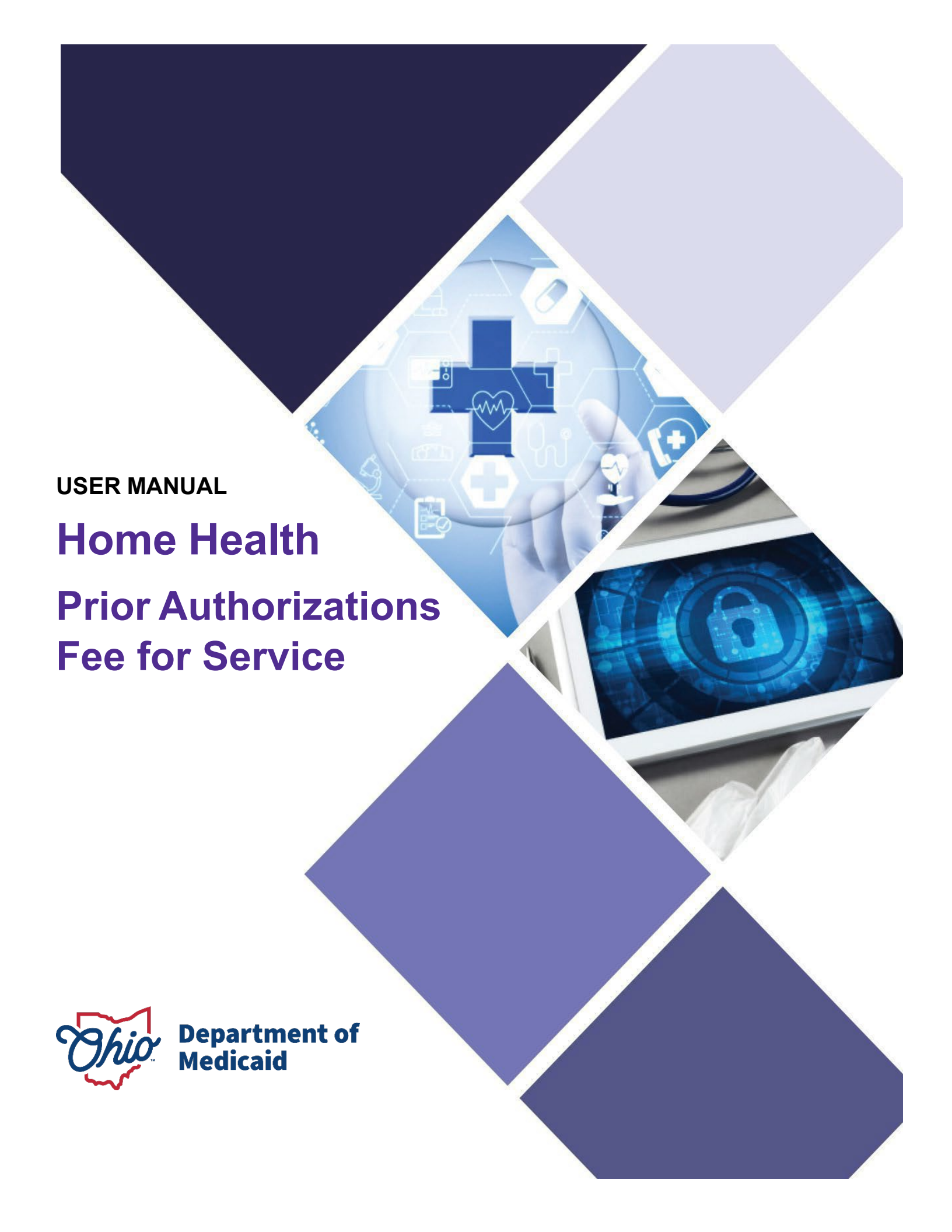




USER MANUAL

Home Health Prior Authorizations Fee for Service



**Department of
Medicaid**

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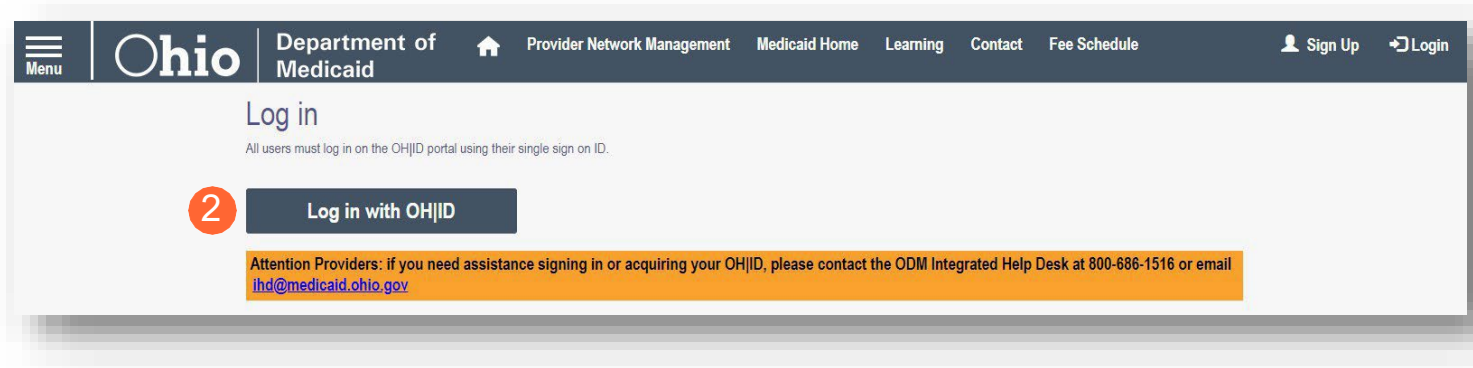
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Provider User Initial Login

In this section of the user guide we will review the initial steps of logging into PNM. All users will log into the PNM system by using IOP (Innovate Ohio Platform).

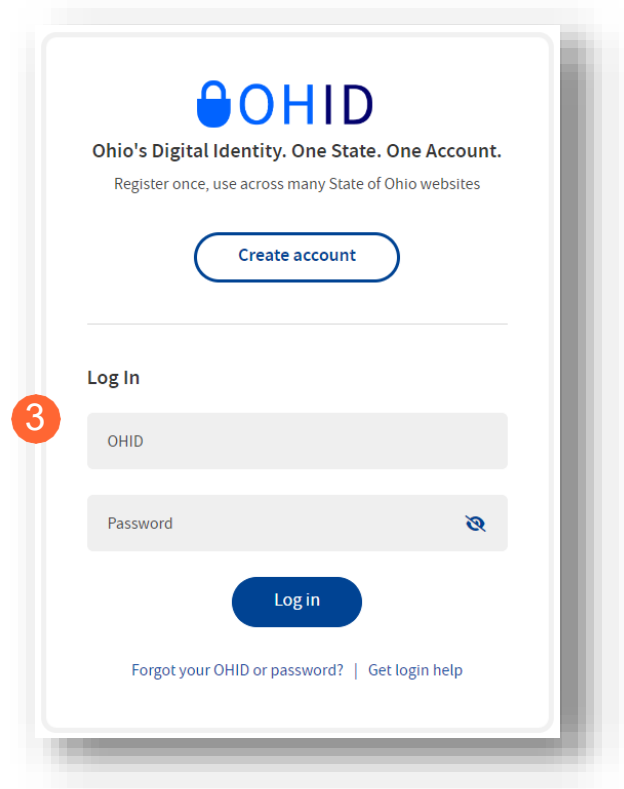
Step 1: Visit the PNM web address: https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx.

Step 2: Click **Log in with OH|ID**.

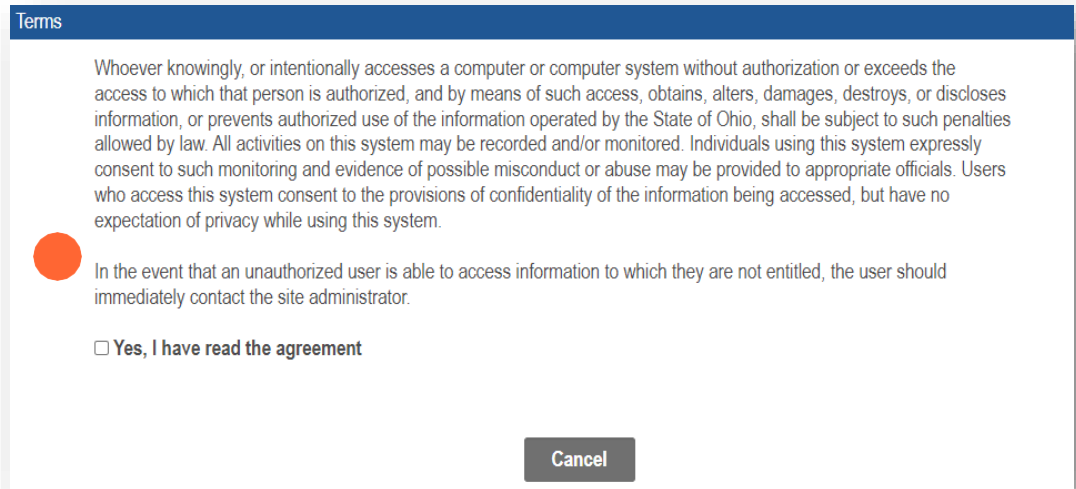


Step 3: The system will prompt you to enter your username and password on the IOP login screen. Once entered, click **Log in**.

- If you have not created an IOP account previously, you can click **Create Account** and follow the steps to create a new account.



Step 4: You will be redirected to the PNM system. Read the Terms of Use and click “Yes, I have read the agreement” to proceed into PNM.



A dialog box titled "Terms" with a blue header. The main text describes the legal terms of use for the PNM system, stating that users consent to monitoring and that unauthorized access is prohibited. Below the text is a red circle icon and a checkbox labeled "Yes, I have read the agreement". At the bottom right is a "Cancel" button.

Terms

Whoever knowingly, or intentionally accesses a computer or computer system without authorization or exceeds the access to which that person is authorized, and by means of such access, obtains, alters, damages, destroys, or discloses information, or prevents authorized use of the information operated by the State of Ohio, shall be subject to such penalties allowed by law. All activities on this system may be recorded and/or monitored. Individuals using this system expressly consent to such monitoring and evidence of possible misconduct or abuse may be provided to appropriate officials. Users who access this system consent to the provisions of confidentiality of the information being accessed, but have no expectation of privacy while using this system.

In the event that an unauthorized user is able to access information to which they are not entitled, the user should immediately contact the site administrator.

☐ Yes, I have read the agreement

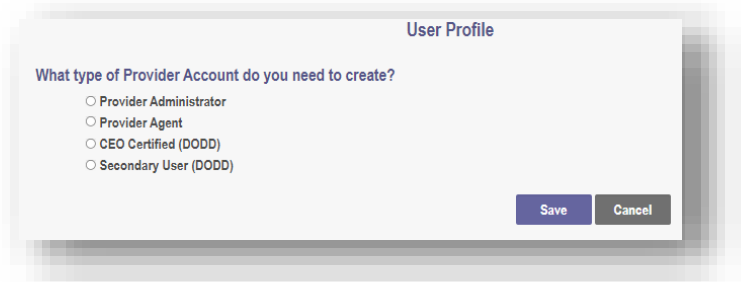
Cancel

Provider Home Page

There are two provider roles in PNM:

- **Provider Administrator:** *(Also known as CEO Certified for DODD)* A role assigned to a user in PNM that allows that user to create new enrollment applications, update provider records, and complete revalidations among other tasks. The Administrator role will also be able to grant accesses/actions to other users in PNM, known as Agents.
 - There is one Administrator role per NPI/Medicaid ID. However, a single user with the Administrator role can administer to multiple providers (NPIs/Medicaid IDs).
- **Provider Agent:** *(Also known as Secondary User for DODD)* A role assigned to a user in PNM that allows that user to complete specific actions such as updating a provider record, revalidation, claims submission, prior authorization, the viewing of reports, etc. These actions are assigned to each Agent by the Administrator for the Medicaid ID.

A user must select a role the first time they log into PNM.



A dialog box titled "User Profile" with a blue header. The main text asks "What type of Provider Account do you need to create?". Below the text are four radio button options: "Provider Administrator", "Provider Agent", "CEO Certified (DODD)", and "Secondary User (DODD)". At the bottom right are "Save" and "Cancel" buttons.

User Profile

What type of Provider Account do you need to create?

☐ Provider Administrator

☐ Provider Agent

☐ CEO Certified (DODD)

☐ Secondary User (DODD)

Save Cancel

PRIOR AUTHORIZATION

When first logging in to the PNM system there are a variety of buttons to help with administering providers. Some of the buttons, as indicated below, are only accessible to certain user roles.

The screenshot shows the Ohio Department of Medicaid's Provider Network Management interface. At the top, there's a navigation bar with a 'Menu' button (A) and links to 'Provider Network Management', 'Medicaid Home', 'Learning', 'Contact', and 'Fee Schedule'. On the right, there are links for 'Training' and 'Log out'. Below the navigation bar, there are buttons for 'My Providers', 'Account Administration' (B), 'Excel' (C), 'PDF' (C), and 'New Provider?' (D). A table displays a list of providers with columns: Reg ID, Provider, Status, Provider Type, NPI, Medicaid ID, Specialty, DD Contract Number, DD Facility Number, Location, Effective Date, Submit Date, and Revalidation Due Date. The first row shows a provider with Reg ID 517946, Status 'Complete', and Revalidation Due Date 02/09/2027.

Menu: The menu can be accessed by clicking on the three bars in the top left corner of the screen. The Menu provides a variety of key topics to choose from such as the Provider Directory, Learning Resources, and Contact Us (A).

Account Administration: This button allows a Provider Administrator to set up Agent users, assign them actions/roles, or transfer the Provider to another Provider Administrator user (*button only displays for users holding the Provider Administrator or CEO Certified role*) (B).

Excel and PDF Icons: These buttons allow you to export the list of providers appearing on your dashboard. Click the 'green' icon to export the list in an Excel format or the 'red' icon to export the list in a PDF format (C).

New Provider?: This button is used to start a New Enrollment Application (first time enrolling with ODM, ODA, or DODD) for any new Ohio Medicaid provider that you will be responsible for administering (*button only displays for users holding the Provider Administrator or CEO Certified role*) (D).

Accessing the Provider Self Service Panel

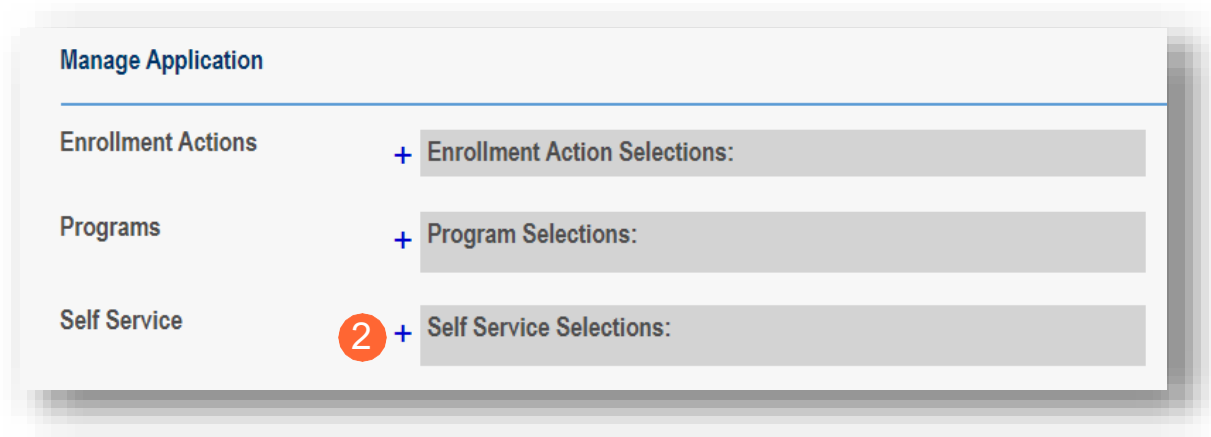
This section displays the necessary steps for accessing the Self Service functionalities for a provider file.

Step 1: From the Provider Homepage/Dashboard, click the hyperlink under Reg ID or Provider to manage the file of the Provider you wish to access.

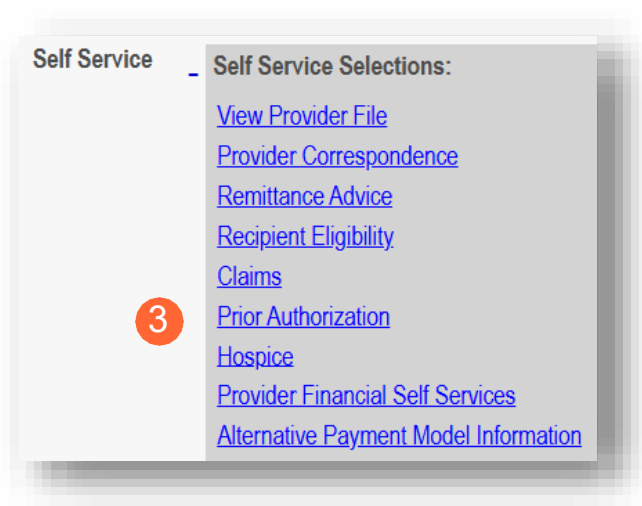
This screenshot is identical to the one above, but with a red circle and the number 1 highlighting the 'Reg ID' column header in the table, indicating the first step in accessing the provider self-service panel.

PRIOR AUTHORIZATION

Step 2: Under the Manage Application section, click the '+' icon to expand the Self Service Selections.



Step 3: Click the hyperlink for “Prior Authorization.”



Submit a New Prior Authorization



Visit the Ohio Department of Medicaid (ODM) website and view the 'Prior Authorization Requirements' page to confirm services that require a prior authorization:

<https://medicaid.ohio.gov/resources-for-providers/billing/prior-authorization-requirements/prior-authorization-requirements>

Important Home Health PA Notes

- Initial RN Assessment (T1001) does *not* require prior authorization.
- For individuals receiving ongoing maintenance care, submit authorization spans as appropriate, up to 365 days.
- Prior authorization for service/payment is separate from practitioner orders and may extend beyond the prescription period, but signed orders are required to continue billing.
- The clinical stability and ongoing need for services should determine the length of the requested authorization up to a maximum of 365 days.

Step 1: To submit a prior authorization, click the 'Submit PA' icon at the top of the page or select "Submit PA" from the drop-down menu.

The screenshot shows the ODM website interface. At the top, there is a navigation bar with several icons. The 'Submit PA' icon is highlighted with a red circle and the number 1. Below the navigation bar, there is a search bar and a 'Jump To:' dropdown menu. The main content area displays the 'PRIOR AUTHORIZATION SEARCH' form. The form includes fields for Prior Authorization Number, Medicaid Billing Number, Date of Birth, PA Submission Date, Status, Ordering Provider NPI, Payer Name, Assignment Type, Patient Tracking Number, ICD Procedure Code, Procedure Code, Revenue Code, Diagnosis Code, PA Effective Date, and PA Expiration Date. There are also buttons for 'Search' and 'Clear'. The form is titled 'PRIOR AUTHORIZATION SEARCH' and 'PRIOR AUTHORIZATION SEARCH RESULT'.

Step 2: Select the Prior Authorization Type you are submitting by choosing the appropriate radio button:

- Professional

Jump To: Submit PA

Search-RA Submit PA Search Eligibility Search PA Submit Claim Search Claim Hospice Enrollment Retrieve Reports Provider Financial Correspondence ORF

Provider Medicaid ID: Provider NPI: Provider Name:

2

Prior Authorization Type

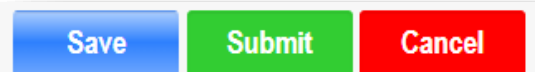
☐ Dental ☐ Professional ☐ Institutional

PA Status:
PA Number:
PA Submission Date:
PA Effective Date:
PA Expiration Date:

Note: If you select the incorrect prior authorization type, click **Cancel** at the bottom of the page. This will reset the prior authorization submission page and allow for the correct type to be selected

Note: The Save, Submit, and Cancel buttons below appear at the bottom of the prior authorization submission page.

- **Save:** Saves the prior authorization form and data entered
 - Prior authorizations that are in 'Saved' status have not been submitted to the payer and are able to be saved in the PNM system for up to 72 hours for future retrieval.
- **Submit:** Sends the prior authorization for review.
- **Cancel:** Cancels the prior authorization and erases data entered.



Step 3: After selecting a Prior Authorization Type, additional options will appear below.

Note: The same Destination Payer options will appear regardless of what type of Prior Authorization Type is selected.

Provider Medicaid ID: Provider NPI: Provider Name:

Prior Authorization Type
☐ Dental ☐ Professional ☒ Institutional

PA Status:
PA Number:
PA Submission Date:
PA Effective Date:
PA Expiration Date:

An asterisk * indicates a required field

A *Destination Payer Name:
C *Assignment:

B *Destination Payer ID:
D *Service Type:

4

Step 4: Select the following from the provided drop-down menus:

- Destination Payer Name (A)
 - Ohio Department of Medicaid
- Destination Payer ID (B) (options dependent on what is selected for Destination Payer Name)
 - When selecting *Ohio Department of Medicaid*
 - MMISODJFS - Ohio Department of Medicaid
- Assignment (C)
 - The Assignment options that appear are dependent upon the Prior Authorization Type selected.
 - Professional (P)
 - 38 – State Plan Home Health
- Service Type (D)
 - Select the type of service being requested.
 - Selections populated from the EDI 278 Service Type Code List

Note: A red asterisk (*) anywhere on the page (in a section header/title or next to a field) indicates that field or panel is required to be completed. If required fields are not completed, PNM will display error messages in red text.

Provider Medicaid ID: Provider NPI: Provider Name:

Prior Authorization Type
☐ Dental ☐ Professional ☒ Institutional

PA Status:
PA Number:
PA Submission Date:
PA Effective Date:
PA Expiration Date:

An asterisk * indicates a required field

A *Destination Payer Name:
C *Assignment:

B *Destination Payer ID:
D *Service Type:

4

Recipient Information

Step 5: Enter the Medicaid Billing Number and Date of Birth for the recipient.

Step 6: Create a unique patient tracking number for the recipient to use when reconciling the prior authorization (this is not a required field and is used for any internal tracking number you have for the recipient).

Note: The information appearing in gray boxes populates after a Medicaid Billing Number and Date of Birth have been entered for the recipient. This information is read-only data and cannot be changed.

Destination Payer Name:
Ohio Department of Medicaid

Destination Payer ID:
MMISODJFS - Ohio Department of

Assignment:
Vision

Service Type:
Vision (Optometry)

5

Medicaid Billing Number
100347436699

5

Date of Birth
3/20/1971

6

Patient Tracking Number
123456

Last Name
Doe

First Name:
Jane

Middle Name:
M

Gender:
F

Address 1:
2400 Corporate Exchange E

Address 2:
Ste 300

City :
Columbus

State :
OH

Zip Code:
43231

Requester Contact Information

Step 7: Enter contact information for the requester. This is the person the Destination Payer will contact if there are any questions regarding the prior authorization. First Name, Last Name, and Contact [Phone] Number are required.

7

Contact First Name
John

Contact Last Name
Smith

Contact Number
(614) 555-4321

Contact Extension

Service Information

The Service Information section for Home Health is titled 'Non-Institutional'.

Non-Institutional



Visit the Ohio Department of Medicaid (ODM) website and view the 'Prior Authorization Requirements' page to confirm services that require a prior authorization:

<https://medicaid.ohio.gov/resources-for-providers/billing/prior-authorization-requirements/prior-authorization-requirements>

Step 8: Enter information related to the service.

- Place of Service is the only required field in this section.
 - 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 (A)**. Once the Place of Service code is located, click the code hyperlink.
- Accident Date
 - If entered, date must be in MM/DD/YYYY format and future date is not allowed.
- Date of Patient Event
 - If entered, date must be in MM/DD/YYYY format and future date is not allowed.
- Date of Onset of Illness
 - If entered, date must be in MM/DD/YYYY format and future date is not allowed.
- Date of Last Menstrual Period
 - If entered, date must be in MM/DD/YYYY format and future date is not allowed.
- Estimated Date of Birth
 - If entered, date must be in MM/DD/YYYY format.
- Level of Service
 - E – Elective
 - U – Urgent
- Delay Reason
 - 1 – Proof of Eligibility Unknown or Unavailable
 - 2 – Litigation
 - 3 – Authorization Delays
 - 4 – Delay in Certifying Provider
 - 7 – Third Party Processing Delay
 - 8 – Delay in Eligibility Determination
 - 10 – Administration Delay in the Prior Approval Process
 - 11 – Other
 - 15 – Natural Disaster
 - 16 – Lack of Information
 - 17 – No Response to Initial Request
- Associate PA Number
 - A prior authorization number assigned by the payer that is related to this request.
 - This field can be used during a Continued Stay Review to indicate the associated PA.

- * SERVICE INFORMATION

8

*Place of Service:

Search

A

Accident Date

Date Of Patient Event:

Date of Onset of Illness:

Date Of Last Menstrual Period:

Estimated Date Of Birth:

Level Of Service:

Delay Reason:

Associate PA No:

Place of Service Search

Place Of Service Code

Place Of Service Description

A

Search

SEARCH RESULTS

Place of Service Code	Place of Service Description
11	Office

Service Provider Information

Step 9: Enter the National Provider Identifier (NPI) for the Service Provider. This is the individual or servicing organization (such as a Laboratory, DME or Pharmacy) performing the service. If you don't know it, you can click 'Search' to search for the Provider by Medicaid ID, Business Name, or First and Last Name. Once the provider is located, click the NPI hyperlink.

Note: Medicaid ID field will be populated only if NPI is not available.

9

- * SERVICE PROVIDER INFORMATION

When entering the service (rendering) provider, this is the individual or servicing organization (such as a Laboratory, DME or Pharmacy) performing the service.

*NPI

Medicaid ID

Last Name

First Name

* Service Provider :

Search

Ordering Provider Information

Note: This may not be a required section.

NPI	MEDICAID ID	BUSINESS/LAST NAME	FIRST NAME					
		smith	john	Search				
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

PRIOR AUTHORIZATION

'Dressings, Surgical', 'Enteral Nutrition and Supplies', 'Hearing Aids', 'Hospital Beds', 'Incontinence Supplies', 'Miscellaneous Equipment', 'Orthotics (MTA)', 'Orthotics/Prosthetics (Nurses)', 'Repairs', 'Respiratory (MTA)', 'Respiratory (Nurses)', 'Speech Generating Devices', 'Supplies (Miscellaneous)', 'Therapies', 'Wheelchairs', 'PDN', 'Medicaid School Program' or 'Applied Behavioral Analysis.'

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

Step 10: 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 information is the same as the ordering provider, the section does not need to be completed.

- ORDERING PROVIDER INFORMATION			
*NPI	Medicaid ID	Last Name	First Name
* Ordering Provider: 1402900399		SMITH	JANE

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

Note: Medicaid ID field will be populated only if NPI is not available.

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

Diagnosis Information

Decimals are not allowed on PA submissions. Be sure to enter the diagnosis code without decimals.

Note: This may not be a required section for the prior authorization being submitted. Diagnosis panel is required when the Assignment (*Step 4 above*) selected is not 'Dental', 'Vision', or 'Orthodontics.'

Step 11: Click **Add** to enter diagnosis information.



- DIAGNOSIS INFORMATION 11

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

Add

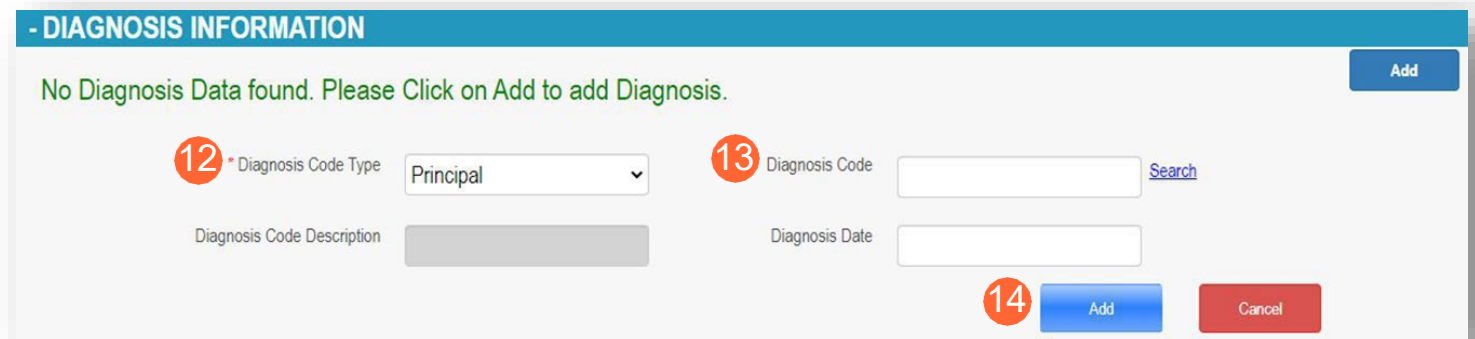
Step 12: Select a Diagnosis Code Type (*first line being added defaults to 'Principal'*).

- ☐ Principal
- ☐ Admitting
- ☐ Patient Reason for Visit
- ☐ Other

Step 13: Enter a Diagnosis Code. If you do not know the code, click 'Search' to open a code lookup window.

Note: Once the code is entered, the Diagnosis Code Description auto-fills.

Step 14: Click **Add** to add the diagnosis.



- DIAGNOSIS INFORMATION

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

Add

12 * Diagnosis Code Type Principal ▼

13 Diagnosis Code [Search](#)

Diagnosis Code Description

Diagnosis Date

14 **Add** **Cancel**

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

PRIOR AUTHORIZATION

- 12 Diagnosis Code lines are allowed (*Principal and Admitting Diagnosis Code Types are each allowed just once*).

- DIAGNOSIS INFORMATION				
Sequence	*Diagnosis Code Type	*Diagnosis Code	Diagnosis Code Description	Diagnosis Date
1	Principal	A001	CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR ELTOR	9/30/2022
				EditDelete
				Add

Service Details

Information shown in the gray boxes reflects data provided by the Fiscal Intermediary (FI) following the submission and processing of the prior authorization request.

Professional



Visit the Ohio Department of Medicaid (ODM) website and view the 'Prior Authorization Requirements' page to confirm services that require a prior authorization:

<https://medicaid.ohio.gov/resources-for-providers/billing/prior-authorization-requirements/prior-authorization-requirements>

Step 15: Click **Add** to enter service details.

- * SERVICE DETAILS

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

Add

Step 16: The following information:

- Procedure Code (*required*)
 - If you do not know the code, click 'Search' to open a code lookup window.
- Procedure Code Description (*as needed*)
- Modifier (*as needed*)
 - Up to 4 values allowed on a prior authorization
- Requested Units (The number of which you are ordering)
- Provider Service Note (*as needed*)
- Requested Units – (1st field) (*required*)
 - The number of which you are ordering

PRIOR AUTHORIZATION

- Requested Units – (2nd field) (*required*)
 - F2 – International Unit
 - DA – Days
 - UN – Unit
- Requested Dollars (*required*)
- Requested From Date of Service (FDOS) (*required*)
- Requested To Date of Service (TDOS) (*required*)
- Service Tracking No (*as needed*)
 - Allows entry of a service reference number that corresponds to provider's system to reconcile each service requested for the Prior Authorization.

16

*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

17

Add

Cancel

Step 17: Click **Add** to add the service.

- The added service appears on a list. Repeat the process above to add additional services.
- A maximum of 999 service detail lines can be added.

- * SERVICE DETAILS								
Line	Procedure Code Type	Modifier	Requested Units	Requested Dollars	Requested FDOS	Requested TDOS	Status	
1	G0015		1	34	02/26/2024	02/29/2024	Submission Pending	Edit Delete
								17 Add

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

Units

- **1 unit = 15 minutes**

Unit Rate applies when:

- (a) The home health service is **greater than 60 minutes**, or
- (b) The service is **34 minutes or fewer** for home health aide or nursing.

Base Rate applies to:

- (a) First 35–60 minutes of home health aide
- (b) First 35–60 minutes of home health nursing
- (c) First 4 units of initial skilled therapy

Home Health Billing Codes

Codes:

- G0151 – Physical Therapy
- G0152 – Occupational Therapy
- G0153 – Speech-Language Pathology
- G0156 – Home Health Aide
- G0299 – Registered Nurse (RN)
- G0300 – Licensed Practical Nurse (LPN)

Modifiers in Home Health

- **U1:** Required with G0299 for home infusion therapy (Rule 5160-12-01).
- **U2, U3:** Identify second and third visits of the same service on the same date (per rule).
- **HQ:** Group visit, per Rule 5160-12-04.

Note: U5, U7, and additional modifiers will no longer be used with home health billing codes.

Home health services are intended to be part-time and intermittent:

1. Up to **4 hours per visit** for nursing, aides, and skilled therapies
2. Up to **8 hours per day** total for all home health services

Limited Home Health Services (No PA Required)

Available to any Medicaid-eligible individual based on medical necessity:

- **56 hours (224 units)** of combined services per calendar year, or
- **56 hours (224 units) up to 30 consecutive days** following an inpatient stay of **3+ days (post hospital benefit)**

Important:

- Claims submitted for the post-hospital benefit **must** include both the hospital admission date and the discharge date. Claims missing these dates will not be processed under this benefit.
- For claims that are not related to post-hospital care, **do not** enter hospital admission or discharge dates, as doing so will result in a denial.

Ongoing Home Health Services

- Once the above thresholds are met, prior authorization is required to determine the individual medical necessity of the member.

Provider Notes (Optional)

Step 1: Enter any notes related to the Prior Authorization request and click **Save**.

- Save button appears after text is entered in the box.
- A maximum of 262 characters can be entered for a provider note.
- If additional notes need to be provided beyond the 262 characters, these comments can be captured by including an attached document in the submission. (See [Attachment](#) section)

- PROVIDER NOTES

Note

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

Save

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

69 / 262

- Edit and Delete options appear after saving the note.

- PROVIDER NOTES

Note

We are a FQHC submitting this Dental PA

Edit Delete

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

39 / 262

How to Access Reviewer Notes

After the Prior Authorization request is reviewed, notes from the reviewer will display in this section.

If the reviewer leaves a note that is longer than 262 characters, a letter with this information will be listed under Provider Correspondence for the Medicaid ID in PNM. Follow the steps for [Accessing Prior Authorization Letters](#).

- REVIEWER NOTES	
Line	Note

Outcome of Review

After the Prior Authorization request is reviewed, an outcome for each service requested will display in this section.

- OUTCOME OF REVIEW		
Line	Reason Code	Reason Description

Attachments (Mandatory for Home Health)

This section allows for the uploading of support documentation for the prior authorization.

***IMPORTANT: A Medicaid Billing Number *must be listed* for the Recipient on the PA submission *before* a document is attached.**

Note: The maximum allowed documents to upload in a prior authorization submission is 10 documents. The maximum upload size for each document is 10 MB.

Step 1: Click **Choose File** and locate the file you wish to upload on your computer.

Step 2: Select a Document Type from the drop-down menu.

- X-Rays
- Other Prior Authorization Supporting Documentation
- Medical Documentation
- Pricing Information

- Enter any notes related to the uploaded document (maximum of 80 characters).

Step 3: Click **Add**.

- * ATTACHMENT

*** Upload attachment:**

Choose File
No file chosen

***Document Type:**

X-Rays

▼

--- select Document Type ---
 X-Rays
 Other Prior Authorization Supporting Documentation
 Medical Documentation
 Pricing Information

Note:

Chest x-ray taken on 5/23

Add

- The added attachment appears on a list. Repeat the process above to add additional attachments.
- Up to 10 documents are allowed in a single prior authorization submission.

- ATTACHMENT

Line Item	Document ID	Patient Tracking Number	Document Type	Note	
1	15446	1	X-Rays	Chest X-ray taken on 5/23	Delete

*** Upload attachment:**

Choose File
No file chosen

***Document Type:**

--- select Document Type ---

▼

Note:

Add

Accepted File Types:

- Word: doc, docx
- Excel: xls, xlsx, xlsx, xlsx
- Image: mdi, jpe, jpeg, jpg, png, gif, bmp, tif, tiff
- PDF: pdf
- Other: pi, ec, zip, csv, acrbak, msg

Recommended Attachments for Home Health Authorizations

- **ODM 07137 or Plan of Care and Order**
 - Verbal orders may start care; practitioner signature required before billing.
 - Include OASIS (if completed). If not completed, submit within 30 days.
- **Post-hospital requests:** Include hospital notes related to the stay and need for home health.
- Ensure the **discipline, frequency, and duration** are listed in the signed order/plan of care.
- Do **not** include waiver hours within the same request.

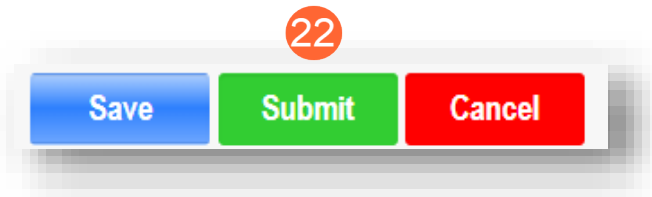
If Malicious Attachments Are Uploaded

After the Prior Authorization request is reviewed, if an attached document is found to contain damaging macros, it will be flagged as a 'malicious attachment.' Malicious attachments for the prior authorization request will be listed in this section. To replace the malicious attachments, follow the steps for [Malicious Attachments](#).

-MALICIOUS ATTACHMENTS		
MemberId	Attachment	Uploaded Date
12155555555	483953productionticket_1.docx	8/7/2024 7:05:56 PM
121204321212	483953productionticket.docx	8/7/2024 3:31:03 PM

Submit Prior Authorization

Step 18: When all data has been entered, click **Submit** at the bottom of the page.



Note: If there are any entry errors in PNM preventing submission, error messages will display at the top of the page in red text.

Click on the PNM error message text and PNM will direct you to the section that needs to be reviewed/corrected. The field that needs attention will be highlighted.

*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

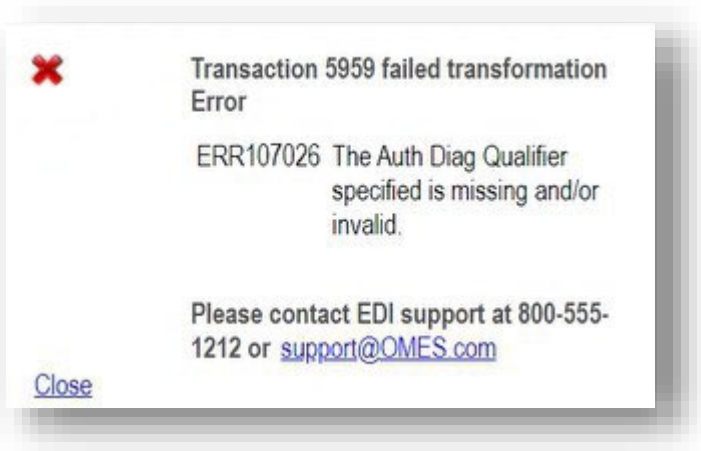
*Destination Payer Name:
 *Destination Payer ID:
 *Assignment:
 *Service Type:

- * RECIPIENT INFORMATION

*Medicaid Billing Number *Date of Birth Address 1:

Note: Messages that appear in pop-up windows are from the Fiscal Intermediary (FI). Error messages or informational messages may be received from FI.

If error messages are received, please work to correct, or reach out to the contact information provided for assistance.



PRIOR AUTHORIZATION

If informational messages are received, please review, and either click **Acknowledge** or **Cancel**.

• This service may not require prior authorization. Please ensure the requested service or procedure V2121 requires prior authorization.

Acknowledge

Cancel

Note: If you wish to proceed with the submission, click **Submit** again.

Step 19: If no errors are present, or once they have been resolved, a confirmation message appears informing that the transaction was successfully submitted.

Note: The submission confirmation message contains the Prior Authorization Number assigned to the submission. This number can be used to search for the prior authorization in PNM and will be **required when submitting the claim for billing**.

Click 'Close.'



Transaction Successfully Submitted!
Prior Authorization Status: Pend
Prior Authorization Number:
AUTH0000001614

[Close](#)

This completes the submission of Prior Authorization

Resources

If you cannot find the information you are looking for on the fee schedule, then email the ODM Integrated Help Desk (IHD) at: ihd@medicaid.ohio.gov or call at 1-800-686-1516.

- For additional Prior Authorization resources, visit:

[The Learning Page](#)

- Several Prior Authorizations user and billing guides can be found following these links:

[Prior Authorization - PNM User Guide](#)

[Prior Authorizations - PNM Billing Guide](#)

[Prior Authorization \(PA\) Reinstatement FAQs](#)