### **Oklahoma Health Care Authority**

## Here When It Counts

## **Prior Authorization Process**

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## **Prior Authorization (PA) Process**

- Dental
  - General Dentistry
  - Orthodontic
- Medical
  - Inpatient Behavioral Health
  - General Medical Services
  - Radiology
  - Durable Medical Equipment
- Pharmacy



#### **PA Process**

It is critical for providers to understand that the OHCA cannot process any Prior Authorization request without first receiving all the necessary documentation. This documentation must be attached to the required forms. It should include factual, clinical information about the patient's condition. Records should address the duration and frequency of services.

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#### **PA Process**

Requests submitted online have 10 calendar days to provide any additional documentation or the PA will automatically be denied.

All other requests (with the exception of high-tech imaging) have a 30-day retro time period.

## **PA Requests**

#### HCA-12A Form (PA Form)

- Must be signed by the referring/requesting physician or must attach a signed prescription
- Required information:
  - Complete all member information including patient name and ID number
  - Length of treatment, diagnoses codes and description of service(s)
  - Information on servicing provider
  - Date span of rendered services
  - Appropriate HCPCS code and appropriate modifier, if any
  - Total units requested



## **PA Requests**

#### HCA-13A Form (FAX coversheet)

- Must be submitted with a PA request. If multiple requests for multiple members, please submit a form for each member.
- Required information:
  - This form is the only FAX coversheet accepted by the OHCA and it must be the first page submitted
  - Provider Number or NPI
  - The member's ID is required but not the name
  - Include the PA number if applicable (i.e. Amended requests,
     Additional documentation or Initial requests submitted online)
  - Check reason for submission
  - Sign and include phone number of the sender



## **Dental PA Requests**

- ADA 2006 Claim Form
- Documentation

## **Medical Services Requests**

- Hyperbaric oxygen
- High Risk OB services
- Transplants
- Plastic surgery
- Audiology
- Physical Therapy
- Speech Pathology services



## **Durable Medical Equipment Requests**

- ABI Vest
- Respiratory equipment
- Apnea monitors
- CPAP/BiPAP
- Prosthetics
- Urinary catheters
- Diabetic supplies including insulin pumps
- Wheelchairs, standers
- Wound care supplies



## **Radiology Services Requests**

- MedSolutions Current vendor for this PA process
- All non-emergency room, outpatient CT and MRI requests
- PET scans also require a PA through MedSolutions