Provider Portal: Prior Authorization

To Create a Prior Authorization Request

ARMedicaid Contact Us | Login Español | Other Home Home Tuesday 08/02/2016 10:30 AM CST What can you do in the Provider Portal Login ? Through this secure and easy to use internet portal, healthcare providers can submit claims and inquire on the status of their *User ID claims, inquire on a patient's eligibility, upload files containing 837 transactions, and search for another provider. In addition, healthcare providers can use this site to locate claim forms, provider participation materials and other health plan information and resources. Log In Forgot User ID? **Register Now** Where do I enter my password? **Protect Your Privacy!** Always log off and close all of your browser windows Would you like to enroll as a Provider or a Trading Partner? Provider Trading Partner FAOs Links and Tools Learn More About Help us provide better service to you! Click here to give us your feedback. Looking for a Doctor or Hospital near you? Website Requirements **Provider Manual** Search Providers DHS-703 form Fill out Medical Eligibility Application Check Status of Medical Eligibility

 Go to the portal landing page and log in using your User ID and password. If you do not have a User ID and password, click Register Now or see the JOB+AID "Registering on the Portal."

If you have already logged in, skip to step 2.







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For more information call 1-800-457-4454

Create Authorization View Authorization Status Maintain Favorite Providers
Care Management Tuesday 01/11/2022 11:03
Provider Name PCP PROVIDER Role IDs Provider - In Network - 111111112 (NP 🗸
Authorizations For assistance with questions related to the following prior authorization requests, please contact Division Medical Services, Utilization Review at 501-682-8340 (Local) or 855-703-2891 (Toll Free):
Create Authorization Private Duty Nursing (102) Hearing Services (107) Augmentative Communication Device Evaluation (108) Home Health Visit Extensions (110) View Status of Authorizations * Under Age 21 Eye Prosthetics (111) Maintain Favorite Provider List Disposable Medical Supplies, all ages (109) Special Procedure Codes (114) - Incontinence supplies - S8940-58941; 59850-59852; 59855; 59857; 01966
For assistance with questions related to the following prior authorization requests, please contact Division Medical Services, Dental Unit at 501-320-6230 (Local) or 855-703-2891 (Toll Free):
Adult Dental (103) Child Dental (104) Orthodontics (105)
For assistance with questions related to the following prior authorization requests, please contact Division Medical Services, Visual Care Unit at 501-320-6213 (Local) or 855-703-2890 (Toll Free):
Visual Care (116)
For assistance with questions related to the following prior authorization requests, please contact Division Developmental Services at 501-682-8665.
CES Waiver Developmental Rehab Services DDS Services Title V

- 2. Click on the Care Management tab.
- 3. Click on Create Authorization.







For more information call 1-800-457-4454

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Home	Eligibility	Claims	Care Management	Provider Functions	Files Exchange	Resources	
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Reg	uesting Provid	der Informa	tion				
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		Taxon	omy				

- 4. Select State Medical, State Dental or AFMC above the Process Type field.
 - The listed **Process Types** are the only ones available on the portal.







For more information call 1-800-457-4454

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Contact Us | Logout

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For more information call 1-800-457-4454

Line # From Date To Date Code Modifiers Units *From Date 0 Image: Code Type CPT/HCPCS Image: CPT/HCPCS Image
*From Date e To Date e *Code Type CPT/HCPCS + *Code e
Modifiers e
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Requested Additional Service Code Description
Dollars

- 5. Choose the correct **Process Type** from the drop down menu. Once complete, fill in all required fields (all fields that have a red asterisk are required).
 - If you are **not** submitting attachments, skip to step 7.
 - If you **are** submitting attachments, follow the instructions on step 6.







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To submit an attachment (NEW! File Size increased to 700MB)

- 6. If attachments are required, please follow the steps below:
 - Scroll down to the Attachments Panel. Click the "+" to expand the panel.
 - Attachment Process:
 - **1**. Select a file to be uploaded.
 - a. A progress and flashing yellow indicator will be displayed.
 - **b.** The yellow indicator will turn to green when the upload is complete.
 - 2. Select the Add button to add the attachment to the authorization.

#	Transmission Method	File	Control # A	ction
E Click	to collapse.			
	*Transmission Method *Attachment Type	EL-Electronic Only V Upload File 27ME.txt PAU_GEN-Supporting Document		
	Add	Test 27MB for CSR 47708		

The attachment will display in the list of attachments when this is complete.

#	Transmission Method	File	Control #	Action
1	EL-Electronic Only	27MB.TXT (29038K)	20201007143804	Remove

If you have no additional attachments, click **Submit**. If you have more than one attachment, you will need to repeat the process. Each attachment will be assigned a control number.







For more information call 1-800-457-4454

Once complete, click Confirm.

Provider Notes		+
No Attachments exist for this authorization	P.	
Prior Authorization requests cannot be edited or changed after clicking the Confirm button. Please e	ensure required fields are compl	eted appropriately.
Back	Confirm	Cancel

eginning Services Date	e of today or greater. Click	the Authorization Tracking	Number to	view the authorization	n response detail	s or select the S	earch Options ta
earch for a different a	uthorization.						
Prospective Author	izations						
<u>PA Tracking</u> <u>Number</u>	<u>Authorized PA</u> <u>Number</u>	<u>Service Date</u>	<u>Status</u>	<u>Beneficiary</u> <u>Name</u>	<u>Beneficiary</u> <u>ID</u>	Process Type	Servicing Pro
194420970	00070007999955	11/01/2016 - 12/30/2017	APPROVED		700	Vision	
	120020000000	12/30/2016	APPROVED		73048756283	Vision	

7. Once you click **Confirm**, you will be given a **PA Tracking Number** that will allow you to keep track of your PA request until it is approved or denied.







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For more information call 1-800-457-4454

Standard Upload File Times

The file upload times assume that you have a minimum of 5 Mbps upload for any file that is 50 MB or larger.

File Size	Time Range
< 100 MB	2 - 3 Minutes
100 MB	3 - 4 Minutes
500 - 700 MB	7 – 15 Minutes

Speed Test

To determine your network speed, use **Google** to search for "speed test". The following will appear at the top:



Select the **Run Speed Test** button. The test will run and present you with the results.

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For more information call 1-800-457-4454

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To Search for a PA

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eate Authorization View Authorization S	tatus Maintai	n Favorite Providers		
Care Management				Tuesday 01/11/2022 11:06 AM (
Provider Name PCP PROVIDER	Role IDs	Provider - In Network -	1111111112 (NP ∨	
Authorizations		•		wing prior authorization requests, please contact Division of
	Medic	al Services, Utilization F	ceview at 501-682-8	8340 (Local) or 855-703-2891 (Toll Free):
<u>Create Authorization</u>	Privat	e Duty Nursing (102)		Hearing Services (107)
View Status of Authorizations	Augm	entative Communication D	evice Evaluation (108	 Home Health Visit Extensions (110)
The status of Automations		der Age 21		Eye Prosthetics (111)
Maintain Favorite Provider List		sable Medical Supplies, all	ages (109)	Special Procedure Codes (114)
	- Inc	ontinence supplies		- 58940-58941; 59850-59852; 59855-59857; 01966
	For as	sistance with questions	related to the follo	wing prior authorization requests, please contact Division of
	Medic	al Services, Dental Unit	at 501-320-6230 (l	Local) or 855-703-2891 (Toll Free):
	Adult	Dental (103)		
	Addie			
	Child	Dental (104)		

- 8. Click on the Care Management tab.
 - Click View Authorization Status to see the Prospective Authorizations and Search Options. The Prospective Authorizations tab will show a list of the first 20 authorizations that include a service date of today or greater. Please note that these authorizations were requested using the provider number outlined in the Role IDs field.
 - Click **PA Tracking Number** or **Authorized PA Number** to view the authorization response details, or select the **Search Options** tab to search for a different authorization.

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		Requesting or Servicing Pro					
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				<u>Beneficiary</u>	Beneficiary	Process	





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Prospective Authorization	oons Search Options						
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If beneficiary inform	ation is entered and the i	Beneficiary ID is not ent	ered, then Las	t Name, First Name and	Birth Date are a	il required.	
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Search Results PA Tracking Number	Authorized PA	03/01/2015 - 04/30/2016		Beneficiary Name		Туре	Servicing Provid
Search Results PA Tracking Number	Authorized PA	03/01/2015 -	APPROVED	Beneficiary Name		Type Vision	Servicing Provid

- 9a. Click Search Options. There are three options for authorization searches:
 - Search using the **Authorization Information Panel**. You can search for an authorization by entering at least one of the following fields: PA Tracking Number, Authorized PA Number, Process Type, Authorization Status, Code Type, Code, Date Range or Service Date.







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View Authorization S	tatus						
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9b. Search using the **Beneficiary Information Panel.** You can search for an authorization by entering at least one of the following fields: Beneficiary ID, Birth Date or Last Name, First Name. If **Beneficiary ID** is not entered, the remaining fields are all required.







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For more information call **1-800-457-4454**

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Prospective Authorizati	Ions Search Options						
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Search Results PA Tracking		<u>Service Date</u> - 03/01/2015 - 04/30/2016	Status APPROVED	Beneficiary Name			Servicing Provid
Search Results PA Tracking		03/01/2015 -		Beneficiary Name		Type	Servicing Provid

9c. Search using the **Provider Information Panel**. You can search for an authorization by entering at least one of the following fields: Provider ID, ID Type, or Taxonomy. Select whether this provider is the Servicing Provider on the Authorization or Referring Provider on the Authorization.







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PA Tracking Number		04/30/2016	AFFROVED			vision	-
						Vision	-
		03/01/2015 - 04/30/2016	APPROVED			VISION	

10. Once you have entered your search criteria, click Search.

• Click the **PA Tracking Number** or **Authorized PA Number** to view the authorization response details.







For more information call 1-800-457-4454

To Request a Reconsideration

- If your PA is **DENIED**, **APPROVED WITH MODIFICATION**, or **PARTIALLY APPROVED**, you can request a reconsideration.
- **NOTE**: A PA reconsideration can only be done once. Please make sure the correct documentation or information is included or attached for the reconsideration process.

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Number	Number	08/01/2018 - 08/02/2018	DENIED	<u>5.0(0)</u>	TESTING,	6607779981	Other medical service	Provider

11. Click on the **PA Tracking Number** or **Authorized PA Number** of the PA that you would like to be reconsidered.



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For more information call 1-800-457-4454

Home Eligibility Claims Care	Manageme	nt Provider Functions Files F	xchange Re	sources				
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12. Under the **Service Provider/Service Details Information field**, check the box under **Reconsider** for the PA you want to be reconsidered.

NOTE: You only have one opportunity to request a reconsideration on a PA as a whole. Be sure to select all line items that you want to be reconsidered before you submit. Once you submit, you will not be able to request another reconsideration of that PA.







For more information call 1-800-457-4454

Create Auth				ent Provider Functions Files Excl	hange R	esources				
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13. Once you check the **Reconsider** box, the **Expedite Reconsideration** box will display. To expedite your request, check this box and attest to the URAC statement.

If your request does not need to be expedited, do not check the Expedite Reconsideration box.







For more information call 1-800-457-4454

Home Eligibility Claims Care Management Provider Functions Files Exchange Resources
Create Authorization View Authorization Status Maintain Favorite Providers
Care Management > View Authorization Status > View Authorization Response
Provider Name Role IDs Provider - In Network (NF 🗸
Print Preview
View Authorization Response for TESTING TESTING
Authorized PA Number PA Tracking Number
Process Type Other medical service
Expand All Collapse All
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Referring Provider Information +
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All required attachments must be stached before selecting items for reconsideration and all line items to be selected for reconsideration must be selected at the same time. From Date To Date Units Amount Code Status Reconsider Modifiers Reason 2

14. Under the Attachments field, click **Add** to attach any supporting documentation for the reconsideration.

15. Click on Submit Attachments.

15a. You will see a pop-up box that says, "The attachments were successfully submitted".



15b. Click "Ok" to continue.







For more information call 1-800-457-4454

Home Eligibility Claims	Care Manager	ment Provider Functions Files E	xchange Re	sources				
Create Authorization View Aut	horization Status	Maintain Favorite Providers						
Care Management > View Authoriz	tation Status > View A	Authorization Response						
Provider Name	Ro	ole IDs Provider - In Network	(NF 🗸					
						Prin	nt Preview	
View Authorization Respo	nse for TESTING 1	TESTING			Ba	ack to View	Authorizatio	n Status
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16. Click **Reconsider**. You will see a pop-up box asking you to confirm that you have checked the line items you want reconsidered and have provided supporting documentation.





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For more information call 1-800-457-4454

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Home Eligibility Claims Care Management Provider Functions Files Exchange Resources Create Authorization View Authorization Status Maintain Favorite Providers Care Management > View Authorization Status > View Authorization Response Files Exchange Resources						
Care Management > View Authorization Status > View Authorization Response						
Provider Name Role IDs Provider - In Network						
Pr	int Preview					
View Authorization Response for TESTING TESTING Back to View	v Authorization Stat					
Authorized PA Number _ PA Tracking Number						
Process Type Other medical service						
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Referring Provider Information						
Service Provider Information						
Service Provider / Service Details Inform Do you want to continue with reconsideration? If both subhorized units and dollars are direct Yes No						
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From Date To Date Units Amount Code Status Reconsider Modifiers	Reason					
2	-					
Provider Notes						
Attachments Click the Remove link to remove the entire row.						
	Гуре Act					
# Transmission Method File Control # Attachment						
# Transmission Method File Control # Attachment 1 EL-Electronic Only Test document for testing the portal attachment functionality for a reconsideration on the portal.docx (12K) PAU_GEN-Supporting I	Document <u>Ren</u>					

17. Click **Yes**. You will get a confirmation that your request for reconsideration has been submitted.





For more information call 1-800-457-4454

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Create Authorization View Authorization Status Maintain Favorite Providers Care Management > View Authorization Status > View Authorization Response Provider Name Role IDs Provider - In Network - (NP -> View Authorization Response for TESTING TESTING Bac Authorized PA Number _ PA Tracking Number Process Type Other medical service	Print Preview ck to View Authorization Statu				
Provider Name Role IDs Provider - In Network NP ✓ View Authorization Response for TESTING Bac Authorized PA Number PA Tracking Number					
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2 2	modifiers Reason				

18. After you submit your reconsideration request, you will be able to keep track of it using the PA Tracking Number until the request is approved or denied.





For more information call 1-800-457-4454

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<u>PA Trackin</u> <u>Number</u>	g <u>Authoriz</u> <u>Num</u>		Service	Date v	<u>Sta</u>	<u>tus</u>	<u>Amendment</u> <u>Status</u>		neficiary Name	Beneficiar ID	Y Proces	s Type	<u>Servicing</u> <u>Provider</u>		
				07/11/2018 - 07/14/2018				DERATION		10000			Other m	edical	
			06/25/ 07/05/		RECONSI	DERATION		1318			Other m	edical			
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From Date	To Date	Units	Amount			Code			Status	Reconsider	Modifiers		Reason		
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From Date	To Date	Units	Amount			Code			Status	Reconsider	- Modifiers		- Reason		

19. Check the Status field of each PA reconsideration request to see the status of the request.







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For more information call 1-800-457-4454

To Request an Extension on a Medicaid Utilization Management Program (MUMP) Prior Authorization



20. Select the Care Management Tab.

AR Medicai	id	Contact Us Logo
Home Eligibility Claims Care M	anagement Provider Functions Files Exchange R	esources
Care Management		Tuesday 11/24/2020 01:05 PM CS
Provider Name PCP PROVIDER	Role IDs Provider - In Network -	
Provider Name PCP PROVIDER	Role IDs Provider - In Network -	ng prior authorization requests, please contact Division of 10 (Local) or 855-703-2891 (Toll Free):

20a. Select the View Authorization Status link.





For more information call 1-800-457-4454

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AR Medicaid	Contact Us
Home Eligibility Claims Care Management Provider Functions Fi	les Exchange Resources
Create Authorization View Authorization Status Maintain Favorite Providers	
Care Hanagement > View Authorization Status	Tuesday 11/24/2020 01:07 PM
Provider Name PCP PROVIDER Role IDs Provider - In Network -	
View Authorization Status	
Prospective economic Search Options	
Prospective authorizations identifying you as the Requesting or Servicing Provide beginning Services Date of today or greater. Click the Authorization Tracking Nu- to search for a different authorization.	2007년 1월 19일 1월 19일 1월 19일 1월 19일 1일
There are no auth	

21. Select the Search Options tab.







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For more information call 1-800-457-4454

This opens the Search Options panel.

Home Eligi	bility Claims Care Ma	nagement Provid	ler Functions File	es Exchange Rese	urces	
Create Authoriza	ation View Authorization S	Status Maintain Favo	nite Providers			
Care Managemi	ent > View Authorization Status					Tuesday 11/24/2020 01:
Provider Na	INNE PCP PROVIDER	Role IDs Provide	r - In Network -	~		
View Auth	orization Status					
Prospectiv	e Authorizations Search Op	tions				
Enter at	least one of the following field	ds to search for an aut	horization.			
Authori	zation Information					
-	Process Type Authorization Status Code Type Select a Day Range or spec Day Range	s		Code e	×	
						22000 B
of benen	ciary information is entered an Beneficiary IC Last Name	>	s not entered, then b	Birth Date 9 First Name		
Provide	r Information					
	Provider II Taxonomy This Provider is the	r	ler on the Authorization	ID Type	~	





For more information call 1-800-457-4454

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22. Enter the PA Tracking Number or Authorized PA Number in which you would like to request an extension. If you do not have either of these numbers, populate the fields needed to find the Inpatient Prior Authorization.

ew Authorization Status	
rospective Authorizations Search Option	8
Enter at least one of the following fields to	o search for an authorization.
Authorization Information	
PA Tracking Number	Authorized PA Number
Process Type	V
Authorization Status	V
Code Type	Code
Select a Day Range or specify	a Service Date
Day Range	V OR Service Date 9
Beneficiary Information	
Subscription and a state of the	he Beneficiary 1D is not entered, then Last Name, First Name and Birth Date are all required.
Beneficiary ID	Birth Date 🛛 📰
Last Name	First Name
Provider Information	
Provider ID	
Taxonomy	
v transmission (COMPANY)	Servicing Provider on the Authorization
This Provider is the	C Servicing Provider on the Hautonization
	OReferring Provider on the Authorization







For more information call 1-800-457-4454

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23. Review the **Search Results** panel to ensure the Status is **Approved**. Once complete, select the specific **PA Tracking Number** link from the search results by clicking the blue hyperlink tracking number.

	tetus							
Yespective Authorizat	tions Search Optio	en						
Enter at least one of	the following fields	to search for an autho	orization.					
Authorization Info	emation							
PA Trackin	g Number		Authoria	ed PA Number				
	Process Type			~				
Auth	horization Status			~				
	Code Type	~		Ce	de			
Select a L	lay Range or specify	a Service Date			94			
	Day Range	~	OR	Service Dat	e 0	1		
Beneficiary Inform	Latinus							
If beneficiary inform	ation is entered and Beneficiary ID Last Name	the Beneficiary ID is	not entered, th] Birth	t Name and Birth Date O	h Date are all req	uired.	
lf beneficiary inform Provider Informati	Beneficiary ID Last Name	the Beneficiary ID is	not entered, H] Birth	Date 🔒	and a second second second	uired.	
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Provider Informati Thi	Beneficiary ID Last Name Ion Provider ID Taxonomy Is Provider is the	Servicing Provider	r on the Author] Birth] Firs]]]]]]]]]]]]]]]]]]]	t Name		Process Type	Service



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For more information call 1-800-457-4454

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24. Key in a new service detail information by populating the fields in the panel. Once complete, click the **Add Service** button to add the new detail line item. This new line item will serve as your extension request.

Ser	vice Details	-							
	From Date	To Date	Units	Amount	Code	Status	Reconsider	Modifiers	Reason
Ŧ	01/01/2020	01/03/2020	2	-	CPT/HCPCS Z9999-INPATIENT STAY	APPROVED		-	-
Ŧ	01/04/2020	01/06/2020	3	-	CPT/HCPCS Z9999-INPATIENT STAY	APPROVED	=	-	_
÷	01/07/2020	01/09/2020	2	14	CPT/HCPCS Z9999-INPATIENT STAY	APPROVED			2
	om Date e		To Date		Code Type CPT/HCPCS V	*Co	deə		
	Units				Service Code Description	nulle Sin			



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For more information call 1-800-457-4454

Serv	ice Provider / S	Service Details	Informa	tion					
If bo	th authorized unit	ts and dollars ar	e displaye	d, the dollar	amount is a per unit rate.		Extension a	approved, new ser	vice lines c
Se	rvice Details								
	From Date	To Date	Units	Amount	Code	Status	Reconsider	Modifiers	Reas
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Œ	01/04/2020	01/06/2020	3		CPT/HCPCS Z9999-INPATIENT STAY	APPROVED		-	-
٠	01/07/2020	01/09/2020	2	_	CPT/HCPCS 29999-INPATIENT STAY	APPROVED		-	-
ŧ	01/10/2020	01/12/2020	3		CPT/HCPCS Z9999-INPATIENT STAY	-		-	2
Ξ	Collapse								
*6	rom Dateo		To Date	0	CPT/HCPCS V	*Co	dee		
3	Modifiers 0								
		1							
	Units Requested Doll				Service Code Description				

25. At the bottom of the page, click the **Submit Extension** button to complete your request for an extension on the Prior Authorization.

Attachment Coversheet	Print Preview Submit Attachments Submit Extension
	Co to Tr

You should receive confirmation that your request has been submitted.





For more information call 1-800-457-4454

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