

Online Prior Authorization (PA) Form Frequently Asked Questions (FAQ)

QUESTION	ANSWER
Where can I locate the Online PA Form?	<ol style="list-style-type: none"> 1. Go to www.mhplan.com. 2. Scroll to the bottom of the page to Provider Tools and select "Prior Auth Form."
What changes have been made to the updated Online PA Form process?	<ul style="list-style-type: none"> • We have redefined our required fields. These are marked with a red asterisk • Electronic submission of the Online PA Form will be available, in addition to current fax functionality • If selecting the Electronic Submission option on the Online PA Form, providers have the ability to electronically attach documents within their web browser before submitting • A "Confirmation #" has been added to the confirmation page to allow for a convenient way to status and track authorization requests submitted via Online PA Form for electronic or fax submissions. This "Confirmation #" is located in the top right-hand corner of the confirmation page • There will be an Additional Documentation submission option available. Attachments can be submitted electronically or sent via fax without having to fill out a completely new request • "Attachment Reference #" has been added to the confirmation page to allow for a convenient way to submit additional documentation and attachments to a previously submitted authorization request. This will be labeled as "Attachment Ref #" in the top right-hand corner • Procedure code(s), Total Units, Measure of Units and Diagnosis Codes will populate on the confirmation page for provider reference • The Procedure Code and Primary Diagnosis Code fields on the Online PA Form have a dynamic type-ahead search functionality for ease of selection of applicable procedure and diagnosis codes • Service Information fields on the Online PA Form have been updated to Place of Service, Service Type, and Place of Service Description
What changes have been made to the Provider Portal authorization submission process?	Providers will still have the ability to enter an authorization through the Provider Portal, but upon selecting "Create New Request," providers are now directed to Meridian's Online PA Form to create new requests, update existing authorizations, or submit additional documentation to existing requests.
What is required to submit Additional Documentation to a previously submitted authorization request?	In addition to the documentation, providers will need to enter the "Confirmation #" along with "Attachment Ref #," both located in the top right-hand corner of the confirmation page from the original PA request.



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<p>What if I want to extend or add to an existing PA request that does not yet have a decision rendered?</p>	<p>Providers have the ability to select “Extension or Addition to Existing Prior Authorization Request” in the Request Type field on the Online PA Form. If the provider selects this option, a type-in field will appear, allowing the provider to enter in the existing authorization or confirmation number. The provider will complete the Online PA Form to reflect extensions and/or additions to their original PA request.</p>
<p>What if I do not know if my request is an extension or addition to a previously submitted authorization request?</p>	<p>If you do not know if your request is an extension or addition to a previously submitted authorization request, please enter a new authorization request.</p>
<p>What are the Service Information fields: Place of Service, Service Type and Place of Service Description?</p>	<p>These updated fields on the new Online PA Form have replaced Admission-Acute & Subacute, Elective Services-Setting, and Service Type with new field names. The new Service Information fields are Place of Service, Service Type, and Place of Service Description. The options to select have been updated and are dynamic based on the state and line of business selected.</p>
<p>What is Place of Service?</p>	<p>Place of Service can either be Inpatient, Outpatient, or Home.</p>
<p>What is Service Type?</p>	<p>Service Type is the type of service the provider selects based upon the Place of Service selection (Ex: Global OB, Physical Therapy, Durable Medical Equipment, etc.).</p>
<p>What is Place of Service Description?</p>	<p>Place of Service Description is describing where the service is taking place (Ex: Inpatient Hospital, Home, Skilled Nursing Facility, etc.).</p>
<p>What is the difference between the Fax Submission option and the Electronic Submission option?</p>	<p>Both options are available for selection on the Online PA Form. The options are available at the bottom of the Online PA Form.</p> <ul style="list-style-type: none"> • The Electronic Submission option allows providers to enter an authorization request and documentation directly from the web browser, eliminating the need to fax materials • The Fax Submission option should be reserved for the providers who do not have the ability to submit electronically. Providers have the option to fill out the Online PA Form, select “Print Cover Page,” and fax the Fax Confirmation Cover Page with clinical documentation through standard fax submission and electronic fax submission EMR (Electronic Medical Records)

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<p>Will I still be able to submit the Online PA Form via fax?</p>	<p>Yes, providers will still be able to utilize our current submission options utilizing the updated Online PA Form for fax submissions. These include: Standard Fax Submission and Electronic Fax Submission EMR (Electronic Medical Records). The Electronic Submission option has replaced the Electronic Fax Submission Non-EMR fax option.</p>
<p>How will I know my fax submission was submitted successfully to Meridian?</p>	<p>The authorization request will not be received by Meridian until the provider faxes in the fax confirmation cover page and applicable documentation. The fax confirmation cover page will be generated when you select the "Print Cover Page" option after completing the Online PA Form. This printed cover page will populate on the provider's web browser. This confirmation page will be used to manually fax with documentation to Meridian. Providers have the ability to call and status their authorization request because with faxing, there is no guarantee Meridian receives it.</p>
<p>What is on the confirmation page I receive after an Electronic or Fax Submission using the Online PA Form?</p>	<p>The data filled out by the provider on the Online PA Form populates on the confirmation page. On the second page of the confirmation page, the requested procedure code(s), total units, measure of units, and diagnosis code(s) populate in a table.</p>
<p>How can I status an authorization request?</p>	<p>Refer to the "Confirmation #" located on the confirmation page in the top right-hand corner. This is the number you will utilize when calling Meridian to inquire about the status of your authorization request. Meridian cannot status any fax authorization requests until the fax cover confirmation page is sent in to Meridian.</p>
<p>How will I call in to status my authorization request using my "Confirmation #"? </p>	<p>Providers should be prepared with the NPI, Member ID, DOB, and the Confirmation #</p> <ul style="list-style-type: none"> • To status the authorization request, providers will call 888-773-2647 (MI) or 866-606-3700 (IL). Providers will Press 2 - Providers • After being prompted to enter a correct NPI, providers will Press 1 – Eligibility & Benefits • Next, providers will press 4 – Authorizations to speak to a representative about the status of their authorization request
<p>Where do I enter additional procedure codes?</p>	<p>To enter additional procedure codes, providers should select the green "+ Add Procedure" button below the first procedure code field. Providers should not type additional procedure codes into the Provider Notes.</p>
<p>Why will my procedure code not populate in the field?</p>	<p>The procedure code field has type-ahead functionality. Only valid procedure codes will populate.</p>



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Why will my diagnosis code not populate in the field?	The diagnosis code field has type-ahead functionality. Only ICD-10 diagnosis codes will populate.
What do I do if I forget to attach my documentation to an Electronic Submission?	Meridian offers the Request Type option "Submit Additional Documentation." Attachments can be submitted electronically or sent via fax without having to fill out a completely new request. Providers will have to enter the Original Confirmation # and Attachment Reference # in order to submit.
Am I able to update an authorization request directly on the Provider Portal?	Providers will no longer be able to make changes to their original request directly on the Provider Portal but can do so through the request type options (Extension or Addition to Existing Request and Submit Additional Documentation) on the Online PA Form by selecting "Create New Request" on the Provider Portal.
When I submit the PA Form through the Provider Portal, will I be able to status the authorization request on the Provider Portal?	When providers enter an authorization through the Provider Portal through the Online PA Form, they will be able to status their authorization in the Provider Portal based on the Member ID. If the authorization request does not populate in the member's profile on the Provider Portal, the authorization request has not yet been processed by a Meridian Utilization Management Care Coordinator. The provider will not be able to status their authorization request based on the Confirmation # or the Attachment Reference # on the Provider Portal. However, providers will still be able to call Meridian to status their authorization request with the Confirmation # provided.
What if I do not know the Requesting provider's NPI, Servicing NPI and/or Servicing facility NPI?	If you do not know the NPI number, Meridian provides you access to the NPEES NPI Registry. Select the magnifying glass next to the applicable NPI fields to be taken to the NPPES NPI Registry. Next, search for the NPI number and enter it into the field on the Online PA Form.
Why will my Primary Diagnosis Code and/or Additional Diagnosis Code fields not fill?	The Primary Diagnosis Code and Additional Diagnosis Code fields can't contain any decimals and must be ICD-10 codes. Enter your diagnosis code(s) omitting the decimal point. Ex: Diagnosis code A29.5 needs to be entered as "A925"
Is there a limit on the attachments I can submit?	The user will have the ability to attach up to 20 files with a 100 MB limit/file.
What type of documents am I allowed to attach for Electronic Submissions?	PDF, JPG, PNG, and BMP. Any DOC and DOCX files (Word Documents) or TIFF files must be converted to PDF. If the DOC, DOCX, and TIFF files cannot be converted to PDF, the provider must select the Fax Submission option and fax in the Online PA Form with documentation.



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What numbers do I send my Fax Submission to after completing the Online PA Form?	MI: 313-309-8580 IL: 312-508-7299
How long does it take Meridian to review a PA request?	We render decisions as quickly as possible; dependent upon whether or not we have all clinical documentation included to make an informed decision.
How will I be notified of the request determination?	Upon the authorization determination, a fax will be sent to the provider informing of the decision made by Meridian.
What internet web browser is preferred to use the Online PA Form?	Google Chrome

