



Provider Job Aid for Online PA Forms

Providers will utilize the Online PA Form to enter requests for Skilled Nursing Facility (SNF), Inpatient Rehab, and Long Term Acute Care Hospital (LTACHs). Below are the steps users should take when entering these requests:

1. Request Type selection
 - a. Select “New Prior Authorization Request”
2. Member Information section
 - a. Fill in member’s demographic information
3. Requesting Provider Information section
 - a. Fill in the information of where the member is currently an inpatient
 - i. Example: If the member is at Beaumont Hospital – Grosse Pointe, Beaumont’s information would go here

REQUESTING PROVIDER INFORMATION

Requesting NPI *	Requesting Provider First Name *	Requesting Provider Last Name *
<input type="text" value="1699962142"/>	<input type="text" value="Beaumont Hospital"/>	<input type="text" value="Grosse Pointe"/>
Requesting Administrative Contact Name *	Requesting Phone *	Requesting Fax *
<input type="text" value="Clare"/>	<input type="text" value="313-324-3700"/>	<input type="text" value="313-324-3800"/>
Requestor Type *		
<input style="width: 100%;" type="text" value="Hospital"/>		

4. Servicing Provider Information section
 - a. Select the “Same as Requesting Provider” checkbox

SERVICING PROVIDER INFORMATION

Same as Requesting Provider



- 5. Servicing Facility Information
 - a. If the name of the accepting servicing facility is known, please enter
- 6. If facility is unknown, this can be left blank and filled in by Meridian later
- 7. Service Information section (if submitting for SNF)
 - a. Always select "Urgent Request"
 - b. Place of Service: Inpatient
 - c. Service Type: Skilled Nursing Facility
 - d. Place of Service Description: Skilled Nursing Facility

Place of Service *
Inpatient <input type="button" value="v"/>
Service Type *
- Skilled Nursing Facil <input type="button" value="v"/>
Place of Service Description *
Skilled Nursing Facility <input type="button" value="v"/>

- 8. Authorization Request Section
 - a. Start Date: Enter the anticipated date discharge from the member's current admission
 - b. End Date: Enter seven days after the start date
(Example: If the start date is 6/22, the end date is 6/28)
 - c. Admission Date: Enter the same date as the start date
 - d. Discharge Date: Does not need to be filled out
 - e. Procedure Code: Does not need to be filled out
 - f. Total Units: Enter "7"
 - g. Measure of Units: Select "Days"
 - h. Primary Diagnosis Code: Enter the primary diagnosis code from the admission

AUTHORIZATION REQUEST			
Start Date *	End Date *	Admission Date *	Discharge Date
06/22/2018	06/28/2018	06/22/2018	mm/dd/yyyy
Procedure Code	Total Units *	Measure of Units *	Primary Diagnosis Code *
CPT/HCPCS	7	Days <input type="button" value="v"/>	Z741

- 9. Provider Notes: Enter applicable notes
- 10. Submit Online PA Form via Fax or Electronic Submission
 - a. Please include the following clinical documentation with submission (if applicable):
 - i. Cover Page (if fax submission)
 - ii. History and Physical
 - iii. Labs and Vitals
 - iv. Therapy Notes
 - v. Medication List
 - vi. Any Relative Diagnostics (x-rays, CT scans, etc.)