

Prior Authorizations and Denials Log INSTRUCTIONS:

- Report ALL prior authorizations, concurrent authorizations, and service denials on this log. This includes ALL inpatient authorizations/denials and behavioral health intensive outpatient services. Since these types of authorizations don't have a CPT code, enter "Inpatient" in the "CPTServiceCode" field for all inpatient authorizations/denials, and enter "BH IOP" in the "CPTServiceCode" field for behavioral health intensive outpatient services.
- Report both Physical AND Behavioral Health authorizations and denials.
- Report all PAs, concurrent authorizations, service denials, etc., from subvendors (e.g., Dental PAs)
- 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.

- Submit report in a pipe-delimited ASCII (or DOS) file format. DO NOT save as a Unicode file format. Your IT people will understand the distinction.
- The first row of the pipe-delimited file MUST contain the field names, EXACTLY as indicated in the specifications. Do NOT change spelling or add spaces to field names.
- DO NOT INCLUDE THE PIPE CHARACTER ("|") IN YOUR ACTUAL DATA. The pipe character is ONLY to be used as a delimiter between fields. If you include pipes in your descriptions of events or elsewhere in your data, your file will not import properly and will need to be corrected and resubmitted.
- It's a good idea to search your data for pipes and replace any that are found BEFORE saving your data as a pipe-delimited file. Good replacement characters for pipes are dashes, underscores, backslashes, and forward-slashes. (But it's a better idea to simply not use them in your data in the first place!)
- DO NOT USE COMMAS in your number values. For example, report 1234 and NOT 1,234.
- All Date fields must use a 4-digit year.
- The Time of requests and of decisions is required since the contract requires certain decisions to be made within a specified time period. Format the RequestTime and DecisionTime fields as HH:MM AM/PM.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
CalYear	Number		Report the 4-digit calendar year for the time period the log covers.
CalQuarter	Text	Jan-Mar Apr-Jun Jul-Sep Oct-Dec	Report the quarter for the time period the log covers using only the Acceptable Values List.
HealthPlanName	Text	HomeState MissouriCare UnitedHealthcare	Report the Health Plan Name using only the Acceptable Values List. NOTE that there are NO SPACES in the plan names in the Acceptable Values List list.
HealthPlanRegion	Text	Eastern Central Western Southwestern	Use Acceptable Values list. Do not add other rows. Do not change wording of items.
DCN	Text		8-character patient ID assigned by MO HealthNet. Must be formatted as TEXT in order to preserve leading zeros.
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 U	Report gender using only the Acceptable Values List. If Unknown, record "U".
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 service.
UnitsAuthorized	Number		Total units authorized for the specified service.
UnitsDenied	Number		Total units denied for the specified service.
CPTServiceCode	Text		CPT/ Service Code for service requested. Some services do not have CPT codes available at the time of the authorization request. Enter "Inpatient" for inpatient services and "BH IOP" for behavioral health intensive outpatient services.
RequestDate	Date		Date request submitted in the format MM/DD/YYYY.
RequestTime	Time		Time of request in the format HH:MM AM/PM. The time of the request is required since the contract requires certain decisions to be made within a specified time period.
DecisionDate	Date		Date of decision in the format MM/DD/YYYY.
DecisionTime	Time		Time of decision in the format HH:MM AM/PM. The time of the decision is required since the contract requires certain decisions to be made within a specified time period.