

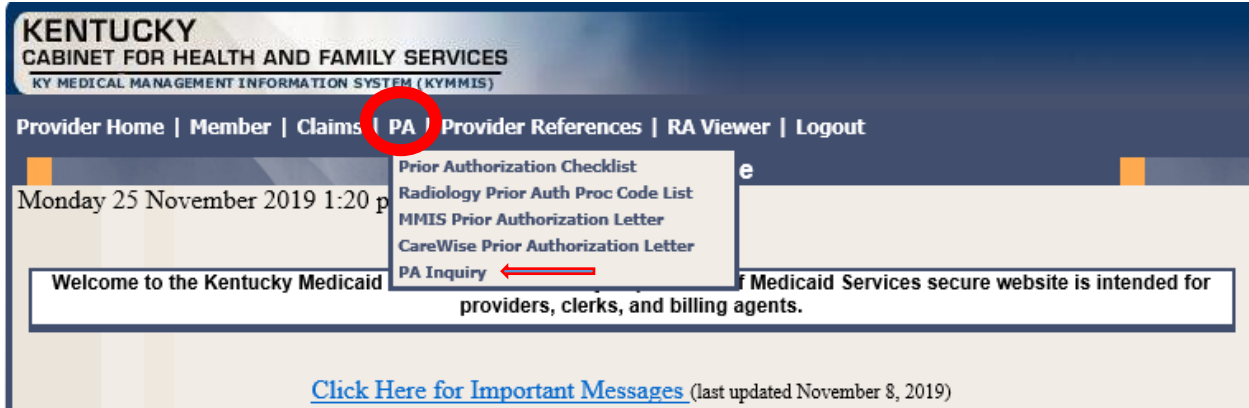
**Kentucky Department for Medicaid Services  
Division of Community Alternatives  
Prior Authorization (PA) Inquiry Information Sheet  
2019**

Prior authorization (PA) details can now be viewed in the Kentucky Medicaid Management Information System (MMIS). This document explains:

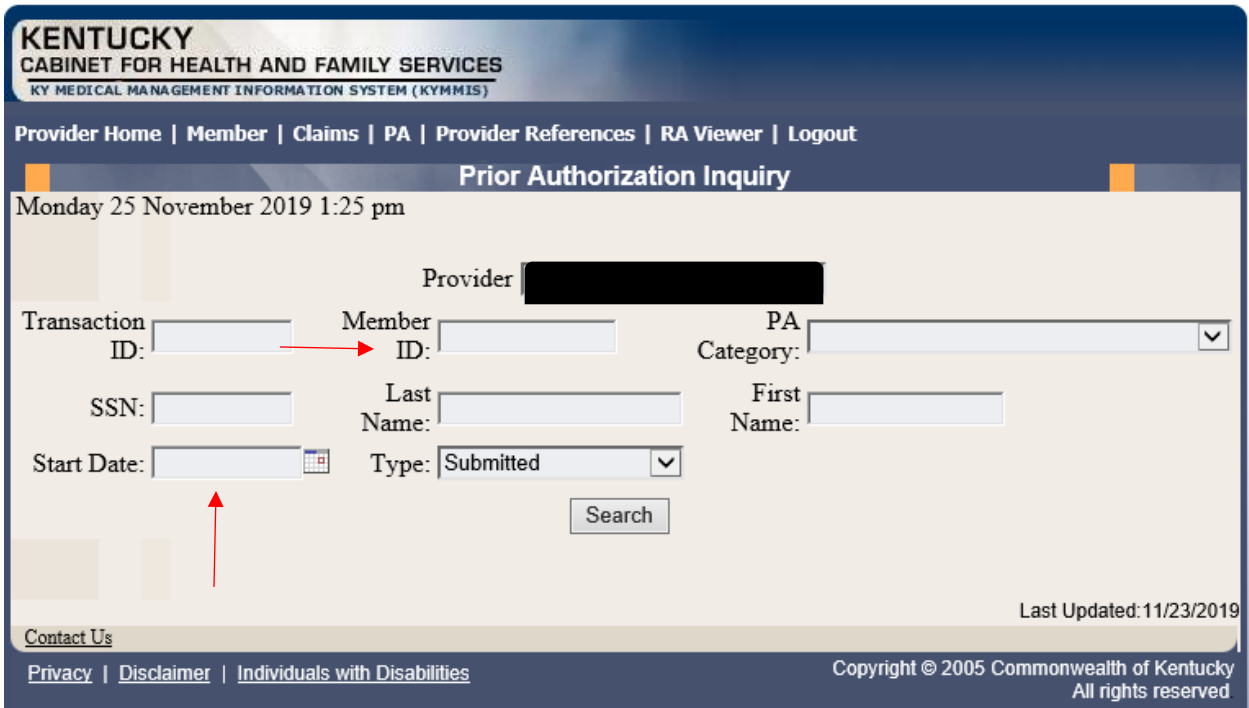
1. How to search for PA information.
2. How to generate a list of PA numbers. *See page 6 for this information.*

### 1. Searching PA Information

From the main landing page, choose “PA Inquiry” from the “PA” menu.



From the search panel, enter the “Member ID” and the start date of the services. Click “Search.”



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Search results will return in the bottom of the window. The "Transaction ID" will be a hyperlink. Click on the ID to continue. The "Transaction ID" is the prior authorization number.

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

**Prior Authorization Inquiry**

Monday 25 November 2019 1:46 pm

Provider: [REDACTED]

Transaction ID:     Member ID: 00 [REDACTED]    PA Category:

SSN:     Last Name:     First Name:

Start Date:     Type:

| Transaction ID | Member ID  | SSN        | Last Name  | First Name | PA Category |
|----------------|------------|------------|------------|------------|-------------|
| 211            | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED]  |

Last Updated: 11/23/2019

[Contact Us](#)

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The first screen after clicking the hyperlink from the inquiry screen is the "PA Header."

The screenshot shows a web application interface for a Prior Authorization (PA) inquiry. At the top, there is a navigation bar with links: Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout. Below this is a header section titled "PA Header" with a timestamp: "Monday 25 November 2019 1:50 pm".

The main content area contains a breadcrumb trail: [Header](#) > [Details](#) > [Summary](#). Below the breadcrumb, the form is organized into several sections:

- Requesting Provider:** Number: [text input]
- Servicing Provider:** Number\*: [text input]
- PA Category\*:** [dropdown menu showing "Michelle P Waiver"]
- Nursing Facility Type:** [dropdown menu]
- Member ID\*:** [text input]
- Diagnosis Code:** [text input]
- Last Name:** [text input]
- First Name:** [text input] **MI:** [text input]
- Emergency:** [dropdown menu showing "No"]
- Admission Date:** [calendar icon]
- Accident:** [dropdown menu showing "No"]
- Discharge Date:** [calendar icon]
- Special Considerations:** [dropdown menu showing "No"]

A section titled "Case Management/Disease Management" is enclosed in a box and contains:

- Indicator:** [dropdown menu]
- Program:** [dropdown menu]
- Level:** [dropdown menu]

This screen displays the "PA Category", requesting and servicing provider number, and participant details.

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Click "Next" to display the details.

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout
PA Details

Monday 25 November 2019 1:55 pm

Header > [Details](#) > Summary

Line Item Number:

Service Type Code\*:

Revenue Code From:

Procedure Code From\*:

Modifiers:

Status:

Revenue Code To:

Procedure Code To:

|             | Effective Date                          | End Date                                | Frequency                           | Frequency Units                  | Units                             | Dollars              |
|-------------|---|---|-------------------------------------|----------------------------------|-----------------------------------|----------------------|
| Authorized: | <input type="text" value="11/20/2019"/> | <input type="text" value="11/18/2020"/> | <input type="text" value="Weekly"/> | <input type="text" value="160"/> | <input type="text" value="8480"/> | <input type="text"/> |
|             | Used:                                   |   |                                     |                                  |                                   | <input type="text"/> |

Tooth:

Tooth Quad:

Payment Method:

IAC

Detail Navigation

Detail Line Number:   Details Count: 2

The details include "Line Item Number", "Status", "Procedure Code" or "Revenue Code", "Effective Date" and "End Date", "Frequency", "Frequency Units", "Dollars" (when applicable) and the payment method.

In the "Detail Navigation" section, the count of the line details will be displayed. Click the blue arrows in the detail navigation section to navigate to each line detail.

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After reviewing each detail on the “Details” screen, click “Next” and the “Summary” screen will be displayed.

**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

**PA Summary**

Monday 25 November 2019 2:04 pm

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[Header](#) > [Details](#) > [Summary](#)

**Header**

|  |                                |
|--|--------------------------------|
| Requesting Provider Number: [REDACTED] | PA Category: Michelle P Waiver |
| Servicing Provider Number: [REDACTED]  | Nursing Facility Type:         |
| Member ID: [REDACTED]                  | Diagnosis Code:                |
| Last Name: [REDACTED]                  | First Name: [REDACTED] MI: N   |
| Emergency: N                           | Admission Date:                |
| Accident: N                            | Discharge Date:                |
| Special Consideration: N               |                                |

**Case Management/Disease Management**

Indicator: \_\_\_\_\_ Program: \_\_\_\_\_

Level: \_\_\_\_\_

**Approved Details**

| Line               | Item Number | Status | Procedure Code | Revenue Code | App. Eff. Date | App. End Date | App. Units | App. Amount |
|--------------------|-------------|--------|----------------|--------------|----------------|---------------|------------|-------------|
| <a href="#">01</a> |             | A      | 97535          |              | 11/20/2019     | 11/18/2020    | 8480       | 0           |
| <a href="#">02</a> |             | A      | T1005          |              | 11/20/2019     | 11/18/2020    | 0          | 4000        |

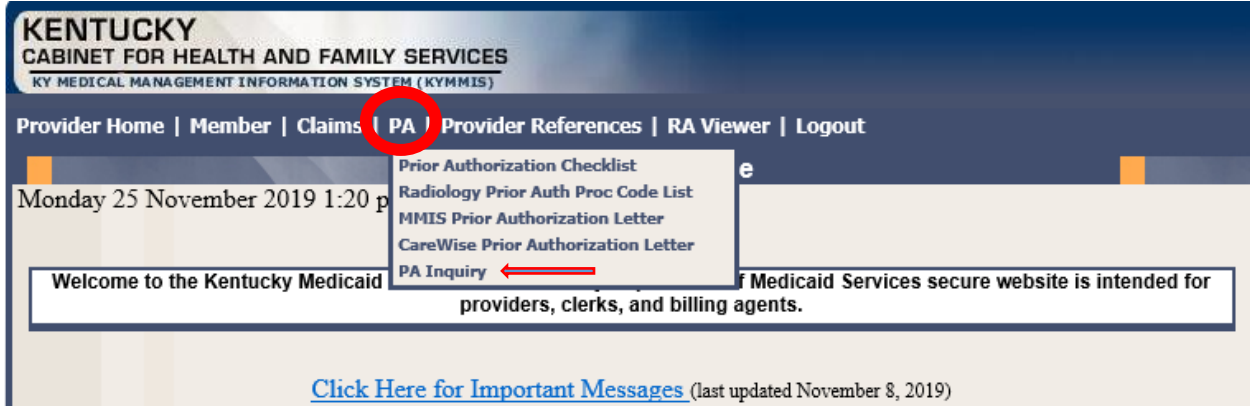
This screen displays the summary of the authorization if you would like to review the details again for any of the lines. The line number in the “Approved Details” box is a hyperlink and will take you back to the details screen for that service. You can either save this screen as a screenshot or print the screen. The prior authorization letter from MWMA will be sent via mail.

When you click “Finish” you will be taken back to the “Prior Authorization Inquiry” screen.

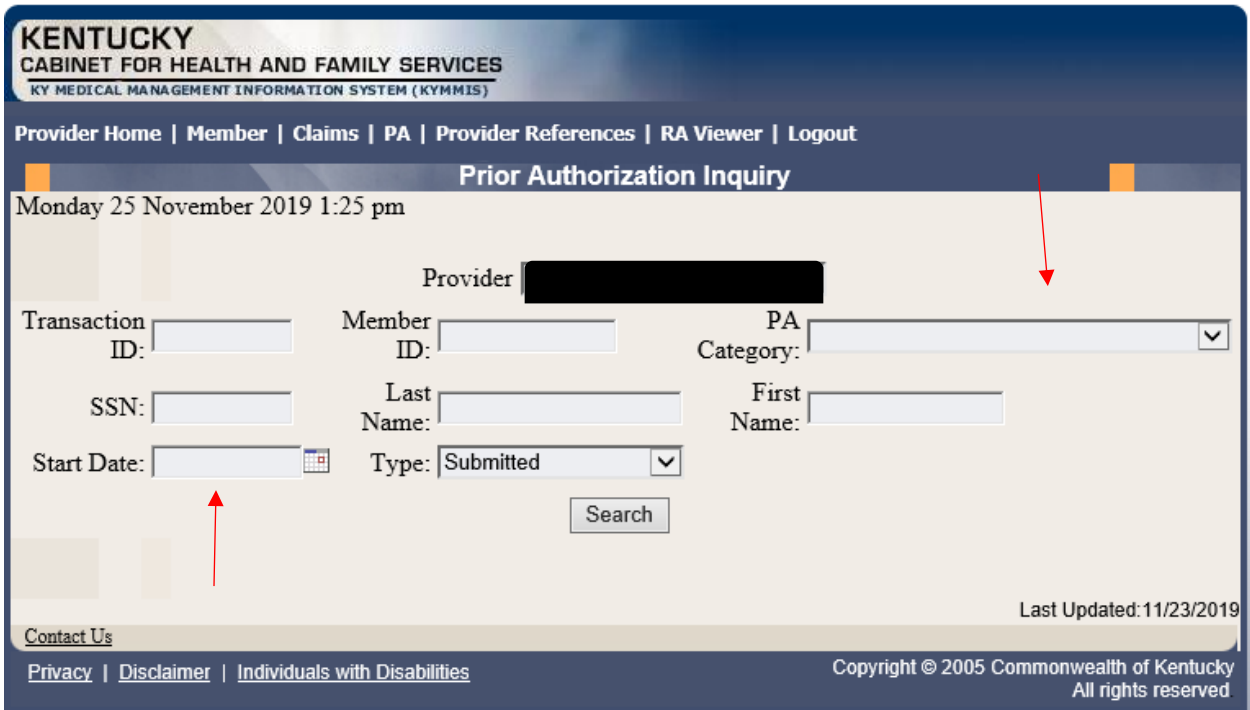
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Prior Authorization (PA) Inquiry Information Sheet  
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**2. Generating a List of PA Numbers**

From the main landing page, choose “PA Inquiry” from the “PA” menu



From the search panel, enter the “PA Category” and the start date of PAs to be included and click “Search.”



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The following table lists all PA categories by waiver. You should select the PA category that corresponds with your provider type/type of service you are providing.

| Waiver Type     | PA Category                   |
|-----------------|-------------------------------|
| ABI             | WAIVER – ABI ACUTE            |
|                 | WAIVER – ABI ACUTE PDS        |
| ABI LTC         | WAIVER – ABI LTC              |
|                 | WAIVER – ABI LTC PDS          |
| HCB             | WAIVER HCB 2                  |
|                 | WAIVER HCB PDS/HOME DEL MEALS |
| MICHELLE P      | MICHELLE P WAIVER             |
|                 | MICHELLE P WAIVER PDS         |
| MODEL WAIVER II | MODEL WAIVER 2                |
| SCL             | WAIVER SCL 2                  |
|                 | WAIVER SCL 2 PDS              |

Search results will return in the bottom of the window. The “Transaction ID” will be a hyperlink. Click on that ID to continue. The “Transaction ID” is the prior authorization number.

**Prior Authorization Inquiry**

Friday 6 December 2019 11:11 am

Provider: [REDACTED] ▼

Transaction ID:  Member ID:  PA Category:  ▼

SSN:  Last Name:  First Name:

Start Date:  Type:  ▼

| Transaction ID      | Member ID  | SSN  | Last Name  | First Name   | PA Category   |
|---------------------|--|--|--|--|---------------|
| <a href="#">151</a> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | WAIVER - SCL2 |
| <a href="#">151</a> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | WAIVER - SCL2 |
| <a href="#">151</a> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | WAIVER - SCL2 |
| <a href="#">151</a> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | WAIVER - SCL2 |
| <a href="#">151</a> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | WAIVER - SCL2 |
| <a href="#">151</a> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | WAIVER - SCL2 |

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The first screen after clicking the hyperlink from the inquiry screen is the "PA Header."

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

**PA Header**

Monday 25 November 2019 1:50 pm

[Header](#) > [Details](#) > [Summary](#)

|   |   |
|---|---|
| Requesting Provider Number: <input type="text"/>        | PA Category*: <input type="text" value="Michelle P Waiver"/>                  |
| Servicing Provider Number*: <input type="text"/>        | Nursing Facility Type: <input type="text"/>                                   |
| Member ID*: <input type="text"/>                        | Diagnosis Code: <input type="text"/>  |
| Last Name: <input type="text" value="S"/>               | First Name: <input type="text" value="E"/> MI: <input type="text" value="N"/> |
| Emergency: <input type="text" value="No"/>              | Admission Date: <input type="text"/>  |
| Accident: <input type="text" value="No"/>               | Discharge Date: <input type="text"/>  |
| Special Considerations: <input type="text" value="No"/> |   |

Case Management/Disease Management

|                                 |                               |
|---------------------------------|-------------------------------|
| Indicator: <input type="text"/> | Program: <input type="text"/> |
| Level: <input type="text"/>     |                               |

This screen displays the "PA Category," requesting and servicing provider number, and member details.



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Click "Next" to display the details.

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout
PA Details

Monday 25 November 2019 1:55 pm

Header > [Details](#) > Summary

Line Item Number:

Service Type Code\*:

Revenue Code From:

Procedure Code From\*:

Modifiers:

Status:

Revenue Code To:

Procedure Code To:

|             | Effective Date                          | End Date                                | Frequency                           | Frequency Units                  | Units                             | Dollars              |
|-------------|---|---|-------------------------------------|----------------------------------|-----------------------------------|----------------------|
| Authorized: | <input type="text" value="11/20/2019"/> | <input type="text" value="11/18/2020"/> | <input type="text" value="Weekly"/> | <input type="text" value="160"/> | <input type="text" value="8480"/> | <input type="text"/> |
| Used:       | <input type="text"/>                    | <input type="text"/>                    | <input type="text"/>                | <input type="text"/>             | <input type="text"/>              | <input type="text"/> |

Tooth:

Tooth Quad:

Payment Method:

IAC

Detail Navigation

Detail Line Number:   Details Count: 2

The "Line Number," "Status," "Procedure or Revenue Code," "Effective Date" and "End Date," "Frequency," "Frequency Units," and "Dollars," (when applicable) and the "Payment Method."

In the "Detail Navigation" section, the count of the line details will be displayed. Click the blue arrows in the "Detail Navigation" section to navigate to each line detail.

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After reviewing each detail on the details screen, click "Next" and the "PA Summary" screen will be displayed.

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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

**PA Summary**

Monday 25 November 2019 2:04 pm

[Header](#) > [Details](#) > [Summary](#)

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**Header**

|  |                                |
|--|--------------------------------|
| Requesting Provider Number: [REDACTED] | PA Category: Michelle P Waiver |
| Servicing Provider Number: [REDACTED]  | Nursing Facility Type:         |
| Member ID: [REDACTED]                  | Diagnosis Code: [REDACTED]     |
| Last Name: [REDACTED]                  | First Name: [REDACTED] MI: N   |
| Emergency: N                           | Admission Date:                |
| Accident: N                            | Discharge Date:                |
| Special Consideration: N               |                                |

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**Case Management/Disease Management**

Indicator: \_\_\_\_\_ Program: \_\_\_\_\_

Level: \_\_\_\_\_

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**Approved Details**

| Line               | Item Number | Status | Procedure Code | Revenue Code | App. Eff. Date | App. End Date | App. Units | App. Amount |
|--------------------|-------------|--------|----------------|--------------|----------------|---------------|------------|-------------|
| <a href="#">01</a> |             | A      | 97535          |              | 11/20/2019     | 11/18/2020    | 8480       | 0           |
| <a href="#">02</a> |             | A      | T1005          |              | 11/20/2019     | 11/18/2020    | 0          | 4000        |

This screen displays the summary of the authorization. If you would like to review the details again for any of the lines, the "Line Number" in the "Approved Details" box is a hyperlink and will take you back to the "Details" screen for that service. You can either save this screen as a screenshot or print the screen. The prior authorization letter from MWMA will be sent via mail.

When you click finish you will be taken back to the "Prior Authorization Inquiry Screen."