MEDICAL PRIOR AUTHORIZATIONS

May 2022
The information contained in this presentation is intended to instruct SoonerCare providers on the prior authorization process for medical services, with member and procedure verification steps and a demonstration of a prior authorization submission using the secure provider portal.

**NOTE**: does not contain information on submitting authorization using InterQual. View the [Medical Authorization Using InterQual](#) presentation.
DISCLAIMER

SoonerCare policy is subject to change. The information included in this presentation is current as of May 2022. The most current information can be found on the OHCA public website at www.oklahoma.gov/ohca.
Notes on Prior Authorization Verification
  - Eligibility Verification
  - Treatment History
  - Fee Schedule
Prior Authorization Submission Amendments
Resources
NOTES ON PRIOR AUTHORIZATION
Under the SoonerCare program, there are services that require prior authorization (PA) by the Oklahoma Health Care Authority (OHCA).

- Represents a clinical decision regarding medical necessity.
- PA approval is not a guarantee of member eligibility or SoonerCare payment.

OHCA’s Medical Authorization Unit (MAU) webpage provides a list of medical, DME and supplies, therapy and out-of-state services that require PA and the guidelines for each service.
• Requests processed by the MAU such as durable medical equipment (DME), high tech imaging, medical procedures and supplies, or occupational/physical/speech must be submitted electronically through the SoonerCare provider portal.

• ALL drug prior authorization requests (PARs) are processed through the Pharmacy PA Unit whether the drug is billed on a medical claim or by a pharmacy. Drug PA criteria and forms can be found at www.oklahoma.gov/ohca/pa.

• PARs that do not require a servicing provider are issued to the member, allowing both a provider and a facility to be paid using a single PA.

• If the member does not have program eligibility for the “from date” of service, the PAR will system cancel.
• If a member’s eligibility has been backdated, the PAR entered on the portal will system cancel as a retro authorization. The provider should submit an email to MAUAdmin@okhca.org with the subject line “Retro Eligibility – please review” to request a case-by-case review.

• For continuation of approved services, a new PAR with documentation must be submitted.

• Approved dates of service on a PAR cannot overlap the date of service on another PAR for the same service.

• An emergent or urgent PAR will be considered for loss of life or limb. Providers should submit the PAR via the portal and an email to MAUAdmin@okcha.org with “Emergency PA” in the subject line.
## AUTHORIZATIONS BY UNIT

<table>
<thead>
<tr>
<th>Medical Authorizations: 800-522-0114, option 6, 3 or <a href="mailto:MAUadmin@okhca.org">MAUadmin@okhca.org</a></th>
<th>Pharmacy Help Desk: 800-522-0114, option 6, 1 or Fax 405-271-4014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental Authorizations:</strong> 405-522-7401</td>
<td><strong>Occupation/Physical/Speech Therapy:</strong> <a href="mailto:Therapyadmin@okhca.org">Therapyadmin@okhca.org</a></td>
</tr>
<tr>
<td><strong>Durable Medical Equipment:</strong> <a href="mailto:DMEadmin@okhca.org">DMEadmin@okhca.org</a></td>
<td><strong>Personal Care:</strong> Contact local DHS office</td>
</tr>
<tr>
<td><strong>PASRR Level of Care Unit:</strong> 405-522-7597 &amp; 405-522-7674</td>
<td><strong>Advantage Administration Unit:</strong> 918-933-4900</td>
</tr>
<tr>
<td><strong>Developmental Disabilities Services Division (DDSD):</strong> 800-349-9173 or Fax 405-573-6853</td>
<td><strong>Medically Fragile Waiver:</strong> 888-287-2443</td>
</tr>
<tr>
<td><strong>Behavioral Health Inpatient:</strong> 800-522-0114, option 6, 2, 2</td>
<td><strong>Behavioral Health Outpatient:</strong> 800-522-0114, option 6, 2, 1</td>
</tr>
</tbody>
</table>
VERIFICATION
Before submitting a prior authorization request, providers should verify the following:

- The member has SoonerCare eligibility.
- The member’s limit for the procedure has not been reached.
- The procedure is covered and requires prior authorization.
The member’s eligibility must include either **Title 19** or **Expansion Healthy Adult Program** for active SoonerCare benefits.
The Treatment History feature allows users to retrieve paid claim records for a particular member so a provider can see how many units have already been paid during a particular timeframe.
Search Fee Schedule will indicate if the procedure is covered under the selected Benefit Package and if it requires prior authorization.
PRIOR AUTHORIZATION SUBMISSION
Prior Authorization requests must be submitted online using the **OHCA secure provider portal**.
When you submit this PA, you are certifying that the PA is medically necessary and correctly submitted in accordance with SoonerCare rules and is for a SoonerCare covered device or service. You acknowledge that this PA may be subject to a post-payment review and/or that OHCA may recoup improper payments if OHCA finds that this PA was inappropriately submitted or OHCA has determined the PA to be medically unnecessary. You also acknowledge that approval of this PA does not guarantee payment.

Provider Portal

Create Authorization

`*` Indicates a required field.

- Medical
- Dental

Requesting Provider Information

This panel contains provider information.

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>ID Type</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>0123456789</td>
<td>NPI</td>
<td>IMAGINARY MEDICAL CENTER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Contract Code</th>
<th>Taxonomy</th>
<th>SC Provider Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>12345</td>
<td>_</td>
<td>12345</td>
<td>0123456789 A</td>
</tr>
</tbody>
</table>

Member Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

- Member ID
- Last Name
- First Name
- Middle
- Birth Date
Only required for durable medical equipment, prosthetics, orthotics and supplies, home health, hospice, specialized nursing and vision care services. All other types leave this blank.
Accepted attachment file types: JPG, PDF, TIF, XPS
File size: up to 10 MB

Select **Browse** to locate and upload the correct file, enter a brief **Description**, and **Add** the attachment to the authorization request. See the [Add Attachments how-to video](#) for more information.
Choose the appropriate Assignment Code.
Enter the primary diagnosis without a decimal and *Add*.

**Diagnosis Information**

Click the *Remove* link to remove the entire row.

<table>
<thead>
<tr>
<th>ICD Version</th>
<th>Diagnosis Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-10-CM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Remarks**

Remarks are *Optional*. Click ‘+’ to view, click ‘−’ to collapse the row. Once you enter a remark, it is *required* to click the Add button. Click *Remove* to remove the remark row.

<table>
<thead>
<tr>
<th>Remarks</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name & Phone # of PA Contact person**
Most PA requests must be received within 30 days of the initial date of service.

- Therapy – No retro
- Imaging – MRA, MRI, CT, PET 3-day retro

Choose appropriate code type: NDC, procedure code or group, revenue, or surgical. Enter code.

Enter up to four modifiers, if applicable.

Enter number of units.
A Prior Authorization Number will be generated to confirm the request was submitted successfully.

- **This does not mean the PA is approved.**
- Can be used to check status.
AMENDMENTS
AMENDMENTS

In order to streamline the amendment process, the Medical Authorization Unit is implementing a change in the submittal of amendment requests.

• Effective immediately providers can now submit their amendment requests through the secure provider portal.
• The faxed option will be discontinued and faxes for PA amendments will no longer be accepted effective May 1, 2022.
MORE ON AMENDMENTS

- Amendments can only be requested for a PAR in an approved status.
- Amendments must be received within six months from the date of service.
- HCA-60 form will be required along with documentation to support the requested change.
- Amendments for continuation of service will not be processed and requires a new PAR.
What can be amended:

- Dates of service
- Units
- Codes
- Provider numbers
- Modifiers
- Member recipient ID
• Log into the secure provider portal and click on the Prior Authorization tab at the top.

• Click View Authorization Status.

• Enter Prior Authorization (PA) Number and click search button.

• This will bring up the PA in Search Results where you will click on the PA number.
- Once you have clicked on the PA Number it will bring up the view status of the PA.

- Next you will click the View Original Request button.
Now that you have clicked the View Original Request button, you will be able to do one of the following:

- **Cancel a Line -** in Approved (with no claims filed against the line), Evaluation, Pending and Pending Documents Status.
- **Amend a Line –** in Approved Status only.
• **Cancel** – you will click on the box in the Cancel column for the line(s) you would like to cancel, then click on the Submit button. This will immediately cancel that line item.

• **Amend** – you will click on the box in the Amend column for the line(s) you would like to amend (do not click the Submit button yet).
• Once you have clicked on the Amend box for all the lines you want to amend, you will scroll back up to the Attachments section.

• Next, you will click on the HCA-60 Form link and complete the form and save to your computer.

• Now, upload the HCA-60 form and any other documents that support the requested changes. 
  • Select browse.
  • Locate the document(s) to upload.
  • Give the document(s) a description.

• Now click the Add button to add the documents.
Once you have added the document(s), your page will refresh and will then show the attachment(s) you added. You will be able to remove this attachment ONLY if you uploaded the wrong document.
The last step in submitting an Amendment request is to click on the Submit button.
Once you have clicked the Submit button, the page will refresh and give you a message of a successful submission.
RESOURCES
MEDICAL AUTHORIZATION UNIT

The goal of MAU is to streamline the PAR process while maintaining compliance with OHCA, state and federal policy and rules.

- Call 800-522-0114, option 6, 4
- Email MAUAdmin@okhca.org
- MAU webpage

DME authorization assistance: email DMEAdmin@okhca.org.
Therapy authorization assistance: email TherapyAdmin@okhca.org.
HELPFUL TELEPHONE NUMBERS

• OHCA provider helpline.
  - 800-522-0114 or 405-522-6205; option 1

• Internet help desk.
  - 800-522-0114 or 405-522-6205; option 2, 1

• EDI help desk.
  - 800-522-0114 or 405-522-6205; option 2, 2
HELPFUL LINKS

• Agency website
  - www.oklahoma.gov/ohca
• OHCA provider portal
  - www.ohcaprovider.com
• Provider training
  - www.oklahoma.gov/ohca/providers/provider-training

• Provider Quick Reference Guide
• OHCA Resource Guide
OHCA PUBLIC WEBSITE

OHCA’s public website is the best source for current SoonerCare information: [www.oklahoma.gov/ohca](http://www.oklahoma.gov/ohca).

- A [Provider Toolkit](#) is available to help providers locate helpful information online more efficiently.
- Find service-specific information such as rules, manuals, prior authorization, forms and contracts for enrolling in the SoonerCare program and other important topics based on the services you provide on the [Provider Types page](#).
- [Policy and rules](#) are available to review online.
TRAINING RESOURCES

• Provider education specialists:
  - Education specialists provide education and training as needed for providers either virtually or telephonically.
  - Requests for assistance should be emailed to: SoonercareEducation@okhca.org. (Requests should include the provider's name and ID, contact information, and a brief description of what assistance is being sought.)
  - For immediate claims or policy assistance, please contact the OHCA provider helpline at 800-522-0114.

• Monthly webinars
• How-to videos
QUESTIONS?
GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Oklahoma.org/ohca
mysoonerCare.org

Agency: 405-522-7300
Helpline: 800-987-7767