

USER MANUAL

Prior Authorizations - Fee for Service



**Department of
Medicaid**

Table of Contents

Introduction	4
General Guidelines for Using This Resource	4
Provider User Initial Login	5
Provider Home Page	6
Accessing the Provider Self Service Panel	7
Search for an Existing Prior Authorization.....	8
Status Definitions	12
Editing Service Line Details	13
Cancelling a Prior Authorization.....	14
Copying a Prior Authorization.....	15
Submit a New Prior Authorization.....	16
Recipient Information.....	20
Requester Contact Information	20
Service Information	20
Non-Institutional.....	21
Institutional.....	22
Service Provider Information	25
Ordering Provider Information.....	25
Diagnosis Information.....	27
Service Details.....	28
Dental.....	28
Institutional	31
Professional	33
Provider Notes (Optional)	35
How to Access Reviewer Notes.....	36
Outcome of Review.....	36

Attachments (Optional)..... 37

If Malicious Attachments Are Uploaded..... 38

Submit Prior Authorization 39

Accessing Prior Authorization Letters 41

Attachments to a Prior Authorization in ‘Pending Additional Info’ Status 44

If Submission Contains Malicious Attachments..... 47

Resources 52

Introduction

This user manual provides the steps and functions of submitting a prior authorization for a medical procedure in PNM. Fee-for-service submissions will occur through PNM. Submissions for Managed Care Organizations or the OhioRISE plan are not submitted through PNM and can be submitted by a trading partner/clearinghouse via relevant Electronic Data Interchange (EDI) transaction.

This document also covers the process of searching for a previously submitted prior authorization to review status and understand approved amounts and timeframes.

General Guidelines for Using This Resource

1. Chaperone A Federally Qualified Health Center (FQHC) submitting a prior authorization for dental services, will submit using the 'Dental' prior authorization type. However, since tooth number, oral cavity, and tooth surface details are not able to be entered under the 'Professional' claim form, information regarding the tooth procedures will need to be listed as notes under the 'Service Details' panel. A note will also need to be listed under the 'Provider Notes' section, indicating that the Dental PA submission is for an FQHC.
2. The processes outlined in this document are not applicable to prior authorizations for MyCare Ohio or Single Pharmacy Benefit Managed (SPBM).
3. For a Provider Agent user to submit prior authorizations, the role/action "*Prior Authorization Submission*" must be assigned to the Agent by the Provider Administrator for the Medicaid ID under which the PAs are submitted.
4. For a Provider Agent user to search for prior authorizations, the role/action "*Prior Authorization Search*" must be assigned to the Agent by the Provider Administrator for the Medicaid ID under which the PAs were submitted.
5. If providers request a prior authorization for procedure code *T1033*, the prior authorization request will be denied.
6. A prior authorization may be requested for procedure code *T1032* when the maximum units of 48 have been billed direct and/or exceeded. See [OAC \(Doula Services\) 5160-8-43](#).
7. Decimals are not allowed on prior authorization submissions. Be sure when entering codes (ex. diagnosis codes) that they are entered without decimals.



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>

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**.

Menu | Ohio | Department of Medicaid | Home | Provider Network Management | Medicaid Home | Learning | Contact | Fee Schedule | Sign Up | Login

Log in

All users must log in on the OH|ID portal using their single sign on ID.

2 Log in with OH|ID

Attention Providers: If you need assistance signing in or acquiring your OH|ID, please contact the ODM Integrated Help Desk at 800-686-1516 or email ihd@medicaid.ohio.gov

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.

OHID

Ohio's Digital Identity. One State. One Account.
Register once, use across many State of Ohio websites

Create account

Log In

3

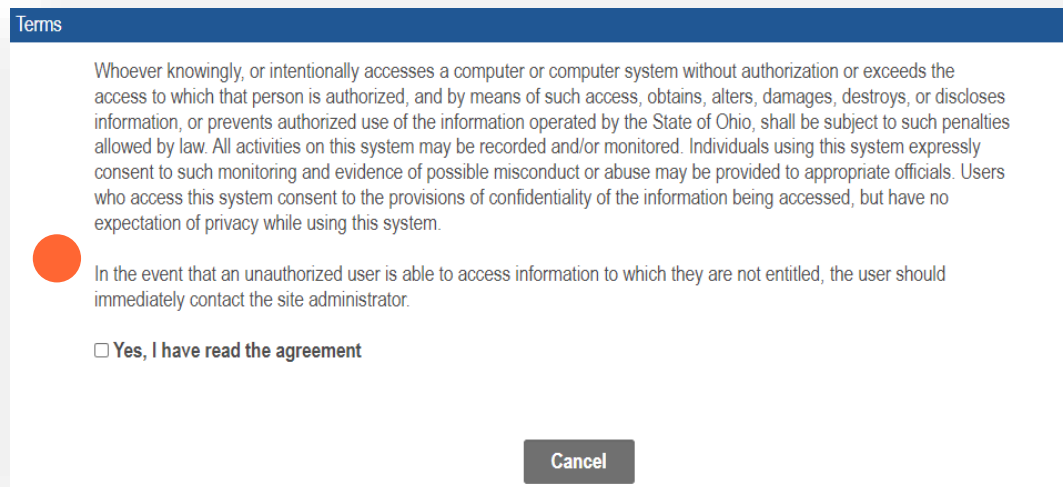
OHID

Password

Log in

[Forgot your OHID or password?](#) | [Get login help](#)

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.



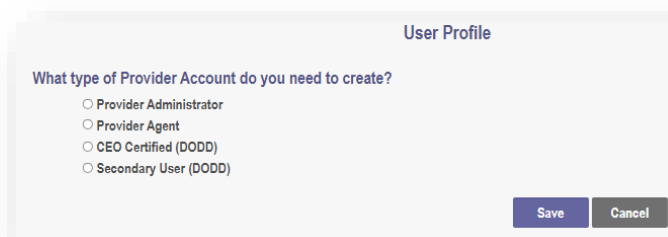
The screenshot shows a 'Terms' dialog box with a blue header. The main text states: 'Whoever knowingly, or intentionally accesses a computer or computer system without authorization or exceeds the access to which that person is authorized, and by means of such access, obtains, alters, damages, destroys, 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.' Below this text is a red circle icon and a paragraph: '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.' At the bottom, there is a checkbox labeled 'Yes, I have read the agreement' and a 'Cancel' button.

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.



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

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.

A Menu

B Account Administration

C Excel

D New Provider?

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
517946	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	11/14/2023	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

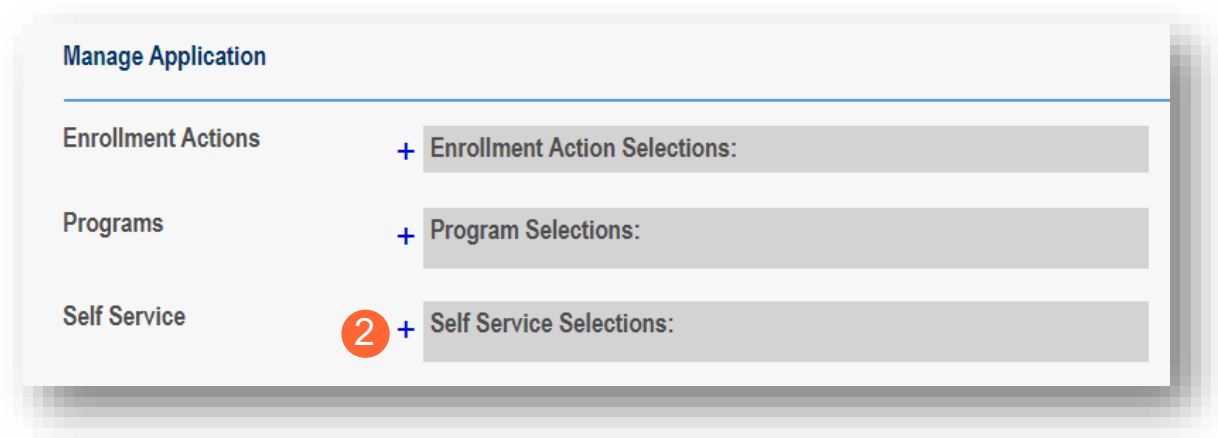
This section displays the necessary steps for accessing the Self Service functionalities for a provider file.

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.

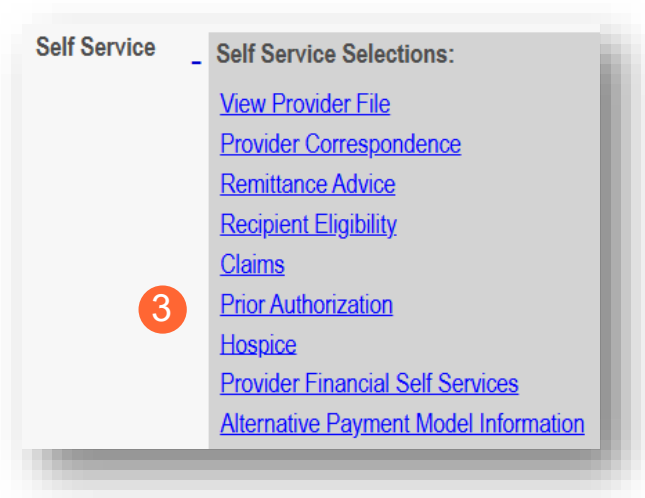
1 517946

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
517946	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	11/14/2023	02/09/2027

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



Step 3: Click the hyperlink for "Prior Authorization."



Search for an Existing Prior Authorization

IMPORTANT: To perform a search and inquire/view a submitted Prior Authorization, a user is required to be logged into PNM with access to the Requesting Provider (the user is the Provider Administrator or Provider Agent for the Medicaid ID under which the Prior Authorization was submitted).

A Requesting Provider is the provider who submitted the Prior Authorization and may, or may not, be the Servicing/Rendering Provider.



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 1: Enter search criteria in the boxes provided.

Note: Newly submitted prior authorizations may take up to 30 minutes to display in a search inquiry.

- The 'Payer Name' is a required field. Options to select include:
 -
- Enter the Payer Name, along with any of the other fields. Some examples are below:
 - Payer Name, Prior Authorization Number
 - Payer Name, Medicaid Billing Number, Status
 - Payer Name, Patient Tracking Number
 - Payer Name, Medicaid Billing Number, Submission Date
- If using a Medicaid Billing Number in the search, the full 12-digit number needs to be entered.
- If selecting a Status, the following options display:
 - Approved
 - Closed
 - Denied
 - InProcess
 - Partially Approved
 - Pend
 - Pending Additional Info
 - Saved
 - Status of "Saved", Patient Tracking Number, Payer Name

Note: Saved, unsubmitted, prior authorizations can also be searched for by entering the below minimum search criteria. Updates/changes can be made to previously saved records.

- If selecting an Assignment Type, the following options display:

○ 01-Compression Garments ○ 02-Decubitus Care Equipment ○ 03-Dental ○ 04-Dressings, Surgical ○ 05-Enteral Nutrition and Supplies ○ 06-Hearing Aids ○ 07-Hospital Beds ○ 08-Incontinence Supplies ○ 09-Miscellaneous Equipment ○ 10-Orthotics (MTA) ○ 11-Orthotics/Prosthetics (Nurses) ○ 12-Repairs ○ 13-Respiratory (MTA) ○ 14-Respiratory (Nurses) ○ 15-Speech Generating Devices ○ 16-Supplies (Miscellaneous) ○ 17-Therapies ○ 18-Vision ○ 19-Wheelchairs ○ 20-Orthodontics ○ 21-Transportation ○ 23-PDN	○ 34-Hospital Inpatient ○ 35-Hospital Outpatient ○ 37-Psychiatric Inpatient ○ 38-Increase State Plan Home Health ○ 39-Physician Services ○ 40-Medicaid School Program ○ 43-Medical Nutrition Therapy ○ 44-Chiropractic / Acupuncture ○ 45-Psychotherapy ○ 46-Applied Behavioral Analysis ○ 47-ACT Enrollment ○ 48-IHBT Enrollment ○ 49-Medical Services ○ 50-SUD Partial Hosp Services ○ 52-Services for ACT Enrollees ○ 53-SUD Residential Services ○ 54-Mental Health Services ○ 55-Hospital OP-Behavioral Health ○ 56-Services for IHBT Enrollees ○ 57-ASC ○ 58-Laboratory Services ○ 59-Hospital High-Cost Carve-Out ○ 60-Non-Institution High-Cost Drugs
--	---

Step 2: After criteria is entered, click **Search**.

Note: You can adjust the Max Records for the search to up to 100.

1

Prior Authorization Number :

Patient Tracking Number :

Medicaid Billing Number :

ICD Procedure Code :

Date of Birth :

mm/dd/yyyy

Procedure Code :

PA Submission Date :

mm/dd/yyyy

Revenue Code :

Status :

Diagnosis Code :

Ordering Provider NPI :

PA Effective Date :

mm/dd/yyyy

* Payer Name :

PA Expiration Date :

mm/dd/yyyy

Assignment Type :

Max Records

10

2

Search

Clear

Step 3: Search results will display at the bottom of the page. If multiple pages of search results display, click on the page numbers at the bottom of the page to view its corresponding page.

Note: For prior authorization search results in **Pending Additional Info status**, the Attachments column appears with an 'Upload' hyperlink. Attachments can be uploaded to using the '**Upload**' hyperlink (A). This process is explained on page 42 in the Attachments section.

Step 4: Identify a specific prior authorization then, click on its corresponding PA Number hyperlink or Patient Tracking Number hyperlink.

Prior Authorization Number :

Patient Tracking Number :

Medicaid Billing Number :

ICD Procedure Code :

Date of Birth :

mm/dd/yyyy

Procedure Code :

PA Submission Date :

mm/dd/yyyy

Revenue Code :

Status :

Pending Additional Info

Diagnosis Code :

Ordering Provider NPI :

PA Effective Date :

mm/dd/yyyy

* Payer Name :

Ohio Department of Medicaid

PA Expiration Date :

mm/dd/yyyy

Assignment Type :

Max Records

5

Search

Clear

3

PA Number

Medicaid Billing number

Patient Tracking Number

Last Name

First Name, MI

Status

ICD Procedure Code

Procedure Code

Diagnosis Code

Revenue Code

PA Effective Date

PA Expiration Date

Assignment Type

Ordering Provider NPI

Attachment

4

AUTH000086894

189588625504

GRADY

DEANTE S

PENDING ADDTL INFO

K0861

G8221

2024-09-30

2024-09-30

19

Upload

AUTH000086894

189588625504

GRADY

DEANTE S

PENDING ADDTL INFO

K0861

L89156

2024-09-30

2024-09-30

19

Upload

AUTH000086894

189588625504

GRADY

DEANTE S

PENDING ADDTL INFO

K0861

R252

2024-09-30

2024-09-30

19

Upload

AUTH000086894

189588625504

GRADY

DEANTE S

PENDING ADDTL INFO

K0861

S14106S

2024-09-30

2024-09-30

19

Upload

AUTH000086894

189588625504

GRADY

DEANTE S

PENDING ADDTL INFO

E2363

G8221

2024-09-30

2024-09-30

19

Upload

1

2

3

4

5

6

7

8

9

10

Note: To clear search data and begin a new search, click the red **Clear** button.

Note: On the PA search, a user may see multiple search results with the same AUTH number. This is based on diagnosis codes. For example, if a PA is submitted with 5 diagnosis codes, 5 search results under the same AUTH number will display. (If a PA is submitted with 3 diagnosis codes and each of those have 3 different ICD 10 codes, you will see 9 search results under the same AUTH number). It doesn't matter which search result line/link is chosen to view; it will display the same AUTH information.

Step 5: Review the returned information in the boxes on the top-right of the page.

- Click the '+' icon to expand any section to view returned data in any of the sections **(A)**.

Prior Authorization Type

☐ Dental
 ☐ Professional
 ☒ Institutional

5

PA Status: Pend

PA Number: AUTHT0000001590

PA Submission Date: 03/06/2023

PA Effective Date: 03/16/2023

PA Expiration Date: 03/17/2023

*Destination Payer Name:

Ohio Department of Medicaid

*Destination Payer ID:

MMISODJFS - Ohio Department of

*Assignment:

Hospital Inpatient

*Service Type:

Medical Care

- * RECIPIENT INFORMATION

*Medicaid Billing Number

649

*Date of Birth

07/16/19

Address 1:

Last Name

Patient Tracking Number

Address 2:

First Name:

MARGARET

Gender:

Female

City:

Middle Name:

J

State:

OH

Zip Code:

44854

A - * REQUESTER CONTACT INFORMATION

*Contact First Name

MARQ

*Contact Last Name

CLUNG

*Contact Number

Contact Extension

Status Definitions

A summary of prior authorization statuses and their definitions.

- Approved** – This status displays when all service lines have received a status of Approved.
- Closed** – This status displays when a PA submission has been cancelled.
- Denied** – This status displays when all services lines have received a status of Denied.
- InProcess** – This status displays for a submitted PA.
- Pending Additional Info** – This status indicates that a PA is submitted, and the PA reviewer/approver is seeking additional information. The ability to upload additional documentation is provided in this status.

PRIOR AUTHORIZATION

- **Partially Approved** – This status indicates at least one service line has received a status of Approved, Denied, or Closed.
- **Pend** – This status indicates that the PA submitted is awaiting additional review.
- **Saved** – This is the status of a prior authorization that was started but saved and not submitted.

Editing Service Line Details

Service lines details can be edited when the PA Status is “Pend” or “InProcess.”



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 1: Click **Edit** to edit any service line details.

Note: If there are multiple service lines listed under the Service Details panel, the ‘Edit’ and ‘Delete’ buttons will appear next to each line.

- * SERVICE DETAILS									
Line	Procedure Code	Tooth Number	Oral Cavity	Requested Units	Requested Dollars	Requested FDOS	Requested TDOS	Status	1
1	D0120	2	02	1	400	09/12/2023	09/11/2024	Pend	EditDelete

Step 2: After making the edits to the service details, click **Update**.

- * SERVICE DETAILS									
Line	Procedure Code	Tooth Number	Oral Cavity	Requested Units	Requested Dollars	Requested FDOS	Requested TDOS	Status	
1	D0120	2	02	1	400	09/12/2023	09/11/2024	Pend	EditDelete

An astensk * indicates a required field

*Procedure Code	D0120	Search	*Requested Units	1	Authorized Units	
Procedure Code Description			*Requested Dollars	425	Authorized Dollars	
Tooth Number	11		*Requested FDOS	9/12/2023	Authorized FDOS	
Oral Cavity	02		*Requested TDOS	9/11/2024	Authorized TDOS	
Tooth Surface	F		Service Tracking No		Remaining Units	
Provider Service Note:					Status	Pend
Prosthesis, Crown or Inlay:	Initial Placement					

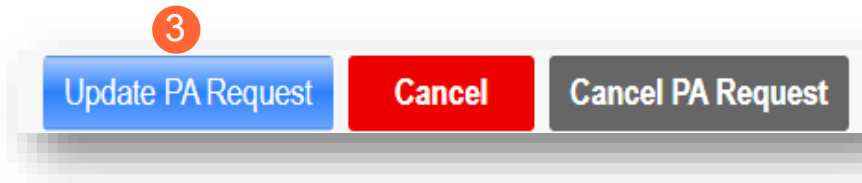
2

UpdateCancel

PRIOR AUTHORIZATION

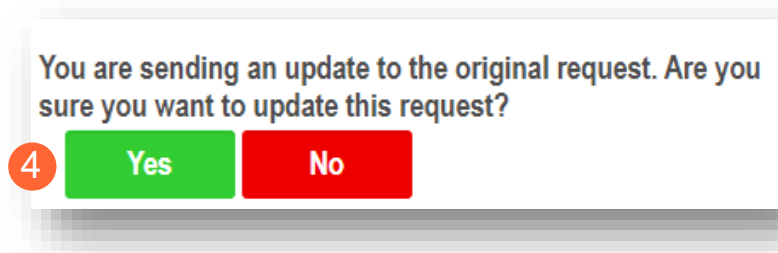
Note: If updates are made, the status of the prior authorization will update from 'Pend' to 'Submission Pending.'

Step 3: Once all updates have been made, click **Update PA Request** at the bottom of the page.



Step 4: A pop-up window displays confirming updates are made to the prior authorization.

- To proceed with the updated prior authorization, click **Yes**.
- To cancel to update to the prior authorization, click **No**.

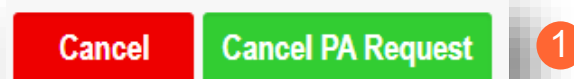


- * SERVICE DETAILS								
Line	Procedure Code	Tooth Number	Oral Cavity	Requested Units	Requested Dollars	Requested FDOS	Requested TDOS	Status
1	D0120	3	01	4	200	09/25/2022	02/24/2023	Submission Pending

Cancelling a Prior Authorization

A prior authorization can be cancelled if the PA Status is "Pend" or "InProgress."

Step 1: After [searching for and accessing the prior authorization](#), scroll to the bottom of the page and click **Cancel PA Request**.



Step 2: A pop-up window displays confirming the cancellation of the prior authorization.

- To proceed with the cancellation, click **Yes**.
- To keep the prior authorization request open, click **No**.



Copying a Prior Authorization

A prior authorization with the PA Status of "Approved" can be copied.



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 1: After [searching for and accessing the prior authorization](#), scroll to the bottom of the page and click **Copy**.

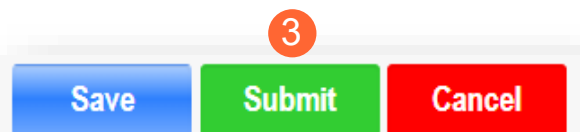


Step 2: All fields on the prior authorization page become editable. Make any changes to the data as necessary.

- * REQUESTER CONTACT INFORMATION					
2	*Contact First Name	Mouse	*Contact Last Name	Miney	
	*Contact Number	(813) 333-3333	Contact Extension	4436	
- * SERVICE INFORMATION					
	*Facility Type	11	Search	*Level Of Service:	E - Elective
	*Admission Date	11/01/2022		*Admission Type:	2 - Urgent
	Discharge Date:			*Admission Source:	2 - Clinic Referral
	*Discharge Status:	Still a patient		Delay Reason:	
	Date of Last Menstrual Period:			Associate PA No:	888776
	Estimated Date of Birth:				
	Date of Onset of Illness:	10/30/2022			
	Accident Date:	10/04/2022			

Step 3: When all data has been entered for the prior authorization, click **Submit** at the bottom of the page.

Note: If you are not prepared to submit the prior authorization, you can click **Save** and the prior authorization submission will be saved in the PNM system for up to 72 hours for future retrieval.



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>

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.

1

Jump To: Search PA

1

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

Provider Medicaid ID: Provider NPI: 1538556360 Provider Name: NATIONAL SEATING & MOBILITY, INC.

An asterisk * indicates a required field
Newly submitted PAs may take up to 30 minutes to show up in a search or inquiry.

PRIOR AUTHORIZATION SEARCH

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 :

PA Expiration Date :

Max Records 5

Search Clear

PRIOR AUTHORIZATION SEARCH RESULT

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

- Dental
- Professional
- Institutional

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

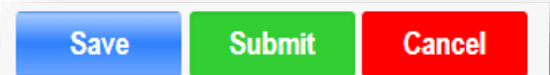
☒ Dental ☐ Professional ☐ Institutional

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.
 - To search for a 'saved' prior authorization, complete the steps under the [Search an Existing Prior Authorization](#) section.
- **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:

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.
Dental (D), **Professional (P)**, **Institutional (I)**
 - 01 – Compression Garments (P)
 - 02 – Decubitus Care Equipment (P)
 - **03 – Dental (D)**
 - 04 – Dressings, Surgical (P)
 - 05 – Enteral Nutrition and Supplies (P)
 - 06 – Hearing Aids (P)
 - 07 – Hospital Beds (P)
 - 08 – Incontinence Supplies (P)
 - 09 – Miscellaneous Equipment (P)
 - 10 – Orthotics (MTA) (P)
 - 11 – Orthotics/Prosthetics (Nurses) (P)
 - 12 – Repairs (P)
 - 13 – Respiratory (MTA) (P)
 - 14 – Respiratory (Nurses) (P)
 - 15 – Speech Generating Devices (P)
 - 16 – Supplies (Miscellaneous) (P)
 - 17 – Therapies (P)
 - 18 – Vision (P)
 - 19 – Wheelchairs (P)
 - **20 – Orthodontics (D)**
 - 21 – Transportation (P)
 - 23 – PDN (P)
 - **34 – Hospital Inpatient (I)**
 - **35 – Hospital Outpatient (I)**

- 37 – *Psychiatric Inpatient (I)*
- 38 – Increase State Plan Home Health (P)
- 39 – Physician Services (P)
- 40 – Medicaid School Program (P)
- 43 – Medical Nutrition Therapy (P)
- 44 – Chiropractic / Acupuncture (P)
- 45 – Psychotherapy (P)
- 46 – Applied Behavioral Analysis (P)
- 47 – ACT Enrollment (P)
- 48 – IHBT Enrollment (P)
- 49 – Medical Services (P)
- 50 – SUD Partial Hosp Services (P)
- 52 – Services for ACT Enrollees (P)
- 53 – SUD Residential Services (P)
- 54 – Mental Health Services (P)
- 55 – *Hospital OP-Behavioral Health (I)*
- 56 – Services for IHBT Enrollees (P)
- 57 – ASC (P)
- 58 – Laboratory Services (P)
- 59 – *Hospital High-Cost Carve-Out (I)*
- 60 – Non-Institution High-Cost Drugs (P)

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:

A *Destination Payer Name:
C *Assignment:
B *Destination Payer ID:
D *Service Type:

4

 An asterisk * indicates a required field

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.

The screenshot shows the 'RECIPIENT INFORMATION' section of a form. At the top, there are dropdown menus for 'Destination Payer Name' (Ohio Department of Medicaid), 'Destination Payer ID' (MMISODJFS - Ohio Department of), 'Assignment' (Vision), and 'Service Type' (Vision (Optometry)). The main section is titled 'RECIPIENT INFORMATION' and contains several fields. Callout 5 points to the 'Medicaid Billing Number' field (100347436699) and the 'Date of Birth' field (3/20/1971). Callout 6 points to the 'Patient Tracking Number' field (123456). Other fields include '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), and 'Zip Code' (43231). Fields with gray backgrounds are read-only.

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.

The screenshot shows the 'REQUESTER CONTACT INFORMATION' section of a form. It contains fields for 'Contact First Name' (John), 'Contact Last Name' (Smith), 'Contact Number' ((614) 555-4321), and 'Contact Extension'. Callout 7 points to the 'Contact First Name' field. Fields with gray backgrounds are read-only.

Service Information

The Service Information section has some minor differences between the Prior Authorization Types (Dental, Professional, Institutional).

The section for Dental and Professional is titled 'Non-Institutional': [Jump to Non-Institutional Claim Service for Step 8](#)

The Institutional Claim service information is outlined within its own section in this document: [Jump to Institutional Claim Service for Step 8](#)

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.

8

*Place of Service:

Search

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

office

Search

SEARCH RESULTS

Place of Service Code

Place of Service Description

11

Office

[Click here to continue to step 9](#)

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.

8

*Facility Type

013 - Hospital Outpatient

Search

*Admission Date

4/10/2024

Discharge Date:

*Discharge Status:

Date of Last Menstrual Period:

Estimated Date of Birth:

Date of Onset of Illness:

Accident Date:

*Level Of Service:

*Admission Type:

*Admission Source:

Delay Reason:

Associate PA No:

- Facility Type (required)

- 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 Facility Type code is located, click the code hyperlink.
- Admission Date (*required*)
 - Date of anticipated admission for the recipient
 - Date must be in MM/DD/YYYY format
- Discharge Date
 - If entered, date must be in MM/DD/YYYY
- Discharge Status
 - 1 – Discharged to Home or Self Care (Routine Discharge)
 - 2 – Discharged/Transferred to a Short-Term General Hospital for Inpatient Care
 - 3 – Discharged/Transferred to Skilled Nursing Facility (SNF) with Medicare Certification in Anticipation of Skilled Care
 - 4 – Discharged/Transferred to a Facility That Provides Custodial or Supportive Care
 - 5 – Discharged/Transferred to a Designated Cancer Center or Children's Hospital
 - 6 – Discharged/Transferred to Home under Care of an Organized Home Health Service Organization in Anticipation of Covered Skilled Care
 - 7 – Left Against Medical Advice or Discontinued Care
 - 9 – Admitted as an Inpatient to This Hospital
 - 20 – Expired
 - 21 – Discharged/Transferred to Court/Law Enforcement
 - 30 – Still Patient
 - 40 – Expired at Home
 - 41 – Expired in a Medical Facility (E.G. Hospital, SNF, ICF, or Free-Standing Hospice)
 - 42 – Expired - Place Unknown
 - 43 – Discharged/Transferred to a Federal Health Care Facility
 - 50 – Hospice – Home
 - 51 – Hospice - Medical Facility (Certified) Providing Hospice Level of Care
 - 61 – Discharged/Transferred to a Hospital-Based Medicare Approved Swing Bed
 - 62 – Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) Including Rehabilitation Distinct Part Units of a Hospital
 - 63 – Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH)
 - 64 – Discharged/Transferred to a Nursing Facility Certified under Medicaid but not Certified under Medicare
 - 65 – Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital
 - 66 – Discharged/Transferred to a Critical Access Hospital (CAH)
 - 69 – Discharged/Transferred to a Designated Disaster Alternative Care Site
 - 70 – Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in This Code List
 - 81 – Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission
 - 82 – Discharged/Transferred to a Short-Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission
 - 83 – Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission
 - 84 – Discharged/Transferred to a Facility That Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission
 - 85 – Discharged/Transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission

- 86 – Discharged/Transferred to Home under Care of Organized HH Service Organization in Anticipation of Covered Skilled Care w/ Planned Acute Care Hospital Inpatient Readmission
- 87 – Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission
- 88 – Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission
- 89 – Discharged/Transferred to a Hospital Based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission
- 90 – Discharged/Transferred to Inpatient Rehab Facility (IRF) Include Rehab Distinct Part Units of Hospital W/ Planned Acute Care Hospital Inpatient Readmission
- 91 – Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission
- 92 – Discharged/Transferred to Nursing Facility Certified under MCAID But not Certified under Medicare W/ Planned Acute Care Hospital Inpatient Readmission
- 93 – Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of Hospital W/A Planned Acute Care Hospital Inpatient Readmission
- 94 – Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission
- 95 – Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in Code List W/ a Planned Acute Care Hospital Inpatient Readmission
- 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.
- Date of Onset of Illness
 - If entered, date must be in MM/DD/YYYY format and future date is not allowed.
- Accident Date
 - If entered, date must be in MM/DD/YYYY format and future date is not allowed.
- Level of Service
 - E – Elective
 - U – Urgent
- Admission Type
 - 1 – Emergency
 - 2 – Urgent
 - 3 – Elective
 - 4 – Newborn
 - 5 – Trauma
 - 9 – Information Not Available
- Admission Source (*options do not appear unless Admission Type is selected*)
 - 1 – Physician Referral
 - 2 – Clinic Referral
 - 3 – HMO Referral
 - 4 – Transfer from a Hospital
 - 5 – Transfer from a SNF
 - 6 – Transfer from Another Health Care Facility
 - 7 – Emergency Room
 - 8 – Court/Law Enforcement
 - 9 – Information not Available
 - D – Transfer from one Distinct Unit of the Hospital to Another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer

- E – Transfer from Ambulatory Surgery Center
- F – Transfer from a Hospice Facility
- G – Transfer from a Designated Disaster Alternate Care Site

In the Case of Newborn (Admission type 4), only the below values display for Admission Source:

- 5 – Born Inside This Hospital
- 6 – Born Outside of This Hospital
- 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
 - Previous prior authorization number assigned by the payer that is related to this request.
 - This field can be used in the event of a Continued Stay Review to indicate the associated PA.

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

'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.

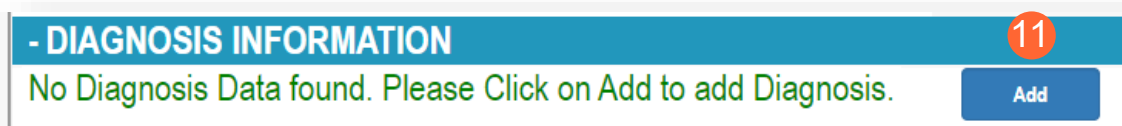
NPI	MEDICAID ID	BUSINESS/LAST NAME	FIRST NAME					
		smith	jane					
Search								
SEARCH RESULTS								
NPI	Medicaid ID	Business/Last Name	First Name	Address Line 1	Address Line 2	City	State	Zip
1402900399	0144936	SMITH	JANE	1 SHOALS AVE		TOLEDO	OH	43604

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

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

Add

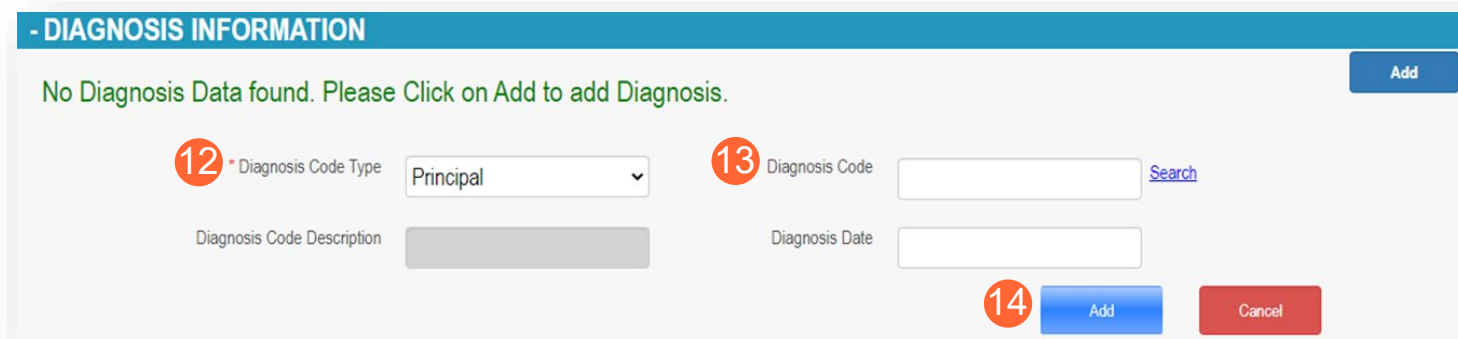
Step 12: Select a Diagnosis Code Type (*first line being added defaults to 'Principal'*).

- ☐ 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: [Input Field] Search

Diagnosis Code Description: [Input Field]

Diagnosis Date: [Input Field]

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.

Note: If providers request a prior authorization for procedure code *T1033*, the prior authorization request will be denied.

A prior authorization may be requested for procedure code *T1032* when the maximum units of 48 have been billed direct and/or exceeded. See [OAC \(Doula Services\) 5160-8-43](#).

[Click here to continue to Dental Claim Step 15](#)

[Click here to continue to Institutional Claim Step 15](#)

[Click here to continue to Professional Claim Step 15](#)

Dental



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.	15Add

Step 16:
information:

The following

- Procedure Code (*required*)
 - If you do not know the code, click 'Search' to open a code lookup window.

PRIOR AUTHORIZATION

- Procedure Code Description (*as needed*)
- Tooth Number (*as needed*)
 - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 32, A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, TS, SS, RS, QS, PS, OS, NS, MS, LS, KS, 30, 31
- Oral Cavity (*as needed*)
 - 00 – Entire Oral Cavity
 - 01 – Maxillary Arch
 - 02 – Mandibular Arch
 - 10 – Upper Right Quadrant
 - 20 – Upper Left Quadrant
 - 30 – Lower Left Quadrant
 - 40 – Lower Right Quadrant
- Tooth Surface (*as needed*)
 - B – Buccal
 - D – Distal
 - F – Facial
 - I – Incisal
 - L – Lingual
 - M – Mesial
 - O – Occlusal
- Provider Service Note (*as needed*)
- Prosthesis, Crown, or Inlay (*as needed*)
 - Initial Placement
 - Replacement
- Requested Units (*required*)
- Requested Dollars (*required*)
- Requested From Date of Service (FDOS) (*required*)
- Requested To Date of Service (TDOS) (*required*)
- Service Tracking No (*as needed*)

- * SERVICE DETAILS

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

Add

An asterisk * indicates a required field

16

*Procedure Code [Search](#)

*Requested Units

Authorized Units

Procedure Code Description

*Requested Dollars

Authorized Dollars

Tooth Number

*Requested FDOS

Authorized FDOS

Oral Cavity

*Requested TDOS

Authorized TDOS

Tooth Surface

Service Tracking No

Remaining Units

Provider Service Note:

Status

Prosthesis, Crown or Inlay:

Add

Cancel

PRIOR AUTHORIZATION

- Allows entry of a service reference number that corresponds to provider's system to reconcile each service requested for the Prior Authorization.

Note: If a Federally Qualified Health Center (FQHC) is entering a prior authorization for FQHC dental services, the applicable tooth number, oral cavity quadrant, or tooth surface, must be entered under the 'Provider Service Note' field, instead of selecting options from the drop-down menu. A separate note for each tooth/service will be entered for each service line. *Example note: "Crown on #9."*

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

- The added service appears on a list. Repeat the process above to add additional services.

- * SERVICE DETAILS									
Line	Procedure Code	Tooth Number	Oral Cavity	Requested Units	Requested Dollars	Requested FDOS	Requested TDOS	Status	
1	D2950		0	1	102	02/10/2024	02/22/2024	Submission Pending	Edit Delete
									17 Add

- * SERVICE DETAILS									
Line	Procedure Code	Tooth Number	Oral Cavity	Requested Units	Requested Dollars	Requested FDOS	Requested TDOS	Status	
1	D2950		0	1	102	02/10/2024	02/22/2024	Submission Pending	Edit Delete
2	D2950	20	0	1	110	02/20/2024	02/22/2024	Submission Pending	Edit Delete
									Add

- A maximum of 999 service detail lines can be added.

[Click here to proceed to Submit Prior Authorization](#)

[Click here to add Provider Notes](#) (Optional)

[Click here to add Attachments](#) (Optional)

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 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:

- Revenue Code *(as needed)*
 - If you do not know the code, click 'Search' to open a code lookup window.
- Procedure Code *(required)*
 - If you do not know the code, click 'Search' to open a code lookup window.
- Procedure Code Description *(as needed)*
- Provider Service note *(as needed)*
- Level of Care *(as needed)*
 - 1 – Skilled Nursing Facility (SNF)
 - 2 – Intermediate Care Facility (ICF)
 - 3 – Intermediate Care Facility – Mentally Retarded (ICF-MR)
 - 4 – Chronic Disease Hospital (CD)
 - 5 – Intermediate Care Facility (ICF) Level II
 - 6 – Special Skilled Nursing Facility (SNF)
 - 7 – Nursing Facility (NF)
 - 8 – Hospice
- Procedure Type Code
 - ICD 10 Procedure
 - HCPCS
- Requested Units – (1st field) *(required)*
 - The number of which you are ordering
- Requested Units – (2nd field) *(required)*
 - F2 – International Unit
 - DA – Days
 - UN – Unit
- Requested Dollars *(as needed)*
- 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.

Add

17

Add

Cancel

- SERVICE DETAILS

Add

- SERVICE DETAILS

Add

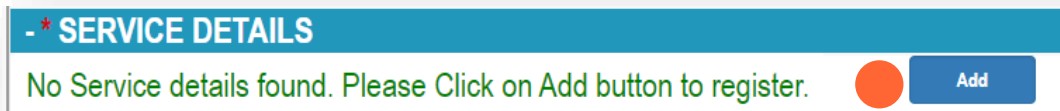
Professional



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.



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
- 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*)

PRIOR AUTHORIZATION

- Allows entry of a service reference number that corresponds to provider's system to reconcile each service requested for the Prior Authorization.

SERVICE DETAILS

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

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 EditDelete	
								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 EditDelete	
2	0D2		1	42	02/26/2024	02/29/2024	Submission Pending EditDelete	
								17 Add

[Click here to proceed to Submit Prior Authorization \(Step 18\)](#)

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

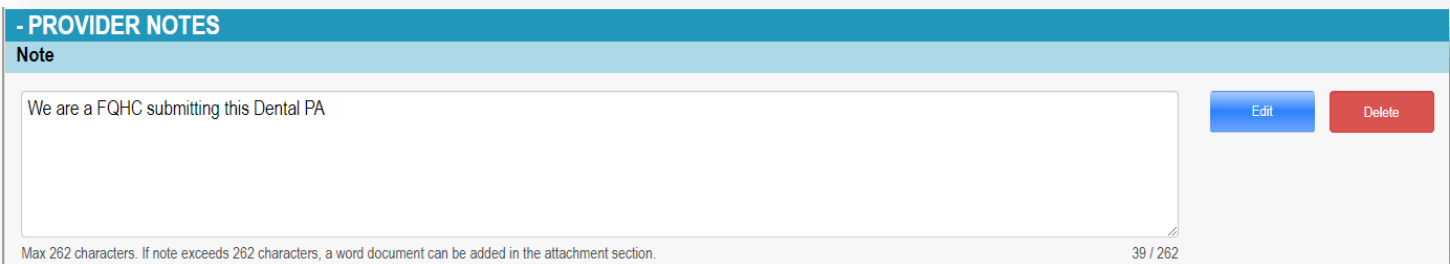
Please refer to Prior Authorization 123 & 456 for historical context.

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

Note: When a Federally Qualified Health Center (FQHC) submits a prior authorization request for dental services, it is required to clearly state that the request pertains to an FQHC dental service submitted using the professional claim format, rather than the American Dental Association dental claim format.

[Click here to proceed to Submit Prior Authorization \(Step 18\)](#)

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 (Optional)

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: 19 Choose File No file chosen

* Document Type: 20 X-Rays

Note: 21 Chest x-ray taken on 5/23 Add

--- select Document Type ---

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

- 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: 19 Choose File No file chosen

* Document Type: 20 --- select Document Type ---

Note: 21 Add

Accepted File Types:

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

[Click here to proceed to Submit Prior Authorization \(Step 18\)](#)

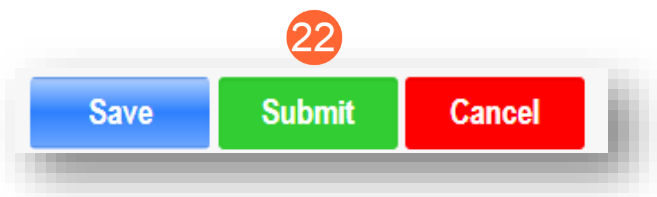
If Malicious Attachments Are Uploaded

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

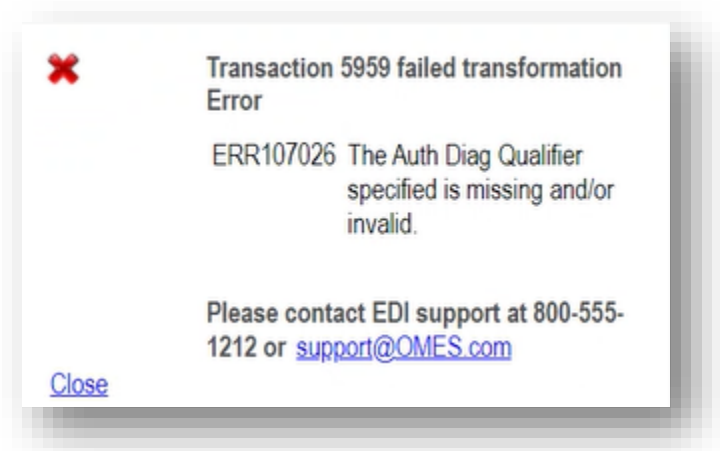
*Destination Payer Name:
 *Destination Payer ID:
 *Assignment:
 *Service Type:

- * 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.

Click 'Close.'



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

[Close](#)

This completes the submission of Prior Authorization

Accessing Prior Authorization Letters

Letters related to prior authorizations are available to access in PNM.

Prior Authorization Notice	Used to communicate to service providers the decision that was made on the prior authorization request. This letter is used for denied Prior Authorization or modified Prior Authorizations
Hospital PA Decision Notice	Used to communicate to service providers the decision that was made on the hospital inpatient or outpatient prior authorization request (special review).
Transplant Approval Notice	Used to communicate to service providers (the Facility) the approval decision that was made on the transplant request.
Prior Authorization Notice Approval PDN	Used as the Private Duty Nursing (PDN) approval letter.
Certification of Admission Notice	Used to communicate to the inpatient facility the approval decision that was made on the psychiatric inpatient admission pre-certification request.
Pre-Certification Denial Notice	Used to communicate to the inpatient facility the denial decision that was made on the psychiatric inpatient admission pre-certification request. This letter is specific to a "technical denial" which indicates the request has been denied because the provider did not submit the correct information in the 24-hour time frame.
Clinical Appeal Determination Notice	Used to communicate to the inpatient facility the outcome of a reconsideration review performed on a previous determination for psychiatric inpatient admission certification. The reconsideration review is performed by an Ohio-licensed/board-certified psychiatrist who practices in Ohio.
Retrospective Certification of Need for Inpatient Psychiatric Hospitalization	Used to communicate to the inpatient facility the approval decision that was made on the retrospective psychiatric inpatient admission pre-certification request.

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.

Menu Ohio Department of Medicaid Provider Network Management Medicaid Home Learning Contact Fee Schedule Training Log out												
My Providers		Account Administration										New Provider ?
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
517946	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	11/14/2023	02/09/2027

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

Manage Application

Enrollment Actions

+

Enrollment Action Selections:

Programs

+

Program Selections:

Self Service

2 +

Self Service Selections:

Step 3: Click the 'Provider Correspondence' hyperlink.

Self Service

-

Self Service Selections:

[View Provider File](#)

3

[Provider Correspondence](#)

[Remittance Advice](#)

[Recipient Eligibility](#)

[Claims](#)

[Prior Authorization](#)

[Hospice](#)

[Provider Financial Self Services](#)

[Alternative Payment Model Information](#)

Step 4: To locate correspondence, complete the following:

- Select 'Prior Authorization Notifications' from the Correspondence Type drop-down menu.
- Enter a data range for the search.

Step 5: Click **Search**.

Step 6: Locate the search results at the bottom of the page and select the one with the subject related to any of the prior authorization letters listed in the table above. Click the hyperlink for the letter you wish to access.

CORRESPONDENCE SEARCH RESULT			
Correspondence Subject	Correspondence Type	Date Sent	Date Viewed
Prior Authorization Notice - Provider Copy 6	Prior Authorization Notifications	04/19/2023	NA

Step 7: Review the correspondence. Once you have viewed, you can click the 'X' in the top-right corner to close.

Dear Provider,

The Ohio Department of Medicaid (ODM) has made a determination about the request for service(s) or item(s) listed below for the identified member.

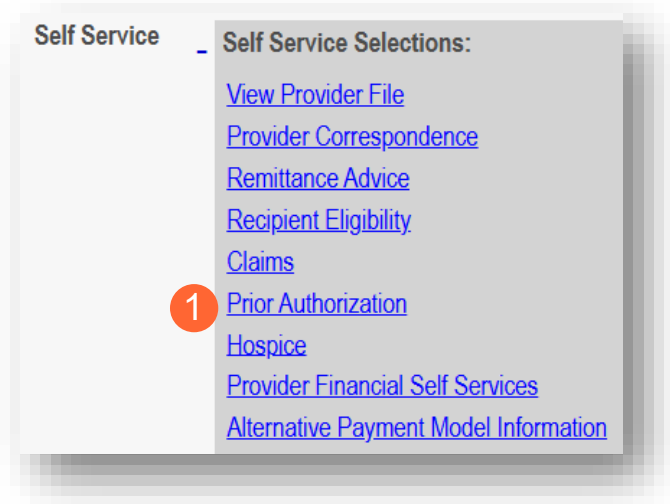
Line Item	1
Status	MODIFIED APPROVAL
Service Description	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY AND AT LEAST 3 DAYS/WEEK AND IS BASED ON AN INDIVIDUALIZED TREATMENT PLAN), INCLUDING ASSESSMENT, COUNSELING; CRISIS INTERVENTION, AND ACTIVITY THERAPIES OR EDUCATION (NOT PAYABLE BY MEDICARE)
Modifiers	TG
Units Authorized	26
Dollars Authorized	\$202.00
Service Begin Date	06/13/2022
Service End Date	07/08/2022

Attachments to a Prior Authorization in 'Pending Additional Info' Status

If a PA is submitted and the reviewer or approver needs additional supporting information, then the PA will be placed in 'Pending Additional Info' status. Follow this process to upload additional supporting documents.

Step 1: Click the 'Prior Authorization' hyperlink to begin a prior authorization search.

IMPORTANT: To perform a search and inquire/view a submitted Prior Authorization, a user is required to be logged into PNM with access to the Requesting Provider (the user is the Provider Administrator or Provider Agent for the Medicaid ID under which the Prior Authorization was submitted).



Step 2: Enter the prior authorization search criteria.

- The 'Payer Name' is a required field. Options to select include:
 -
- Use the Status drop-down menu and select 'Pending Additional Info'.

The image shows the 'PRIOR AUTHORIZATION SEARCH' form. It contains several input fields for search criteria, including Prior Authorization Number, Patient Tracking Number, Medicaid Billing Number, ICD Procedure Code, Date of Birth, Procedure Code, PA Submission Date, Revenue Code, Status (a dropdown menu with 'Pending Additional Info' selected), Diagnosis Code, Ordering Provider NPI, PA Effective Date, *Payer Name (a dropdown menu with 'Ohio Department of Medicaid' selected), PA Expiration Date, Assignment Type, and Max Records (a dropdown menu with '5' selected). A red circle with the number '2' is placed next to the Status dropdown, and a red circle with the number '3' is placed next to the Search button.

Step 3: Click **Search**.

Note: You can adjust the Max Records for the search results to show up to 100 records at a time.

PRIOR AUTHORIZATION

Step 4: Identify the prior authorization search result and click the **'Upload'** hyperlink that appears in the Attachments column, located on the far-right side.

Note: On the PA search, a user may see multiple search results with the same AUTH number. This is based on diagnosis codes. For example, if a PA is submitted with 5 diagnosis codes, 5 search results under the same AUTH number will display. (If a PA is submitted with 3 diagnosis codes and each of those have 3 different ICD 10 codes, you will see 9 search results under the same AUTH number). It doesn't matter which search result line/link is chosen to view; it will display the same AUTH information.

Note: To clear search data and begin a new search, click the red **Clear** button.

PRIOR AUTHORIZATION SEARCH

Prior Authorization Number :

Medicaid Billing Number :

Date of Birth :

mm/dd/yyyy

PA Submission Date :

mm/dd/yyyy

Status :

Pending Additional Info

Ordering Provider NPI :

* Payer Name :

Ohio Department of Medicaid

Assignment Type :

Patient Tracking Number :

ICD Procedure Code :

Procedure Code :

Revenue Code :

Diagnosis Code :

PA Effective Date :

mm/dd/yyyy

PA Expiration Date :

mm/dd/yyyy

Max Records

5

Search

Clear

PRIOR AUTHORIZATION SEARCH RESULT

PA Number	Medicaid Billing number	Patient Tracking Number	Last Name	First Name, MI	Status	ICD Procedure Code	Procedure Code	Diagnosis Code	Revenue Code	PA Effective Date	PA Expiration Date	Assignment Type	Ordering Provider NPI	Attachment
AUTH0000866894	189588625504		GRADY	DEANTE S	PENDING ADDTL INFO		K0861	G8221		2024-09-30	2024-09-30	19		Upload
AUTH0000866894	189588625504		GRADY	DEANTE S	PENDING ADDTL INFO		K0861	L89156		2024-09-30	2024-09-30	19		Upload
AUTH0000866894	189588625504		GRADY	DEANTE S	PENDING ADDTL INFO		K0861	R252		2024-09-30	2024-09-30	19		Upload
AUTH0000866894	189588625504		GRADY	DEANTE S	PENDING ADDTL INFO		K0861	S14106S		2024-09-30	2024-09-30	19		Upload
AUTH0000866894	189588625504		GRADY	DEANTE S	PENDING ADDTL INFO		E2363	G8221		2024-09-30	2024-09-30	19		Upload

1 2 3 4 5 6 7 8 9 10 ...

Step 5: Click **Choose File** and locate the file on your computer and enter or select the following information:

- Prior Authorization Number, Recipient ID, Document Type, and Comment.

Note: Recipient ID is the recipient's Medicaid number.

Step 6: Click the **Add** button.

*Transaction Type: Prior Auth

*Destination Payer Name: Ohio Department of Medicaid

*Destination Payer ID: MMISODJFS - Ohio Department of Medicaid

ATTACHMENT

An asterisk * indicates a required field

*Upload attachment: Choose File No file chosen

*PA Number: AUTH0000866894

*Recipient ID:

*Document Type:

*Comments:

Add

Step 7: The added attachment appears on a list. Click the **Send** button to complete the attachment upload. Repeat the process above to add additional attachments.

*Transaction Type: Prior Auth

*Destination Payer Name: Ohio Department of Medicaid

*Destination Payer ID: MMISODJFS - Ohio Department of Medicaid

ATTACHMENT

PA NUMBER	Recipient ID	Document Type	Document ID
AUTH0000866894	189588625504	Medical Documentation	1538556360 2025-24-22 02:24:37

Delete

An asterisk * indicates a required field

*Upload attachment: Choose File No file chosen

*PA Number: AUTH0000866894

*Recipient ID: 189588625504

*Document Type:

*Comments:

Send

Cancel

Add

Note: Below are important details about document attachments/uploads.

- A maximum of 10 documents can be sent to the Destination Payer at a time.
- The maximum file size per document upload is 10 MB.
- The following document types are acceptable:
 - 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

If Submission Contains Malicious Attachments

If a document uploaded during a prior authorization submission is found to contain damaging macros, it will be flagged as a 'malicious attachment'. Any flagged malicious attachments will be listed on the prior authorization submission page in the 'Malicious Attachment' section.

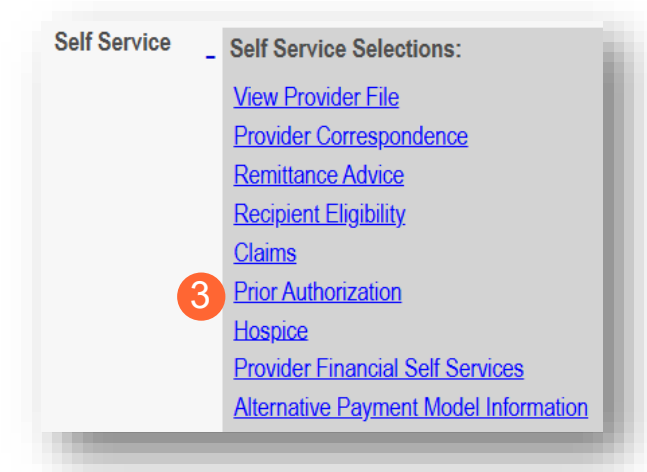
Step 1: Review the malicious attachments list on the prior authorization submission page.

Note: Notifications regarding malicious attachments are not sent from PNM.

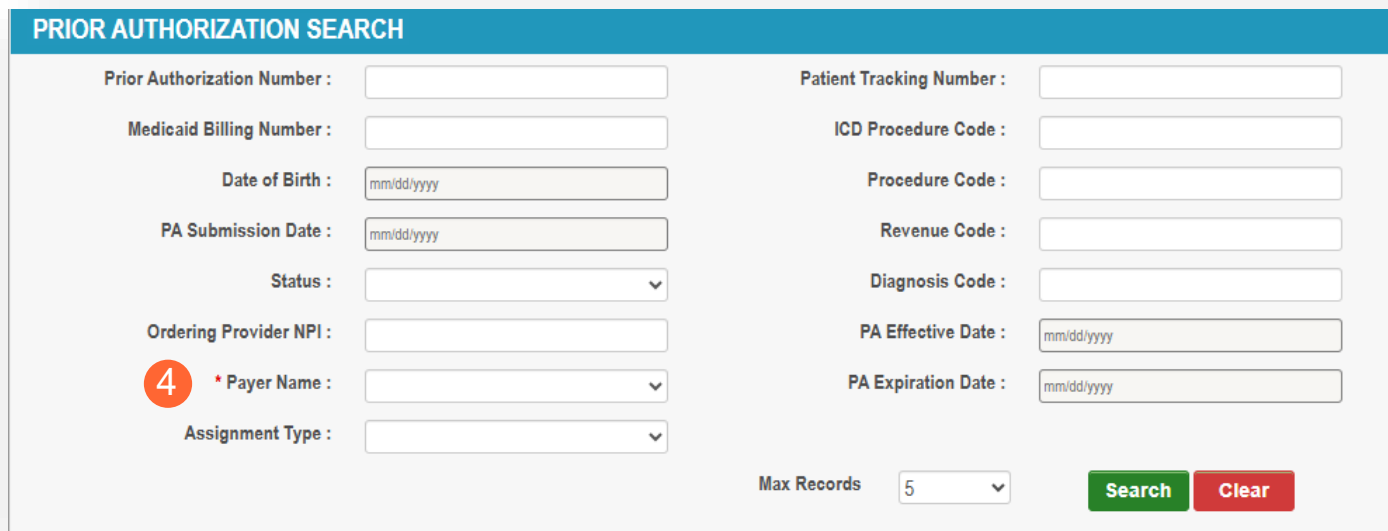
-MALICIOUS ATTACHMENTS		
MemberId	Attachment	Uploaded Date
12155555555	483953productionticket_1.docx	8/7/2024 7:05:56 PM
121204321212	483953productionticket.docx	8/7/2024 3:31:03 PM

Step 2: Use virus scanning software on your computer to review the document for any malicious data.

Step 3: Upload a 'clean' version of the document by clicking the 'Prior Authorization' hyperlink.



Step 4: Enter search criteria in the boxes provided.



PRIOR AUTHORIZATION SEARCH

Prior Authorization Number :

Medicaid Billing Number :

Date of Birth :

PA Submission Date :

Status :

Ordering Provider NPI :

4 * Payer Name :

Assignment Type :

Patient Tracking Number :

ICD Procedure Code :

Procedure Code :

Revenue Code :

Diagnosis Code :

PA Effective Date :

PA Expiration Date :

Max Records

Search **Clear**

Note: Newly submitted prior authorizations may take up to 30 minutes to display in a search inquiry.

- The 'Payer Name' is a required field. Options to select include:
 -
- Enter the Payer Name, along with any of the other fields. Some examples are below:
 - Payer Name, Prior Authorization Number
 - Payer Name, Medicaid Billing Number, Status
 - Payer Name, Patient Tracking Number
 - Payer Name, Medicaid Billing Number, Submission Date
- If using a Medicaid Billing Number in the search, the full 12-digit number needs to be entered.
- If selecting a Status, the following options display:
 - Approved
 - Closed
 - Denied
 - InProcess
 - Partially Approved
 - Pend
 - Pending Additional Info
 - Saved

Note: Saved, unsubmitted, prior authorizations can also be searched for by entering the below minimum search criteria. Updates/changes can be made to previously saved records:

- Status of "Saved", Patient Tracking Number, Payer Name

- If selecting an Assignment Type, the following options display:

- 01-Compression Garments
- 02-Decubitus Care Equipment
- 03-Dental
- 04-Dressings, Surgical
- 05-Enteral Nutrition and Supplies
- 06-Hearing Aids
- 07-Hospital Beds
- 08-Incontinence Supplies
- 09-Miscellaneous Equipment
- 10-Orthotics (MTA)
- 11-Orthotics/Prosthetics (Nurses)
- 12-Repairs
- 13-Respiratory (MTA)
- 14-Respiratory (Nurses)
- 15-Speech Generating Devices
- 16-Supplies (Miscellaneous)
- 17-Therapies
- 18-Vision
- 19-Wheelchairs
- 20-Orthodontics
- 21-Transportation
- 23-PDN
- 34-Hospital Inpatient
- 35-Hospital Outpatient
- 37-Psychiatric Inpatient
- 38-Increase State Plan Home Health
- 39-Physician Services
- 40-Medicaid School Program
- 43-Medical Nutrition Therapy
- 44-Chiropractic / Acupuncture
- 45-Psychotherapy
- 46-Applied Behavioral Analysis
- 47-ACT Enrollment
- 48-IHBT Enrollment
- 49-Medical Services
- 50-SUD Partial Hosp Services
- 52-Services for ACT Enrollees
- 53-SUD Residential Services
- 54-Mental Health Services
- 55-Hospital OP-Behavioral Health
- 56-Services for IHBT Enrollees
- 57-ASC
- 58-Laboratory Services
- 59-Hospital High-Cost Carve-Out
- 60-Non-Institution High-Cost Drugs

Step 5: After criteria is entered, click **Search**.

PRIOR AUTHORIZATION SEARCH

Prior Authorization Number :

Medicaid Billing Number :

Date of Birth :

mm/dd/yyyy

PA Submission Date :

mm/dd/yyyy

Status :

Pending Additional Info

Ordering Provider NPI :

* Payer Name :

Ohio Department of Medicaid

Assignment Type :

Patient Tracking Number :

ICD Procedure Code :

Procedure Code :

Revenue Code :

Diagnosis Code :

PA Effective Date :

mm/dd/yyyy

PA Expiration Date :

mm/dd/yyyy

Max Records

5

Search

Clear

Note: You can adjust the Max Records for the search results to show up to 100 records at a time.

Note: To clear search data and begin a new search, click the red **Clear** button.

Step 6: Identify the prior authorization search result and click the **'Upload'** hyperlink that appears in the Attachments column, located on the far-right side.

PRIOR AUTHORIZATION SEARCH

Prior Authorization Number :

Medicaid Billing Number :

Date of Birth :

mm/dd/yyyy

PA Submission Date :

mm/dd/yyyy

Status :

Pending Additional Info

Ordering Provider NPI :

* Payer Name :

Ohio Department of Medicaid

Assignment Type :

Patient Tracking Number :

ICD Procedure Code :

Procedure Code :

Revenue Code :

Diagnosis Code :

PA Effective Date :

mm/dd/yyyy

PA Expiration Date :

mm/dd/yyyy

Max Records

5

Search

Clear

PRIOR AUTHORIZATION SEARCH RESULT

PA Number	Medicaid Billing number	Patient Tracking Number	Last Name	First Name, MI	Status	ICD Procedure Code	Procedure Code	Diagnosis Code	Revenue Code	PA Effective Date	PA Expiration Date	Assignment Type	Ordering Provider NPI	Attachment
AUTH0000866894	189588625504		GRADY	DEANTE S	PENDING ADDTL INFO		K0861	G8221		2024-09-30	2024-09-30	19		Upload
AUTH0000866894	189588625504		GRADY	DEANTE S	PENDING ADDTL INFO		K0861	L89156		2024-09-30	2024-09-30	19		Upload
AUTH0000866894	189588625504		GRADY	DEANTE S	PENDING ADDTL INFO		K0861	R252		2024-09-30	2024-09-30	19		Upload
AUTH0000866894	189588625504		GRADY	DEANTE S	PENDING ADDTL INFO		K0861	S14106S		2024-09-30	2024-09-30	19		Upload
AUTH0000866894	189588625504		GRADY	DEANTE S	PENDING ADDTL INFO		E2363	G8221		2024-09-30	2024-09-30	19		Upload

[1](#)
[2](#)
[3](#)
[4](#)
[5](#)
[6](#)
[7](#)
[8](#)
[9](#)
[10](#)
[...](#)

Note: On the PA search, a user may see multiple search results with the same AUTH number. This is based on diagnosis codes. For example, if a PA is submitted with 5 diagnosis codes, 5 search results under the same AUTH number will display. (If a PA is submitted with 3 diagnosis codes and each of those have 3 different ICD 10 codes, you will see 9 search results under the same AUTH number). It doesn't matter which search result line/link is chosen to view; it will display the same AUTH information.

Step 7: Click **Choose File** and locate the file on your computer and enter or select the following information:

- Prior Authorization Number, Recipient ID, Document Type, and Comment.

Note: Recipient ID is the recipient's Medicaid number.

Step 8: Click the **Add** button.

Step 9: The added attachment appears on a list. Click the **Send** button to complete the additional attachment upload. Repeat the process above to add additional attachments.

PA NUMBER	Recipient ID	Document Type	Document ID
AUTH0000866894	189588625504	Medical Documentation	1538556360 2025-24-22 02:24:37

Note: Below are important details about document attachments/uploads.

- A maximum of 10 documents can be sent to the Destination Payer at a time.
- The maximum file size per document upload is 10 MB.
- The following document types are acceptable:

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

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 Reinstatement Requirements from ODM visit:

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

- A Frequently Asked Questions (FAQs) document about Reinstating Prior Authorization (PA) Requirements can be found at:

https://ohpnm.omes.maximus.com/OH_PNM_PROD/pages/ShowFiles.aspx?mode=inline&FileName=PA%20Reinstatement%20FAQs.pdf