
Oregon Health Plan Provider Web Portal

Prior Authorization

Submit and check status on prior authorizations for Oregon Health Plan fee-for-service (open card) clients



September 2015

Fill out and submit a new prior authorization

NEW PRIOR AUTHORIZATION

Providers Page

Home Contact Us Directory Search Clients Account Claims Eligibility Trade Files Prior Authorization **Provid**
home demographic maintenance drug search enrollment enrollment tracking Search and hsc inquiry ehr incentive
client pmpm history client pmpm attestation New

Prior Authorization menu, click New

Security Information ? ↕

Warning: Use of this network is restricted to authorized users only and must comply with Oregon Health Authority privacy and security policies. User activity may be monitored and/or recorded. Anyone using this network expressly consents to such monitoring and/or recording. BE ADVISED: if possible criminal activity is detected, these records, along with certain personal information, may be provided to law enforcement officials.

Security incidents should be directed to the Security Incident Response Team at (503) 945-6812.

All other issues, including Password Resets, should be directed to Provider Services at (800) 336-6016.

Prior Authorization

Base Information

1 Client ID* LJ301G6V [Search] 2 PA Assignment* 04-PHYSICIAN

Last Name BEEMH Special Considerations* No

First Name, MI MANLY Referring Provider ID

Date of Birth 09/01/1990 Attachments* No

Vendor Patient Account Number Clerk TRAIN34

-Diagnosis Code- Select row below to update -or- type data b

Diagnosis Number	Diagnosis Code	Diagnosis Name
A	1	S022XXA Fracture of nasal bones, init encntr for closed fracture

Diagnosis Number 1 4 Diagnosis Code* S022XXA [Search]

Diagnosis Name Fracture of nasal bones, init encntr for closed fracture

delete add 3

next 5

1. Enter client ID
2. Choose PA assignment
3. Click add for each diagnosis
4. Enter diagnosis code
5. Click next

Enter diagnosis code without the decimal

Line Item

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Procedure	Thru Service	NDC	Revenue Code	ICD Procedure	Status	Service
A 01	0	\$0.00	0	\$0.00	30435					Evaluation	50667

Type data below for new record.

Line Item 01

Service Type Code* Procedure Code 1

Procedure 30435 [Search] 2

Modifier 1: [Search]

Modifier 3: [Search]

Tooth [Search]

NDC Lock

Revenue Code

Status Evaluation

Service Provider ID 506675929 MCD [Search]

ICD Procedure

Thru Service [Search]

2: [Search]

4: [Search]

Quad [Search]

NDC

Requested Eff/End Date* 10/01/2015

Requested Units/Dollars 1

Authorized Eff/End Date

Authorized Units/Dollars 0

Balance Units/Dollars 0

Quantity Used Units/Dollars 0

Imaging services require two units

delete ad 3

previous next 4

1. Choose code type*
 - Code (procedure, revenue or NDC)
 - Service provider ID
 - Requested dates
 - Requested units
2. Enter information
3. Click add to enter additional line items
4. Click next to continue

*Service Type Code field changes to reflect chosen service code (Procedure, revenue or NDC)

Notes

Line Number	Date Entered	Description	Provider Entered	Date Mailed
1	12/03/2013		Yes	12/03/2013

Type data below for new record.

Type notes here **2**

Description*

Notes are optional

Spell Check

delete add **1** coversheet

previous save cancel

If entering Notes:
1. Click add
2. Type notes in Description field

Click save to submit

Save to Submit

Refer to prior authorization number to check status

The following messages were generated:

Message Description	Panel	Field	Row
Save was Successful.	Notes		
Request is in Evaluation status only, and has not been approved	Notes		
When processed, your Prior Authorization number will be 1015244001	Notes		
Click coversheet button below to generate Coversheet for Supporting Documentation	Notes		
For detail instructions on how to submit Coversheet for Supporting documentation, navigate to Providers - links	Notes		

Provider 506675929 MCD

Notes ?

*** No rows found ***

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

Description

Spell Check
delete
add
coversheet

previous
save
cancel

To submit supporting documentation, click coversheet; Documents must be faxed

Refer to provider guidelines for required documentation

EDMS coversheet is required



Check status on an existing prior authorization

PRIOR AUTHORIZATION SEARCH

Providers Page

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Prior Authorization menu, click Search

Security Information

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Prior Authorization Search

1

Click a row to view the PA

Prior Authorization	Client ID	Status	PA Assignment	Start Date	Procedure	NDC	Diagnosis
1015244002	MJ301G5E	Evaluation	PHYSICIAN	09/01/2015	22840		M71011
1015244001	LJ301G6V	Evaluation	PHYSICIAN	09/01/2015	30435		S022XXA
1015244003	MJ301G5E	Evaluation	PHYSICIAN	09/01/2015	22840		M71011

You can either:

1. Choose a PA from the recent prior authorizations list, or
2. Search using specific criteria*

2

Prior Authorization Search: 506675929 MCD

Prior Authorization	<input type="text"/>	Client ID	<input type="text"/> [Search]
Start Date	<input type="text"/>	Client Name	<input type="text"/>
NDC	<input type="text"/> [Search]	Status	<input type="text"/>
Procedure	<input type="text"/> [Search]	PA Assignment	<input type="text"/>
Diagnosis	<input type="text"/> [Search]	Service Provider ID	<input type="text"/> [Search]
		Revenue Code	<input type="text"/> [Search]

search
clear
add

* Enter criteria and click search to locate matching PAs; search results display below

Search Results

If you searched using specific criteria, search results display below

Recent Prior Authorizations							
Prior Authorization	Client ID	Status	PA Assignment	Start Date	Procedure	NDC	Diagnosis
1015244002	MJ301G5E	Evaluation	PHYSICIAN	09/01/2015	22840		M71011
1015244001	LJ301G6V	Evaluation	PHYSICIAN	09/01/2015	30435		S022XXA
1015244003	MJ301G5E	Evaluation	PHYSICIAN	09/01/2015	22840		M71011

Prior Authorization Search: 506675929 MCD ? ^

Prior Authorization	<input type="text"/>	Client ID	MJ301G5E [Search]
Start Date	<input type="text"/>	Client Name	TOMMIE BMHFAM
NDC	<input type="text"/> [Search]	Status	<input type="text"/>
Procedure	<input type="text"/> [Search]	PA Assignment	<input type="text"/>
Diagnosis	<input type="text"/> [Search]	Service Provider ID	<input type="text"/> [Search]
		Revenue Code	<input type="text"/> [Search]

Click a row to view the PA

Search Results										
Prior Authorization	Client ID	Last Name	First Name	Status	PA Assignment	Start Date	Procedure	NDC	Revenue Code	Service Provider
1015244003	MJ301G5E	BMHFAM	TOMMIE	Evaluation	PHYSICIAN	09/01/2015	22840			1376854091 NPI
1015244002	MJ301G5E	BMHFAM	TOMMIE	Evaluation	PHYSICIAN	09/01/2015	22840			1376854091 NPI

Prior Authorization View

Entire PA displays

Base Information									
Prior Authorization	1015244003	PA Assignment	PHYSICIAN						
Client ID	MJ301G5E	Special Considerations	NO						
Last Name	BMHFAM	Referring Provider ID							
First Name, MI	TOMMIE	Attachments	NO						
Date of Birth	07/01/2011	Clerk	TRAIN34	TRAIN	34				
Vendor Patient Account Number		Provider	1376854091	NPI					

Diagnosis		
Diagnosis Number	1	Diagnosis Name
Diagnosis Code	M71011	Abscess of bursa, right shoulder

Line Item											
Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Procedure	Thru Service	NDC	Revenue Code	ICD Procedure	Status	Service Provider ID
01	1	\$0.00	0	\$0.00	22840					Evaluation	1376854091 NPI

Type changes below.											
Line Item	01			Requested Eff/End Date*	10/01/2015	10/01/2015					
Service Type Code*	Procedure Code	ICD Procedure		Requested Units/Dollars	1	\$0.00					
Procedure	22840	Thru Service		Authorized Eff/End Date							
Modifier 1:		2:		Authorized Units/Dollars	0	\$0.00					
Modifier 3:		4:		Balance Units/Dollars	0	\$0.00					
Tooth		Quad		Quantity Used Units/Dollars	0	\$0.00					
NDC Lock		NDC									
Revenue Code											
Status	Evaluation										
Service Provider ID	1376854091	NPI									

Clerk at your office that submitted the PA

- Status codes:
- **Evaluation:** has not been reviewed yet
 - **Pending:** in the review process
 - **Approved**
 - **Denied**
 - **Informational:** no PA required
 - **Withdrawn:** duplicate PA

If PA is approved, authorized dates, units and dollars display



Do You Need Further Assistance?

Provider Services Unit (PSU)

800-336-6016

dmap.providerservices@state.or.us

Medicaid Provider Training

Medicaid.Provider-Training@state.or.us