MB for each file.

Fee-for Service (FFS) Prior Authorizations Session Agenda



Accessing the Self-Service Panel



Submitting a Prior Authorization Request



Prior Authorization Panels



Prior Authorization Summary and Process



Searching for a Prior Authorization



Questions, Training Materials, Upcoming Training Schedule

Gainwell/FI Prior Authorization Fee-for-Service Summary and Process

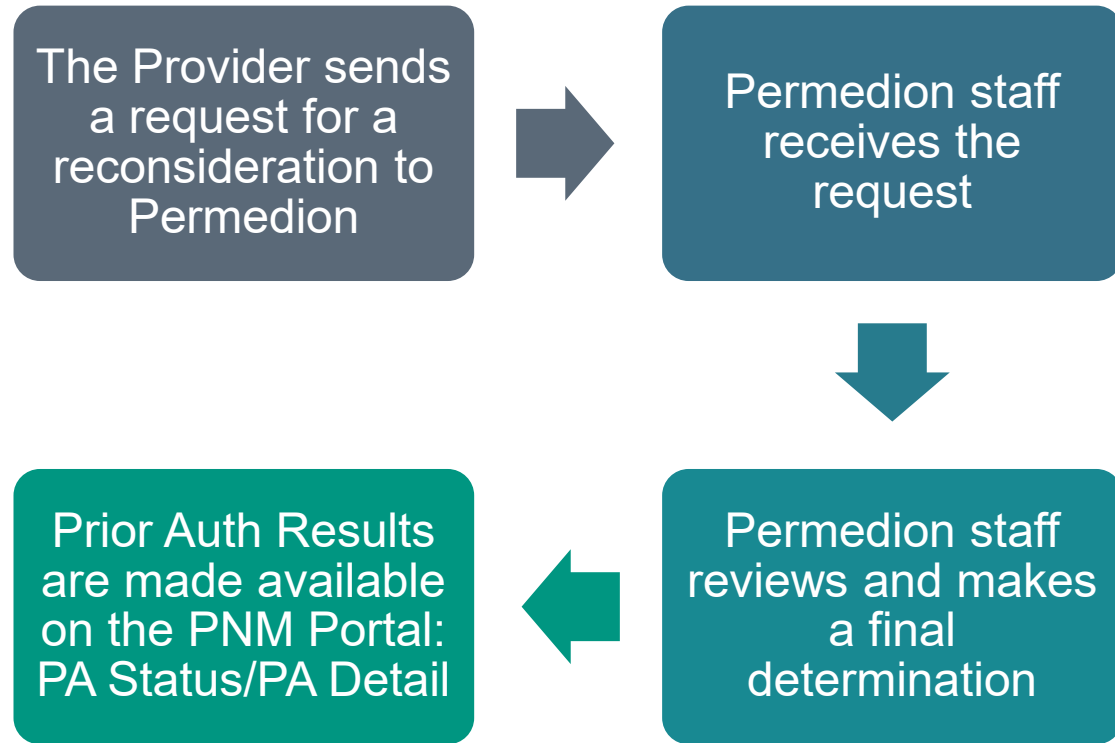


Learn exactly what happens on the backend once the prior authorization request has been submitted through PNM.





- **An approved Prior Authorization request is not a guarantee of payment**
- Permedion has been contracted by the Ohio Department of Medicaid (ODM), to review the necessity and appropriateness of health care services.
- How the PA request is processed is determined by how the request was received, the information submitted within the request, and the PA type.
- PA records stored in the system allow claims to match to the appropriate PA record during claim adjudication.
- Once a PA record is attached to a claim, claim services that process against a PA record will result in a decrement (reduction) of units and/or dollars billed from the available amount until the units and/or dollars are exhausted.
- Once the approved units in the authorization are depleted, the claim will edit during adjudication indicating that the matching authorization units are expended. As claims are adjusted or voided, the units are re-applied to the available unit's field or total budget field to be used by future claims.



Reconsideration:

A denied prior authorization request may be reconsidered if the provider submits a request for reconsideration that is received by ODM or its designee within 60 days of the adverse determination.

A valid request for reconsideration should be emailed to **ODMPA@gainwelltechnologies.com**, or faxed to **(833) 309-2004**, and include the following:

- Medicaid recipient's name and Medicaid number
- Name of requested service or item and billing code
- Date of service or item request
- Clinical documentation supporting medical necessity for the service or item
- A reference to any relevant federal or state law or regulation, if applicable
- An explanation outlining the reason for reconsideration, including supportive information not previously submitted as necessary
- If applicable, an indication of whether the service or item qualifies as “urgent care services”



Letter Name	Purpose
Prior Authorization Notice	Used to communicate to service providers the decision that was made on the prior authorization request. This letter is used for denied Prior Authorizations or modified approved Prior Authorizations.
Hospital PA Decision Notice	Used to communicate to service providers the decision that was made on the hospital inpatient or outpatient prior authorization request (special review).
Transplant Approval Notice	Used to communicate to service providers (the Facility) the approval decision that was made on the transplant request.
Prior Authorization Notice Approval PDN	Used as the Private Duty Nursing (PDN) approval letter.
Certification of Admission Notice	Used to communicate to the inpatient facility the approval decision that was made on the psychiatric inpatient admission pre-certification request.





Letter Name	Purpose
Pre-Certification Denial Notice	Used to communicate to the inpatient facility the denial decision that was made on the psychiatric inpatient admission pre-certification request. This letter is specific to a "technical denial" which indicates the request has been denied because the provider did not submit the correct information in the 24-hr time frame.
Clinical Appeal Determination Notice	Used to communicate to the inpatient facility the outcome of a reconsideration review performed on a previous determination for psychiatric inpatient admission certification. The reconsideration review is performed by an Ohio-licensed/board-certified psychiatrist who practices in Ohio.
Retrospective Certification of Need for Inpatient Psychiatric Hospitalization	Used to communicate to the inpatient facility the approval decision that was made on the retrospective psychiatric inpatient admission pre-certification request.

Provider Correspondence


















My Providers

Account Administration

New Provider ?

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/> 	<input type="text"/> 	All 	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 	All 	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 
 517946 	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	09/20/2023	02/09/2027

- From your homepage/dashboard, click on the Reg ID or Provider Name hyperlink to access the Provider Management Home page.


Provider Correspondence



- Click the hyperlink for 'Provider Correspondence.'
- Select a Correspondence Type from the drop-down .
 - Ex. For Correspondence related to the prior authorization select 'Prior Authorization Notifications.'
- Enter a date range for the search (optional).
- Click **Search**.
- The results will appear at the bottom of the page.

Self Service

- Self Service Selections:




- [View Provider File](#)
- [Provider Correspondence](#)
- [Remittance Advice](#)
- [Recipient Eligibility](#)
- [Claims](#)
- [Prior Authorization](#)
- [Cost Reports and Rate Setting](#)
- [Hospice](#)
- [Provider Financial Self Services](#)
- [Payment Innovation Reports](#)
- [Attachments](#)

* SEARCH CORRESPONDENCE

*Correspondence TYPE

Date Available From: ①

Date Available To: ②



Prior Authorization Notifications ▼

Search

Clear



- Click on the Correspondence you wish to view.
- A pop-up window opens containing the text of the correspondence.
- Click the 'x' in the top-right corner to close the message pop up or click 'Close.'

- CORRESPONDENCE SEARCH RESULT			
Correspondence Subject	Correspondence Type	Date Sent +	Date Viewed
Prior Authorization Notice - Provider Copy.	Prior Authorization Notifications	04/19/2023	NA

Dear Provider,

The Ohio Department of Medicaid (ODM) has made a determination about the request for service(s) or item(s) listed below for the identified member.

Line Item	1
Status	MODIFIED APPROVAL
Service Description	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY AND AT LEAST 3 DAYS/WEEK AND IS BASED ON AN INDIVIDUALIZED TREATMENT PLAN), INCLUDING ASSESSMENT, COUNSELING; CRISIS INTERVENTION, AND ACTIVITY THERAPIES OR EDUCATION (NOT PAYABLE BY MEDICARE)
Modifiers	TG
Units Authorized	26
Dollars Authorized	\$202.00
Service Begin Date	06/13/2022
Service End Date	07/08/2022

Searching for a Prior Authorization



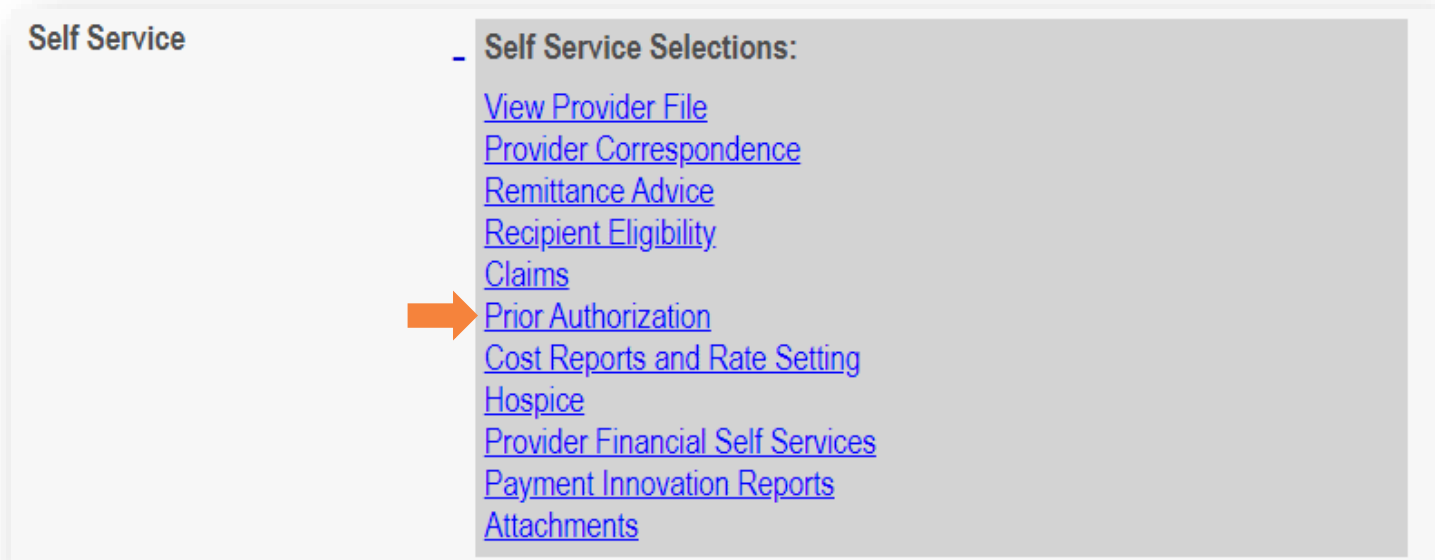
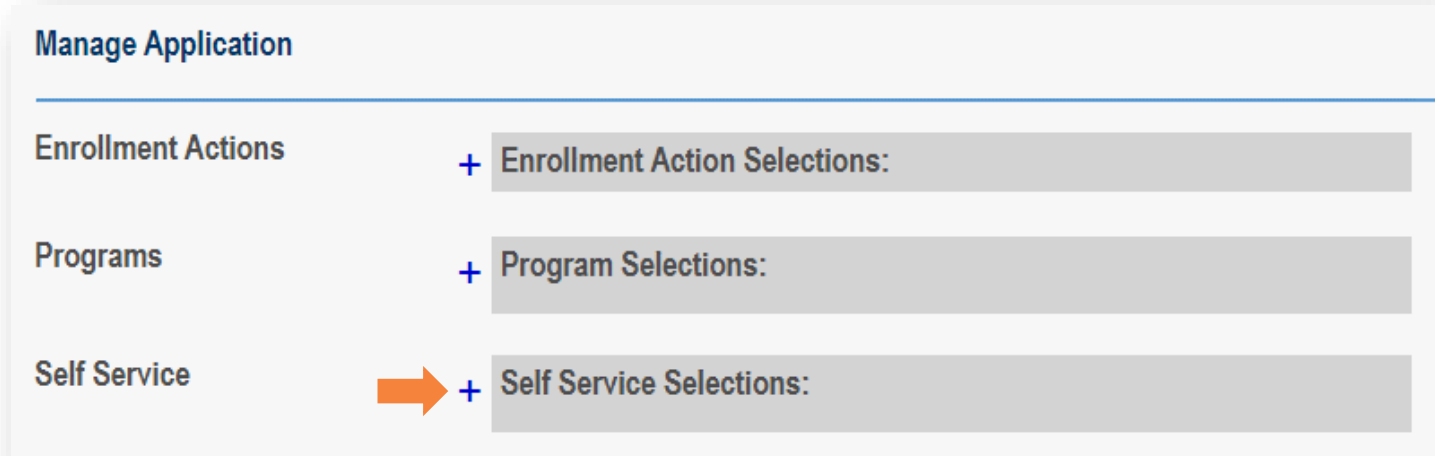
Learn how to search for the status of a previously submitted prior authorization request in the PNM System.



Accessing Self-Service Panel




- On the Provider Management Home Page, locate the Manage Application section.
- Expand the Self Service section.
- From the Self Service Selections, click 'Prior Authorization.'




Search an Existing Prior Authorization



PRIOR AUTHORIZATION SEARCH

Prior Authorization Number :	<input type="text"/>	Patient Tracking Number :	<input type="text"/>
Medicaid Billing Number :	<input type="text"/>	ICD Procedure Code :	<input type="text"/>
Date of Birth :	<input type="text" value="mm/dd/yyyy"/>	Procedure Code :	<input type="text"/>
PA Submission Date :	<input type="text" value="mm/dd/yyyy"/>	Revenue Code :	<input type="text"/>
Status :	<input type="text" value="v"/>	Diagnosis Code :	<input type="text"/>
Ordering Provider NPI :	<input type="text"/>	PA Effective Date :	<input type="text" value="mm/dd/yyyy"/>
 * Payer Name :	<input type="text" value="v"/>	PA Expiration Date :	<input type="text" value="mm/dd/yyyy"/>
Assignment Type :	<input type="text" value="v"/>		

Max Records  **Search** **Clear**

- Enter search criteria in the boxes provided.
 - Payer Name is a required field along with one other field:
 - Prior Authorization Number, Medicaid Billing Number, Patient Tracking Number, Status, Submission Date
- After criteria is entered, click **Search**.



Validation Error Messages

The specified Payor type is invalid. The length should be between 1 and 3. The specify value should be either FFS or Managed Care.

The Prior Auth number cannot be blank.

The specified Prior Auth Number is invalid. The length should be between 1 and 20.

Please enter valid NPI.



Validation Error Messages

The Payor code is required.

The specified Payor type is invalid. The length should be between 1 and 3. The specify value should be either FFS or Managed Care.

The specified Prior Auth Number is invalid. The length should be between 1 and 20.

The specified Patient Event Tracking Number is invalid. The length should be between 1 and 50.

Please enter valid NPI.

The specified Assignment Type Code is invalid. The length should be between 1 and 2.

The specified Service Code is invalid. The length should be between 1 and 2.

The specified ICD Procedure Code is invalid. The length should be between 1 and 7.

The specified CPT/HCPCS Service Code is invalid. The length should be between 1 and 6.

The specified Revenue Code is invalid. The length should be between 1 and 6.



Validation Error Messages

The specified Diagnosis Code is invalid. The length should be between 1 and 6.

The specified Ordering Provider Id is invalid. The length should be between 1 and 20.

The Requesting Provider Id is required.

The specified Requesting Provider Id is invalid. The length should be between 7 and 20.

Max Records must be between 1 and 100

Existing Prior Authorization Search Results



- Search results display at the bottom of the page.
- To view details of the specific Prior Authorization, click on the blue hyperlink listed under PA Number or Patient Tracking Number.

There may be multiple entries with the same PA number on the search results. Clicking any of the links with that number will allow you to review PA details.

PRIOR AUTHORIZATION SEARCH

Prior Authorization Number :	<input type="text"/>	Patient Tracking Number :	<input type="text"/>
Medicaid Billing Number :	<input type="text"/>	ICD Procedure Code :	<input type="text"/>
Date of Birth :	<input type="text" value="mm/dd/yyyy"/>	Procedure Code :	<input type="text"/>
PA Submission Date :	<input type="text" value="mm/dd/yyyy"/>	Revenue Code :	<input type="text"/>
Status :	<input type="text" value=""/>	Diagnosis Code :	<input type="text"/>
Ordering Provider NPI :	<input type="text"/>	PA Effective Date :	<input type="text" value="mm/dd/yyyy"/>
* Payer Name :	<input type="text" value="Ohio Department of Medicaid"/>	PA Expiration Date :	<input type="text" value="mm/dd/yyyy"/>
Assignment Type :	<input type="text" value=""/>		

Max Records

SearchClear

PRIOR AUTHORIZATION SEARCH RESULT

PA Number	Medicaid Billing number	Patient Tracking Number	Last Name	First Name, MI	Status	ICD Procedure Code	Procedure Code	Diagnosis Code	Revenue Code	PA Effective Date
AUTH0000002626	189923988189		POWELL	CHRISTY	PEND			F333		2023-09-21
AUTH0000002628	254222581258	22222	REDMAN	EARTHEN T	DENIED		D0120			2023-09-12
AUTH0000002741	254222581258	22222	REDMAN	EARTHEN T	APPROVED		D0120			2023-09-12
AUTH0000002740	102530918309		SMITH	ROBERT K	PEND		D0120			2023-10-31
AUTH0000002734	011004633004		REESE	ROGER	INPROCESS		D0120			2023-10-31

1 2 3 4 5 6 7 8 9 10 ...

Existing Prior Authorization Search Results



- Details of the Prior Authorization are in the top-right corner of the page.
- Scan through each of the panels of the prior authorization to see specific details returned in that section.

Prior Authorization Type

☐ Dental ☐ Professional ☒ Institutional

PA Status: Pend

PA Number: AUTH0000001590

PA Submission Date: 03/06/2023

PA Effective Date: 03/16/2023

PA Expiration Date: 03/17/2023

*Destination Payer Name: Ohio Department of Medicaid

*Destination Payer ID: MMISODJFS - Ohio Department of

*Assignment: Hospital Inpatient

*Service Type: Medical Care

- * RECIPIENT INFORMATION

*Medicaid Billing Number: 649

*Date of Birth: 07/16/19

Last Name:

First Name: MARGARET

Middle Name: J

Patient Tracking Number:

Gender: Female

Address 1:

Address 2:

City:

State: OH

Zip Code: 44854

- * REQUESTER CONTACT INFORMATION

*Contact First Name: MARQ

*Contact Last Name: CLUNG

*Contact Number:

Contact Extension:

Contact Information

Phone Number

Ohio Dept of Medicaid
Integrated Help Desk

1-800-686-1516

PNM Assistance/Error Messages: *Option 2 followed by Option 3*

Ohio Medicaid Enrollment/Credentialing Questions:
Option 2 followed by Option 2

Emails

ODM Integrated Help Desk

ihd@medicaid.ohio.gov

PNM Troubleshooting/
Error Messages

pnmsupport@medicaid.ohio.gov

Ohio Medicaid Enrollment
(for updates to specialties)

Medicaid_Provider_Update@medicaid.ohio.gov

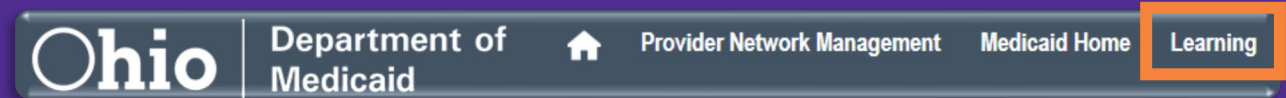
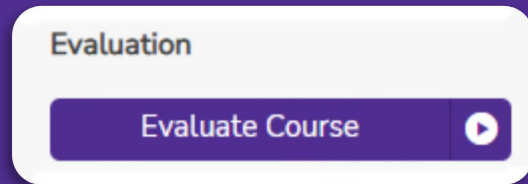
Ohio Medicaid Credentialing
Questions

credentialing@medicaid.ohio.gov

Training Assistance and
Resources

ohiotrainingteam@maximus.com

Thank you for joining!



- Please evaluate this course in Absorb, by locating the course title, and provide us with your feedback which allows for improvements to future training sessions.
- Training materials & guides can be found in the Absorb LMS and on the 'Learning' tab within PNM.
- For help with PNM or Absorb, email the Maximus Training Team at ohiotrainingteam@maximus.com.