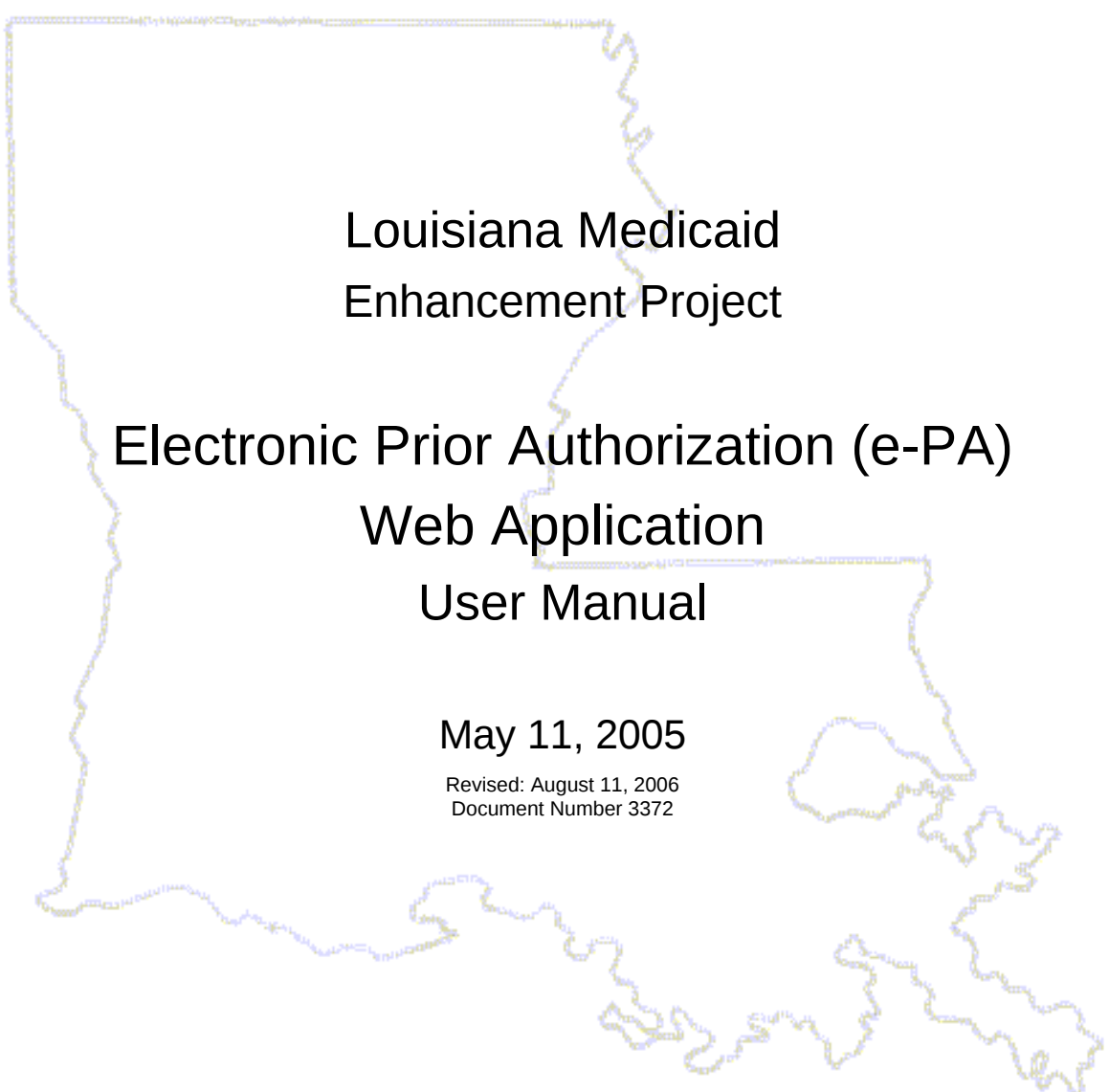


A faint, light blue outline map of the state of Louisiana is centered in the background of the page, behind the main text.

Louisiana Medicaid
Enhancement Project

Electronic Prior Authorization (e-PA)
Web Application
User Manual

May 11, 2005

Revised: August 11, 2006
Document Number 3372

Prepared By
Unisys Louisiana HIPAA Operations Team
Baton Rouge, LA 70809

Change Tracking Log

Change Date	Changed By	Change Description	Source Type	Name of Source Doc.
6/1/05	S Clark	Added bolded note to Section 1.0, page 1 that reconsiderations cannot be done through the e-PA application.	e-mail	RE:Enh 11, 90 e-PA Operations Reference Guide, P. Misner's last comment.msg.
7/25/06	C Stickney	Updated manual and added Recon info	Document	Lift 3372 Test Plan
8/11/06	C Stickney	Inserted new screens on pages 5, 9, 11, 14, and 19	ePA Application	ePA
9/26/06	C Stickney	Made corrections to pages 1, 10, 17 and 18	e-mail	RE: Lift 3372 – updated ePA User Manual
11/17/06	C Stickney	Corrected spelling error page 9 & TOC	e-mail	FW:ePA User Manual

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1.0 OVERVIEW

The Electronic Prior Authorization (e-PA) Web Application provides a secure, web based tool for providers to submit prior authorization (PA) requests and to view the status of previously submitted requests. This tool is intended to eliminate the need for hard-copy paper PA requests as well as provide a more efficient and timely method of receiving PA request results. Each day, the Unisys Prior Authorization department will review and determine the approval/denial status of PA requests. The resulting decisions will be updated on a nightly basis back to the e-PA web application. This enables the provider to see the decision for a PA request the following business day after the status was determined.

The requirement to submit standard supporting documentation to the Unisys Prior Authorization department remains unchanged. This user manual describes how both tasks are accomplished using the e-PA web application.

The e-PA application is accessible to all providers who have a computer with Internet access using a recent version of either Netscape Navigator or Internet Explorer browser software. Providers must establish a valid online account with Louisiana Medicaid, complete with a valid login ID and password, in order to access the web-based application. Attachment A includes specific instructions for obtaining an online provider account.

Providers who do not have access to a computer and/or fax machine will not be able to utilize the web application. However, prior authorization requests will continue to be accepted and processed using the current hard-copy PA submission methods.

Access to the application is limited to the follow provider types:

- 01 -Inpatient**
- 05 -Rehabilitation**
- 06 -Home Health**
- 09 -DME**
- 10 -Adult Dental [to be implemented at a later date]**
- 11 -EPSDT Dental [to be implemented at a later date]**
- 12 -EPSPW Dental [to be implemented at a later date]**
- 14 -EPSDT PCS**
- 20 -Physician PT**
- 99 -Other**

The steps below provide a basic high-level overview of what is required to submit a PA request using the e-PA application. Detailed step-by-step instructions are listed in Section 3.0 of this document.

1. Enter the secured provider area of the LAMedicaid.com website
2. Select the Electronic Prior Authorization application link
3. Select PA Request
4. Enter the recipient's 13-digit Medicaid ID number and date of birth
5. Select the type of PA request
6. Select the Submit button
7. Complete the PA Request Entry page & select the Submit button
8. Print the PA Request Entry (response) page
9. Using the PA Request Entry (response) page printout, fax the request and the supporting documentation to the number indicated on the response page. Unisys e-PA Fax Number: 225.927.6536
10. Once the documentation has been faxed to Unisys, it will be cross-referenced back to the original electronic request so that the PA staff can view the supporting documentation on-line while reviewing the PA request.

-----Important Note -----

If the supporting documentation is not faxed to Unisys or the PA Request Entry (response) page is not used as a cover sheet or is un-readable, then the request will remain in a Pending Review status and will not be processed by the Unisys PA department. To identify whether or not the supporting documentation was received and processed without error, the provider can view the PA Entry Request (response) page (presented in Section 3.0 of this document) and review the Encounter # field at the bottom of the page. If this number is Zero (0), then the attachments have not been received or were not appropriately matched to the original request. Reprint the PA Entry Request (response) page and re-fax it and the supporting documentation again. If the faxed documentation is received and processed correctly, the encounter number field will reflect this change one business day after the documents were faxed.

2.0 ACCESSING THE APPLICATION

This section of the User Manual provides information on how to access the e-PA application including how to establish an online account with Louisiana Medicaid, complete with a valid login and password, and how to complete the login ID and password process.

Prior to initial use of the e-PA web application, the web browser setup must be configured. Using a web browser, such as Internet Explorer (v4.0 or higher) ensures that the latest updates to the e-PA application are displayed to the user.

The Louisiana Department of Health and Hospitals (DHH) determines who is an authorized user defining all user access capabilities. Directions for establishing a valid online provider account are available on the Louisiana Medicaid website at www.lamedicaid.com or www.lmmis.com. The **Provider Web Account Registration Instructions** link located on the left side of the Louisiana Medicaid main menu contains the instructions for setting up an online account.

Providers who are experiencing difficulty in establishing an account may contact the Unisys **Technical Support Desk at 1-877-598-8753**, Monday – Friday 8:00 a.m. – 5:00 p.m. CT or request support by e-mailing lasupport@unisys.com.

To access the main menu and the e-PA application, open your web browser and enter the URL for the Louisiana Medicaid main menu www.lamedicaid.com or www.lmmis.com. Click on the **Provider Login** button and then log-on to the Provider applications Area using your Louisiana Medicaid Provider ID and your registered login and password.

The **Provider Applications Area** screen is displayed. Select the **Electronic Prior Authorization** hyperlink.

Louisiana Medicaid



For Technical Support, call
toll-free 1-877-598-8753.

Provider Logout

[Change Password](#) [Change Account Info](#) [Provider Logout](#) [Help](#)



Provider Applications Area

The application(s) listed below are for authorized use only. Click on an application link to access the application.

Provider Applications

[LAMEDICAID.COM Fact Sheet](#)

Restricted Provider Applications

[Administrative Tools](#)

[Medicaid Eligibility Verification System](#)

[NPI](#)

[Claim Status Inquiry](#)

[PCP Roster of Enrollees](#)

[Electronic Clinical Data Inquiry](#)

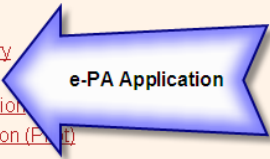
[Electronic Prior Authorization](#)

[Electronic Referral Authorization](#)

[Electronic Referral Authorization \(E-PA\)](#)

[PA Requests for Case Managers](#)

[Uncompensated Care Costs](#)



Document : Provider Applications Area
Date Modified : 1/24/03

For Technical Support, call toll-free 1-877-598-8753.

[Click Here to Enter a Recovery Request](#)

[New Medicaid Information](#)

[HIPAA Information Center](#)

[HIPAA Billing Instructions & HIPAA Information Center](#)

[HIPAA Billing Instructions & Companion Guides](#)

[EDI Information](#)

[Training](#)

[About Medicaid](#)

[Provider Ownership](#)

[Enrollment](#)

[Provider Web Account](#)

[Registration Instructions](#)

[Provider Support](#)

[Provider Manuals](#)

[Billing Information](#)

[Medical Equipment & Supplies](#)

[Fee Schedules](#)

[Provider Update / Remittance Advice Index](#)

[Pharmacy / Prescribing](#)

The Louisiana Medicaid Prior Authorization Request Home Page is displayed.


[Print Friendly](#)

Louisiana
Medicaid
Department of
Health and Hospitals

Prior Authorization Request
Home Page

PA Options

[PA Request](#)
[PA Reconsideration](#)
[View PA Requests](#)
[Help](#)
[My Profile](#)
[e-PA Home](#)
[Logout](#)
[Home](#)

Warning

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this site or of the
information contained
herein is prohibited by
the Louisiana
Department of Health
& Hospitals

Welcome Providers, to the LA MEDICAID e-PA Request System. The purpose of the e-PA System is to provide a web alternative to faxing PA Request Forms* for the following NON-EMERGENCY types of PA Requests:

- DME
- Physician Services
- Personal Care Services (PCS) for EPSDT
- Outpatient Surgery Performed Inpatient Hospital
- Multiple and Extended Home Health Services
- Rehabilitation

If you have an Emergency PA Request, please follow your normal procedures.

For Reconsiderations

Reconsiderations can **NOW** be submitted electronically for the following scenarios.

- Denied requests that have incomplete or missing documentation
- Requests that require a change in the procedure codes, units, and/or dollar amounts
- Requests that require a change in the begin or end dates of service

IMPORTANT: At the end of the e-PA Request System, you will be presented with a web page that contains a barcode image. Please print this page and use it as the cover page to fax in supporting documentation. Failure to do so may result in delays in processing your PA request. Each e-PA Request will have a unique barcode. When faxing, it is imperative that each set of supporting documentation be preceded by its corresponding cover page that contains its own barcode.

*** You will still be required to fax supporting documentation.**

Please note that the presence of a Prior Authorization Number does not indicate approval of the request.

Rehabilitation Prior Authorization Requests (Type 05) must be accompanied by a PA-02 FORM.

The PA Request link, located in the PA Options menu on the left, offers you a path to the application. You can also search for and view the status of e-PA Transactions you have submitted using e-PA Request System.

Additional capabilities are being added, so check back frequently for new enhancements.

Fax Number: (225) 927-6536

Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040

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3.0 PA REQUEST ENTRY

Select the **PA Request** link located in the upper left side of the main application page.

Louisiana Medicaid
Department of Health and Hospitals

Prior Authorization Request Home Page

PA Options

- [PA Request](#) (highlighted with a red arrow)
- [PA Reconsideration](#)
- [View PA Requests](#)
- [Help](#)
- [My Profile](#)
- [e-PA Home](#)
- [Logout](#)
- [Home](#)

Welcome Providers, to the LA MEDICAID e-PA Request System. The purpose of the e-PA System is to provide a web alternative to faxing PA Request Forms* for the following NON-EMERGENCY types of PA Requests:

- DME
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- Outpatient Surgery Performed Inpatient Hospital
- Multiple and Extended Home Health Services
- Rehabilitation

If you have an Emergency PA Request, please follow your normal procedures.

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For Reconsiderations

Reconsiderations can **NOW** be submitted electronically for the following scenarios.

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- Requests that require a change in the procedure codes, units, and/or dollar amounts
- Requests that require a change in the begin or end dates of service

IMPORTANT: At the end of the e-PA Request System, you will be presented with a web page that contains a barcode image. Please print this page and use it as the cover page to fax in supporting documentation. Failure to do so may result in delays in processing your PA request. Each e-PA Request will have a unique barcode. When faxing, it is imperative that each set of supporting documentation be preceded by its corresponding cover page that contains its own barcode.

The **Recipient & PA Type Entry** page will be displayed.

Louisiana Medicaid
Department of Health and Hospitals

Prior Authorization Request Recipient & PA Type Entry

PA Options

- [PA Request](#)
- [PA Reconsideration](#)
- [View PA Requests](#)
- [Help](#)
- [My Profile](#)
- [e-PA Home](#)
- [Logout](#)
- [Home](#)

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Recipient's Medicaid ID Number or CCN:

Recipient's Date of Birth: (MM/DD/YYYY)

PA Type:

Technical Support (877) 596-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040

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On the **Recipient & PA Type Entry** page, enter the **Recipient's Medicaid ID number or CCN** and the **Recipient's Date of Birth** in the appropriate boxes. In the **PA Type** drop-down list, select the type of PA request, then select the **Submit** button. The **PA Request Entry** page will be displayed. If you wish to discontinue the request, click the Cancel button and you will be returned to the e-PA home page.

On the **PA Request Entry** page, enter the appropriate information as you would for any standard PA request. If you have failed to fill in all the required fields, the application will present a user-friendly pop-up box, listing the required fields that must still be entered. Once you have completed all the required fields, select the **Submit** button at the bottom of the page. The **PA Request Review** page will then be displayed.

Print Friendly

Prior Authorization Request PA Request Entry

PA Number **PA Type** (05) Rehabilitation Therapy **Request Date** 7/24/2006 4:16:25 PM
☐ Continuation of Services

REQUESTER DATA

Medicaid Provider ID Phone No.
 Contact Person Fax No.

SUBSCRIBER DATA

Medicaid ID SSN
 Last Name First Name, MI. ☐
 Sex DOB

DIAGNOSIS

Code Description
 Primary
 Secondary

SERVICE DATES From Thru (MM/DD/YYYY)

PRESCRIBING PROVIDER DATA

Physician Name Physician Number
 Prescription Date (MM/DD/YYYY)

SERVICE LEVEL DATA

Line #	Procedure Code	Modifiers	Description	Requested Units	Requested Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Place of Treatment

PROVIDER CONTACT INFORMATION

Name
 Address
 City State Zip
 Telephone Fax

Additional Comments

ePA Trans. ID **Submitted** 7/24/2006 4:16:25 PM **Enc. No.**

Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040
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The **PA Request Review** page will be displayed with a header at the top that includes a bar code. This bar code will allow Unisys to match the faxed supporting documentation back to the original electronic PA request.

Print the page using the **Print Friendly** link at the top.

Using the printed version of the **PA Request Review** page as a cover sheet, fax the request and the supporting documentation to the fax number indicated in the response header.

Louisiana Medicaid
Department of Health and Hospitals

PA Options

- [PA Request](#)
- [PA Reconsideration](#)
- [View PA Requests](#)
- [Help](#)
- [My Profile](#)
- [e-PA Home](#)
- [Logout](#)
- [Home](#)
- [Return to Search Results](#)

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Prior Authorization Request
PA Request Review

IMPORTANT INFORMATION

Please print this page with the bar code using the Print this Page button or Print Friendly button. Then use it as the cover page when faxing supporting documentation for this Prior Authorization request. Failure to do so may result in delays in processing your request. Please fax all supporting documentation to one of the following numbers listed below.

THIS FAX COMMUNICATION MAY CONTAIN CONFIDENTIAL MATERIAL and is thus for use only by the intended recipient. If you received this fax in error, please contact the sender and securely destroy all pages of this fax.

Unisys Prior Authorization Fax Number: (225) 927-6536

PA Number [redacted] **PA Type** [redacted]

☐ Continuation of Services

REQUESTER DATA

Medicaid Provider ID [redacted] Phone No. [redacted]

Contact Person [redacted] Fax No. [redacted]

SUBSCRIBER DATA

Medicaid ID [redacted] SSN [redacted]

Last Name [redacted] First Name, MI. [redacted]

Sex [redacted] DOB [redacted]

DIAGNOSIS

Primary Code [redacted] Description [redacted]

Secondary Code [redacted] Description [redacted]

SERVICE DATES From [redacted] Thru [redacted]

PRESCRIBING PROVIDER DATA

Physician Name [redacted] Physician Number [redacted]

Prescription Date [redacted] (MM/DD/YYYY)

SERVICE LEVEL DATA

Line #	Procedure Code	Modifiers	Description	Requested Units	Requested Amount
1	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
2	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
3	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
4	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
5	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
6	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
7	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
8	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
9	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
10	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
11	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
12	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Place of Treatment [redacted]

PROVIDER CONTACT INFORMATION

Name [redacted]

Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Fax [redacted]

Additional Comments
this is the comment

[Submit Another Request](#)
[Print This Page](#)

ePA Trans. ID [redacted] Submitted [redacted] Enc. No. [redacted]

Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040

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[Print Friendly](#)

Click here to print

e-PA Fax #

[Print this Page](#)

4.0 PA RECONSIDERATION

Use the [PA Reconsideration](#) link on the **PA Options** Menu to access the **PA Request Reconsideration Initial Entry** screen.

Louisiana Medicaid
Department of Health and Hospitals

Prior Authorization Request Home Page

PA Options

- [PA Request](#)
- [PA Reconsideration](#) (indicated by a red arrow)
- [View PA Requests](#)
- [Help](#)
- [My Profile](#)
- [e-PA Home](#)
- [Logout](#)
- [Home](#)

Welcome Providers, to the LA MEDICAID e-PA Request System. The purpose of the e-PA System is to provide a web alternative to faxing PA Request Forms* for the following NON-EMERGENCY types of PA Requests:

- DME
- Physician Services
- Personal Care Services (PCS) for EPSDT
- Outpatient Surgery Performed Inpatient Hospital
- Multiple and Extended Home Health Services
- Rehabilitation

If you have an Emergency PA Request, please follow your normal procedures.

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For Reconsiderations

Reconsiderations can **NOW** be submitted electronically for the following scenarios.

- Denied requests that have incomplete or missing documentation
- Requests that require a change in the procedure codes, units, and/or dollar amounts
- Requests that require a change in the begin or end dates of service

IMPORTANT: At the end of the e-PA Request System, you will be presented with a web page that contains a barcode image. Please print this page and use it as the cover page to fax in supporting documentation. Failure to do so may result in delays in processing your PA request. Each e-PA Request will have a unique barcode. When faxing, it is imperative that each set of supporting documentation be preceded by its corresponding cover page that contains its own barcode.

The **Request Reconsideration Initial Entry** screen is displayed. Enter a valid PA Number and click on the **Submit** button.

Louisiana Medicaid
Department of Health and Hospitals

Prior Authorization Request Request Reconsideration Initial Entry

PA Options

- [PA Request](#)
- [PA Reconsideration](#)
- [View PA Requests](#)
- [Help](#)
- [My Profile](#)
- [e-PA Home](#)
- [Logout](#)
- [Home](#)

NOTE: Prior Authorization Reconsiderations can be requested for the following reasons:

- Denied requests that have incomplete or missing documentation
- Requests that require a change in the procedure codes, units, and/or dollar amounts
- Requests that require a change in the begin or end dates of service

Enter PA Number **Enter valid PA #**

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Once the provider has entered a PA Number into the **PA Reconsideration Initial Entry** screen or has selected to submit a reconsideration from the **PA Request Review** screen, the **PA Reconsideration Entry** screen will be displayed. All the original information, including deny codes and comments will be displayed on this screen. Providers can update the information and submit the reconsideration.

Print

Prior Authorization Request PA Reconsideration Entry

PA Number 617355000 PA Type (05) Rehabilitation Therapy Request Date 6/22/2006 2:51:08 PM

☐ Continuation of Services

REQUESTER DATA

Medicaid Provider ID Phone No.

Contact Person Fax No.

SUBSCRIBER DATA

Medicaid ID SSN

Last Name First Name, MI. ☐

Sex DOB 5/8/2002

DIAGNOSIS

	Code	Description
Primary	001	
Secondary		

SERVICE DATES From 10/24/2005 Thru 10/24/2005 (MM/DD/YYYY)

PRESCRIBING PROVIDER DATA

Physician Name Physician Number

Prescription Date (MM/DD/YYYY)

SERVICE LEVEL DATA

Line #	Procedure Code	Modifiers	Description	Requested Units	Requested Amount
1	00096		ANESTHESIA-PEDIATRIC-	1	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Place of Treatment

PROVIDER CONTACT INFORMATION

Name

Address

City State Zip

Telephone Fax

Additional Comments

ePA Trans. ID Submitted 7/24/2006 4:16:25 PM Enc. No.

Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040

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5.0 PA REQUEST SEARCH

The search screen allows a provider to search for a Prior Authorization Request. Once a provider locates a PA, they can review the PA information using the PA Request Review screen. From the review screen they can also submit a reconsideration.

Select the **[View PA Requests](#)** link on the left side of the Home Page.

The **PA Request Transactions** page will be displayed.

From the **PA Request Transactions** page, you can search for a PA request by **PA Number**, **Recipient ID**, **CCN**, or **e-PA Transaction Number**.

Enter the appropriate information in any of these four fields and then select the **Search** button. (Located directly below the CCN input field.)

A **Quick Search** is also available that will search for PA requests entered in the current week, the previous week, or the current month. Select the appropriate time period you wish to search for and select the **Quick Search** button.

Once a search has been submitted the page will be re-displayed listing all of the PA requests that were found matching the search criteria.

This list is where the status of the PA request can be checked. When a request has been submitted, the default in the **Status** column will be **Requires Review**. Once the request has been approved, this column will show **Approve**. If the request is denied, then the column will show **Denied** and the **Reject Code** column will indicate the PA reject reason code.

☐ Within Past 7 days
 ☐ Past 7 - 14 days
 ☒ Past 30 days

Below are all of the Transactions that were submitted by you through the e-PA System. To view the complete Transaction, click on the PA Number of the request you wish to see. This will give you the complete information regarding the request, as well as a print-friendly version that you can print for your records.

The column with the indicates the number of attachments received for this PA Request.

PA #	Recip ID#	Request Date	PA Type / Program	Status	Reject Code	e-PA Transaction #	
██████	██████	6/21/2006 1:10:26 PM	(05) Rehabilitation Therapy	Requires Review		██████	1
██████	██████	6/21/2006 3:31:20 PM	(05) Rehabilitation Therapy	Requires Review		██████	1
██████	██████	6/21/2006 3:41:00 PM	(05) Rehabilitation Therapy	Requires Review		██████	1
██████	██████	6/21/2006 4:06:40 PM	(05) Rehabilitation Therapy	Requires Review		██████	1
██████	██████	6/21/2006 4:11:03 PM	(05) Rehabilitation Therapy	Requires Review		██████	1
██████	██████	6/22/2006 2:51:08 PM	(05) Rehabilitation Therapy	Requires Review		██████	1
██████	██████	6/29/2006 10:04:21 AM	(05) Rehabilitation Therapy	Requires Review		██████	1
██████	██████	6/29/2006 10:50:11 AM	(05) Rehabilitation Therapy	Requires Review		██████	1
██████	██████	6/29/2006 10:50:54 AM	(05) Rehabilitation Therapy	Approve		██████	1

View Request

1 2 3 4 5 6 >

Records 1 - 10 of 53
Page 1 of 6

(877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040

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When either the **PA Number** in the far left column or the **e-PA Transaction ID** on the far right column of the list is clicked, the **PA Request Review** screen will be displayed. This is the same page that is presented when the original request was entered.

To return to your search, select the [Return to Search Results](#) link on the left side of the page.

Louisiana Medicaid
Department of Health and Hospitals

PA Options

- [PA Request](#)
- [PA Reconsideration](#)
- [View PA Requests](#)
- [Help](#)
- [My Profile](#)
- [e-PA Home](#)
- [Logout](#)
- [Home](#)
- [Return to Search Results](#)

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Print Friendly

Prior Authorization Request

PA Request Review

IMPORTANT INFORMATION

Please print this page with the bar code using the Print this Page button or Print Friendly button. Then use it as the cover page when faxing supporting documentation for this Prior Authorization request. Failure to do so may result in delays in processing your request. Please fax all supporting documentation to one of the following numbers listed below.

MAY CONTAIN CONFIDENTIAL MATERIAL and is thus for use only by the intended recipient. If you receive this fax in error, please contact the sender and securely discard all pages of this fax.

Unisys Prior Authorization Fax Numbers
(225) 927-6536

Return to Search Results

PA Number PA Type Request Date

☐ Continuation of Services

REQUESTER DATA

Medicaid Provider ID Phone No.

Contact Person Fax No.

SUBSCRIBER DATA

Medicaid ID SSN

Last Name First Name, MI.

Sex DOB

DIAGNOSIS

	Code	Description
Primary		
Secondary		

SERVICE DATES From Thru

PRESCRIBING PROVIDER DATA

Physician Name Physician Number

Prescription Date (MM/DD/YYYY)

SERVICE LEVEL DATA

Line #	Procedure Code	Modifiers	Description	Requested Units	Requested Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Place of Treatment

PROVIDER CONTACT INFORMATION

Name

Address

City State Zip

Telephone Fax

Additional Comments
this is the comment

ePA Trans. ID Submitted Enc. No.

Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040

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6.0 PA RECONSIDERATION TRANSACTION HISTORY

When a PA Reconsideration has been entered, additional information and functionality is available on the View PA Requests screen and PA Entry screen. To modify and review Reconsideration information, complete the following steps:

Search for an approved or denied PA Request using the [View PA Requests](#) link in the PA Options menu.

Once the results appear, locate an approved or denied PA Request and click on the PA Number to review the request.

Below are all of the Transactions that were submitted by you through the e-PA System. To view the Complete Transaction, click on the PA Number of the request you wish to see. This will give you the complete information regarding the request, as well as a print-friendly version that you can print for your records.

The column with the indicates the number of attachments received for this PA Request.

PA #	Recip ID#	Request Date	PA Type / Program	Status	Reject Code	e-PA Transaction #	
[REDACTED]	[REDACTED]	7/17/2006 3:03:25 PM	EPSDT Dental	Denied		[REDACTED]	1
[REDACTED]	[REDACTED]	7/17/2006 3:07:50 PM	EPSDT Dental	Requires Review		[REDACTED]	1
[REDACTED]	[REDACTED]	7/17/2006 3:11:01 PM	EPSDT Dental	Requires Review		[REDACTED]	1
[REDACTED]	[REDACTED]	7/17/2006 3:34:47 PM	EPSDT Dental	Requires Review		[REDACTED]	1
[REDACTED]	[REDACTED]	7/17/2006 4:06:40 PM	EPSDT Dental	Requires Review		[REDACTED]	1
[REDACTED]	[REDACTED]	7/20/2006 9:15:32 AM	(09) DME	Recon Requires Review		[REDACTED]	1
[REDACTED]	[REDACTED]	7/20/2006 9:41:28 AM	(09) DME	Denied		[REDACTED]	1

Records 1 - 7 of 7

Page **1** of 1

The PA Request Review screen will appear.

Click on the **Submit Reconsideration** button.

Print Friendly

Prior Authorization Request PA Request Review



IMPORTANT INFORMATION
 Please print this page with the bar code using the Print this Page button or Print Friendly button. Then use it as the cover page when faxing supporting documentation for this Prior Authorization request. Failure to do so may result in delays in processing your request. Please fax all supporting documentation to one of the following numbers listed below.
THIS FAX COMMUNICATION MAY CONTAIN CONFIDENTIAL MATERIAL and is thus for use only by the intended recipient. If you received this fax in error, please contact the sender and securely discard all pages of this fax.
 Unisys Prior Authorization Fax Numbers
(225) 927-6536

Print this Page

PA Number 620155001 **PA Type (09) DME** **Request Date** 7/20/2006 9:41:28 AM
☐ Continuation of Services

REQUESTER DATA
 Medicaid Provider ID Phone No.
 Contact Person Fax No.

SUBSCRIBER DATA
 Medicaid ID SSN
 Last Name First Name, MI.
 Sex DOB 5/8/2002

DIAGNOSIS
 Primary Code 001 Description CHOLERA
 Secondary Code Description

SERVICE DATES From 10/24/2005 Thru 10/24/2005

PRESCRIBING PROVIDER DATA
 Physician Name Physician Number
 Prescription Date (MM/DD/YYYY)

SERVICE LEVEL DATA

Line #	Procedure Code	Modifiers	Description	Requested Units	Requested Amount
1	00096		ANESTHESIA-PEDIATRIC-	4	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Place of Treatment Recipient's Home

PROVIDER CONTACT INFORMATION
 Name
 Address
 City State Zip
 Telephone Fax

Additional Comments
 this is a new com



ePA Trans. ID Submitted 7/20/2006 9:41:28 AM Enc. No. 48382

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A new PA Request Entry screen will appear. Edit the information and submit the **Reconsideration Request** by clicking the **Save Reconsideration** button at the bottom of the screen.

ePA Trans. ID 24000
Submitted 7/20/2006 9:41:28 AM
Enc. No. 48382

Once saved, a Reconsideration History block will be available on the **PA Request Review** screen. Click the PA Reconsideration ID to view the previously entered information.

Reconsideration History

PA Reconsideration ID	Audit Date	Comments
50685	7/20/2006 9:46:58 AM	this is a new comment...

ePA Trans. ID 24000
Submitted 7/20/2006 9:41:28 AM
Enc. No. 48382

PA Options

- [PA Request](#)
- [Dental PA Request](#)
- [PA Reconsideration](#)
- [View PA Requests](#)
- [Help](#)
- [My Profile](#)
- [e-PA Home](#)
- [Logout](#)
- [Home](#)
- [Return to Search Results](#)

Click on the **Return to Search Results** on the PA Options menu.

The status of the PA Request is now

Recon Requires Review

notifying the provider that their reconsideration has been entered and is waiting review.

Below are all of the Transactions that were submitted by you through the e-PA System. To view the complete Transaction, click on the PA Number of the request you wish to see. This will give you the complete information regarding the request, as well as a print-friendly version that you can print for your records.

The column with the indicates the number of attachments received for this PA Request.

PA #	Recip ID#	Request Date	PA Type / Program	Status	Reject Code	e-PA Transaction #	
619885000	9975385244886	7/17/2006 3:03:25 PM	EPSDT Dental	Denied		23994	1
619885001	9975385244886	7/17/2006 3:07:50 PM	EPSDT Dental	Requires Review		23995	1
619885002	9975385244886	7/17/2006 3:11:01 PM	EPSDT Dental	Requires Review		23996	1
619885003	9975385244886	7/17/2006 3:34:47 PM	EPSDT Dental	Requires Review		23997	1
619885004	9975385244886	7/17/2006 4:06:40 PM	EPSDT Dental	Requires Review		23998	1
620155000	9975385244886	7/20/2006 9:15:32 AM	(09) DME	Recon Requires Review		23999	1
620155001	9975385244886	7/20/2006 9:41:28 AM	(09) DME	Recon Requires Review		24000	1

Records 1 - 7 of 7
Page **1** of 1

7.0 MAXIMUM RECONSIDERATIONS

A provider may not submit more than 3 reconsiderations for each prior authorization request. A message will be displayed at the bottom of the screen when the provider reviews a PA Request that has reached the maximum number of reconsiderations allowed.

To view the message, click the [View PA Requests](#) from the PA Options menu and do a search for requests.

Below are all of the Transactions that were submitted by you through the e-PA System. To view the complete Transaction, click on the PA Number of the request you wish to see. This will give you the complete information regarding the request, as well as a print-friendly version that you can print for your records.

The column with the  indicates the number of attachments received for this PA Request.

PA #	Recip ID#	Request Date	PA Type / Program	Status	Reject Code	e-PA Transaction # 
[REDACTED]	[REDACTED]	7/20/2006 9:15:32 AM	(09) DME	Recon Requires Review		1
[REDACTED]	[REDACTED]	7/20/2006 9:41:28 AM	(09) DME	Recon Requires Review		1
[REDACTED]	[REDACTED]	7/24/2006 11:55:23 AM	(05) Rehabilitation Therapy	Requires Review		1
[REDACTED]	[REDACTED]	7/24/2006 1:07:53 PM	(05) Rehabilitation Therapy	Denied		1
[REDACTED]	[REDACTED]	7/24/2006 1:18:54 PM	(05) Rehabilitation Therapy	Recon Requires Review		1
[REDACTED]	[REDACTED]	7/24/2006 2:09:22 PM	(05) Rehabilitation Therapy	Recon Requires Review		1
[REDACTED]	[REDACTED]	7/24/2006 3:42:45 PM	(05) Rehabilitation Therapy	Recon Denied		1

Records 1 - 7 of 7

1

Page 1 of 1

Select a PA to view.

A PA Request Review screen will appear.

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Prior Authorization Request PA Request Review

IMPORTANT INFORMATION

Please print this page with the bar code using the Print this Page button or Print Friendly button. Then use it as the cover page when faxing supporting documentation for this Prior Authorization request. Failure to do so may result in delays in processing your request. Please fax all supporting documentation to one of the following numbers listed below.

THIS FAX COMMUNICATION MAY CONTAIN CONFIDENTIAL MATERIAL and is thus for use only by the intended recipient. If you received this fax in error, please contact the sender and securely discard all pages of this fax.

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(225) 927-6536

Print this Page

PA Number 620555004 **PA Type** (05) Rehabilitation Therapy **Request Date** 7/24/2006 3:42:45 PM

☐ Continuation of Services

REQUESTER DATA

Medicaid Provider ID Phone No.

Contact Person Fax No.

SUBSCRIBER DATA

Medicaid ID SSN

Last Name First Name, MI.

Sex Male DOB 5/8/2002

DIAGNOSIS

	Code	Description
Primary	001	CHOLERA
Secondary		

SERVICE DATES From 10/24/2005 Thru 10/25/2005

PRESCRIBING PROVIDER DATA

Physician Name Physician Number

Prescription Date (MM/DD/YYYY)

SERVICE LEVEL DATA

Line #	Procedure Code	Modifiers	Description	Requested Units	Requested Amount
1	00096		ANESTHESIA-PEDIATRIC	10	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Place of Treatment

PROVIDER CONTACT INFORMATION

Name

Address

City State Zip

Telephone Fax

Additional Comments

Need more units for some reason another 2.

Reconsideration History

PA Reconsideration ID	Audit Date	Comments
50688	7/24/2006 4:03:44 PM	This is a status.
50689	7/24/2006 4:26:03 PM	Need more units for some reason.
50690	7/24/2006 4:27:41 PM	Need more units for some reason another

Maximum Amount of Reconsiderations (3) has been reached.

ePA Trans. ID 24005 Submitted 7/24/2006 3:42:45 PM Enc. No. 48387

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The message will be displayed at the bottom of the screen:

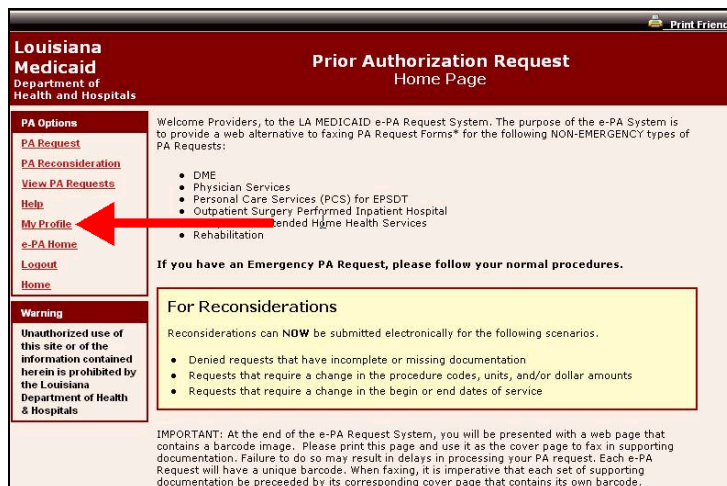
“Maximum amount of Reconsiderations (3) has been reached”

8.0 CONFIGURING THE E-PA APPLICATION

The e-PA web based application allows for the customization of the PA Type pull down menu that appears on the **PA Recipient & Type Entry** screen described in Section 3.0 of this document.

To customize the PA Type select list, do the following:

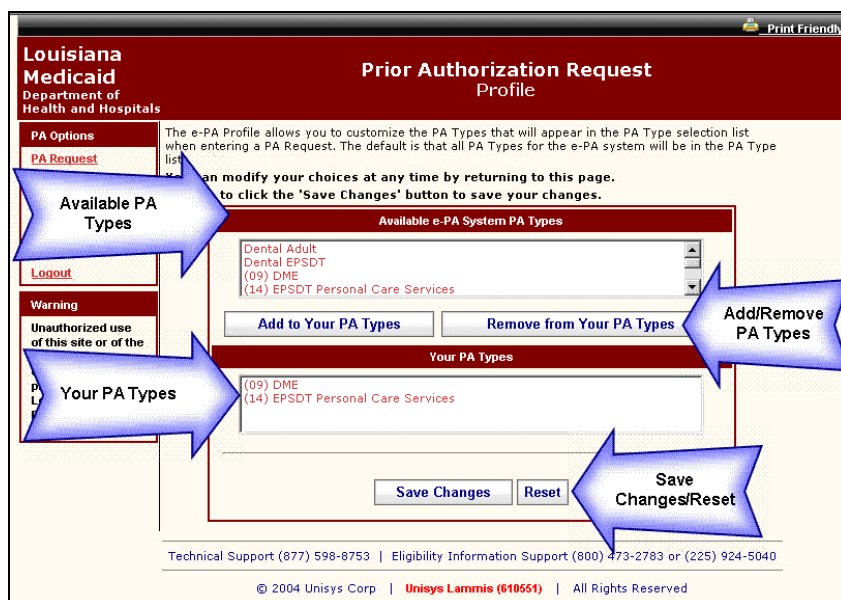
Click the **My Profile** link on the left side of the main page.



The Profile page will open.

The scrolling list box in lower portion of the page labeled **Your PA Types** shows which PA types will be displayed in the select list.

To add a **PA Type** to the pull down menu, click once on the PA type you wish to add from the list in the upper portion of the page labeled **Available e-PA System PA Types**, and then select the **Add To Your PA Types** button. The page will be refreshed to show your changes.



To remove PA Types from the select list, within the **Your PA Types** box, click once on the PA Type you wish to remove, and then select the **Remove from Your PA Types** button. The page will be refreshed to show your changes.

Repeat until you have completed adding or removing PA Types. Select the **Save Changes** button at the bottom of the page. This will save all your changes.

If after you have made changes, but have not yet selected the Save Changes button, you may cancel the changes you made by selecting the **Reset** button.

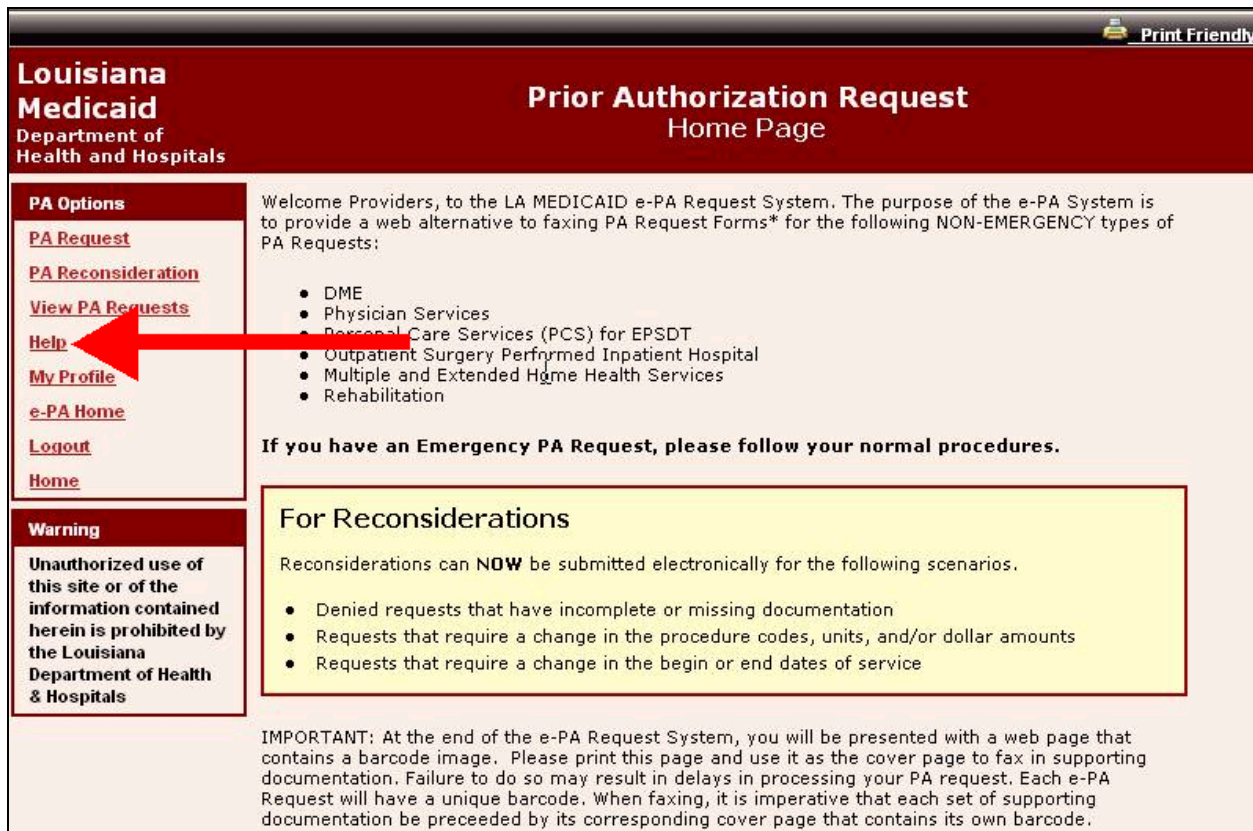
The changes made to the **PA Types** indicated on the **My Profile** page will be reflected in the **Recipient & PA Type Entry** page that appears immediately after clicking the **PA Request** link on the **PA Options** menu.

The screenshot shows the 'Louisiana Medicaid Department of Health and Hospitals' website. The main heading is 'Prior Authorization Request Recipient & PA Type Entry'. On the left, there is a sidebar with 'PA Options' and a 'Warning' box. The 'PA Options' sidebar includes links for 'PA', 'View', 'Help', 'My Profile', 'e-PA', and 'Log Out'. The 'Warning' box states: 'Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health & Hospitals'. The main content area contains a form for 'Recipient's Medicaid ID Number or CCN:' with two input fields. Below these is a 'PA Type' dropdown menu. A large blue arrow points to this dropdown menu, which is labeled 'PA Type Customized Drop Down List'. The dropdown menu is open, showing the following options: '(09) DME', '(09) DME', and '(14) EPSDT Personal Care Services'. At the bottom of the page, there is a footer with contact information: 'Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040' and '© 2004 Unisys Corp | Unisys Lammis (610551) | All Rights Reserved'.

9.0 VIEWING THE ON-LINE HELP PAGE

In addition to this document, the e-PA application also provides a brief online help page offering basic instructions and tips on using the application.

To view this help page, select the [Help](#) link on the left side of the main page.



Louisiana Medicaid
Department of Health and Hospitals

Prior Authorization Request Home Page

[Print Friendly](#)

PA Options

- [PA Request](#)
- [PA Reconsideration](#)
- [View PA Requests](#)
- [Help](#)
- [My Profile](#)
- [e-PA Home](#)
- [Logout](#)
- [Home](#)

Warning

Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health & Hospitals

Welcome Providers, to the LA MEDICAID e-PA Request System. The purpose of the e-PA System is to provide a web alternative to faxing PA Request Forms* for the following NON-EMERGENCY types of PA Requests:

- DME
- Physician Services
- Personal Care Services (PCS) for EPSDT
- Outpatient Surgery Performed Inpatient Hospital
- Multiple and Extended Home Health Services
- Rehabilitation

If you have an Emergency PA Request, please follow your normal procedures.

For Reconsiderations

Reconsiderations can **NOW** be submitted electronically for the following scenarios.

- Denied requests that have incomplete or missing documentation
- Requests that require a change in the procedure codes, units, and/or dollar amounts
- Requests that require a change in the begin or end dates of service

IMPORTANT: At the end of the e-PA Request System, you will be presented with a web page that contains a barcode image. Please print this page and use it as the cover page to fax in supporting documentation. Failure to do so may result in delays in processing your PA request. Each e-PA Request will have a unique barcode. When faxing, it is imperative that each set of supporting documentation be preceded by its corresponding cover page that contains its own barcode.

