

PRIOR AUTHORIZATION – LIFELINE
Desk Manual

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MMIS: Important Contact Information

DHS Service Desk email address:

ServiceDesk.dhs@state.or.us

HS Service Desk Phone Line:

1-503-945-5623

INTRODUCTION

Lifeline Prior Authorization

The new MMIS has a subsystem component called Prior Authorization. This replaces the ELGP screen used for recording authorization for Lifeline. The procedure codes will not change.

In the new MMIS system, SPD will be using the Prior Authorization subsystem to authorize initial Lifeline installation and the monthly lifeline fee as the ELGP screen will no longer exist. There are a few changes in the process of the Prior Authorization subsystem. In this subsystem once a prior authorization is entered the request cannot be deleted. A service code is not needed. You can go into the prior authorization subsystem and make changes, if needed. Also, once the prior authorization has been used to pay the claim, the line items on the prior authorization can't be changed.

The procedure codes will remain the same. You will continue to use S5160 for installation and S5161 for monthly rental. The process being used in your local field offices to obtain the authorization will remain the same.

The following procedures will show you how to search for a prior authorization, add a new prior authorization, and make changes to an existing prior authorization.

To view prior authorizations:

Step Action	Typed Response
1. Point to Prior Authorization on the menu bar.	
2. Drop-down list displays.	Left click on "search"

“Prior Authorization Search” panel appears.

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Home Claims Drug Financial Managed Care MAR POC **Prior Authorization** Provider EDI Recipient Reference TPL CTMS Site EDMS Help

home search information dur plus related data

Prior Authorization Search ? ^

Prior Authorization	<input type="text"/>	Current ID	<input type="text"/> [Search]	
Provider ID	<input type="text"/> [Search]	Division	<input type="text"/>	
Diagnosis	<input type="text"/> [Search]	Analyst	<input type="text"/> [Search]	<input type="button" value="search"/>
Reviewer	<input type="text"/> [Search]	Assignment Code	<input type="text"/>	<input type="button" value="clear"/>
Route To Clerk	<input type="text"/> [Search]	Emergency	<input type="text"/>	<input type="button" value="adv search"/>
		Records	20	<input type="button" value="add"/>

To explore on the Prior Authorization Search Panel:

1. Type current client ID (Prime number). To eliminate other prior authorizations from showing in the search results (e.g. DMAP and AMH) in the Division field choose “SPD - Lifeline.”
2. Left click on “search” found at the lower right-hand side of the panel.

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Home Claims Drug Financial Managed Care MAR POC **Prior Authorization** Provider EDI Recipient Reference TPL CTMS Site EDMS Help

home search information dur plus related data

Prior Authorization Search ? ^

Prior Authorization	<input type="text"/>	Current ID	AEW00L1F [Search]	
Provider ID	<input type="text"/> [Search]	Division	<input type="text"/>	
Diagnosis	<input type="text"/> [Search]	Analyst	<input type="text"/> [Search]	<input type="button" value="search"/>
Reviewer	<input type="text"/> [Search]	Assignment Code	<input type="text"/>	<input type="button" value="clear"/>
Route To Clerk	<input type="text"/> [Search]	Emergency	<input type="text"/>	<input type="button" value="adv search"/>
		Records	20	<input type="button" value="add"/>

3. If “no rows found” appears in the “search results” a new prior authorization can be entered.

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Home Claims Drug Financial Managed Care MAR POC **Prior Authorization** Provider EDI Recipient Reference TPL CTMS Site EDMS Help

home search information dur plus related data

Prior Authorization Search ? ^

Prior Authorization	<input type="text"/>	Current ID	AEW00L1F [Search]	
Provider ID	<input type="text"/> [Search]	Division	<input type="text"/>	
Diagnosis	<input type="text"/> [Search]	Analyst	<input type="text"/> [Search]	<input type="button" value="search"/>
Reviewer	<input type="text"/> [Search]	Assignment Code	<input type="text"/>	<input type="button" value="clear"/>
Route To Clerk	<input type="text"/> [Search]	Emergency	<input type="text"/>	<input type="button" value="adv search"/>
		Records	20	<input type="button" value="add"/>

Search Results

*** No rows found ***

- If there is only one Lifeline Prior Authorization the “Prior Authorization Information” panel and the “Prior Authorization Maintenance” panel will appear. Scroll down to the “Prior Authorization Maintenance” panel and left click on “line item.” The “Base Information” panel and the “line item” panel will appear. Follow the instructions for completing these panels.

The screenshot shows the 'Prior Authorization Information' panel with the following details:

PA Number	8008285002	Current ID	AEA00L1F	Provider ID	1881738300 NPI
Reviewer		Last Name	SPD	Referring Provider ID	
Review Date	10/11/2008	First Name	THIRTY	Date Received	10/11/2008
PA Assignment	SPD - CRN	DOB	05/05/1950	Media Type	PAPER
Fund Code		Clerk Keyed	VFRANK	Analyst	VFRANK
Division	SPD - Contract RN	Date Keyed	10/11/2008	Route To Clerk	
Update Received		Update Reviewed		Diagnosis 1	
Admin Review	<input type="checkbox"/>	Emergency	ROUTINE	Diagnosis 2	
Appeals	<input type="checkbox"/>	Accident	NO	Diagnosis 3	
Internal Text	<input type="checkbox"/>	Special Considerations	NO	Diagnosis 4	
Reason Code / External Text List	<input type="checkbox"/>	Initial Submission Documentation	NO	Diagnosis 5	
Super PA	<input type="checkbox"/>				

The 'Prior Authorization Maintenance' panel shows a list of options to select for modification:

- Administrative Review
- Base Information
- Internal Text
- Miscellaneous Address
- Super PA
- Appeals
- Claim List
- Letters
- Non Medicaid Provider
- Attachment
- External Text
- Line Item
- Notice Selection

- If multiple search results appear, review the lines to determine if any search results match the requested prior authorization. If no search results match, a new prior authorization can be entered. If a search result matches (overlapping dates), you will either need to review the match and determine if information needs to be modified or file if it is a duplicate request.

The screenshot shows the 'Prior Authorization Search' panel with the following search criteria:

- Prior Authorization: [Search]
- Provider ID: [Search]
- Diagnosis: [Search]
- Reviewer: [Search]
- Route To Clerk: [Search]
- Current ID: AEA00L1F [Search]
- Division: [Dropdown]
- Analyst: [Search]
- Assignment Code: [Dropdown]
- Emergency: [Dropdown]
- Records: 20

The search results table is as follows:

PA Number	Line Item	Authorized Eff. Date	Authorized End Date	Assignment Code	Provider	Service Provider	Service Code	Service Code Thru	Status	Current ID	Emergency
8008285002	01	12/01/2008	12/30/2008	SPD - CRN	1881738300 NPI	1881738300 NPI	55110		Approved	AEA00L1F	R
8008283001	01	09/01/2008	09/01/2008	SPD - CRN	1881738300 NPI	1881738300 NPI	99347		Approved	AEA00L1F	R
8008284001	01	10/01/2008	10/31/2008	SPD - CRN	1881738300 NPI	1881738300 NPI	99347		Approved	AEA00L1F	R
8008285001	01	11/01/2008	11/30/2008	SPD - CRN	1881738300 NPI	1881738300 NPI	99347		Approved	AEA00L1F	R
8008285003	01	11/01/2008	11/30/2008	SPD - CRN	1881738300 NPI	1881738300 NPI	55115		Approved	AEA00L1F	R
8008287002	01	08/01/2008	08/15/2008	SPD - CRN	1881738300 NPI	1881738300 NPI	99347		Approved	AEA00L1F	R

ADDING A NEW PRIOR AUTHORIZATION:

To add a new prior authorization from the “Prior Authorization Search” panel if “no rows found” appeared, left click on the “add” feature from the lower right-hand corner of the “Prior Authorization Search” panel.

The following panels will appear in order listed:

- Prior Authorization Information;
- Prior Authorization Maintenance; and
- Base Information Panel
- Line Item Panel
- Notice Selection

Next search by:

Prior Authorization Information		
PA Number	Current ID	Provider ID
Reviewer	Last Name	Referring Provider ID
Review Date	First Name	Date Received 11/13/2008
PA Assignment	DOB	Media Type ONLINE
Fund Code	Clerk Keyed	Analyst
Division	Date Keyed 11/13/2008	Route To Clerk
Admin Review <input type="checkbox"/>	Update Received	Diagnosis 1
Appeals <input type="checkbox"/>	Update Reviewed	Diagnosis 2
Internal Text <input type="checkbox"/>	Emergency ROUTINE	Diagnosis 3
Reason Code / External Text List <input type="checkbox"/>	Accident NO	Diagnosis 4
Super PA <input type="checkbox"/>	Special Considerations NO	Diagnosis 5
	Initial Submission Documentation NO	

Prior Authorization Maintenance - Complete the Panels below then select Save to add the new Prior Authorization. Prefs T

Prior Authorization	Administrative Review	Appeals	Attachment
	Base Information	Claim List	External Text
	Internal Text	Letters	Line Item
	Miscellaneous Address	Non Medicaid Provider	Notice Selection
	Super PA		

Base Information Top Nav

Provider ID <input type="text"/> [Search]	Vendor Patient Account Number <input type="text"/>
Referring Provider ID <input type="text"/> [Search]	Division <input type="text"/>
PA Assignment* <input type="text"/>	Fund Code <input type="text"/>
Current ID* <input type="text"/> [Search]	Update Reviewed <input type="text"/>
Update Received <input type="text"/>	Reviewer <input type="text"/> [Search]
Emergency* <input type="text"/> Routine	Route To Clerk <input type="text"/> [Search]
Accident* <input type="text"/> No	Special Considerations* <input type="text"/> No
Media Type* <input type="text"/> ONLINE	

-Diagnosis Code- Select row below to update -or- type data below to add.
*** No rows found ***

Diagnosis Number <input type="text"/>	Diagnosis Code <input type="text"/> [Search]
Diagnosis Name <input type="text"/>	

Line Item Top Nav

*** No rows found ***

Select row above to update -or- click Add button below.

Line Item <input type="text"/>	ICD9 Code <input type="text"/> [Search]	Requested Eff. Date <input type="text"/>
Service Type Code <input type="text"/>	Thru Service <input type="text"/> [Search]	Requested End Date <input type="text"/>
Procedure Code <input type="text"/> [Search]	Modifier 2 <input type="text"/> [Search]	Requested Units <input type="text"/>
Modifier 1 <input type="text"/> [Search]	Modifier 4 <input type="text"/> [Search]	Requested Dollars <input type="text"/>
Modifier 3 <input type="text"/> [Search]	Quad <input type="text"/> [Search]	Authorized Eff. Date <input type="text"/>
Tooth <input type="text"/> [Search]	NDC Code <input type="text"/> [Search]	Authorized End Date <input type="text"/>
NDC Lock <input type="text"/>	Revenue Code Thru <input type="text"/> [Search]	Authorized Units <input type="text"/>
Revenue Code <input type="text"/> [Search]	Reference to PA Number <input type="text"/>	Authorized Dollars <input type="text"/>
Status <input type="text"/> 4 - Agency Authorized	Print Option <input type="text"/> Batch	Payment Method <input type="text"/> Pay Cap Amount
Service Provider Check <input type="text"/> All Service Providers	Date Mailed <input type="text"/>	Balance Units <input type="text"/>
Service Provider ID <input type="text"/> [Search]		Balance Dollars <input type="text"/>
Hearing Rights <input type="text"/> DMAP OHP		Quantity Used Units <input type="text"/>
Diagnosis Notes <input type="text"/>		Quantity Used Dollars <input type="text"/>

-Reason Code- Select row below to update -or- type data below to add.
*** No rows found ***

Notice Selection Top Nav

Client* <input type="text"/> Yes	Client Branch* <input type="text"/> Yes	Provider* <input type="text"/> Yes	Servicing Provider* <input type="text"/> Yes
Non-Medicaid Provider* <input type="text"/> Yes	Referring Provider* <input type="text"/> Yes	Miscellaneous 1* <input type="text"/> No	Miscellaneous 2* <input type="text"/> No
Miscellaneous 3* <input type="text"/> No			

Scroll down to the “Base Information Panel.” To add information on the Base Information panel follow the steps below:

Step Action	Typed Response
1. Provider ID	1. Enter the six digit Provider Number
2. PA Assignment	2. Select “other”
3. Current ID	3. Enter client prime number
4. Emergency	4. Select “routine”
5. Accident	5. Select “no”
6. Media Type	6. Select appropriate choice
7. Division	7. Select “SPD-Lifeline”
8. Special Considerations	8. Defaults to “no” do not change

Do not enter any diagnosis codes.

Scroll down to the “line item” panel to the lower right-hand corner and left click on the “add” feature. Once the “add” button is selected, the system will automatically create a prior authorization number. The print color in selected areas will change from gray to black. Click into the field into which you want to enter data. Use the “tab” key on your keyboard to have the system process that information. In some cases the cursor will go to the next field, otherwise use your mouse to click into the next field where you want to do data entry. DO NOT hit ENTER as it will process the prior authorization prematurely.

The screenshot shows a 'Line Item' form with the following fields and sections:

- Line Item Section:** Line Item, Service Type Code, Procedure Code, Modifier 1, Modifier 3, Tooth, NDC Lock, Revenue Code, Status (4 - Agency Authorized), Service Provider Check (All Service Providers), Service Provider ID, Hearing Rights (DMAP OHP), Diagnosis Notes.
- ICD9 Code Section:** ICD9 Code, Thru Service, Modifier 2, Modifier 4, Quad, NDC Code, Revenue Code Thru, Reference to PA Number, Print Option (Batch), Date Mailed.
- Requested Eff. Date Section:** Requested Eff. Date, Requested End Date, Requested Units, Requested Dollars, Authorized Eff. Date, Authorized End Date, Authorized Units, Authorized Dollars, Payment Method (Pay Cap Amount), Balance Units, Balance Dollars, Quantity Used Units, Quantity Used Dollars.
- Reason Code Section:** -Reason Code-

Procedure Code – S5160 – Installation:

Step Action	Typed Response
1. Service Type Code	1. Select “procedure code”
2. Procedure Code	2. Enter the procedure code S5160 for installation. You will enter one procedure code per a “line item” panel for this code. This process will not use the “thru service” field.
3. Status	3. Select “approved”
4. Service Provider check	4. Select “all service providers”
5. Service Provider ID	5. Enter Lifeline provider number
6. Hearing Rights	6. Defaults to “no” - do not change
7. Print Option	7. Select “batch”
8. Requested Effective date	8. Enter start date Lifeline requested.
9. Requested End Date	9. Enter end date for Lifeline.
10. Requested Units	10. Enter 1 unit for installation procedure code.
11. Requested Dollars	11. Do not enter a dollar amount. The computer will search by provider number and procedure code.
12. Authorized Effective Date	12. Enter date being authorized
13. Authorized End Date	13. Enter date being authorized
14. Authorized Units	14. Enter 1 unit for the installation procedure code
15. Authorized Dollars	15. Do not enter a dollar amount. The computer will search by provider number and procedure code.
16. Payment Method	16. Select “Pay System Price”

Do not enter information in the “reason code” panel.

“Notice Selection” panel:

The notice section will automatically default to “No” for the Client and Client Branch. The Provider will get a copy of the PA notice. There is currently no business reason to change any of these settings.

Second Procedure Code S5161 (monthly fee):

Once you have entered the required information for the first procedure code, go to the “add” button in the lower right-hand corner and left click. A second “line item” panel will appear. Follow the instructions on page 9 with the following changes: Procedure code is S5161; units requested and units authorized (1 unit equals one month – if you are authorizing 12 months input 12 units).

Scroll up to the “prior authorization maintenance” panel and click on “save.” If save is successful a message will appear “Save is Successful. All panels saved.” Otherwise, error message(s) will appear. All errors must be corrected before the prior authorization will be saved.

Withdrawing a Prior Authorization:

If a prior authorization is entered and saved with incorrect information, the prior authorization can be “withdrawn” if the action is taken the same day the information is entered and saved.

- Bring up the prior authorization you want to withdraw. Go into the “line item” panel and change the “approved” to “withdrawn.” You will then need to select the appropriate “reason” code.

- Scroll up to the “prior authorization maintenance” panel and left click on “save.” The authorization will change from “approved” to “withdrawn.” A prior authorization notice will not be printed. You can then create a new prior authorization with the correct information.

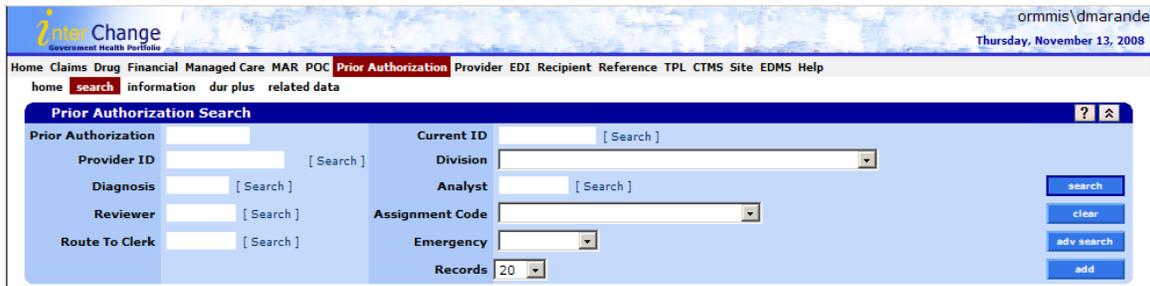
To enter another new prior authorization:

To enter another new prior authorization scroll up to the menu bar and left click on “search.” The “prior authorization” search panel will appear. Follow the instructions to search for a prior authorization on page 4 and 5 and creating a new prior authorization on pages 6 through 10.

CHANGES TO A PREVIOUS PRIOR AUTHORIZATION

Point to “prior authorization” listed on the main menu bar. Then left click on “search” from the drop down menu.

The “prior authorization search” panel will appear.



Panel: Prior Authorization Search

<ol style="list-style-type: none"> 1. Select the prior authorization tab 2. Division 3. Move to the lower right-hand corner of the panel 	<ol style="list-style-type: none"> 1. Enter the prior authorization number or current client ID number. 2. Select SPD - Lifeline 3. Left click on “search”
---	---

If you enter the prior authorization number in the search authorization panel only that prior authorization will show in the search. If you enter only the current ID number the following searches may appear:

The “Prior Authorization Information” panel and the “Prior Authorization Maintenance” panel will appear if there is only one existing prior authorization.

The screenshot shows the 'Prior Authorization Information' panel with the following details:

- PA Number: 8008285002
- Current ID: AEA00L1F
- Provider ID: 1881738300 NPI
- Reviewer: [Blank]
- Last Name: SPD
- Referring Provider ID: [Blank]
- Review Date: 10/11/2008
- First Name: THIRTY
- Date Received: 10/11/2008
- PA Assignment: SPD - CRN
- DOB: 05/05/1950
- Media Type: PAPER
- Fund Code: [Blank]
- Clerk Keyed: VFRANK
- Analyst: VFRANK
- Division: SPD - Contract RN
- Date Keyed: 10/11/2008
- Route To Clerk: [Blank]
- Update Received: [Blank]
- Update Reviewed: [Blank]
- Admin Review:
- Appeals:
- Internal Text:
- Reason Code / External Text List:
- Super PA:
- Emergency: ROUTINE
- Accident: NO
- Special Considerations: NO
- Initial Submission Documentation: NO
- Diagnosis 1: [Blank]
- Diagnosis 2: [Blank]
- Diagnosis 3: [Blank]
- Diagnosis 4: [Blank]
- Diagnosis 5: [Blank]

The 'Prior Authorization Maintenance' panel below it lists options to add or modify below:

- Administrative Review
- Base Information
- Internal Text
- Miscellaneous Address
- Super PA
- Appeals
- Claim List
- Letters
- Non Medicaid Provider
- Attachment
- External Text
- Line Item
- Notice Selection

If there are multiple prior authorizations, the “Prior Authorization Search Results” panel will appear showing all results.

The screenshot shows the 'Prior Authorization Search Results' panel with the following search criteria:

- Prior Authorization: [Blank]
- Current ID: AEA00L1F [Search]
- Provider ID: [Blank] [Search]
- Division: [Blank]
- Diagnosis: [Blank] [Search]
- Analyst: [Blank] [Search]
- Reviewer: [Blank] [Search]
- Assignment Code: [Blank]
- Route To Clerk: [Blank] [Search]
- Emergency: [Blank]
- Records: 20

The search results table is as follows:

PA Number	Line Item	Authorized Eff. Date	Authorized End Date	Assignment Code	Provider	Service Provider	Service Code	Service Code Thru	Status	Current ID	Emergency	
8008285002	01	12/01/2008	12/30/2008	SPD - CRN	1881738300	NPI	1881738300	NPI	55110	Approved	AEA00L1F	R
8008283001	01	09/01/2008	09/01/2008	SPD - CRN	1881738300	NPI	1881738300	NPI	99347	Approved	AEA00L1F	R
8008284001	01	10/01/2008	10/31/2008	SPD - CRN	1881738300	NPI	1881738300	NPI	99347	Approved	AEA00L1F	R
8008285001	01	11/01/2008	11/30/2008	SPD - CRN	1881738300	NPI	1881738300	NPI	99347	Approved	AEA00L1F	R
8008285003	01	11/01/2008	11/30/2008	SPD - CRN	1881738300	NPI	1881738300	NPI	55115	Approved	AEA00L1F	R
8008287002	01	08/01/2008	08/15/2008	SPD - CRN	1881738300	NPI	1881738300	NPI	99347	Approved	AEA00L1F	R

Select the one you want to change by left-clicking on the appropriate row. The following will appear:

[Home](#) [Claims](#) [Drug](#) [Financial](#) [Managed](#) [Care](#) [MAR](#) [POC](#) **Prior Authorization** [Provider](#) [EDI](#) [Recipient](#) [Reference](#) [TPL](#) [CTMS](#) [Site](#) [EDMS](#) [Help](#)

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home search **information** dur plus related data

Next search by:

Prior Authorization Information					
PA Number	8008285002	Current ID	AEA00L1F	Provider ID	1881738300 NPI
Reviewer		Last Name	SPD	Referring Provider ID	
Review Date	10/11/2008	First Name	THIRTY	Date Received	10/11/2008
PA Assignment	SPD - CRN	DOB	05/05/1950	Media Type	PAPER
Fund Code		Clerk Keyed	VFRANK	Analyst	VFRANK
Division	SPD - Contract RN	Date Keyed	10/11/2008	Route To Clerk	
Admin Review	<input type="checkbox"/>	Update Received		Diagnosis 1	
Appeals	<input type="checkbox"/>	Update Reviewed		Diagnosis 2	
Internal Text	<input type="checkbox"/>	Emergency	ROUTINE	Diagnosis 3	
Reason Code / External Text List	<input type="checkbox"/>	Accident	NO	Diagnosis 4	
Super PA	<input type="checkbox"/>	Special Considerations	NO	Diagnosis 5	
		Initial Submission Documentation	NO		

Prior Authorization Maintenance		- Select Prior Authorization area to add or modify below.	
Prior Authorization	Administrative Review	Appeals	Attachment
	Base Information	Claim List	External Text
	Internal Text	Letters	Line Item
	Miscellaneous Address	Non Medicaid Provider	Notice Selection
	Super PA		

Scroll down to “Prior Authorization Maintenance” panel. Select “line item” and left click.

The “Base Information” panel will appear.

Base Information	
Provider ID	1881738300 NPI [Search]
Referring Provider ID	[Search]
PA Assignment*	SPD - CRN
Current ID*	AEA00L1F [Search]
Update Received	
Emergency*	Routine
Accident*	No
Media Type*	PAPER
Vendor Patient Account Number	
Division	SPD - Contract RN
Fund Code	
Update Reviewed	
Reviewer	[Search]
Route To Clerk	[Search]
Special Considerations*	No
-Diagnosis Code-	
*** No rows found ***	
Diagnosis Number	[Search]
Diagnosis Code	[Search]
Diagnosis Name	

Scroll down to the “Line Item” panel and left click on the row shaded “light blue.”

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Procedure Code	Service Provider ID	Thru Service	NDC Code	Revenue Code	Revenue Code Thru	ICD9 Code	Status
01	2	\$30.00	2	\$30.00	S5110	1881738300 NPI						Approved

Select row above to update -or- click Add button below.

Line Item:

Service Type Code:

Procedure Code: [Search]

Modifier 1: [Search]

Modifier 3: [Search]

Tooth: [Search]

NDC Lock:

Revenue Code: [Search]

Status:

Service Provider Check:

Service Provider ID: [Search]

Hearing Rights:

Diagnosis Notes:

ICD9 Code: [Search]

Thru Service: [Search]

Modifier 2: [Search]

Modifier 4: [Search]

Quad: [Search]

NDC Code: [Search]

Revenue Code Thru: [Search]

Reference to PA Number:

Print Option:

Date Mailed:

Requested Eff. Date:

Requested End Date:

Requested Units:

Requested Dollars:

Authorized Eff. Date:

Authorized End Date:

Authorized Units:

Authorized Dollars:

Payment Method:

Balance Units:

Balance Dollars:

Quantity Used Units:

Quantity Used Dollars:

[add](#)

-Reason Code- Select row below to update -or- type data below to add.

*** No rows found ***

The specific prior authorization information will appear in the “line item” panel with a heading “Type changes below.”

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Procedure Code	Service Provider ID	Thru Service	NDC Code	Revenue Code	Revenue Code Thru	ICD9 Code	Status
01	2	\$30.00	2	\$30.00	S5110	1881738300 NPI						Approved

Type changes below.

Line Item:

Service Type Code*:

Procedure Code: [Search]

Modifier 1: [Search]

Modifier 3: [Search]

Tooth: [Search]

NDC Lock:

Revenue Code:

Status*:

Service Provider Check*:

Service Provider ID: NPI [Search]

Hearing Rights*:

Diagnosis Notes:

ICD9 Code:

Thru Service: [Search]

Modifier 2: [Search]

Modifier 4: [Search]

Quad: [Search]

NDC Code:

Revenue Code Thru:

Reference to PA Number:

Print Option*:

Date Mailed:

Requested Eff. Date*:

Requested End Date*:

Requested Units:

Requested Dollars:

Authorized Eff. Date:

Authorized End Date:

Authorized Units:

Authorized Dollars:

Payment Method*:

Balance Units:

Balance Dollars:

Quantity Used Units:

Quantity Used Dollars:

[add](#)

-Reason Code- Select row below to update -or- type data below to add.

*** No rows found ***

Reason Code	Reason Description
<input type="text"/>	<input type="text"/>

[delete](#) [add](#)

- Left click on the line item tab(s) to be updated. In this example the requested and authorized units were changed from two to six.

Line Item										Top	Nav	?	A	X
Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Procedure Code	Service Provider ID	Thru Service	NDC Code	Revenue Code	Revenue Code Thru	ICD9 Code	Status		
01	6	\$30.00	6	\$30.00	S5110	1881738300 NPI						Approved		
Type changes below.														
Line Item	01													
Service Type Code*	Procedure Code		ICD9 Code		Requested Eff. Date*		12/01/2008							
Procedure Code	S5110 [Search]		Thru Service		Requested End Date*		12/30/2008							
Modifier 1	[Search]		Modifier 2		Requested Units		6							
Modifier 3	[Search]		Modifier 4		Requested Dollars		\$30.00							
Tooth	[Search]		Quad		Authorized Eff. Date		12/01/2008							
NDC Lock			NDC Code		Authorized End Date		12/30/2008							
Revenue Code			Revenue Code Thru		Authorized Units		6							
Status*	A - Approved		Reference to PA Number		Authorized Dollars		\$30.00							
Service Provider Check*	Specified Service Provider		Print Option*		Payment Method*		Pay Unit Fee Price							
Service Provider ID	1881738300 NPI [Search]		Date Mailed		Balance Units		6							
Hearing Rights*	No Notice				Balance Dollars									
Diagnosis Notes					Quantity Used Units		0							
					Quantity Used Dollars									
<input type="button" value="add"/>														
-Reason Code- Select row below to update -or- type data below to add.														
*** No rows found ***														
Reason Code	[Search]		Reason Description											
<input type="button" value="delete"/> <input type="button" value="add"/>														

- Scroll up to the “Prior Authorization Maintenance” panel and left click on “save.”

Prior Authorization Maintenance			- Select Prior Authorization area to add or modify below.			Prefs	Top	Bot	?	A	X	
Prior Authorization			Administrative Review	Appeals	Attachment							
			Base Information	Claim List	External Text							
			Internal Text	Letters	Line Item							
			Miscellaneous Address	Non Medicaid Provider	Notice Selection							
			Super PA									
<input type="button" value="save"/> <input type="button" value="cancel"/> <input type="button" value="New"/> <input type="button" value="copy PA"/>			The following messages were generated:									
			Message Description			Panel	Field	Row				
			Save was Successful. All panels were saved.			Base Information						

If the information updated is saved the following message will appear: “Save was successful. All panels saved.” If not, error(s) will appear. All errors must be corrected before the “saved” message will appear.

The prior authorization number will stay the same and current/updated information will be saved.

USING MMIS

The MMIS has several quirky data entry issues. It is highly recommended you follow the step-by-step procedures when you use the Prior Authorization component. There is also a “Tips and Notes” section at the end of this guide.

- You may need to enter information in a specific order, or data will be removed and you will be required to enter it again.
- You need to click (add) to open fields in individual panels.
- The (save) button is at the top or in the middle of the panels, and it applies to all panels.

- At times you need to click outside of the data fields to allow the system to refresh the screen before you enter the next data item.
- At times when you click the (add) button or input some data, the system takes an action which it momentarily looks like all the data was lost – just wait a second – it reappears after the screen is refreshed.
- The asterisk (*) on the panels are suppose to indicate “required” fields of entry; however, this is not consistent throughout the system. You will need to refer to this desk manual for information on the actual fields required.

Tips and Notes

Use the “Tab” key to navigate from field to field. This will help with data entry. The MMIS system has a slow response time. In some fields, if you key/enter them to quickly, data will be lost, and you will be required to re-enter the field.

Data Item – Screen Item Names:

Each part of the system is called a sub-system, and is basically a separate system that works with the other sub-systems. Different screens will use different names for the same data item. For example, in the Prior Authorization system, the client Medicaid number/prime number is labeled “Current ID,” in the “Plan of Care” panel, it is called “Client ID.”

Beware of Using the Internet Browser (BACK) button!

If you have selected a client/provider record or are doing any data entry, **DO NOT** use the **(BACK)** button that is provided in your Internet Application. You will lose all un-saved data. The IE (BACK) button essentially takes you out of the MMIS application.

Using the (NAV) button:

You can hit the (NAV) button at the top right-hand corner to jump you to the Prior Authorization Maintenance panel. This is a quicker way to move to the (SAVE) button.

Clickity click click!

Beware of over clicking (for example, quick double clicking or impatient waiting clicking). This may cause the application to display the critical error message screen.

If you do get the critical error message screen, you may have to start over. Be patient and wait for the screen to refresh with the data.

If you click the (add) button twice when creating a Prior Authorization, you will get two Detail lines. You will need to go out and start over if you have this extra blank line detail in your Prior Authorization record.