

MEDICAL AUTHORIZATION UNIT AMENDMENT PROCESS

Medical Authorization and Review Unit

4/6/2022



AMENDMENTS

- In order to streamline the amendment process, the Medical Authorization Unit is implementing a change in the submittal of amendment requests.
- Effective immediately providers can **now** submit their amendment requests through the secure provider portal.
- The faxed option will be discontinued and faxes for PA amendments will no longer be accepted, effective May 1, 2022.

MORE ON AMENDMENTS

- Amendments can only be requested for a PAR in an approved status.
- Amendments must be received 6 months from the date of service.
- HCA-60 form will be required along with documentation to support the requested change.
- Amendments for continuation of service will not be processed and requires a new PAR.

MORE ON AMENDMENTS

What can be amended?

- Dates of service
- Units
- Codes
- Provider numbers
- Modifiers
- Member Recipient ID

HOW TO SUBMIT AN AMENDMENT

- Log into the secure provider portal and click the Prior Authorization tab at the top.
- Click View Authorization Status.



- Enter Prior Authorization Number and click search button.
- This will bring up the PA in Search Results, where you will click the PA number.

View Authorization Status

Prospective Authorizations | **Search Authorizations** | Authorization Notices

Enter at least one of the following fields to search for an authorization.
For Advanced search PA or Member ID/day range is required.

Authorization Information

Advanced Search

Prior Authorization Number

Assignment Code

Code Type Code

Select a Day Range or specify a Service Date. The optional date criterion provides a search option based on the Authorized Effective and Authorized End Date of the Prior Authorization.

Authorized Day Range OR Authorized Service Date

Member Information

Member ID

Provider Information

Provider NPI

This Provider is the Servicing Provider on the Authorization
 Referring Provider on the Authorization

Search Results

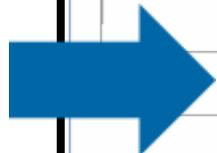
The Search criteria selected in the Search Authorizations panel reflect the Search Results displayed. Total Records: 1

Prior Authorization Number	Authorized Service Date	Member Name	Member ID	Assignment Code	Requesting Provider	Servicing Provider
0123456789		SOONERCARE, KERRY	B33333333	CLINIC	IMAGINARY MEDICAL CENTER	

- Once you have clicked the PA Number it will open the view status of the PA.



Payment Method 1-Pay System Calculated Price Reason 554-Subject to post-pay review/recoup for medical necessity IQ Review Summary										
G	02/03/2022	02/28/2022	02/03/2022	02/28/2022	1	0	-	-	76825-ECHO EXAM OF FETAL HEART	Approved
Payment Method 1-Pay System Calculated Price Reason 554-Subject to post-pay review/recoup for medical necessity IQ Review Summary										
H	02/03/2022	02/28/2022	02/03/2022	02/28/2022	1	0	-	-	62263-EPIDURAL LYSIS MULT SESSIONS	Approved
Payment Method 1-Pay System Calculated Price Reason 546-Subject to post-pay review/recoup for medical necessity										
I	02/03/2022	02/28/2022	02/03/2022	02/28/2022	1	0	-	-	78811-PET IMAGE LTD AREA	Approved
Payment Method 1-Pay System Calculated Price Reason 554-Subject to post-pay review/recoup for medical necessity IQ Review Summary										
J	02/03/2022	02/28/2022	02/03/2022	02/28/2022	1	0	-	-	77423-NEUTRON BEAM TX COMPLEX	Approved
Payment Method 1-Pay System Calculated Price Reason 546-Subject to post-pay review/recoup for medical necessity										
View Original Request										Print Preview



- Next you will click the View Original Request button.

- Now that you have clicked the View Original Request button, you will be able to do one of the following:

- Cancel a Line - in Approved (with no claims filed against the line), Evaluation, Pending and Pending Documents Status
- Amend a Line – in Approved Status only

Diagnosis Information							
ICD Version	Diagnosis Code						
ICD-10-CM	S13110D-SUBLUXATION OF C0/C1 CERVICAL VERTEBRAE, SUBS ENCNTR						

Remarks	
Remarks	Action

Service Details							
	From Date	To Date	Code	Modifiers	Units	Cancel	Amend
+	02/03/2022	02/28/2022	MA007-Adult Chiropractic		5	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	23410-REPAIR ROTATOR CUFF ACUTE		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	22612-ARTHRO PST TQ 1INTRSPC LUMBAR		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	78451-HT MUSCLE IMAGE SPECT SING		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	A6530-COMPRESSION STOCKING BK18-30		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	70544-MR ANGIOGRAPHY HEAD W/O DYE		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	76825-ECHO EXAM OF FETAL HEART		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	62263-EPIDURAL LYSIS MULT SESSIONS		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	78811-PET IMAGE LTD AREA		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	77423-NEUTRON BEAM TX COMPLEX		1	<input type="checkbox"/>	<input type="checkbox"/>

Print Preview	Submit Cancel
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- Cancel – you will mark the checkbox(s) in the Cancel column for the line(s) you would like to Cancel, then click the Submit button. This will immediately cancel that line item.
- Amend – you will mark the checkbox(s) in the Amend column for the line(s) you would like to Amend. **Do not click the Submit button yet.**

Diagnosis Information -

ICD Version	Diagnosis Code
ICD-10-CM	S13110D-SUBLUXATION OF C0/C1 CERVICAL VERTEBRAE, SUBS ENCNTR

Remarks -

Remarks

Service Details -

	From Date	To Date	Code	Modifiers	Units	Cancel	Amend
+	02/03/2022	02/28/2022	MA007-Adult Chiropractic		5	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	23410-REPAIR ROTATOR CUFF ACUTE		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	22612-ARTHRO PST TQ 1INTRSPC LUMBAR		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	78451-HT MUSCLE IMAGE SPECT SING		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	A6530-COMPRESSION STOCKING BK18-30		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	70544-MR ANGIOGRAPHY HEAD W/O DYE		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	76825-ECHO EXAM OF FETAL HEART		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	62263-EPIDURAL LYSIS MULT SESSIONS		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	78811-PET IMAGE LTD AREA		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	77423-NEUTRON BEAM TX COMPLEX		1	<input type="checkbox"/>	<input type="checkbox"/>

Print Preview
Submit
Cancel



- Once you have marked the checkbox(s) in the Amend column for all the lines you want to amend, you will scroll back up to the Attachments section.
- Next, you will click the HCA-60 Form link, complete the form and save it to your computer.
- Now, upload the HCA-60 form and any other documents that support the requested changes.
 - Select Browse.
 - Locate the document(s) to upload.
 - Give the document(s) a description.
- Now click the Add button to add the documents.

Member ID B12345678 Member Kerry SoonerCare
 Birth Date 08/05/1999

Service Provider Information

Provider ID _ ID Type _ Name _
 Zip Code _ Contract Code _ Taxonomy _ SC Provider Number _

Attachments

Instructions for submission of a **Medical Amendment** and must be followed. The required attachments to be uploaded MUST include:

- Completed [HCA-60 Form](#)
- All Supporting documentation for review

NOTE: MAU will be 6 months from END date.

	Transmission Method	File	Control #	Action
<input type="checkbox"/>	EL-Electronic Only	HCA-13A.pdf	20220203457250	

Click to collapse.

Transmission Method EL-Electronic Only

*Upload File Browse...

*Description

Other Information

Amendment Code GENERAL Managed Care No
 Fund _ Letter? No

Diagnosis Information

- Once you have added the document(s), your page will refresh and will then show the attachment(s) you added. You will be able to remove this attachment ONLY if you uploaded the wrong document.

Zip Code _ Contract Code _ Taxonomy _ SC Provider Number _

Attachments -

Instructions for submission of a **Medical** amendment and must be followed. The required attachments to be uploaded MUST include:

- Completed [HCA-60 Form](#)
- All Supporting documentation for review

NOTE: MAU will be 6 months from END date.

	Transmission Method	File	Control #	Action
<input type="checkbox"/>	EL-Electronic Only	HCA-13A.pdf	20220203457250	
<input type="checkbox"/>	EL-Electronic Only	Wellness Release 2018.pdf (0K)	20220323209630	Remove

Click to collapse.

Transmission Method EL-Electronic Only

***Upload File**

***Description**

Other Information -

- The last step in submitting an amendment request is to click the Submit button.

	From Date	To Date	Code	Modifiers	Units	Cancel	Amend
<input type="checkbox"/>	02/03/2022	02/28/2022	MA007-Adult Chiropractic		5	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	23410-REPAIR ROTATOR CUFF ACUTE		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	22612-ARTHRO PST TQ 1INTRSPC LUMBAR		1		<input checked="" type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	78451-HT MUSCLE IMAGE SPECT SING		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	A6530-COMPRESSION STOCKING BK18-30		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	70544-MR ANGIOGRAPHY HEAD W/O DYE		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	76825-ECHO EXAM OF FETAL HEART		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	62263-EPIDURAL LYSIS MULT SESSIONS		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	78811-PET IMAGE LTD AREA		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	77423-NEUTRON BEAM TX COMPLEX		1	<input type="checkbox"/>	<input type="checkbox"/>


Submit
Cancel

- Once you have clicked the Submit button, the page will refresh and give you a message of a successful submission.

[Contact Us](#) | [Logout](#)

[Prior Authorizations](#) > [View Authorization Status](#) > [View Authorization Response](#) > View Authorization Wednesday 03/23/2022 09:46 AM CST

Informational
The request has been submitted successfully. 

Authorization Request [Back to View Authorization Response](#) ?

Medical Dental

When you submit this PA, you are certifying that the PA is medically necessary and correctly submitted in accordance with SoonerCare rules and is for a SoonerCare covered device or service. You acknowledge that this PA may be subject to a post-payment review and/or that OHCA may recoup improper payments if OHCA finds that this PA was inappropriately submitted or OHCA has determined the PA to be medically unnecessary. You also acknowledge that approval of this PA does not guarantee payment.

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

Requesting Provider Information -

Provider ID	111222333	ID Type	NPI	Name	Doctor Medical
Zip Code	74960-3217	Contract Code	_	Taxonomy	123A45678B
		SC Provider Number			123456789 A

Member Information -

Member ID	B12345678	Member	Kerry SoonerCare
Birth Date	08/05/1999		

TRAINING RESOURCES

- Provider education specialists:
 - Education specialists provide education and training as needed for providers either virtually or telephonically.
 - Requests for assistance should be emailed to: SoonerCareEducation@okhca.org. (Requests should include the provider's name and ID, contact information and a brief description of what assistance is being sought.)
 - For immediate claims or policy assistance, please contact the OHCA provider helpline at 800-522-0114.
- Monthly webinars
- How-to videos





OKLAHOMA
Health Care Authority

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

oklahoma.gov/ohca
mysoonercare.org

Agency: 405-522-7300
Helpline: 800-987-7767

