

PNM Billing Guide for Prior Authorizations

For full step-by-step guidance of how to submit a prior authorization request in the PNM system, access the [Prior Authorization User Guide](#) by selecting the [‘Learning’ page](#) from the PNM homepage/dashboard. Details in this document will break down section/panel differences between a Dental, Institutional, and Professional PA submission.

Fields marked with an asterisk (*) require an entry. Sections/panels marked with an asterisk, indicate that a field within that section/panel requires entry. Sections/panels that are situational, may not display an asterisk (*) but can be expanded by clicking (+) in the section/panel header. Fields with an asterisk (*) listed under a section/panel without an asterisk, are only required if data is entered within that section/panel.

Information entered in a field must be ‘recorded’ before the PNM system can accept and use it. (This is a similar concept to clicking <Enter> after entering information in a cell on a spreadsheet for the data to be accepted). After typing in information in a field, and clicking outside of that field, the data entered will be ‘locked’ into that field.

Certain fields have a “Search” hyperlink located next to this. This search function allows the user to look up information if they do not know it at the time of submission. Some examples of this include provider NPIs and diagnosis codes, among others.

Within certain sections/panels, there is an ‘Add’ button that needs to be selected to add new information. This occurs in sections/panels where multiple lines of data can be entered. Select a display row and click “Edit” to update/change information, “Copy” to copy the line details or “Delete” to remove the information for an existing line item.

Once all data points for the prior authorization submission are entered, the “Submit” button needs to be selected. If there is missing information in any section or panel, PNM displays error messages in red text at the top of the page. If errors occur during the submission to the Fiscal Intermediary (FI), those messages will appear in a pop-up window. A prior authorization number will be generated upon successful submission of the request to FI.

After a prior authorization is submitted, information relating to the prior authorization including the Status, PA Number, Submission Date, Effective Date, and Expiration Date, appear in an area at the top-right of the prior authorization submission page in PNM.



Prior Authorization Type		
<input type="radio"/> Dental	<input type="radio"/> Professional	<input type="radio"/> Institutional

***PAYER INFORMATION**

***Destination Payer Name**

<Blank> (default)
Ohio Department of Medicaid

- Select the payer entity to receive the claim.

***Destination Payer ID**

<Blank> (default)
MMISODJFS – Ohio Department of Medicaid

- Select the Destination Payer identification code.
- Note: Some Destination Payers only have a single ID. When those Destination Payers are selected, PNM will automatically list the ID in this field.

***Assignment (Dental PA Submission)**

<Blank> (default)
Dental
Orthodontics

- Select the proper assignment.
- Note: Only options relevant to the Prior Authorization Type chosen will appear.

***Assignment (Institutional PA Submission)**

<Blank> (default)
Hospital High-Cost Carve-Out
Hospital Inpatient
Hospital OP-Behavioral Health
Hospital Outpatient
Psychiatric Inpatient

- Select the proper assignment.
- Note: Only options relevant to the Prior Authorization Type chosen will appear.

***Assignment (Professional PA Submission)**

<Blank> (default)
ACT Enrollment
Applied Behavioral Analysis
ASC
Chiropractic / Acupuncture
Compression Garments
Decubitus Care Equipment
Dressings, Surgical
Enteral Nutrition and Supplies
Hearing Aids
Hospital Beds
IHBT Enrollment
Incontinence Supplies
Increase State Plan Home Health
Laboratory Services
Medicaid School Program
Medical Nutrition Therapy

Medical Services
Mental Health Services
Miscellaneous Equipment
Non-Institution High-Cost Drugs
Orthotics (MTA)
Orthotics/Prosthetics (Nurses)
PDN
Physician Services
Psychotherapy
Repairs
Respiratory (MTA)
Respiratory (Nurses)
Services for ACT Enrollees
Services for IHBT Enrollees
Speech Generating Devices
SUD Partial Hosp Services
SUD Residential Services
Supplies (Miscellaneous)
Therapies
Transportation
Vision
Wheelchairs

- Select the proper assignment.
- Note: Only options relevant to the Prior Authorization Type chosen will appear.

***Service Type**

<Blank> (default)
Abortion
Acupuncture
Adjunctive Dental Services
AIDS
Alcoholism
Allergy
Allergy Testing
Alternate Method Dialysis
Anesthesia
Audiology Exam
Burn Care
Cabulance
Cancer
Cardiac
Cardiac Rehabilitation
Case Management
Chemotherapy
Chiropractic
Chiropractic Office Visits
Chronic Renal Disease (CRD) Equipment
Cognitive Therapy
Consultation
Coronary Care
Day Care (Psychiatric)
Dental Accident

Dental Care
Dental Crowns
Diagnostic Dental
Diagnostic Lab
Diagnostic X-Ray
Dialysis
Donor Procedures
Drug Addiction
Durable Medical Equipment Purchase
Durable Medical Equipment Rental
Emergency Services
Endocrine
Endodontics
Experimental Drug Therapy
Family Planning
Gastrointestinal
Home Health Care
Home Health Visits
Hospice
Immunizations
In-vitro Fertilization
Infertility
Inhalation Therapy
Intensive Care
Invasive Procedures
Long Term Care
Maternity

Maxillofacial Prosthetics
Medical Care
Medically Related Transportation
Mental Health
MRI/CAT Scan
Neonatal Intensive Care
Neurology
Newborn Care
Occupational Therapy
Oncology
Oral Surgery
Orthodontics
Otological Exam
Partial Hospitalization (Psychiatric)
Pathology
Periodontics
Pharmacy
Physical Medicine
Physical Therapy
Physician Visit – Office: Sick
Physician Visit – Office: Well
Pneumonia Vaccine
Podiatry
Pre-Admission Testing
Private Duty Nursing
Prosthetic Device
Prosthodontics

Psychiatric
Psychotherapy
Pulmonary
Pulmonary Rehabilitation
Radiation Therapy
Rehabilitation
Renal
Renal Supplies in the Home
Residential Psychiatric Treatment
Respite Care
Restorative
Second Surgical Opinion
Skilled Nursing Care
Smoking Cessation
Speech Therapy
Substance Abuse
Surgical
Surgical Assistance
Third Surgical Opinion
Transitional Care
Transitional Nursery Care
Transplants
Used Durable Medical Equipment
Vision (Optometry)
Well Baby Care

- Select the type of service being requested.

***RECIPIENT INFORMATION**

***Medicaid Billing Number**

- Enter the 12-digit Billing Number from the recipient's medical card or the online eligibility system.

***Date of Birth**

- Enter the Medicaid recipient's date of birth in the following format (MM/DD/YYYY).
- The date of birth must match the birth date on file for the recipient's Medicaid Billing Number entered in the previous field. Make sure that both the recipient's Medicaid Billing Number and date of birth are entered correctly; if they do not correspond, you will not be able to proceed.

Last Name *(populated automatically from FI)*

First Name *(populated automatically from FI)*

Middle Name *(populated automatically from FI if one is part of the recipient's record)*

Patient Tracking Number

- Enter the patient tracking number assigned by the provider to identify the individual.

Gender *(populated automatically from FI)*

Address 1 *(populated automatically from FI)*

Address 2 *(populated automatically from FI)*

City *(populated automatically from FI)*

State *(populated automatically from FI)*

Zip Code *(populated automatically from FI)*

Gender *(populated automatically from FI)*

Address Line 1 *(populated automatically from FI)*

City *(populated automatically from FI)*

State *(populated automatically from FI)*

Zip Code *(populated automatically from FI)*

***REQUESTER CONTACT INFORMATION**

***Contact First Name**

- Enter the first name of the requester. This is the person the Destination Payer will contact if there are any questions regarding the prior authorization.

***Contact Last Name**

- Enter the last name of the requester.

***Contact Number**

- Enter the phone number for the contact (*must be 10 digits*).

Contact Number

- Enter the phone number extension, if there is one, for the contact.

***SERVICE INFORMATION (Non-Institutional)**

***Place of Service**

- Enter (or use the [Search] function to select) the code for the place where the service will be conducted.

Accident Date

- If the service needed is related to an accident, enter the date (*MM/DD/YYYY*) that the accident occurred.

Date of Patient Event

- Enter the date (*MM/DD/YYYY*) of the patient event.

Date of Onset of Illness

- Enter the date (*MM/DD/YYYY*) of the recipient's onset of illness.

Date of Last Menstrual Period

- Enter the beginning date (*MM/DD/YYYY*) of the menstrual period if the service or supply is related to a pregnancy.

Estimated Date of Birth

- Enter the estimated date of birth/delivery date (*MM/DD/YYYY*) of the child if the service or supply is related to a pregnancy.

Level of Service

<Blank> (default)
E – Elective
U – Urgent

- Indicate the service level requested.

Delay Reason

<Blank> (default)
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

- Select the reason for delay in the prior authorization request, if applicable.

Associated PA No

- Enter the prior PA number, assigned by the payer, that is related to this request.

***SERVICE INFORMATION (Institutional)**

***Facility Type**

- Enter (or use the [Search] function to select) the code for the type of facility where the service will be conducted.

***Admission Date**

- Enter the date (MM/DD/YYYY) of the anticipated admission for the recipient.

Discharge Date

- Enter the date (MM/DD/YYYY) of the recipient's discharge.

***Discharge Status**

<Blank> (default)
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 a 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

- Select the appropriate status for the recipient at discharge.

Date of Last Menstrual Period

- Enter the beginning date (*MM/DD/YYYY*) of the menstrual period if the service or supply is related to a pregnancy.

Estimated Date of Birth

- Enter the estimated date of birth/delivery date (*MM/DD/YYYY*) of the child if the service or supply is related to a pregnancy.

Date of Onset of Illness

- Enter the date (*MM/DD/YYYY*) of the recipient’s onset of illness.

Accident Date

- If the service needed is related to an accident, enter the date (*MM/DD/YYYY*) that the accident occurred.

***Level of Service**

<Blank> (default)
E – Elective
U – Urgent

- Indicate the service level requested.

*Admission Type

<Blank> (default)
1 – Emergency
2 – Urgent
3 – Elective
4 – Newborn
5 – Trauma
9 – Information Not Available

- Select the admission type for the recipient.

*Admission Source

<Blank> (default)
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
*5 – Born Inside This Hospital
*6 – Born Outside of This Hospital

- Select the appropriate source of admission for the recipient.
- *These options only display when the Admission Type '4 – Newborn' is selected.

Delay Reason

<Blank> (default)
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

- Select the reason for delay in the prior authorization request, if applicable.

Associated PA No

- Enter the prior PA number, assigned by the payer, that is related to this request.

***SERVICE PROVIDER INFORMATION**

***Service Provider**

- Enter (or use the [Search] function to select) the NPI of the servicing provider. This is the individual or servicing organization (such as a Laboratory, DME or Pharmacy) performing the service. An NPI is the only acceptable identifier in this field.

Medicaid ID *(populated automatically)*

Last Name *(populated automatically)*

First Name *(populated automatically)*

ORDERING PROVIDER INFORMATION

Ordering Provider

Ordering Provider is required where Assignment is one of the following: 'Compression Garments', 'Decubitus Care Equipment', '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.'

- If applicable, enter (or use the [Search] function to select) the NPI of the ordering provider. An NPI is the only acceptable identifier in this field.

Medicaid ID *(populated automatically)*

Last Name *(populated automatically)*

First Name *(populated automatically)*

DIAGNOSIS INFORMATION

Diagnosis panel is required when the Assignment selected is not 'Dental', 'Vision', or 'Orthodontics.'

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

Click 'Add' to add a diagnosis.

Line 1 defaults to a diagnosis code of 'Principal.'

***Diagnosis Code Type**

<Blank> (default)
Principal
Admitting
Patient Reason for Visit
Other

- Select the Type of Diagnosis Code.
- Principal and Admitting diagnoses are allowed just one line for each.
- A maximum of 12 lines can be added.

Diagnosis Code

- Enter (or use the [Search] function to select) the diagnosis code that corresponds to the selected sequence code.

Diagnosis Description (*populated automatically after a diagnosis code is entered*)

Diagnosis Date

- Enter the date of the recipient's diagnosis. (*Future dates are not allowed*).

***SERVICE DETAILS (Dental)**

In the 'Service Details' section/panel, each service is represented as a line item. Each line is numbered in the order in which it is entered. Display rows are arranged in ascending order; meaning later line items are displayed below earlier line items.

Click 'Add' to register service detail information.

After entering data in this section/panel, press the 'Add' button to add the service line. A maximum of 999 service lines can be added.

***Procedure Code**

- In this field, enter (or use the [Search] function to select) the five-character Healthcare Common Procedure Coding System (HCPCS) code which corresponds to the service.

Procedure Code Description

- Enter a description of the procedure code, if applicable. A maximum of 80 characters can be entered.

Tooth Number

--select-- (default)
1
2
3
4
5
6
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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

- Select the applicable tooth number associated with the procedure code.

Oral Cavity

--select-- (default)
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

- Select the appropriate oral cavity associated with the procedure code.

Tooth Surface

--select-- (default)
B – Buccal
D – Distal
F – Facial
I – Incisal
L – Lingual

M – Mesial
O – Occlusal

- Select the appropriate tooth surface letter associated with the procedure code.

Provider Service Note

- Enter a note describing the provider’s service, if applicable. A maximum of 264 characters can be entered.
- For Federally Qualified Health Centers (FQHCs) entering a Dental PA, list the tooth number, oral cavity, and tooth surface information as a note in this field. Do NOT select the drop-down options for the fields mentioned above.

Prosthesis, Crown, or Inlay

--select-- (default)
Initial Placement
Replacement

- Select the placement status of the prosthetic, crown, or inlay, associated with the procedure code.

*Requested Units

- Enter the number of units requested for the service.

*Requested Dollars

- Enter (in dollars) the requested usual and customary charge for the service or supply.

*Requested FDOS (*From Date of Service*)

- Enter the beginning date (format MM/DD/YYYY) for the service date range.

*Requested TDOS (*To Date of Service*)

- Enter the end date (format MM/DD/YYYY) for the service date range.

Service Tracking No

- Enter the provider’s tracking number for the service request that corresponds to provider’s system to reconcile each service requested for the Prior Authorization.

Authorized Units (*populated automatically from FI with the PA response*)

Authorized Dollars (*populated automatically from FI with the PA response*)

Authorized FDOS (*populated automatically from FI with the PA response*)

Authorized TDOS *(populated automatically from FI with the PA response)*

Remaining Units *(populated automatically from FI with the PA response)*

Status *(populated automatically from FI with the PA response)*

***SERVICE DETAILS (Institutional)**

In the 'Service Details' section/panel, each service is represented as a line item. Each line is numbered in the order in which it is entered. Display rows are arranged in ascending order; meaning later line items are displayed below earlier line items.

Click 'Add' to register service detail information.

After entering data in this section/panel, press the 'Add' button to add the service line. A maximum of 999 service lines can be added.

For Institutional prior authorization submissions, the Service Detail section/panel is required to be completed when the Assignment Type Code selected is either: 34 – Hospital Inpatient, 35 – Hospital Outpatient, 55 – Hospital Op-Behavioral Health, or 59 – Hospital High-Cost Carve-Out. When Assignment Type 37 – Psychiatric Inpatient is selected, all fields within the Service Detail section/panel are grayed out.

Revenue Code

- Enter the 4-digit revenue code for the service.

***Procedure Code**

- In this field, enter (or use the [Search] function to select) the five-character Healthcare Common Procedure Coding System (HCPCS) code (or ICD 10 code) which corresponds to the service.

Procedure Code Description

- Enter a description of the procedure code, if applicable. A maximum of 80 characters can be entered.

Provider Service Note

- Enter a note describing the provider's service, if applicable. A maximum of 264 characters can be entered.

Level Of Care

<Blank> (default)
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

- Select the appropriate level of care for the recipient.

*Procedure Type Code

--- Please select --- (default)
ICD 10 Procedure
HCPCS

- Select the appropriate procedure type code, relating to the procedure code entered.
- Note: ICD 10 Procedure code becomes the default code used when the Assignment Type selected is 34 – Hospital Inpatient or if Assignment Type 59 – Hospital High-Cost Carve-Out is selected and the Facility Type Code selected is “011.”

*Requested Units

- Enter the number of units requested for the service.

UN – Unit (default)
MJ - Minute
F2 – International Unit

- Select the appropriate unit type corresponded to the requested units entered.

Requested Dollars

- Enter (in dollars) the requested usual and customary charge for the service or supply.

***Requested FDOS (*From Date of Service*)**

- Enter the beginning date (format MM/DD/YYYY) for the service date range.

***Requested TDOS (*To Date of Service*)**

- Enter the end date (format MM/DD/YYYY) for the service date range.

Service Tracking No

- Enter the provider's tracking number for the service request that corresponds to provider's system to reconcile each service requested for the Prior Authorization.

Authorized Units (*populated automatically from FI with the PA response*)

Authorized Dollars (*populated automatically from FI with the PA response*)

Authorized FDOS (*populated automatically from FI with the PA response*)

Authorized TDOS (*populated automatically from FI with the PA response*)

Remaining Units (*populated automatically from FI with the PA response*)

Status (*populated automatically from FI with the PA response*)

***SERVICE DETAILS (Professional)**

In the 'Service Details' section/panel, each service is represented as a line item. Each line is numbered in the order in which it is entered. Display rows are arranged in ascending order; meaning later line items are displayed below earlier line items.

Click 'Add' to register service detail information.

After entering data in this section/panel, press the 'Add' button to add the service line. A maximum of 999 service lines can be added.

***Procedure Code**

- In this field, enter (or use the [Search] function to select) the five-character Healthcare Common Procedure Coding System (HCPCS) code which corresponds to the service.

Procedure Code Description

- Enter a description of the procedure code, if applicable. A maximum of 80 characters can be entered.

Modifier

- When applicable, enter each two character/digit procedure code modifier associated with the supply or service. Up to 4 values can be entered.

Provider Service Note

- Enter a note describing the provider's service, if applicable. A maximum of 264 characters can be entered.

***Requested Units**

- Enter the number of units requested for the service.

UN – Unit (default)
MJ – Minute
F2 – International Unit

- Select the appropriate unit type corresponded to the requested units entered.

***Requested Dollars**

- Enter (in dollars) the requested usual and customary charge for the service or supply.

***Requested FDOS (*From Date of Service*)**

- Enter the beginning date (format MM/DD/YYYY) for the service date range.

***Requested TDOS (*To Date of Service*)**

- Enter the end date (format MM/DD/YYYY) for the service date range.

Service Tracking No

- Enter the provider's tracking number for the service request that corresponds to provider's system to reconcile each service requested for the Prior Authorization.

Authorized Units (*populated automatically from FI with the PA response*)

Authorized Dollars (*populated automatically from FI with the PA response*)

Authorized FDOS (*populated automatically from FI with the PA response*)

Authorized TDOS (*populated automatically from FI with the PA response*)

Remaining Units (*populated automatically from FI with the PA response*)

Status (*populated automatically from FI with the PA response*)

PROVIDER NOTES

This selection allows for the addition of a note to be added to the prior authorization submission. A note can be a maximum of 262 characters. If the note exceeds 262 characters, a Word document can be added in the 'Attachment' section.

Note

- Type in the note to be added to the prior authorization submission.
 - A counter below the note box will count the number of characters typed.
- For Federally Qualified Health Centers (FQHCs) entering a Dental PA, list in this notes section that the prior authorization request is for an FQHC.

REVIEWER NOTES

This section/panel remains blank until the prior authorization is processed and a response is received from FI. If the reviewer of the prior authorization has notes to provide, those will be listed here.

Line *(populated automatically from FI with the PA response)*

Note *(populated automatically from FI with the PA response)*

If a note exceeds 262 characters, it will be provided in the form of a Prior Authorization Letter, which can be retrieved by selecting "Provider Correspondence" under the 'Self-Service Selections' on the Provider Management Home page in PNM.

OUTCOME OF REVIEW

This section/panel remains blank until the prior authorization is processed and a response is received from FI. The outcome of review, along with a reason code and reason code description will be listed here.

Line *(populated automatically from FI with the PA response)*

Reason Code *(populated automatically from FI with the PA response)*

Reason Description *(populated automatically from FI with the PA response)*

***ATTACHMENT**

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

Press the 'Choose File' button to prepare an attachment for submission. Clicking 'Choose File' will access the folders on your computer where you can locate the document(s) to be uploaded to the prior authorization submission. After adding a document and choosing a document type in this section/panel, press the 'Add' button. A maximum of 10 documents can be uploaded per prior authorization with a maximum file size of 1.25 GB per file.

***Upload attachment**

- Click 'Choose File' to attach a document to the prior authorization submission.

***Document Type**

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

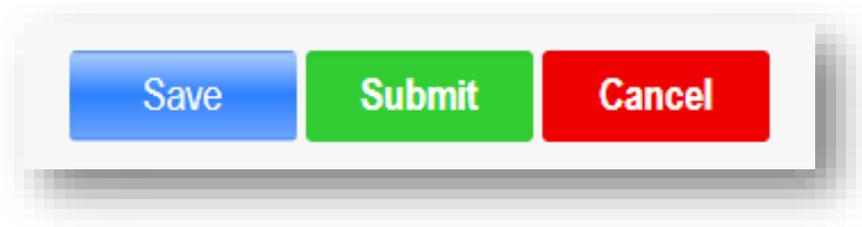
- The following file types are acceptable to upload:
 - Word: doc, docx
 - Excel: xls, xlsx, xlsx, xlsx
 - Image: mdi, jpe, jpeg, jpg, png, gif, bmp, tif, tiff
 - PDF: pdf
 - Other: pi, ec, zip, csv, acrbak, msg

Note

- Enter a note related to the document being uploaded. A maximum of 80 characters can be used.

MALICIOUS ATTACHMENTS

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 attachment documents, follow the steps outlined in the Prior Authorization User Guide.



Note:

If you're submitting EDI claims, make sure you populate the **PWK segment with value B4** when using the Form 6653 process.

If you're submitting Portal claims, simply attach the completed Form 6653 to your claim and select "Form 6653" from the document type dropdown.

Following these steps will help avoid delays and keep your claims moving.