



Louisiana Medicaid Management Information System (LMMIS)

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

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Prepared By
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PROJECT INFORMATION

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11/17/06	Corrected spelling error page 9 & TOC		C. Stickney
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06/06/23	Updated document to change support email address.	N/A	J. Lavigne

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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 a prior authorization (PA) request 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 Gainwell Technologies 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 Gainwell Technologies Prior Authorization department remains unchanged. This user manual describes how both tasks are accomplished using the e-PA web application.

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
- Air Ambulance
- Pediatric Day Health Care Facilities
- Hospice
- Applied Behavior Analyst Services

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

- 01 - Inpatient
- 05 - Rehabilitation
- 06 - Home Health
- 07 - Air Ambulance
- 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
- 16 - Pediatric Day Health Care
- 88 - Hospice
- 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. Gainwell Technologies e-PA Fax Number: 225.927.6536
10. Once the documentation has been faxed to Gainwell Technologies, 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 Gainwell Technologies 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 Gainwell Technologies 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 provides information on how to access the Electronic Prior Authorization (e-PA) application via Provider Login. It includes instructions on how to establish an online account with Louisiana Medicaid and complete the Login ID and password process.

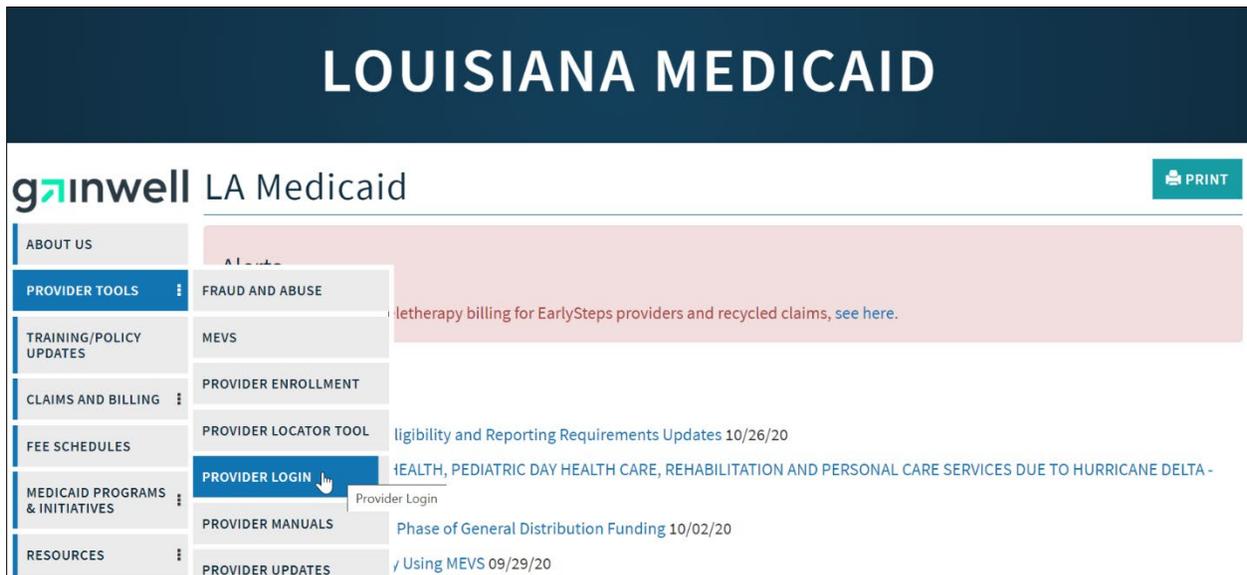
The Louisiana Department of Health (LDH) determines who is an authorized user defining all user access capabilities. Directions for establishing a valid online provider account are available on the Louisiana Medicaid website at www.lamedicaid.com under the **Website Enrollment** link located under **Provider Tools** on the left side of the main menu.



Providers who are experiencing difficulty in establishing an account or with the application may contact the Gainwell Technologies **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 lamedicaid@gainwelltechnologies.com.

In order to access the **Electronic Prior Authorization application**, or any other secure application, users must navigate through the Provider Login section of the Louisiana Medicaid web site.

Open a web browser and enter the URL for Louisiana Medicaid at www.lamedicaid.com. Click the **Provider Login** link under **Provider Tools** on the left side of the main menu to continue.



At the Provider Login screen, users may read through the Notice to Users. In order to continue, users must enter their 10-digit National Provider Identifier (NPI) or 7-Digit Medicaid Provider ID in the field provided and enter the characters from the CAPTCHA image before clicking the **Next** button.

LOUISIANA MEDICAID

You are here : Louisiana Medicaid > Provider Login

gainwell Provider Login PRINT

Help

Please enter your 10-digit National Provider Identifier (NPI) or 7-Digit Medicaid Provider ID

Note: Non-FFS Behavioral Health Providers should use their NPI to login.

For security purposes, please enter the characters from the CAPTCHA image



NOTICE TO USERS

This is Louisiana's Medicaid information and is the property of Gainwell Technologies and Louisiana Department of Health. It is for authorized use only. **Users (authorized or unauthorized) have no explicit or implicit expectation of privacy.**

Any or all uses of this website and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized site, Louisiana Department of Health, and law enforcement personnel, as well as authorized officials of other agencies, both domestic and foreign. **By using this system, the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of authorized site or Louisiana Department of Health.**

Unauthorized or improper use of this website may result in administrative disciplinary action and civil and criminal penalties. **By continuing to access this website you indicate your awareness of and consent to these terms and conditions of use. LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.**

NEXT

At the User Login screen, users must input their Login ID and Password before clicking the **Next** button to continue.

Note: Login ID and Password are case sensitive.

LOUISIANA MEDICAID

You are here : LAMedicaid.com

User Login

Please enter your Restricted Applications' Login ID and Password.
Remember the Login ID and Password are case sensitive.

Login ID

Password

Need help?

- [Forgot Your Login ID?](#)
- [Forgot Your Password?](#)
- [Forgot login ID and Password?](#)

PREVIOUS **NEXT** ←

Users will be directed to the Provider Applications page where they can access their authorized applications.

You are here : LAMedicaid.com

Provider Applications PRINT

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

Claim Check

- Clear Claim Connection

Restricted Provider Applications

- Batch Eligibility Verification System
- Batch Eligibility Verification System Pilot
- Claim Status Inquiry (5010 Version)
- EFT Authorization
- Electronic Clinical Data Inquiry - ICD10
- Electronic Clinical Data Inquiry - ICD9
- Electronic Prior Authorization
- Electronic Remit 835
- Friends and Family
- Healthy Louisiana (Previously Bayou Health) Applications
- Medicaid Eligibility Verification System
- National Provider Identifier
- NPI Legacy Search
- Online 1099
- OSS Checks
- PA Requests for Case Managers
- PACE 820 Report System
- Prescriber Practices and Diabetes Management Admin
- Provider Locator Information
- SMO Applications
- Submitter Claims Denied All 9
- Submitter Contact Information
- Submitter Linked Providers
- Weekly Remittance Advices

Click the **Electronic Prior Authorization** link to continue.

Provider Applications PRINT

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

Claim Check

- Clear Claim Connection

Restricted Provider Applications

- Batch Eligibility Verification System
- Batch Eligibility Verification System Pilot
- Claim Status Inquiry (5010 Version)
- EFT Authorization
- Electronic Clinical Data Inquiry - ICD10
- Electronic Clinical Data Inquiry - ICD9
- **Electronic Prior Authorization** 
- Electronic Remit 835
- Friends and Family
- Healthy Louisiana (Previously Bayou Health) Applications
- Medicaid Eligibility Verification System
- National Provider Identifier
- NPI Legacy Search
- Online 1099

Note: The list of applications shown here is comprehensive; therefore you may not see as many options on the Provider Applications page.

3.0 USING THE APPLICATION

New Functionality

Please note that with the new redesign, backwards navigation throughout any application can be done by clicking on the breadcrumb trail located on the blue ribbon at the top of any screen.

Users also have access to a Print screen button located on the top right hand corner of every screen.



The Louisiana Medicaid Prior Authorization Request Home Page is displayed. Select the **PA Request** link located in the upper left side of the main application page.

LOUISIANA MEDICAID

You are here : Louisiana Medicaid > My Applications > Electronic Prior Authorization > ePA Home Page

gainwell ePA Home Page

EPA Options

- PA Request
- PA Reconsideration
- View PA Requests
- My Profile

My Account

- My Profile
- My Applications
- Logout
- Help

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
- Air Ambulance
- Pediatric Day Health Care Facilities
- Hospice
- Applied Behavior Analyst Services

For ePA Requests with HCPCs that require NDCs (2010-12-22)

Units are specific to NDC, not HCPC. One unit may be equal to 100 calories, one packet, one can, one brick, or one bottle.

New Confirmation Process (2009-06-19)

The Electronic Prior Authorization (ePA) application has been enhanced with a new confirmation process to facilitate editing requests before submitting for review. Once a user submits a request, a confirmation message will be displayed that will allow the following actions:

- Submit (Complete) the request. This will finalize the request and send it for review.
- Go back and modify the request. This will allow users to correct any information on the request before submitting the request.
- Cancel the request. This will finalize the request and no further action will be taken.

The following policies have been enacted:

- Users can modify a request as many times as they need to, but will only have 30 days to submit or cancel a request. After 30 days, the request will expire
- Once submitted, users will have 3 days to send attachments. If attachments have not been received within 3 days, the request will be cancelled and a new request will be required.
- If attachments are received after 3 days, the request will be cancelled by Gainwell Technologies and a new request will be required.
- A Prior Authorization number will not be assigned until attachments have been received. The attachments must be received within 3 days of the submission of the request.

Additional statuses have been added to facilitate the confirmation process.

- 208** - Submission Process Not Complete. Expires <30 days from initial request date>.
- 209** - Cancelled by User. A New Request is Required.
- 210** - Submitted. Attachments Not Received. Expires <3 days from submission date>.
- 211** - Cancelled by Gainwell Technologies. Attachments Not Received Within 72 Hours. A New Request is Required.
- 212** - Attachments Received.
- 213** - Cancelled by Gainwell Technologies. Attachments Received After 72 hours. A New Request is Required.
- 214** - Request Has Expired. A New Request is Required.

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.

Effective July 16, 2010, the PA-02 Form is no longer required.

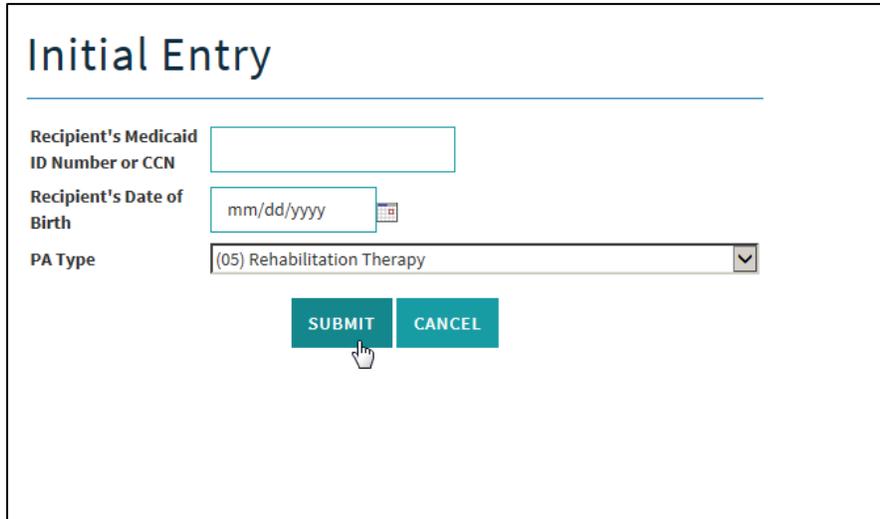
The PA Request link, located in the PA Options menu on the left, offers you a path to the application. You can also search for and view the status of e-PA Transactions you have submitted using e-PA Request System.

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

Fax Number: (225) 927-6536

3.1 Recipient & PA Type Entry

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



The screenshot shows a web form titled "Initial Entry". It contains three input fields: "Recipient's Medicaid ID Number or CCN" (an empty text box), "Recipient's Date of Birth" (a date picker showing "mm/dd/yyyy"), and "PA Type" (a dropdown menu with "05) Rehabilitation Therapy" selected). Below the fields are two buttons: "SUBMIT" and "CANCEL". A mouse cursor is pointing at the "SUBMIT" button.

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.

3.2 PA Request Entry

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. (The minimum entry consists of a Primary Diagnosis Code, From Date of Service, and at least one PA Service line with a Procedure Code and Requested Units or Requested Amount.) Once you have completed all the required fields, select the **Submit** button at the bottom of the page. A confirmation page will then be displayed.

NOTE: For Hospice PA Type (88), the SSN field has been replaced with the Medicare ID.

Air Ambulance Procedure Codes:

- A0430:** Fixed Wing Transport
- A0431:** Rotary Wing Transport
- A0435:** Fixed Wing Air Mileage
- A0436:** Helicopter Air Mileage

ePA Request

PA Number (Unassigned) PA Type (14) EPSDT Personal Care Services Request Date 4/5/2017 12:51:23 PM

Continuation of Services

REQUESTER DATA

Medical Provider ID 1209996 Phone No. (916) 885-1111

Contact Person (916) 885-1111 Fax No. (916) 885-1111

SUBSCRIBER DATA

Medical ID (916) 885-1111 SSN (916) 885-1111

Last Name (916) 885-1111 First Name, MI (916) 885-1111

Sex (916) 885-1111 DOB (916) 885-1111

DIAGNOSIS

	Code	Description
Primary		
Secondary		

SERVICE DATES

From mm/dd/yyyy Thru mm/dd/yyyy

PRESCRIBING PROVIDER DATA

Physician Name Physician NPI or Medicaid ID

Prescription Date mm/dd/yyyy

SERVICE LEVEL DATA

Line #	Procedure Code	Modifiers	Description	Requested Units
1	A0430		Fixed Wing Transport	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 4/5/2017 12:51:23 PM Enc. No.

NOTE: The ePA Request Screen also determines if a procedure code entered requires a NDC code. If a NDC code is required, the application prompts the user to enter the NDC before the submission can be finalized. The NDC is edited to determine if the code is valid based on the current list of formulary NDCs with a type of service of '09'.

NOTE: With LIFT 10824, messages are now available on all ePA review screens.

If the NDC is valid, then the submission can be finalized, if not, an error message is displayed to let the user know that NDC code entered is not valid. Once validated, the name of the NDC will be displayed on the detail line beside the NDC code. For example, see below.

ePA Request

PA Number (Unassigned) PA Type (09) DME Request Date 4/5/2017 12:57:37 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	<input type="text"/>	
Secondary	<input type="text"/>	

SERVICE DATES

From Thru

PRESCRIBING PROVIDER DATA

Physician Name Physician NPI or Medicaid ID

Prescription Date

SERVICE LEVEL DATA

Line #	Procedure Code	Modifiers	NDC	Description	Requested Units	Requested Amount
1	<input type="text"/>					
2	<input type="text"/>					

After you click on the **Submit** button, a confirmation screen similar to the one shown below is displayed.

NOTE: For Hospice PA Type (88), the Service Level Data section of the PA Request Entry screen is omitted.

3.3 Confirmation Screen

PA Request Confirmation PRINT

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS

The following PA Request has been entered. Please choose one of the options to continue.

- [Submit the request. All of the information is correct.](#)
- [Go Back and modify the request.](#)
- [Cancel this request and return to the home page.](#)

PA Number (Unassigned) PA Type (14) EPSDT Personal Care Services Request Date 8/1/2018 9:13:43 AM
ePA Trans ID 937016 208 - Submission Process Not Complete. Expires 08/31/2018

Continuation of Services

REQUESTER DATA

Choose one of the three links in blue, underlined type:

- **Submit the request. All of the information is correct.** Click this link to submit the request and proceed.
- **Go Back and modify the request.** Click this link if you notice that the information on the request requires a modification.
- **Cancel this request and return to the home page.** Click this link to cancel the request and start over.

3.4 PA Request Review

The PA Request Review page will be displayed with a header at the top that includes a bar code. This bar code will allow Gainwell Technologies to match the faxed supporting documentation back to the original electronic PA request.

Once a PA Request has been approved, then the PA Number on this review screen will show “(Not assigned)” until it has been worked by the PA Unit.

Print the page using the **Print Friendly** button 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.

PA Request Complete
PRINT



IMPORTANT INFORMATION

Please print this page with the bar code using the Print 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.

Molina Prior Authorization Fax Number

The Molina Prior Authorization fax number is **(225) 216-6481**.

PA Number (Unassigned) PA Type (L4) EPSDT Personal Care Services Request Date 8/1/2018 9:17:14 AM
 ePA Trans ID 937016 Z10 - Submitted. Attachments Not Received. Expires 08/04/2018.

Continuation of Services

REQUESTER DATA

NPI <input type="text" value="777777773"/>	Phone No. <input type="text" value="2252166370"/>
Contact Person <input type="text" value="DHH EXEC MGMT/MOLINA PBM STAF"/>	Fax No. <input type="text"/>

SUBSCRIBER DATA

Medicaid ID <input type="text"/>	SSN <input type="text"/>
Last Name <input type="text"/>	First Name, MI. <input type="text"/>
Sex <input type="text"/>	DOB <input type="text"/>

DIAGNOSIS

Code	Description
Primary <input type="text" value="q905"/>	Down syndrome, unspecified
Secondary <input type="text"/>	

SERVICE DATES

Name <input type="text"/>	
Address <input type="text"/>	
City <input type="text"/>	State <input type="text"/> Zip <input type="text"/>
Telephone <input type="text"/>	Fax <input type="text"/>

CASE MANAGER INFORMATION

ID <input type="text"/>	Name <input type="text"/>
Address <input type="text"/>	
City/State/Zip <input type="text"/>	
Telephone <input type="text"/>	Fax <input type="text"/>

Additional Comments

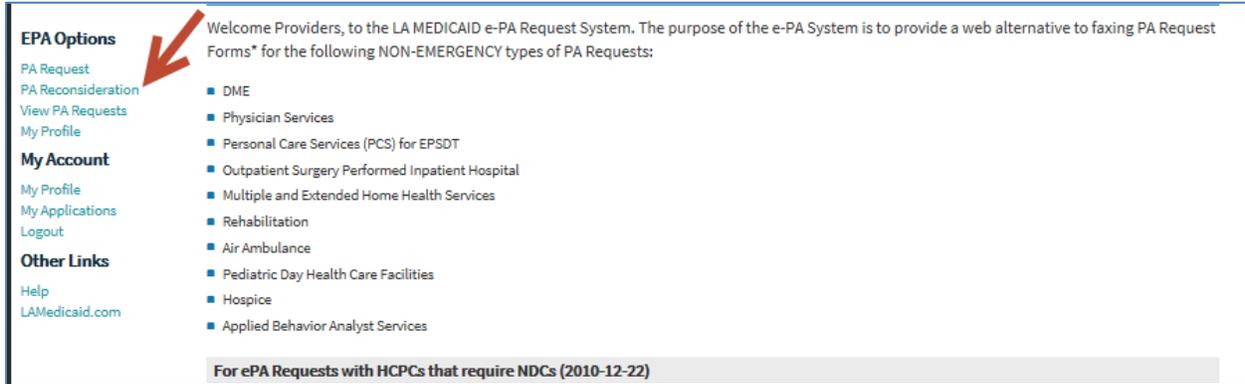
(None)

➔
SUBMIT ANOTHER REQUEST

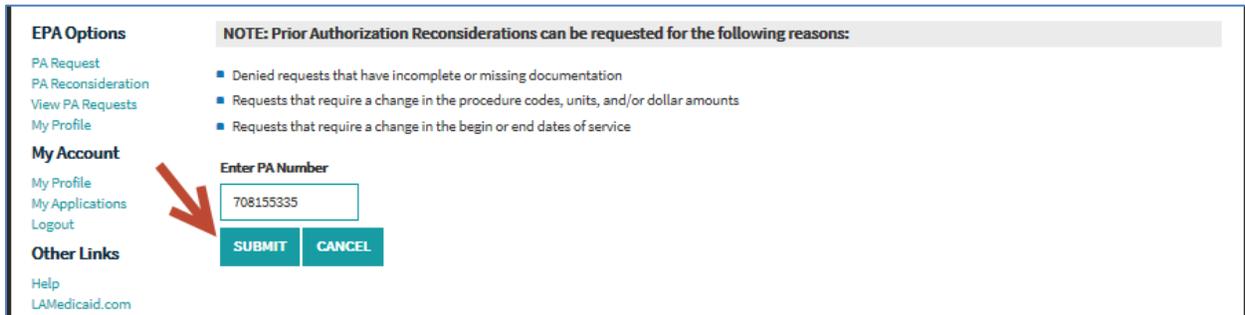
ePA Trans. ID 937016 Submitted 8/1/2018 9:17:14 AM Enc. No. 3002806

3.5 PA Request Reconsideration

Use the **PA Reconsideration** link on the PA Options Menu to access the PA Request Reconsideration Initial Entry screen.



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



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.

PA Reconsideration Entry

PRINT

PA Number 708155335 PA Type (09) DME Request Date 3/22/2017 2:29:46 PM
ePA Trans ID 931737 002 - Approved

Continuation of Services

REQUESTER DATA

NPI Phone No.
 Contact Person Fax No.

SUBSCRIBER DATA

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

DIAGNOSIS

	Code	Description
Primary	<input type="text" value="Z430"/>	Encounter for attention to tracheostomy
Secondary	<input type="text" value="Z431"/>	Encounter for attention to gastrostomy

SERVICE DATES

From Thru

PRESCRIBING PROVIDER DATA

Physician Name Physician NPI or Medicaid ID
 Prescription Date

SERVICE LEVEL DATA

Line #	Procedure Code	Modifiers	NDC	Description	Requested Units	Requested Amount
1	<input type="text" value="S8999"/>	<input type="text"/>	<input type="text"/>	RESUSCITATION BAG	<input type="text" value="0"/>	<input type="text" value="150.00"/>
2	<input type="text" value="A7526"/>	<input type="text"/>	<input type="text"/>	TRACH TUBE HOLDEF	<input type="text" value="0"/>	<input type="text" value="250.00"/>
3	<input type="text" value="A7521"/>	<input type="text"/>	<input type="text"/>	TRACH/LARYNGETOM	<input type="text" value="0"/>	<input type="text" value="600.00"/>
4	<input type="text" value="A4629"/>	<input type="text"/>	<input type="text"/>	TRACHEOSTOMY CAR	<input type="text" value="24"/>	<input type="text" value="0.00"/>
5	<input type="text" value="A6402"/>	<input type="text"/>	<input type="text"/>	STERILE GAUZE <= 16	<input type="text" value="0"/>	<input type="text" value="120.00"/>
6	<input type="text" value="A7002"/>	<input type="text"/>	<input type="text"/>	TUBING USED W SUC	<input type="text" value="24"/>	<input type="text" value="0.00"/>
7	<input type="text" value="A7002"/>	<input type="text"/>	<input type="text"/>	TUBING USED W SUC	<input type="text" value="12"/>	<input type="text" value="120.00"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Place of Treatment

PROVIDER CONTACT INFORMATION

Name
 Address
 City State Zip
 Telephone Fax

Additional Comments

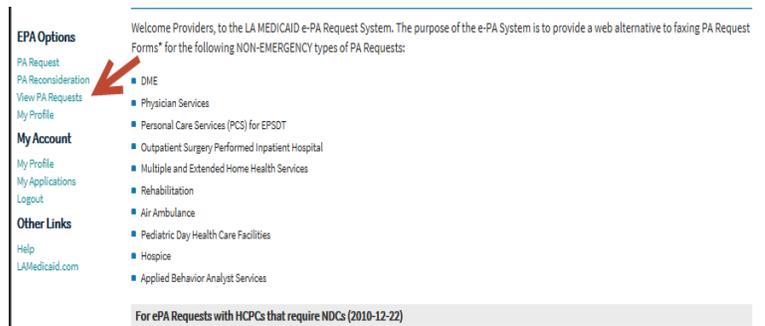
➔
SAVE RECONSIDERATION
CANCEL

Note: A provider may not submit more than three reconsiderations for each prior authorization request.

3.6 A 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.

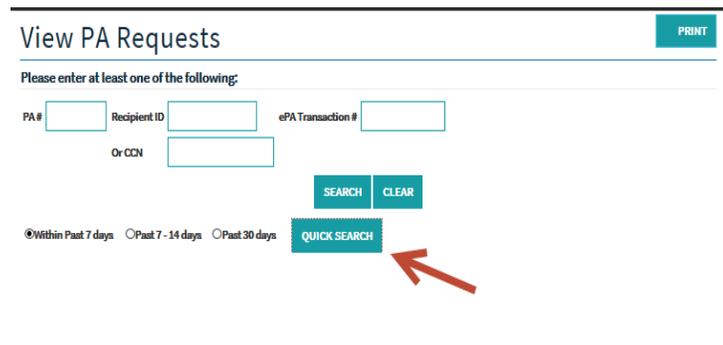
Select the **View PA Requests** link on the left side of the Home Page.



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.

Use this list to check the status of the PA request. When a request has been submitted, the default in the Status column will be **208 – Submission Process Not Complete**. An expiration date is also provided. 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.

View PA Requests PRINT

Please enter at least one of the following:

PA # Recipient ID ePA Transaction #
 Or CCN

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# / CCN	Request Date	PA Type / Program	Status	Reject Code	e-PA Transaction #	
(Not Assigned)		8/1/2018 9:17:14 AM	(14) EPSDT Personal Care Services	210 - Submitted. Attachments Not Received. Expires 08/04/2018.		937016	0

Records 1 - 1 of 1 Page 1 of 1

Click on the PA # or the e-PA Transaction # to see details of the request on the PA Request Review screen.

The following is a list of the status codes and their definitions:

- 002 - Approved
- 003 - Denied
- 004 - Requires Review
- 208 - Submission Process Not Complete. Expires <30 days from create date>.
- 209 - Cancelled by User. A New Request is Required.
- 210 - Submitted. Attachments Not Received. Expires <3 days from create date>.
- 211 - Cancelled by Gainwell Technologies. Attachments Not Received Within 72 Hours. A New Request is Required.
- 212 - Attachments Received.
- 213 - Cancelled by Gainwell Technologies. Attachments Received After 72 hours. A New Request is Required.
- 214 - Request Has Expired. A New Request is Required.

PA Request Complete

PRINT



IMPORTANT INFORMATION

Please print this page with the bar code using the Print 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.

Molina Prior Authorization Fax Number

The Molina Prior Authorization fax number is **(225) 216-6481**.

PA Number (Unassigned) **PA Type** (14) EPSDT Personal Care Services **Request Date** 8/1/2018 9:17:14 AM
ePA Trans ID 937016 **210 - Submitted. Attachments Not Received. Expires** 08/04/2018.

Continuation of Services

REQUESTER DATA

NPI 7777777773 **Phone No.** 2252166370

Contact Person DHH EXEC MGMT/MOLINA PBM STAF **Fax No.**

SUBSCRIBER DATA

Medicaid ID [REDACTED] **SSN** [REDACTED]

Last Name [REDACTED] **First Name, MI.** [REDACTED]

Sex [REDACTED] **DOB** [REDACTED]

DIAGNOSIS

	Code	Description
Primary	q909	Down syndrome, unspecified
Secondary	[REDACTED]	

SERVICE DATES

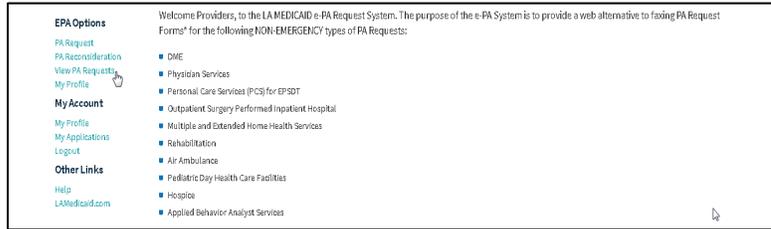
From 3/23/2018 **Thru** 4/30/2018

To return to your search, select the **Return to Search Results** link on the left side of the page.

3.7 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.

709455250	[REDACTED]	4/5/2017 1:53:17 PM	(14) EPSDT Personal Care Services	210 - Submitted. Attachments Not Received. Expires 04/08/2017.	874896	1
709455249	[REDACTED]	4/3/2017 12:17:35 PM	(14) EPSDT Personal Care Services	208 - Submission Process Not Complete. Expires 05/03/2017	874895	1
709455251	[REDACTED]	4/3/2017 12:17:35 PM	(14) EPSDT Personal Care Services	002 - Approved	874897	1

Records 1 - 3 of 3 Page 1 of 1

The PA Request Review screen will appear. Click on the **Submit Reconsideration** button.

CASE MANAGER INFORMATION

ID Name
Address
City/State/Zip
Telephone Fax
Additional Comments
(None)

SUBMIT ANOTHER REQUEST SUBMIT RECONSIDERATION

ePA Trans. ID 874897 Submitted 4/3/2017 12:17:35 PM Enc. No. 3002570

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.

SAVE RECONSIDERATION CANCEL

ePA Trans. ID 874897 Submitted 4/3/2017 12:17:35 PM Enc. No. 3002570

After you click the **Save Reconsideration** button, a screen similar to the one shown below is displayed.

LOUISIANA MEDICAID

You are here : LAMedicaid.com > My Applications > Electronic Prior Authorization

ePA Reconsideration Entry

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS

The following PA Request has been entered. Please choose one of the options to continue.

- [Submit the request. All of the information is correct.](#)
- [Go Back and modify the request.](#)
- [Cancel this request and return to the home page.](#)

PA Number 709455251 PA Type (14) EPSDT Personal Care Services Request Date 4/3/2017 12:17:35 PM
ePA Trans ID 874897 208 - Submission Process Not Complete. Expires 05/03/2017

Continuation of Services

REQUESTER DATA

Choose one of the three links in blue, underlined type:

- **Submit the request. All of the information is correct.** Click this link to submit the request and proceed.
- **Go Back and modify the request.** Click this link if you notice that the information on the request requires a modification.
- **Cancel this request and return to the home page.** Click this link to cancel the request and start over.

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

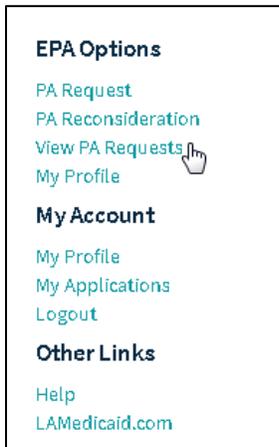


PA Reconsideration ID	Audit Date	Comments
39413203	4/5/2017 2:30:42 PM	

[SUBMIT ANOTHER REQUEST](#)

ePA Trans. ID 874897 Submitted 4/3/2017 12:17:35 PM Enc. No. 3002570

Note: 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.



EPA Options
PA Request
PA Reconsideration
View PA Requests
My Profile
My Account
My Profile
My Applications
Logout
Other Links
Help
LAMedicaid.com

Click on the **View PA Requests** link on the EPA Options menu.

The status of the PA Request is now **Recon Requires Review**, notifying the provider that their reconsideration has been entered and is awaiting review.

View PA Requests

Please enter at least one of the following:

PA # Recipient ID ePA Transaction #

Or CCN

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.

					Reject Code		
709455250		4/5/2017 1:53:17 PM	(14) EPSDT Personal Care Services	210 - Submitted. Attachments Not Received. Expires 04/08/2017.		874896	1
709455249		4/3/2017 12:17:35 PM	(14) EPSDT Personal Care Services	208 - Submission Process Not Complete. Expires 05/03/2017		874895	1
709455251		4/3/2017 12:17:35 PM	(14) EPSDT Personal Care Services	Recon 004 - Requires Review		874897	1

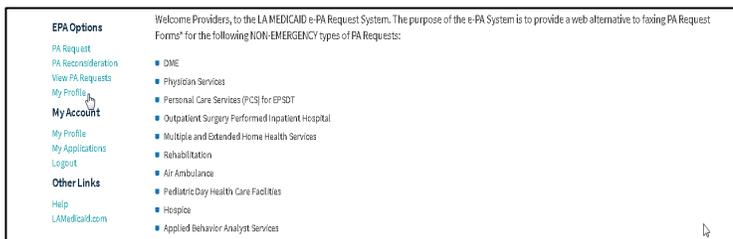
Records 1 - 3 of 3 Page 1 of 1

3.8 Configuring e-PA Application

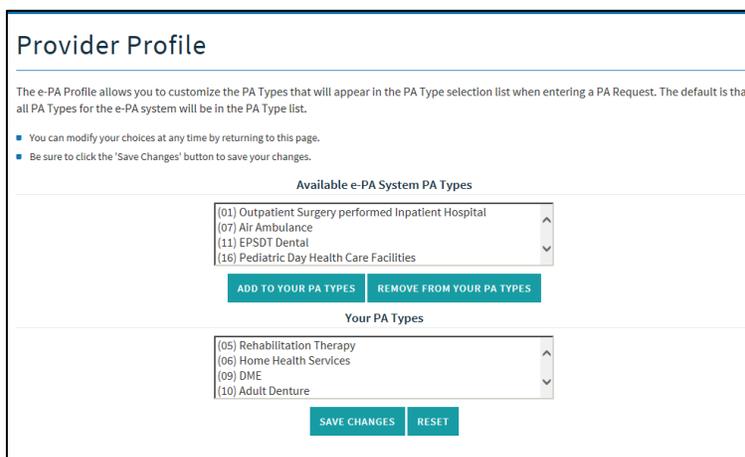
The e-PA web based application allows for the customization of the PA Type pull down menu that appears on the PA Recipient & Type Entry screen described in Section 3.1 of this document.

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 a web form titled "Initial Entry". It contains three input fields: "Recipient's Medicaid ID Number or CCN" (an empty text box), "Recipient's Date of Birth" (a date picker showing "mm/dd/yyyy"), and "PA Type" (a dropdown menu with "(05) Rehabilitation Therapy" selected). Below the fields are two buttons: "SUBMIT" and "CANCEL". A mouse cursor is pointing at the "SUBMIT" button.