

# Requesting Service Authorizations Online

Alaska Medicaid Health Enterprise collects and maintains current and historical Service Authorization data. This is needed for reporting and claims processing.

## What types of services require an authorization?

Please refer to your fee schedules and/or provider billing manuals for services that require authorization.

## How to submit Authorizations:

A service authorization request can be completed via Alaska Medicaid Health Enterprise, with a 278 EDI transaction, or with a paper form. When entering a request through Alaska Medicaid Health Enterprise, basic information is required to save and submit. You can save a request in progress and view it later to complete and submit. Once you submit a request you can check its status.

## Information Required for Professional, HCBW, Dental, DME and Institutional Service Authorization Requests:

Enter Request Category.

1. Enter Facility Type Code – new with 5010:
  - a. Uniform Bill Type Code for Institutional Services.
  - b. Place of Service Code for Professional or Dental Services.
2. Select Code Qualifier.
3. Enter Request Begin and End Dates.
4. Enter Service Line item – at least one.

## To save an authorization:

- Enter Member ID
- Enter Member Last Name
- Enter Member First Name
- Enter Member Date of Birth

Member is the term for Recipient in Alaska Medicaid Health Enterprise.



## To begin the process:

1. Go to: <http://medicaidalaska.com/>.
2. Login using your provider User ID and password.
3. Click the Authorizations tab.
4. Click the appropriate authorization type:
  - Submit Professional
  - Submit HCBW
  - Submit Dental
  - Submit Institutional
  - Submit Transportation Authorization

## Information Required for Transportation and Accommodation Service Authorization Requests:

Transportation Requests follow a different format and have different required fields for specialized information.

1. Under **Patient (Member) Information**, enter the member's First Name, Last Name, Date of Birth, and Member ID.
2. Complete Gender, Address, City, State and Zip.
3. Select Emergency or the default Non-Emergency and select the Condition Related Radio Buttons.
4. Enter Requestor name, Requestor phone number and Facility, then scroll down.
5. Under **Transportation**, select the First Origin City and State:
  - a. Enter or select Departure Date, select One Way or Round Trip, enter or select Return Date and Final Destination City and State.
  - b. Enter the units requested in the corresponding fields. If you need help calculating units required, consult the Reference Aid *Tips for Requesting Authorizations* available on the Learning Management System at <http://learn.medicaidalaska.com/>.
  - c. Select yes or no to indicate need for an Escort.
  - d. If the answer is yes, the section expands to allow you to complete Escort requested Units.
6. Medical justification requires an appointment. Click the blue Add Appointment button, complete the three fields: Provider, Date and Time. Click Save within the section.
7. Click Add Diagnosis and enter either Diagnosis Code or Diagnosis Notes, or both. At least one is required to submit. Procedure is optional, complete in the same fashion.
8. Enter Notes by expanding the section. Notes are useful for providing information supporting the request, or for travel requirements such as oxygen or a wheelchair.

## How to recall Authorization requests:

You can recall saved in-progress requests to complete and submit them. Or recall submitted requests to check their status.

### To view/edit a request:

1. Navigate to the Authorizations menu.
2. Click View/Edit Authorization Request.

You can view only the requests you have saved or submitted with your login.

### Buttons at bottom of page:

- Submit – submit completed request
- Save – save partially completed request
- Copy – copy viewed request
- Reset – clear page entries
- Cancel – clear pages and return



### Adding information:

Click the plus sign (+) to open a section or click the link and add information.

Click the minus sign (-) to collapse. Required fields have a red \*. If you expand a section and required fields display, complete the required fields within the section.

Then click the section Save or click Cancel to exit the section completely.

## Example Service Authorization for Non-Emergent Transportation

The following is an example of a non-emergent travel authorization request:

A member is unable to find suitable medical care in their local community and must travel to see a specialist in a larger city. To submit the travel authorization request online, a provider must complete a Travel Authorization Request with all the standard and required fields.

If an escort is medically necessary or the member is under 18, choose yes under **Escort** and complete the required fields.

**Escort**

Does member need an escort?

\*  Yes  No

You must add at least one appointment and at least one diagnosis code or diagnosis notes in order to submit a travel authorization request. Click Add Appointment to enter appointment information. Click Add Diagnosis to enter either a diagnosis code or diagnosis notes. Procedure codes and notes are optional.

**Appointment**

Add Appointment

Provider Name	Date	Time
No Data		

**Diagnosis**

Add Diagnosis

Diagnosis Code	Date	Diagnosis Notes
No Data		

**Procedure**

Add Procedure

Procedure Code	Date	Procedure Notes
No Data		

## Call for Assistance

If you have questions or need assistance, please call:

In Anchorage:

907.644.6800, option 5

Outside Anchorage:

800.770.5650, option 1, 2

Available: 8:00 a.m. – 5:00 p.m.

Monday-Friday Alaska Time

Alaska Medicaid Health Enterprise

<http://medicaidalaska.com>

Alaska Learning Management System (or LMS)

<https://learn.medicaidalaska.com>