

Prior Authorizations and Denials Log INSTRUCTIONS:

1. Report ALL prior authorizations and denials on this log.
2. Report both Physical AND Behavioral Health prior authorizations and denials.
3. For reporting purposes, use field names EXACTLY as shown in the specifications. Do NOT change spelling or add spaces to field names.
4. For fields with an Acceptable Values list, include ONLY items from that list. Be sure they are spelled EXACTLY as given in the specifications. Even minor deviations in spelling may result in your submission being rejected.
5. Any field with a data type of "Text" is limited to a maximum of 255 characters. Any characters beyond that will be truncated. (It is very unlikely that you will ever need that many characters for the fields requested for this report. Most Text fields are limited to an Acceptable Values list anyway.)
6. Submit report in a pipe-delimited file format.
7. The first row of the pipe-delimited file MUST contain the field names.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
Year	Number		Report the 4-digit calendar year for the time period the log covers. REQUIRED FIELD.
Quarter	Text	Jan-Mar Apr-Jun Jul-Sep Oct-Dec	Report the quarter for the time period the log covers using only the Acceptable Values. REQUIRED FIELD.
HealthPlanName	Text	AetnaBetterHealth HomeState MissouriCare	Report the Health Plan Name using only the Acceptable Values. NOTE that there are NO SPACES in the plan names in the Acceptable Values list. REQUIRED FIELD.
HealthPlanRegion	Text	Eastern Central Western Southwestern	Use Drop Down list. Do not add other rows. Do not change wording of items. REQUIRED FIELD.
DCN	Text		8-character patient ID assigned by MO HealthNet. Must be formatted as TEXT in order to preserve leading zeros. REQUIRED FIELD.
DOB	Date		Report the member's date of birth, formtted as mm/dd/yyyy.
Age	Number		Report the member's age at the time of the prior auth/denial, in years as a whole number.
Gender	Text	M F M->F F->M	Report gender using only the Acceptable Values. REQUIRED FIELD.
AuthNumber	Text		The Authorization Number for the particular authorization, as a TEXT field to accommodate any leading zeros or letters that may be included. A single Authorization may have multiple entries, one for each CPT/Service that is authorized.
PrimaryDx	Text		Report the primary diagnosis related to the service provided, using ICD9 codes (prior to October 1, 2015) or ICD-10 codes (after October 1, 2015), WITHOUT decimals. Format as text to preserve leading zeros.
UnitsRequested	Number		Number of units that were requested for the specified CPT/Service
UnitsAuthorized	Number		Total units authorized for the specified CPT/Service code.
UnitsDenied	Number		Total units denied for the specified CPT/Service code
CPTServiceCode	Text		CPT/ Service Code for service requested.
RequestDate	Date		Date request submitted in the format MM/DD/YYYY.
DecisionDate	Date/Time		Date and time of decision in format MM/DD/YYYY HH:MM AM/PM. Please include both the Date and Time in this field, since the contract requires certain decisions to be made within a specified time period. This field should be of the "Date/Time" data type.

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