

Prior Authorization and Notification Submission

All behavioral health prior authorizations and notifications for Medicaid Mainstream, Wellness4me and EPP members must be submitted through the online Prior Authorization and Notification (“PAAN”) tool, located on uhcprovider.com.

NOTE: The dedicated email and fax number, previously used for authorization requests, is being decommissioned.

If you have not yet registered for a One Healthcare ID, you will need to do so. Information regarding new user registration can be found by selecting the [“New User”](#) link on uhcprovider.com.

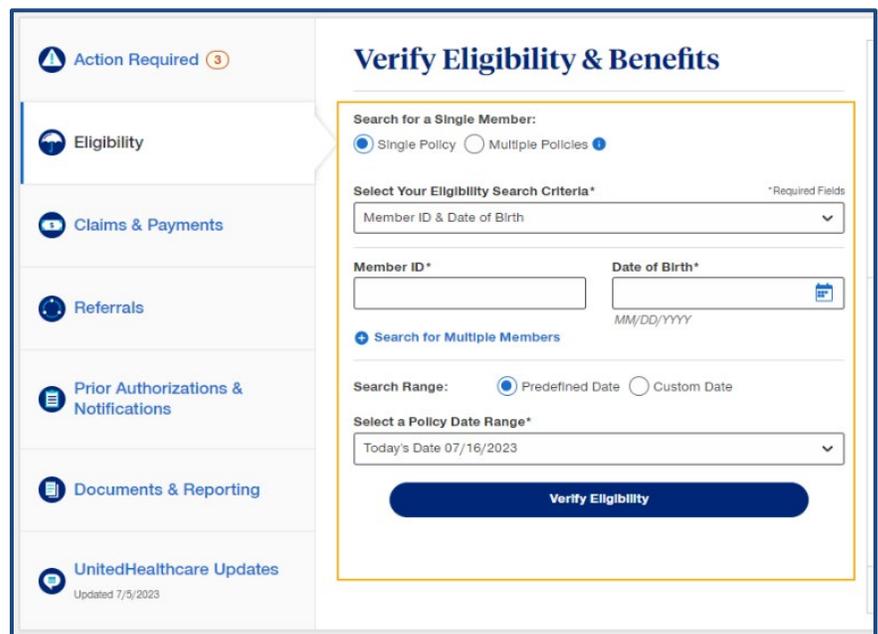
- Once you provide your Tax Identification Number (“TIN”), the system will identify the administrator associated with that TIN. Your request will need to be approved by the administrator.
- If no one is currently assigned as an administrator, you may be assigned to that role and a service code will be mailed to you from the UnitedHealthcare Connectivity Help Desk. You may also call the Help Desk at **1-866-842-3278, option 1**.

You will find many resources on how to submit authorizations through PAAN on uhcprovider.com. These resources primarily target medical providers rather than behavioral health providers but are still very helpful in learning about the PAAN tool.

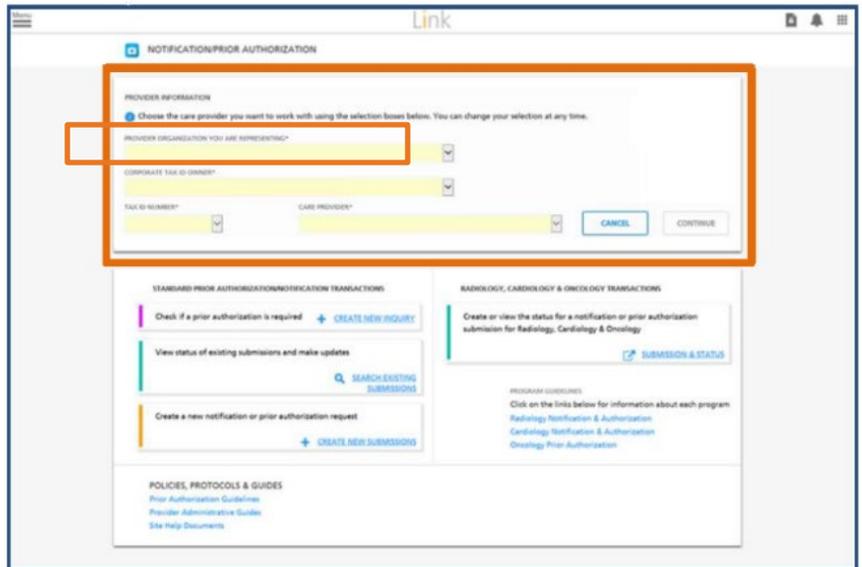
For **outpatient behavioral health levels of care**, we are also including some specific “workarounds” below to help you navigate the system.

NOTE: Inpatient levels of care for behavioral health are handled the same as inpatient medical care.

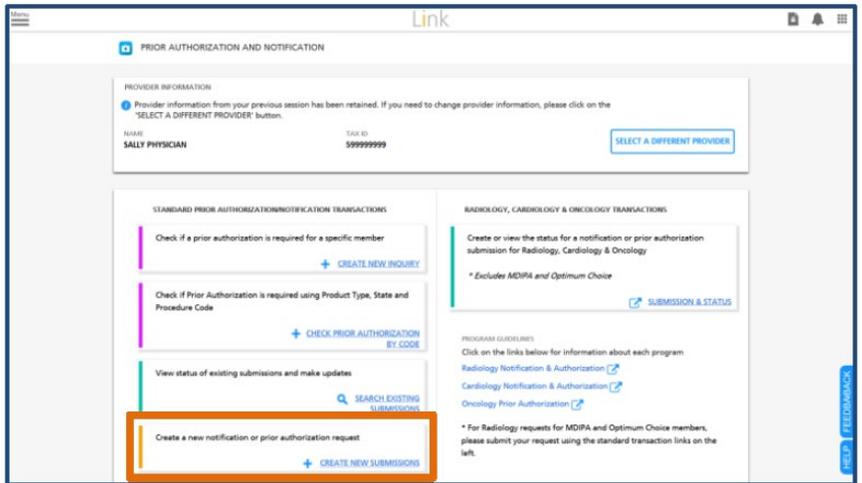
1. In **“Eligibility”**, you can confirm a member’s current eligibility, as well as obtain information such as the member’s primary care physician ([see #6 below](#)).



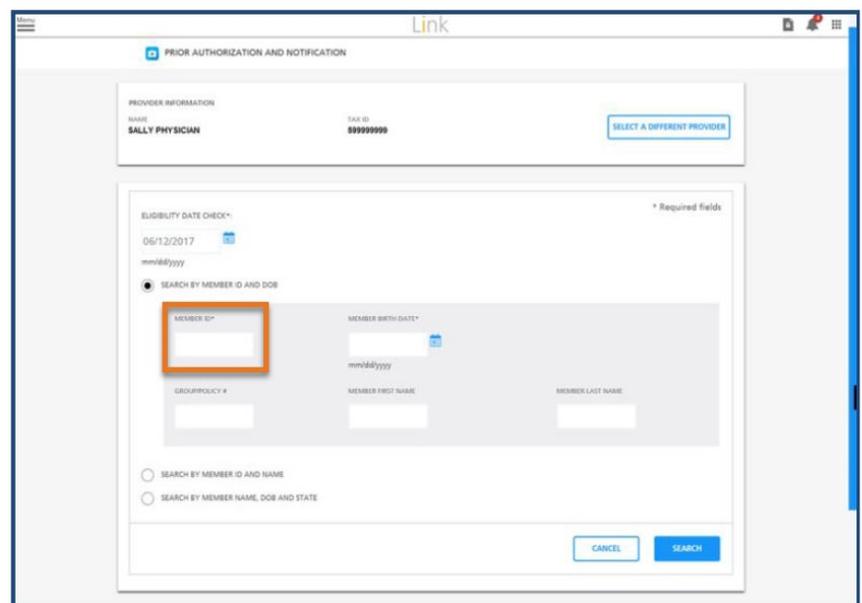
- In “**Provider Information**”, the dropdown selection list under “**Provider Organization You Are Representing**” is loaded from another system and cannot be altered. Each facility, association or clinic may have multiple listings. Make note of the name and numerical value you select from the dropdown list so you can use it consistently.



- In the “**Create a new notification or prior authorization request**” section, select “**CREATE NEW SUBMISSIONS**”.



- “**Member ID**” may be either the Medicaid Client Identification Number (“**CIN**”) or the UnitedHealthcare subscriber ID.



- On the “**Notification/Prior Authorization Provider Details**” screen, the “**Place of Service**” must always be “**Outpatient**” (not “**Outpatient Facility**”).

- When completing the “**Service Details**”, you must select a provider for the authorization request (this does not impact the approval of the request or claims).

You may either:

- Input the member’s PCP ([see #1 above](#))
- Use a Nurse Practitioner or MD at your facility, association or clinician. Set this individual as a “favorite” and use as your default for other authorization requests (after inputting the information for this individual and selecting the radial button, you can “Add to Favorites”, as illustrated below).

7. When entering the “**Service Dates**”, PAAN will only allow you to backdate 2 business days. If services are requested prior to that date, you may note this within the “Clinical Notes” section (see #11b below).

8. When entering “Diagnosis Details”, you must provide at least 1 diagnosis to complete an authorization request.

Type a **Diagnosis Code/Procedure Code** or keyword, then select from the drop-down menu

Add up to a total of **10 Diagnosis Codes** and/or **14/15 Procedure Codes**

9. In “Service Details”, select “Mental Health” or “Substance Use”

- Expected From/To Date (From date cannot be retroactive for more than 2 business days. Earlier dates can be indicated in “Clinical Notes”.)
- In “Counts”, “Standard of Measure”, “Frequency” and “Total”, an example would be:

A member is receiving 3 hours of respite each week and 1 unit is 15 minutes.

- Count = 12 (units)
- Standard of Measure = Units
- Frequency = Weekly
- Total = # of units x frequency (i.e., if requesting 26 weeks of treatment, 12 (units per week) x 26 (weeks) = 312 (Total units requested))

- All requested procedures may be entered on one authorization request (ex: PROS may include H2019 and H2018; HCBS may include S5150 and H2014)

10. You may save your most commonly utilized codes.

NOTE: You can save up to 20 favorite procedure codes by selecting **View Favorites** (above) then **Edit Favorites**.

FAVORITE PROCEDURE CODES
 0 FAVORITE PROCEDURE CODES. You can save up to 20 favorite procedure codes.
 New

SELECT	CODE	DESCRIPTION
No records found		

[BACK TO CASE](#) ADD SELECTED FAVORITE(S) TO CASE

Copy Service Line will allow you to add more lines, including selecting from your procedure code favorites.

COPY SERVICE LINE
 Copy procedure code and details or enter new code and copy related details from service line.

Procedure Code 23470
 New code
 Procedure Code Favorites

SELECT	CODE	DESCRIPTION
<input type="checkbox"/>	A0900	Miscellaneous DMC supply, accessory, and I/O/E
<input type="checkbox"/>	42385	Esophagogastroduodenoscopy, flexible, w/ I/O/E
<input type="checkbox"/>	33521	Coronary artery bypass, using venous gra I/O/E
<input type="checkbox"/>	33518	Coronary artery bypass, using venous gra I/O/E
<input type="checkbox"/>	33517	Coronary artery bypass, using venous gra I/O/E
<input type="checkbox"/>	32915	Pulmonary artery embolectomy, without ca I/O/E
<input type="checkbox"/>	33913	Pulmonary artery embolectomy, with card I/O/E
<input type="checkbox"/>	51429	Cytostomy or gylstomy, with fulguratio I/O/E
<input type="checkbox"/>	54899	Nicotine patch(es), legend
<input type="checkbox"/>	18815	Headset/headpiece for use with cochlear I/O/E
<input type="checkbox"/>	80662	Manual wheelchair accessory, headset or I/O/E

[CONTINUE](#) [CANCEL](#)

11. On “Review Priority” page:

- Disregard “**Expedited Review**” checkbox
- “**Clinical Notes**” may be used to indicate the authorization start date if more than 2 business days retroactive (i.e. “Due to limitations with PAAN, please use 3/3/2020 as the requested start date”) or other information to note upon submission (i.e. “Request submitted by initial contact; clinical to be attached shortly by follow-up contact”).
- “**Initial...**” and “**Follow-Up Contact Details**” should be completed as appropriate. Follow-up Contact should be the point of contact for notification of authorization approval, denial or if more information is needed.
- Once you select “Continue”, you’ll have the opportunity to review the entire authorization request and ensure all information is accurate.

REVIEW PRIORITY

Expedited Review
 By checking this box and indicating that you are requesting an Expedited Review, you acknowledge that you have read and are adhering to the regulations pertaining to requesting an Expedited Review.
 Medicare 42 CFR Section 432.570
 Medicaid: CFR Section 438.210
 All other membership: Health Care Reform - PPACA and DOL 29 CFR 2590.715.2710 AND 29 dfr 2560.503

CLINICAL NOTES
 Enter clinical information in the section below. You will also have the ability to attach clinical documentation on the confirmation page once you submit your request.

7988 characters pending

INITIAL CONTACT DETAILS (Person submitting the notification/prior authorization)

NAME* PHONE NUMBER - EXT* FAX NUMBER

FOLLOW-UP CONTACT DETAILS
 Provide contact information for follow-up.
[Copy Initial Contact Details](#)

NAME* PROVIDER PHONE NUMBER - EXT*

FAX NUMBER* EMAIL

FACILITY MEDICAL RECORD NUMBER MEMBER PHONE NUMBER - EXT.

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Disregard Review Priority section. The “Expedited Review” box does not need to be checked.

Enter clarifying **Clinical Notes** (up to 8000 characters)

Complete the **Initial Contact Details**

Complete the **Follow-Up Details**, or click **Copy Initial Contact Details**, if the same as above

Continue

12. When you have confirmed the accuracy of all information, select “Submit”. Once submitted, no further edits can be made.

NOTE: After verifying all the on the completed form, click **Submit**

NAME*	PHONE NUMBER + EXT.*	FAX NUMBER
Mike	999-999-9999	

▼ FOLLOW-UP CONTACT DETAILS

Provide contact information for follow-up.

NAME*	PROVIDER PHONE NUMBER + EXT.*
Michael	555-555-5555
FAX NUMBER	EMAIL
FACILITY MEDICAL RECORD NUMBER	MEMBER PHONE NUMBER + EXT.

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13. When you receive the “Confirm Notification/Prior Authorization” screen:

- Record the reference number displayed on the screen
- Upload any relevant clinician information related to the authorization request. (e.g., Children’s HCBS Authorization and Care Notification Forms or Initial PROS Treatment Plan, etc.).

Link

NOTIFICATION/PRIOR AUTHORIZATION INPATIENT SUBMISSION

Confirm Notification/Prior Authorization

Thank you for your online Notification/Prior Authorization submission.

The notification/prior authorization case information was transmitted on 06/20/2017 at 5:10 PM CDT. The notification/prior authorization reference number is **A000333003**. Please print this page for your records.

The reference number above acknowledges receipt of your notification or prior authorization request. Please write this number down and refer to it for future inquiries. Coverage and payment for an item or service is governed by the members benefit plan document, and, if applicable, the providers participation agreement with the Health Plan.

Please note that if you wish to cancel these services at any time, or if you have any questions, please contact us by calling the number on the back of the member's ID card. Thank you.

[+ Expand all](#) - [Collapse all](#)

▼ ATTACH CLINICAL DOCUMENTATION

[Select file](#)

Maximum file size for upload: 25MB, per file. Acceptable file types: bmp, doc, docx, gif, jpg, jpeg, pdf, png, tiff, bit

Record the reference number

Attach relevant documents, if desired.