



Provider Web Portal Quick Guide – Submitting a Nursing Facility Post Eligibility Treatment of Income (PETI) Prior Authorization Request (PAR)

This Quick Guide provides step-by-step instructions on how to submit a Nursing Facility PETI PAR on the Provider Web Portal.

The electronic PAR form must be completed in a single session; a partially completed form cannot be saved. Portal users should follow these instructions carefully and in the order provided.

1. Log in to the Provider Web Portal.

2. Click the Care Management tab, then click Create Authorization.

The screenshot shows the Provider Web Portal interface. At the top left is the Colorado HCPF logo and the text "COLORADO Department of Health Care Policy & Financing". At the top right is the "Health First COLORADO" logo with the text "Colorado's Medicaid Program" and links for "Contact Us" and "Logout". Below the logos is a navigation menu with tabs: "Home", "Eligibility", "Claims", "Care Management", and "Resources". The "Care Management" tab is highlighted with an orange box. Below the navigation menu is a sub-menu with "Create Authorization", "View Authorization Status", and "Maintain Favorite Providers". The "Create Authorization" button is highlighted with an orange box. Below the sub-menu, the text "Care Management" is displayed on the left and "Wednesday 10/24/2018 12:21 PM MST" on the right. A blue box contains provider information: "Provider Name PASTDATE GROUP", "Provider ID Providers - 1518004845 (NPI)", "Location 9000159156 - PASTDATE GROUP", and "Taxonomy 224L00000X". Below this is a green button labeled "Authorizations" with a document icon. Underneath are three links: "Create Authorization", "View Status of Authorizations", and "Maintain Favorite Provider List".

3. Click the Create Authorization link.

The screenshot shows the top navigation bar with the Colorado Department of Health Care Policy & Financing logo on the left and the Health First Colorado logo on the right. The navigation menu includes Home, Eligibility, Claims, Care Management, and Resources. Under Care Management, there are links for Create Authorization, View Authorization Status, and Maintain Favorite Providers. A provider information box displays details for PASTDATE GROUP, including Provider ID, Location, and Taxonomy. Below this, an 'Authorizations' section contains three links: 'Create Authorization' (highlighted with an orange border), 'View Status of Authorizations', and 'Maintain Favorite Provider List'.

Colorado Department of Health Care Policy & Financing

Health First COLORADO
Colorado's Medicaid Program
[Contact Us](#) | [Logout](#)

[Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [Resources](#)

[Create Authorization](#) | [View Authorization Status](#) | [Maintain Favorite Providers](#)

Care Management Wednesday 10/24/2018 12:21 PM MST

| | | | | | |
|----------------------|----------------|--------------------|------------------------------|-----------------|-----------------------------|
| Provider Name | PASTDATE GROUP | Provider ID | Providers - 1518004845 (NPI) | Location | 9000159156 - PASTDATE GROUP |
| | | Taxonomy | 224L00000X | | |

Authorizations

- ▶ [Create Authorization](#)
- ▶ [View Status of Authorizations](#)
- ▶ [Maintain Favorite Provider List](#)

4. On the Create Authorization page, use the drop-down arrow to select the Authorization Type "PETI NURSING FACILITY."

Home | **Eligibility** | **Claims** | **Care Management** | **Resources**

Create Authorization | View Authorization Status | Maintain Favorite Providers

[Care Management](#) > Create Authorization Wednesday 10/24/2018 12:23 PM MST

| | | |
|-------------------------------------|---|---|
| Provider Name PASTDATE GROUP | Provider ID Providers - 1518004845 (NPI) | Location 9000159156 - PASTDATE GROUP |
| Taxonomy 224L00000X | | |

Create Authorization ?

* Indicates a required field.

*** Authorization Type** PETI NURSING FACILITY [Expand All](#) | [Collapse All](#)

Requesting Provider Information -

| | | |
|-------------------------------|--------------------|----------------------------|
| Provider ID 1518004845 | ID Type NPI | Name PASTDATE GROUP |
| Taxonomy Pedorthist | | |

Member Information -

***Member ID**

Last Name **First Name**

Birth Date

Service Provider Information -

Service Provider same as Requesting Provider

Select from Favorites

| | | | |
|---|-------------------------------------|----------------------------------|--|
| Provider ID <input type="text"/> | ID Type <input type="text"/> | Name <input type="text"/> | Add to Favorites <input type="checkbox"/> |
| Taxonomy <input type="text"/> | | | |
| Location <input type="text"/> | | | |

5. Under the Member Information section, enter the Health First Colorado ID in the Member ID field using a capital letter (example: X123456).

The screenshot shows the 'Create Authorization' page with the following details:

- Navigation:** Home | Eligibility | Claims | Care Management | Resources
- Sub-navigation:** Create Authorization | View Authorization Status | Maintain Favorite Providers
- Breadcrumbs:** Care Management > Create Authorization
- Date/Time:** Wednesday 10/24/2018 12:23 PM MST
- Provider Information:**
 - Provider Name: PASTDATE GROUP
 - Provider ID: Providers - 1518004845 (NPI)
 - Location: 9000159156 - PASTDATE GROUP
 - Taxonomy: 224L00000X
- Create Authorization Section:**
 - * Indicates a required field.
 - * Authorization Type: PETI NURSING FACILITY
 - Expand All | Collapse All
- Requesting Provider Information:**
 - Provider ID: 1518004845
 - ID Type: NPI
 - Name: PASTDATE GROUP
 - Taxonomy: Pedorthist
- Member Information:**
 - * Member ID: Z900011
 - Last Name: DXC TEST
 - First Name: KATIE
 - Birth Date: 03/13/2018
- Service Provider Information:**
 - Service Provider same as Requesting Provider:
 - Select from Favorites: No favorite providers available.
 - Provider ID: [input field]
 - ID Type: [dropdown]
 - Name: [input field]
 - Add to Favorites:
 - Taxonomy: [dropdown]
 - Location: [dropdown]

Use the Tab key on the keyboard to populate the member name and birthdate information.

6. Under the Service Provider Information section, the requesting provider should check the corresponding checkbox or use the "Select from Favorites" drop-down menu.

The screenshot shows the 'Service Provider Information' section with a callout box:

- Service Provider same as Requesting Provider:
- Select from Favorites: No favorite providers available.
- Provider ID: [input field]
- ID Type: [input field]
- Taxonomy: [input field]
- Location: [input field]

For a new requesting provider, click the magnifying glass search icon to locate the provider.

If the taxonomy box does not automatically populate after selecting the provider, try selecting the provider again.

7. Use the drop-down box to select the Location.

Select the appropriate location type: Skilled Nursing Facility, Nursing Facility or Intermediate Care Facility.

Service Provider Information

Service Provider same as Requesting Provider

Select from Favorites

Provider ID ID Type Name Add to Favorites

Taxonomy

Location

8. Under the Diagnosis Information section, select ICD-10-CM from the drop-down list for Diagnosis Type, then enter the appropriate code in the Diagnosis Code field. Click "Add" once complete.

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. Click the **Remove** link to remove the entire row.

| Diagnosis Type | Diagnosis Code | Action |
|--|--------------------------------------|--------|
| <input type="checkbox"/> Click to collapse. | | |
| *Diagnosis Type <input type="text" value="ICD-10-CM"/> | *Diagnosis Code <input type="text"/> | |

Select the appropriate Diagnosis Type code from the drop-down list, based on where the service was provided:

- **Y9209** **Other Non-Institutional Residence as Place**
- **Y9212** **Nursing Home as Place**
- **Y9219** **Other Residential Institution as Place**
- **Y92531** **Health Care Provider Office as Place**
- **Y929** **Unspecified Place or Not Applicable**

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. Click the **Remove** link to remove the entire row.

| Diagnosis Type | Diagnosis Code | Action |
|--|--------------------------------------|--------|
| <input type="checkbox"/> Click to collapse. | | |
| *Diagnosis Type <input type="text" value="ICD-10-CM"/> | *Diagnosis Code <input type="text"/> | |

Type in the Diagnosis Code number using a capital letter, then click the "Add" button. Only one diagnosis code is required, however this process may be repeated as needed.

Once the diagnosis has been added, the information will populate in the table. If the diagnosis information is not correct, click "Remove," then repeat this step to add the correct code.

Create Authorization ?

** Indicates a required field.*

***Authorization Type** [Expand All](#) | [Collapse All](#)

Requesting Provider Information -

| | | |
|-------------------------------|--------------------|----------------------------|
| Provider ID 1518004845 | ID Type NPI | Name PASTDATE GROUP |
| Taxonomy Pedorthist | | |

Member Information -

***Member ID**

Last Name DXC TEST **First Name** KATIE

Birth Date 03/13/2018

Service Provider Information -

Service Provider same as Requesting Provider

Select from Favorites

Provider ID **ID Type** **Name** PASTDATE GROUP **Add to Favorites**

Taxonomy

Location

Diagnosis Information -

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. Click the **Remove** link to remove the entire row.

| Diagnosis Type | Diagnosis Code | Action |
|----------------|--|--|
| ICD-10-CM | Y9209-OTH NON-INSTITUTIONAL RESIDENCE AS PLACE | Remove |

Click to collapse.

***Diagnosis Type** ***Diagnosis Code**

9. Under the Service Details section, click the calendar icon to select the From Date and To Date.

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.
Click the **Remove** link to remove the entire row.

| Diagnosis Type | Diagnosis Code | Action |
|--|-----------------|--------|
| Click to collapse. | | |
| *Diagnosis Type: ICD-10-CM | *Diagnosis Code | |
| <input type="button" value="Add"/> <input type="button" value="Cancel"/> | | |

Service Details

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

| Line # | From Date | To Date | Code | Modifiers | Units | Action |
|---|------------|---------|-----------------------|-----------|-------|--------|
| Click to collapse. | | | | | | |
| | *From Date | To Date | *Code Type: CPT/HCPCS | *Code | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Modifiers</p> <p>Units</p> <p>*Requested Dollars</p> <p>*Medical Justification</p> </div> <div style="width: 50%;"> <p>Frequency</p> <p>Additional Service Code Description</p> </div> </div> | | | | | | |

Service Provider Information

Service Provider same as Requesting Provider

Select from Favorites:

Provider ID: ID Type: Name: Add to Favorites:

Taxonomy:

Location:

10. Use the drop-down arrow for the Code Type field to select Revenue, then enter the appropriate code in the Code field. Type in the code number; when the description associated with the code appears, click it to populate the Code field.

Click to collapse.

*From Date: 10/10/2016 To Date: 10/10/2016

*Code Type: Revenue *Code: 0962-PROFESSIONAL FEES

Units: [] Frequency: []

*Requested Dollars: [] Additional Service Code Description: []

*Medical Justification: []

Procedure codes are not valid for Nursing Facility PETIs and will result in PAR denial. A revenue code must be provided.

Once the Revenue Code Type has been selected, the Modifier fields (as shown in the screenshot in step nine of this guide) will disappear.

Select and enter the appropriate revenue code from the list below:

- **0259 – Pharmacy Other Drugs (non-prescription drugs)**
- **0479 – Audiology Other (hearing)**
- **0949 – Acupuncture**
- **0962 – Professional Fees Ophthalmology (vision/glasses)**
- **0969 – Professional Fees Other (dental, etc.)**
- **0982 – Professional Fees Outpatient Services**
- **0999 – Patient Convenience Items (Health Insurance)**

11. Enter the number of units in the Units field.

Click to collapse.

*From Date: 10/10/2016 To Date: 10/10/2016

*Code Type: Revenue *Code: 0962-PROFESSIONAL FEES

Units: [] Frequency: []

*Requested Dollars: [] Additional Service Code Description: []

*Medical Justification: []

For eye glasses, enter 1 [unit].

For hearing aids, enter 1 or 2 [units], as appropriate.

For health insurance premium, enter 1 to 12 [units], based on the number of months being requested.

For any other type of service, enter the appropriate unit measurement.

12. Enter the Requested Dollars value.

Click to collapse.

| | | | | | | | |
|-------------------------------|---|--|---|-------------------|--------------------------------------|--------------|---|
| *From Date | <input type="text" value="10/10/2016"/> | To Date | <input type="text" value="10/10/2016"/> | *Code Type | <input type="text" value="Revenue"/> | *Code | <input type="text" value="0962-PROFESSIONAL FEES"/> |
| Units | <input type="text"/> | Frequency | <input type="text"/> | | | | |
| *Requested Dollars | <input type="text"/> | Additional Service Code Description | <input type="text"/> | | | | |
| *Medical Justification | <div style="border: 1px solid gray; height: 40px;"></div> | | | | | | |

Enter the full dollar amount requested, which should match the invoice total.

For health insurance premium, multiply the monthly amount by the number of months, then enter the total.

This value cannot be zero.

13. Fill out the Medical Justification text box.

Click to collapse.

| | | | | | | | |
|-------------------------------|---|--|---|-------------------|--------------------------------------|--------------|---|
| *From Date | <input type="text" value="10/10/2016"/> | To Date | <input type="text" value="10/10/2016"/> | *Code Type | <input type="text" value="Revenue"/> | *Code | <input type="text" value="0962-PROFESSIONAL FEES"/> |
| Units | <input type="text"/> | Frequency | <input type="text"/> | | | | |
| *Requested Dollars | <input type="text"/> | Additional Service Code Description | <input type="text"/> | | | | |
| *Medical Justification | <div style="border: 1px solid gray; height: 40px;"></div> | | | | | | |

For health insurance premium, note the monthly premium dollar amount and the number of months being requested (i.e.: Health Insurance \$150 for 6 months).

For anything other than health insurance, include one of the following prompts, followed by a detailed description:

- New request for...
- Replacement for...
- Second request for...
- Other Incurred Medical Expense: ...

This text box cannot be left blank.

14. Under the Service Provider Information section, the requesting provider should check the corresponding checkbox or use the drop-down menu to Select from Favorites.

Service Details

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

| Line # | From Date | To Date | Code | Modifiers | Units | Action |
|--|-----------|---|--|--|-------|---|
| <input type="checkbox"/> Click to collapse. | | | | | | |
| *From Date <input type="text"/> | | To Date <input type="text"/> | | *Code Type CPT/HCPCS | | *Code <input type="text"/> |
| Modifiers <input type="text"/> <input type="text"/> | | | <input type="text"/> <input type="text"/> | | | |
| Units <input type="text"/> | | Frequency ▼ | | | | |
| *Requested Dollars <input type="text"/> | | Additional Service Code Description <input type="text"/> | | | | |
| *Medical Justification <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | | | | | | |
| | | | | | | |
| <input type="checkbox"/> Service Provider same as Requesting Provider | | | | | | |
| Select from ▼ Favorites | | | | | | |
| Provider ID <input type="text"/> | | ID Type ▼ | | Name <input type="text"/> | | Add to Favorites <input type="checkbox"/> |
| Taxonomy <input type="text"/> | | | | | | |
| Location <input type="text"/> | | | | | | |

For a new requesting provider, click the magnifying glass search icon to locate the provider.

If the taxonomy box does not automatically populate after selecting the provider, try selecting the provider again.

15. Use the drop-down menu to select the Location.

The screenshot shows a form titled "Service Provider Information". It includes several fields: "Service Provider same as Requesting Provider" (checkbox), "Select from Favorites" (dropdown), "Provider ID" (text input), "ID Type" (dropdown), "Name" (text input), "Add to Favorites" (checkbox), "Taxonomy" (dropdown), and "Location" (dropdown). The "Location" dropdown is highlighted with an orange border.

If the member is on Hospice, select the Hospice value from the drop-down menu.

If the member is not on hospice, select the most appropriate value from the following list:

- **Mobile Unit**
- **Independent Clinic**
- **Public Health Clinic**
- **Rural Health Clinic**
- **Skilled Nursing Facility**
- **Nursing Facility**
- **Intermediate Care Facility**

16. Under the Attachments section, use the drop-down menu to select the Transmission Method.

Click the [+]/[-] signs to open and close the attachments list as needed. Click the [+] sign in the first row to add an attachment.

The screenshot shows the "Attachments" section of a form. It features a table with columns: "Transmission Method", "File", "Control #", and "Action". Below the table, there is a "Click to collapse." link. The "Transmission Method" dropdown menu is highlighted with an orange box and shows "EL-Electronic Only". Other fields include "*Upload File" (Choose File / No file chosen), "*Attachment Type" (dropdown), and "*Description" (text input). At the bottom, there are "Add" and "Cancel" buttons, "Add Service" and "Cancel Service" buttons, and "Submit" and "Cancel" buttons.

17. Click Choose File to select the attachment.

The screenshot shows a web form titled "Attachments" with a table header containing "Transmission Method", "File", "Control #", and "Action". Below the header, there is a "Click to collapse" link. The form contains several fields:

- *Transmission Method: A dropdown menu with "EL-Electronic Only" selected.
- *Upload File: A button labeled "Choose File" and the text "No file chosen". This entire field is highlighted with an orange box.
- *Attachment type: A dropdown menu.
- *Description: A text input field.

 At the bottom of the form are "Add" and "Cancel" buttons.

Attachments must be uploaded as a single PDF document, however steps 16 - 20 in this guide must be repeated for each required document.

Required documents may include:

- Hospice
- Signed Medical Necessity form
- Invoice with treatment codes
- Audiology report
- Health Insurance benefits and card

18. Select 77 – Support Data for Verification from the Attachment Type drop-down menu.

This screenshot is identical to the one above, showing the "Attachments" form. In this view, the "*Attachment type" dropdown menu is highlighted with an orange box, indicating the step to select "77 – Support Data for Verification".

19. Enter the appropriate description in the Description field. Once complete, click the "Add" button.

The screenshot shows the 'Attachments' form with the following fields and controls:

- Transmission Method:** A dropdown menu set to 'EL-Electronic Only'.
- Upload File:** A 'Choose File' button and the text 'No file chosen'.
- Attachment Type:** A dropdown menu.
- Description:** A text input field, highlighted with an orange border.
- Buttons:** 'Add' and 'Cancel' buttons at the bottom, with the 'Add' button highlighted by an orange box.

Select and enter the most appropriate of the following descriptions in the Description field:

- AT – Itemized invoice for...
- CK – Medical necessity form
- 77 – Insurance premium data, supporting documents

20. Check that the attachment appears in the table. If incorrect, click "Remove" to remove the attachment and add the correct attachment. Repeat the attachment process for as many documents as are needed. Once complete, click the "Add Service" button.

The screenshot shows the 'Attachments' form with a table and additional controls:

| Transmission Method | File | Control # | Action |
|---------------------|-------------|----------------|------------------------|
| EL-Electronic Only | OZ.txt (0K) | 20180824410834 | Remove |

Below the table, the form includes:

- Transmission Method:** A dropdown menu set to 'EL-Electronic Only'.
- Upload File:** A 'Browse...' button.
- Attachment Type:** A dropdown menu.
- Description:** A text input field.
- Buttons:** 'Add' and 'Cancel' buttons.
- Bottom Section:** 'Add Service' and 'Cancel Service' buttons, with 'Add Service' highlighted by an orange box.
- Footer:** 'Submit' and 'Cancel' buttons.

21. Scroll back to the top of the Service Details section heading to check that the service added now appears in the table. If incorrect, click "Remove" to remove the service and add the correct service.

To view information submitted, click the [+] sign next to the line number. Click the [-] sign to close it.

Note: Only one type of service request is permitted per NF PETI Request.

Service Details -

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

| Line # | From Date | To Date | Code | Modifiers | Units | Action |
|--------|------------|------------|---|-----------|-------|--|
| + 1 | 08/01/2018 | 08/01/2018 | 0479-AUDIOLOGY OTHER AUDIOLOGY OTHER AUDIOL | | 1 | 1 Copy Remove |

***From Date** 08/01/2018 **To Date** 08/01/2018 ***Code Type** Revenue ***Code** 0479-AUDIOLOGY OTHER AL

Units 1 **Frequency** ▼

***Requested Dollars** 175.00 **Additional Service Code Description**

***Medical Justification** New request for hearing aid

Service Provider Information

Service Provider same as Requesting Provider

Select from Favorites No favorite providers available.

Provider ID 1518004845 **ID Type** NPI **Name** PASTDATE GROUP **Add to Favorites**

Taxonomy Pedorthist

Location Nursing Facility

Attachments -

| Transmission Method | File | Control # | Action |
|--|-------------|----------------|------------------------|
| + EL-Electronic Only | OZ.txt (0K) | 20181024807735 | Remove |
| + Click to add attachment. | | | |

Save Service
Cancel Service

22. Once complete, scroll back to the bottom of the Service Details section and click the "Submit" button.

The screenshot shows the 'Attachments' form with the following fields and controls:

- Transmission Method:** A dropdown menu set to 'EL-Electronic Only'.
- Upload File:** A button labeled 'Choose File' and the text 'No file chosen'.
- Attachment Type:** A dropdown menu.
- Description:** A text input field.
- Buttons:** 'Add' and 'Cancel' buttons are located below the description field. 'Add Service' and 'Cancel Service' buttons are located below the attachment form. At the bottom right, 'Submit' and 'Cancel' buttons are visible, with 'Submit' highlighted by a red box.

23. Review the information entered on the page. Click the "Back" button to make corrections, then repeat steps up to completing the "Submit" button.

24. If an error message appears, fix the errors, then click the "Submit" button again.

Error messages will appear in red. See the example shown below.

The screenshot shows the 'Create Authorization' form with the following sections and details:

- Header:** 'Create Authorization' with a help icon.
- Legend:** '* Indicates a required field.'
- Authorization Type:** A dropdown menu set to 'PETI NURSING FACILITY'. Links for 'Expand All' and 'Collapse All' are present.
- Requesting Provider Information:**
 - Provider ID: 1518004845
 - ID Type: NPI
 - Name: PASTDATE GROUP
 - Taxonomy: Pedorthist
- Member Information:**
 - *Member ID: An empty input field with a red error message box below it stating 'Member ID is a required field.'
 - Last Name: Input field
 - Birth Date: Input field
 - First Name: Input field
- Service Provider Information:**
 - Service Provider same as Requesting Provider:
 - Select from Favorites: A dropdown menu showing 'No favorite providers available.'
 - Provider ID: 1518004845
 - ID Type: NPI
 - Name: PASTDATE GROUP
 - Add to Favorites:
 - Taxonomy: Pedorthist
 - Location: Nursing Facility

25. If no errors are identified, the "Submit" button will be replaced by the "Confirm" button. After reviewing the information entered on the page to ensure all information is correct, click the "Confirm" button. Click the "Back" button if corrections are needed.

Confirm Authorization ?

[Expand All](#) | [Collapse All](#)

Requesting Provider Information -

| | | |
|-------------------------------|--------------------|----------------------------|
| Provider ID 1518004845 | ID Type NPI | Name PASTDATE GROUP |
| Taxonomy 224L00000X | | |

Member Information and Authorization Type -

| | | |
|---|------------------------------|----------------------|
| Member ID Z900011 | Member KATIE DXC TEST | Gender Female |
| Birth Date 03/13/2018 | | |
| Authorization Type PETI NURSING FACILITY | | |

Service Provider Information -

| | | |
|----------------------------------|--------------------|----------------------------|
| Provider ID 1518004845 | ID Type NPI | Name PASTDATE GROUP |
| Taxonomy 224L00000X | | |
| Location Nursing Facility | | |

[Expand All](#) | [Collapse All](#)

Diagnosis Information -

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

| Diagnosis Type | Diagnosis Code |
|----------------|--|
| ICD-10-CM | Y9209-OTH NON-INSTITUTIONAL RESIDENCE AS PLACE |

Service Details -

| Line # | From Date | To Date | Code | Modifiers | Units | |
|--------|------------|------------|---|-----------|-------|---|
| 1 | 08/01/2018 | 08/01/2018 | Revenue 0479-AUDIOLOGY OTHER AUDIOLOGY OTHER AUDIOL | | 1 | 1 |

| | |
|--|----------------------------------|
| Requested Dollars 175.00 | Frequency _ |
| Additional Service Code Description _ | |
| Medical Justification New request for hearing aid | |
| Provider ID 1518004845 | ID Type NPI |
| Taxonomy Pedorthist | Name PASTDATE GROUP |
| | Location Nursing Facility |

Attachments -

| Transmission Method | File | Control # | Attachment Type |
|---------------------|-------------|----------------|----------------------------------|
| EL-Electronic Only | OZ.txt (0K) | 20181024807735 | 77-Support Data for Verification |

Back

Confirm

Cancel

26. Note the Authorization Tracking Number provided under the Authorization Receipt section. Click the "Print Preview" button, use the + buttons to display all details, and then print this page for records and audit purposes.

The form and all attachments should be kept for six years.

The PAR is now in the Pending – State Review status.

Authorization Receipt ?

Your Authorization Tracking Number 5182970001 was successfully submitted.

Click **Print Preview** to view authorization details and receipt.
 Click **Copy** to copy member data or authorization data.
 Click **New** to create a new authorization for a different member.

Print Preview
Copy
New

Provider Name PASTDATE GROUP
Provider ID Providers - 1518004845 (NPI)
Location 9000159156 - PASTDATE GROUP

Taxonomy 224L00000X

Print

Authorization Request

Prior Authorization # 5182970001

Requesting Provider Information

| | | |
|-------------------------------|--------------------|----------------------------|
| Provider ID 1518004845 | ID Type NPI | Name PASTDATE GROUP |
| Taxonomy 224L00000X | | |

Member Information and Authorization Type

| | | |
|---|------------------------------|----------------------|
| Member ID Z900011 | Member KATIE DXC TEST | Gender Female |
| Birth Date 03/13/2018 | | |
| Authorization Type PETI NURSING FACILITY | | |

Service Provider Information

| | | |
|----------------------------------|--------------------|----------------------------|
| Provider ID 1518004845 | ID Type NPI | Name PASTDATE GROUP |
| Taxonomy 224L00000X | | |
| Location Nursing Facility | | |

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

| Diagnosis Type | Diagnosis Code |
|----------------|--|
| ICD-10-CM | Y9209-OTH NON-INSTITUTIONAL RESIDENCE AS PLACE |

Service Details

| Line # | From Date | To Date | Code | Modifiers | Units | |
|--------|------------|------------|---|-----------|-------|---|
| 1 | 08/01/2018 | 08/01/2018 | Revenue 0479-AUDIOLOGY OTHER AUDIOLOGY OTHER AUDIOL | | 1 | 1 |

Requested Dollars 175.00 **Frequency** _

Additional Service Code Description _

Medical Justification New request for hearing aid

Provider ID 1518004845 **ID Type** NPI **Name** PASTDATE GROUP

Taxonomy Pedorthist **Location** Nursing Facility

Attachments

| Transmission Method | File | Control # | Attachment Type |
|---------------------|-------------|----------------|----------------------------------|
| EL-Electronic Only | OZ.txt (OK) | 20181024807735 | 77-Support Data for Verification |

Print
Close

27. Check PAR status as needed.

To check the status of the PAR, click on the Care Management tab from the portal home page, then click the View Status of Authorizations Link.

The screenshot shows the top navigation bar with 'Home', 'Eligibility', 'Claims', 'Care Management' (highlighted in orange), and 'Resources'. Below this is a sub-navigation bar with 'Create Authorization', 'View Authorization Status', and 'Maintain Favorite Providers'. The 'Care Management' section is active, displaying the date and time: 'Wednesday 08/01/2018 11:23 AM MST'. A table shows provider information: 'Provider Name' (LFNAME LLNAME), 'Provider ID' (Providers - 1811196793 (NPI)), 'Location' (9000146115 - LLNAME, LFNAME), and 'Taxonomy' (207P00000X). Below the table is a green 'Authorizations' button. Underneath, there are three links: 'Create Authorization', 'View Status of Authorizations' (highlighted in orange), and 'Maintain Favorite Provider List'.

On the Medical/Dental Search tab, type the Authorization Tracking Number (refer to step #26) into the Prior Authorization # field, then click the "Search" button.

The screenshot shows the 'View Authorization Status' page with three tabs: 'Prospective Authorizations', 'Medical/Dental Search' (highlighted in orange), and 'Pharmacy Search'. Below the tabs is a search instruction: 'Enter at least one of the following fields to search for an authorization.' The 'Authorization Information' section contains several fields: 'Prior Authorization #' (highlighted in orange), 'Authorization Type' (dropdown), 'Authorization Status' (dropdown), 'Code Type' (dropdown), 'Code #' (text input), 'Day Range' (dropdown set to 'Next 14 days'), and 'Service Date #' (text input with a calendar icon). The 'Member Information' section includes 'Member ID', 'Last Name', 'Birth Date #' (text input with a calendar icon), and 'First Name' (text input). The 'Provider Information' section includes 'Provider ID' (text input with a magnifying glass icon), 'ID Type' (dropdown), 'Taxonomy' (dropdown), and two radio buttons: 'This Provider is the Servicing Provider on the Authorization' and 'Referring Provider on the Authorization'. At the bottom, there are two buttons: 'Search' (highlighted in orange) and 'Reset'.

Scroll down the page to view the Search Results section, which will display the PAR details along with its current status.

| Search Results | | | | | | | |
|----------------------------|------------------------------|------------------------|-----------------|-----------|-----------------------|---------------------|--------------------|
| Prior Authorization # | Authorization Service Date ▼ | Status | Member Name | Member ID | Authorization Type | Requesting Provider | Servicing Provider |
| 5182970001 | 08/01/2018 | PENDING - STATE REVIEW | DXC TEST, KATIE | Z900011 | PETI NURSING FACILITY | PASTDATE GROUP | PASTDATE GROUP |

PAR forms must be approved by the Department of Health Care Policy & Financing (the Department) before the PETI/IME (Incurred Medical Expenses) can be submitted on a claim in order for the claim to be paid by Health First Colorado. The Department's Nursing Facility Operations Specialist or designee will determine if the PETI/IME request meets the requirements necessary to approve the request. The status will change to approved, approved – with revisions or denied. The Provider Web Portal is instantly updated with the determination and a letter is system generated for mailing the next day.

If PETI/IME request is denied, submit a whole new request and include all required documents. The denied request cannot be re-opened.

Once the authorization is approved, it cannot be revised. To revise an existing authorization, contact the [Provider Services Call Center \(1-844-235-2387\)](#).

Once the PAR status has been changed to approved or approved – with revisions, the facility can bill Health First Colorado (Colorado's Medicaid Program) for the service or item. Refer to the [Nursing Facility Billing Manual](#) for further billing instructions.

Need More Help?

Please visit the [Quick Guides and Webinars web page](#) to find all Provider Web Portal Quick Guides:

Aid Code and Benefit Plan Acronyms

Are You Billing from the Correct Account?

Copy, Adjust, or Void a Claim

Delegates

Delegate Access Definitions

Entering NDC Information on a Claim

Provider Maintenance

Provider Maintenance – License Update

Pulling Your 835 - Linking to your own TPID

Pulling Your Remittance Advice (RA)

Reading Your Remittance Advice (RA)

- Internal Control Number (ICN) Information Sheet
- Region Code Information Sheet

Submitting a Claim with Other Insurance or

Medicare Crossover Information

Adding and Updating TPL Information

Validating a Trading Partner ID (TPID)

Verifying Member Eligibility and Co-Pay

- Managed Care Assignments
- Primary Care Provider
- Medicare Coverage
- Member Co-Pay Amounts

Updating Your EFT Information

Updating Your ERA Information

Viewing Prior Authorizations in the Portal

Web Portal Registration

Provider Web Portal – Frequently Asked Questions (FAQs)

Please visit the [Provider FAQ Central](#) web page and look under the Billing and Web Portal headings to see Provider Web Portal FAQs.

Provider Web Portal – Recorded Webinars

Click the links below to access the recorded webinars:

- [Session #1](#) Access the new Portal, Portal Registration, Log in, My Profile, Manage Accounts (including delegates)
- [Session #2](#) Provider Maintenance (including updates and affiliations), EFT/ERA Enrollment, Disenrollment
- [Session #3](#) Member Information and Eligibility Verification
- [Session #4](#) Remittance Advice (RA), Search Payment History, Search for Accounts Receivable Records, Make a Payment
- [Session #5](#) Notify Me, Alerts, Secure Correspondence
- [Session #6](#) Files Exchange, Resources
- [Session #7](#) Search & Submit CMS 1500, UB-04, Emergency Dental Claims, Prior Authorizations (Nursing Facility PETI PARs only)
- [Bridge](#) Bridge training for Community Centered Boards (CCBs) only