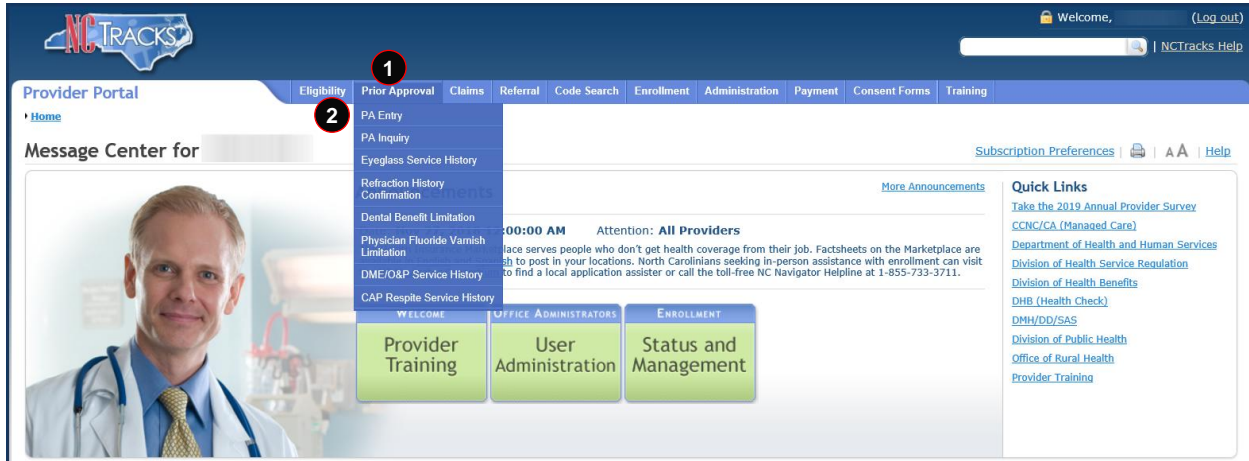


JOB AID

Prior Approval: Private Duty Nursing

PRIOR APPROVAL ENTRY

NCTracks allows providers to submit Prior Approvals (PAs) for services, products, and/or procedures electronically. From the Provider Portal, users can access the **PA Entry** page to begin submitting a PA. This Job Aid provides instructions for submitting Private Duty Nursing (PDN) PAs.



Step	Action
1	Hover over the Prior Approval menu.
2	Select PA Entry . The PA Entry page displays.

Prior Approval Request Type

The **Prior Approval Request Type** section of the **PA Entry** page prompts the user to select general information about the service, product, or procedure for which prior approval is being requested. These selections help determine information needed for the submission and adjudication of the PA.

The user must ensure that the billing provider, requesting provider, and recipient are actively enrolled in the Health Plan on the PA effective begin date for which prior approval is being requested.

Once the Health Plan is selected, the user will select PA Type 'PDN' and select the Service Type from the drop-down menu. The Service Type reflects the reason for the new PDN request. The selected Service Type determines further information required on the [Header Information tab](#) and assignment of requested dates on the [Detail Information tab](#).

The screenshot shows the 'Prior Approval Request' form in the Provider Portal. The form has a navigation bar at the top with tabs for Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Payment, Consent Forms, and Training. The main heading is 'Prior Approval Request'. Below the heading, there are several fields: 'Please select a Payer:' with radio buttons for DHB (selected) and DPH; 'Health Plan:' with a dropdown menu showing NCXIX; 'PA Type:' with a dropdown menu showing PDN; and 'Service Type:' with a dropdown menu showing EMERGENCY. There are numbered callouts 1 through 4 pointing to these fields. A 'Submit' button is located at the bottom right of the form.

Step	Action
1	Please select a Payer: Select DHB .
2	Health Plan: Select NCXIX (Medicaid)
3	PA Type: Select PDN from the drop-down menu.
4	<p>Service Type: Select one of the following Service Types from the drop-down menu:</p> <ul style="list-style-type: none"> • INITIAL (Initial/Provisional Authorization). Initial PDN request for the recipient or restart of services after 30-day break in care; authorization is maximum of 30 calendar days. • CONTINUE (Initial Continuation Request). Continuation of services after the Initial/Provisional Authorization; authorization is maximum of 150 calendar days. • REAUTH (Reauthorization Request). Further services beyond the Initial Continuation Request or other Reauthorization Request; authorization is maximum of 180 calendar days. • INCREASE (Increase of Hours). Request for additional hours during existing authorization period. • EMERGENCY (Emergency Increase of Hours). Request for additional hours during existing authorization period due to recent change in the recipient's medical condition or caregiver availability; emergency requests must be submitted the first business day after the emergency increase in hours is started. • REDUCTION (Reduction of Hours). Request to decrease hours during existing authorization period. • SAME AGENCY (Same Agency Transfer). Request to transfer authorized services from one NPI to another NPI for the same agency; the request is submitted by the new location. • DIFF AGENCY (Different Agency Transfer). Request to transfer authorized services from one agency to a different agency; the request is submitted by the new agency; authorization is maximum of 30 calendar days. • INIT SHARE (Initial Sharing of Care). For recipient already receiving services, request to share authorized hours with a new provider/agency not already providing care to the recipient; the request is submitted by the new agency; authorization is maximum of 30 calendar days. • MOD SHARE (Redistribution of Shared Hours). For recipient already receiving services by more than one agency, request to change the distribution of hours; all agencies requiring a redistribution of existing authorized hours must submit a request.
5	Select the Submit button.

Base Information

The options available in the **Base Information** section are determined by the user's job responsibilities. The drop-down menu options for the **Account Information, Group, NPI/Atypical ID, Locator Code, and Taxonomy Code** fields may vary by the number of

accounts to which the user is associated, the number of group associations within those accounts, the number of providers within those groups, the addresses where the providers are located, and the types of services available at those locations.

NCTracks validates that:

- The requesting National Provider Identifier (NPI) associated with the PA is an In-State or Border provider.
- All NPIs on the request have an “Active” enrollment status as of the requested PA begin date and are enrolled in the selected Health Plan as of the requested PA begin date.
- The recipient is enrolled in the selected Health Plan as of the requested PA begin date.

If any of these criteria are not met, the user will not be able to submit the PA.

Step	Action
1	Account Information: Verify the account to which the user is associated.
2	Group: Confirm/select the group to which the user is associated.
3	NPI/Atypical ID: Select the NPI/Atypical ID for the provider or group from the drop-down menu.
4	Locator Code: Select the address for the requesting provider from the drop-down menu.
5	Taxonomy Code: Select the taxonomy code associated with the selected address from the drop-down menu. For PDN PAs, the only applicable taxonomy is 251J00000X – Nursing Care .

Header Information Tab

The **Header Information** tab mainly focuses on the recipient, the billing provider, and the diagnosis. Questions specific to the PDN PA type display in the [Private Duty Nursing Services Criteria section](#).

Recipient Information

The first section of the **Header Information** tab is **Recipient**. The **Recipient Information** fields automatically populate the recipient’s demographic information when the user enters and confirms an eligible Recipient ID.

The recipient must be enrolled in the Health Plan selected in the [Prior Approval Request Type section](#). If the recipient is not actively enrolled in the selected Health Plan on the requested PA begin date, the user will not be able to submit the PA.

Provider Portal

Home > Prior Approval Request

Prior Approval Request

Indicates a required field

Legend

BASE INFORMATION

* Account Information: [dropdown]
 * Group: Choose [dropdown]
 * Locator Code: [dropdown]
 * NPI / Atypical ID: [dropdown]
 * Taxonomy Code: [dropdown]

Header Information | Detail Information | Attachments

Payer: DHB PA Type: PDN

RECIPIENT

Recipient Information

1 * Recipient ID: [input]
 Last Name: [input] First Name: [input]
 Address1: [input]
 Address2: [input]
 City: [input] State: [input] ZIP Code: [input]
 Gender: [input] Date of Birth: [input]

2 Confirm

Step	Action
1	Recipient ID: Enter an eligible recipient ID .
2	Select the Confirm button.

Billing Provider

The **Billing Provider** section of the **Header Information** tab allows the user to indicate which provider is expected to submit a claim for the service, product, or procedure. There are different options for entering the provider’s information:

- If the billing provider is the same as the requesting provider:
 - Select the **Billing provider is the same as the requesting provider** checkbox.
- If the billing provider is different from the requesting provider, do **one of** the following:
 - Enter an NPI or Atypical ID, select the **Validate** button to validate the entry, then select the appropriate address and taxonomy code from the respective drop-down menus.
 - OR
 - Select the **Select Favorite** button to select the provider from the **NCTracks: Provider Favorites** list, then select the appropriate address and taxonomy code from the respective drop-down menus.

BILLING PROVIDER

Billing provider is the same as the requesting provider

* NPI: [input] or * Atypical Id: [input] Validate

1 Select Favorite...

* Address: [dropdown]
 Last Name: [input] First Name: [input]
 Address1: [input]
 Address2: [input]
 City: [input] State: [input] ZIP Code: [input]
 Phone: [input] Fax: [input]

* Taxonomy Code: [dropdown]

Step	Action
1	Select the Select Favorite button.

NCTracks: Provider Favorites – Search Criteria

The **NCTracks: Provider Favorites** feature is used to create a list of providers for whom a user commonly submits PAs. Users can search for providers by last and/or first name or by NPI/Atypical ID.

NCTracks: Provider Favorites

NPI/Atypical ID	Description
<p>SEARCH CRITERIA</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> Enter a Last Name, First Name, or an NPI/Atypical ID below, then press Search to begin a lookup. </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Last Name <input style="width: 90%;" type="text"/> </div> <div style="width: 10%; text-align: center;"> </div> <div style="width: 45%;"> First Name <input style="width: 90%;" type="text"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> NPI/Atypical ID <input style="width: 90%;" type="text"/> </div> <div style="width: 10%; text-align: center;"> </div> <div style="width: 45%; text-align: right;"> 2 Search </div> </div>	
NPI/Atypical ID	Description

Step	Action
1	Last Name: Enter the provider's last name and/or First Name: Enter the provider's first name or NPI/Atypical ID: Enter the provider's NPI/Atypical ID
2	Select the Search button.

NCTracks: Provider Favorites – Results and Select

Upon submission of the search criteria, the application refreshes the page, displaying the providers that match the criteria entered. Users can add one or more providers to the **NCTracks: Provider Favorites** list; those providers are then readily available for current and future PA submissions.

NCTracks: Provider Favorites

NPI/Atypical ID	Description
-----------------	-------------

SEARCH CRITERIA

Enter a Last Name, First Name, or an NPI/Atypical ID below, then press **Search** to begin a lookup.

Last Name First Name

NPI/Atypical ID

NPI/Atypical ID	Description
1. 3	Add To Favorites 4

Step	Action
3	Select the provider's NPI/Atypical ID link.
4	Select the provider's Add To Favorites link.

Address and Taxonomy Code

Once the provider is added to the PA, the user must select the provider's appropriate address and taxonomy code for the PA.

BILLING PROVIDER

Billing provider is the same as the requesting provider

* NPI: OR * Atypical Id:

5 * Address:

Last Name:

Address1:

Address2:

City: State:

Phone: Fax:

6 * Taxonomy Code:

First Name:

ZIP Code:

DIAGNOSIS INFORMATION

Prognosis:

Please enter up to 12 applicable diagnosis codes below

* Diagnosis Code	* Diagnosis Type	Date of Onset (mm/dd/yyyy)	Primary
<input style="width: 100%;" type="text"/>	<input type="button" value="Choose"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/>

Step	Action
5	Address: Select the address for the billing provider from the drop-down menu.
6	Taxonomy Code: Select the taxonomy code associated with the selected address from the drop-down menu. For PDN PAs, the only applicable taxonomy is 251J0000X – Nursing Care .

Diagnosis Information

The **Diagnosis Information** is the next section of the **Header Information** tab. One prognosis code and up to 12 diagnosis codes may be associated with a PA, but it is not required information for submitting the PA. If a provider considers the diagnosis information useful for the adjudication process, enter the diagnosis code, its type, the onset date of the diagnosis, and whether it is the primary diagnosis.

Step	Action
1	Prognosis: Select a prognosis code from the drop-down menu.
2	Diagnosis Code: Enter the diagnosis code .
3	Diagnosis Type: Select the appropriate diagnosis type from the drop-down menu.
4	Date of Onset: Enter/select the date of onset .
5	Primary: Select the radio button for Primary , if appropriate.
6	Select the Add button.

Private Duty Nursing Services Criteria

The **Private Duty Nursing Services Criteria** is the next section of the **Header Information** tab. The services criteria are presented in three sections, and the required information is based on the Service Type selected in the [Prior Approval Request Type section](#).

The **Criteria For Initial And Ongoing Services** section contains a checklist of the policy criteria for PDN care and is specific to the following Service Types:

1. INITIAL – Initial/Provisional Authorization
2. CONTINUE – Initial Continuation Request
3. REAUTH – Reauthorization Request
4. INIT SHARE – Initial Sharing of Care
5. DIFF AGENCY – Different Agency Transfer

For these Service Types, all criteria that qualify the recipient for services should be selected. If the qualifying criteria or medical condition is not listed, then “Other” should be selected. If “Other” is selected, then text in the **Other Reasons For New PA Request** field is required.

The **Criteria For An Increase In Hours** section contains a checklist of the policy criteria for an increase to currently authorized services and is specific to the INCREASE – Increase of Hours Service Type. All criteria that qualify the recipient for additional hours should be selected. If the qualifying criteria or medical condition is not listed, then “Other” should be selected. If “Other” is selected, then text in the **Other Reasons For New PA Request** field is required.

For all Service Types not listed for the criteria list, a summary statement with the reason for the new PDN request is required in the **Other Reasons For New PA Request** field.

1 PRIVATE DUTY NURSING SERVICES CRITERIA
Criteria For Initial And Ongoing Services - Select All That Apply

- Dependent On A Ventilator For At Least 8 Hours Per Day
- Unable To Ween From Tracheostomy
- Nebulizer Treatments At Least 2 Scheduled Times Per Day And 1 Time Per Day, As Needed
- Pulse Oximetry Readings Every Nursing Shift
- Skilled Nursing Or Respiratory Assessments Every Shift
- Oxygen PRN Or Requires PRN Rate Adjustments At Least 2 Times Per Week
- Daily Tracheal Care
- PRN Tracheal Suctioning Using Suction Machine Or Flexible Catheter
- At Risk For Requiring Ventilator Support
- Requires At Least 1 Non-Respiratory Skilled Nursing Intervention That Requires More Extensive And Continuous Care Than Can Be Provided Through A Home Health Visit
- 3 Or More Organ System Deficiencies/Failures That Require Continuous Skilled Nursing Intervention
- Use Of Respiratory Pacer
- Dementia Or Other Cognitive Deficits
- Infusions
- Seizure Activity With Interventions That Require Assessment And Intervention By A Licensed Nurse
- Medically Frail
- Other

2 Criteria For An Increase In Hours - Select All That Apply

- New Tracheostomy, Ventilator Or Other Life-Sustaining Medical Technology That Requires Training Of And Transition Care To Informal Caregivers
- Acute And Temporary Change In Condition Resulting In Increased Amount And Frequency Of Nursing Interventions
- Family Emergency Or Change In Caregiver Availability, Support, Or Training Needs
- Beneficiary Is Out Of School And Has Used The Allotted 60 Hours Per Calendar Year For Sick Days, Adverse Weather, Or School Closings
- Other

Other Reasons For New PA Request **3**

500 characters remaining

4 Next » Submit

Step	Action
1	In the Criteria For Initial and Ongoing Services section, select the checkboxes for all criteria that apply. Note: Selection of at least one criterion is required for Initial/Provisional, Initial Continuation, Reauthorization, Different Agency Transfer, and Initial Sharing of Care requests.
2	In the Criteria For An Increase In Hours section, select the checkboxes for all criteria that apply. Note: Selection of at least one criterion is required for an increase in hours request.
3	In the Other Reasons For New PA Request text field, enter any reasons for the PA request that were not already addressed in steps 1 and 2. Note: This is required for requests for emergency increase in hours, reduction in hours, transfers, and modified sharing of care requests, as well as when "Other" is selected in either of the criteria sections.
4	Select the Next button.

Detail Information Tab

The **Detail Information** tab captures additional information about the service request.

The screenshot displays the 'Detail Information' tab in the NCMMIS system. At the top, it shows 'Payer: DHB' and 'PA Type: PDN'. Below this is the 'BASIC LINE ITEM INFORMATION' section with a table containing 'Line #', 'Proc Code', 'Code Type', and 'Requested Dates'. A red box highlights a note: 'For request of hours to cover missed school visits, enter total hours requested in the 'Requested PDN Hours' field and select 'MISSED SCH' for 'Place of Service'. For all other request types, enter requested hours per week in the 'Requested PDN Hours' field and appropriate place of service.' Numbered callouts 1-7 identify key fields: 1 (Proc Code), 2 (Requested Dates), 3 (Available Full-Time and Part-Time Caregivers), 4 (Requested PDN Hours), 5 (Place of Service), 6 (Rendering Provider section), and 7 (Add/Clear buttons).

Step	Action
1	Procedure Code: Select the Procedure Code from the drop-down menu.
2	Requested Begin Date: Enter the Requested Begin Date . The Requested End Date will auto-populate with the date 180 days from the Requested Begin Date . For all PA requests, the user will be required to enter a valid requested begin

Step	Action
	<p>date. The requested end date will be either user entered or system populated based on the Service Type. The system-generated date will reflect either 30, 150, or 180 calendar days based on the Service Type.</p> <ul style="list-style-type: none"> Initial/Provisional, Different Agency Transfer, and Initial Sharing of Care – System-generated 30 days Initial Continuation – System-generated 150 days Reauthorization – System-generated 180 days All other Service Types – User enters required end date <p>Note: The user has the option to override any system-generated end dates that are calculated based on the Service Type and entered requested begin date.</p>
3	<p>Select available Full-Time and Part-Time Caregivers from the drop-down menus. Enter Hours per Week and select the Place of Service from the drop-down menu.</p> <p>Note: The entered hours per week must be a whole number and greater than zero. The number of authorized units will be based on the requested hours per week.</p>
4	<p><u>Insert Requested PDN Hours.</u> <u>If the request is for coverage of missed school services, the requested hours are the total number of hours needed for the requested time period; if request is for any other reason (initial, reauthorization, increase in hours, etc.), the requested hours should reflect the number of PDN hours per week for the requested time period</u></p> <p>Note: <u>The entered hours per week must be a whole number and greater than zero. The number of authorized units will be based on the requested hours per week.</u></p>
5	<p><u>Select Place of Service from the drop down menu.</u></p> <p>Note: <u>Place of Service identifies the location where the requested service will be rendered; for requests to cover missed school services, the MISSED SCH location should be selected.</u></p>
46	<p>Select the checkbox for Rendering provider is the same as the billing provider; otherwise, enter rendering provider information.</p>
57	<p>Select the Add button. <u>Then select the Next button.</u></p> <p>Note: If different hours per week are requested for different time periods within the full authorization period, add a separate line for the different requested dates and hours.</p>
6	<p>Select the Next button.</p>

Missed School Visits

Providers can submit for up to 30 hours per each 180 day certification period for sick days, adverse weather days, and/or scheduled school closings. These hours may be added to an Initial Continuation, Reauthorization, etc. PA request as a separate detail line.

Providers can also submit an Increase PA for additional hours to cover sick days, adverse weather days, and/or scheduled school closings.

Attachments Tab

The **Attachments** tab allows users to share information related to the PA that has not been captured through the **Header Information** and **Detail Information** tabs.

Although the attachments question is a required field, actually submitting an attachment is not required. Select **No** if the PA does not need attachments; select **Yes** to include attachments with the PA.

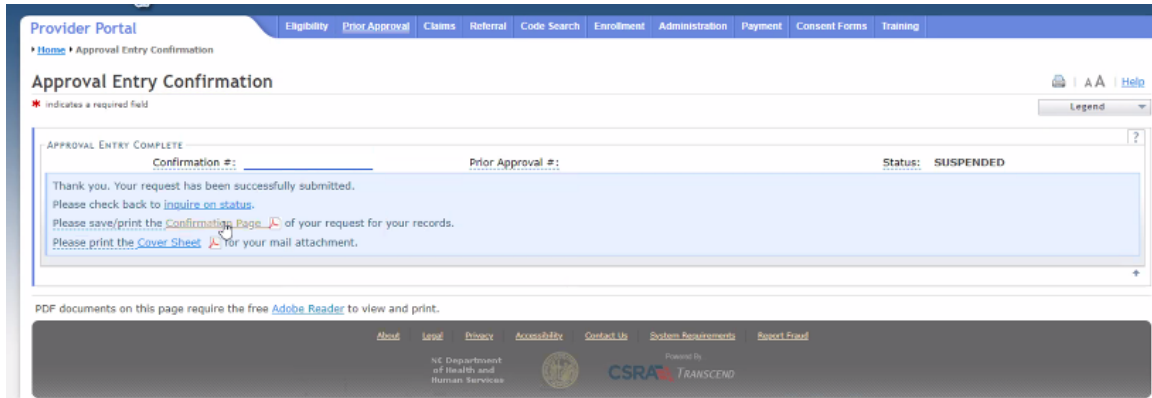
Step	Action
1	Does this Approval request have any attachments?: Select Yes or No . Note: Review the Clinical Coverage Policies 3G-1 and 3G-2 for specific information on what documentation needs to be submitted with the PA.
2	Attachment Type: Select the Attachment Type from the drop-down menu.
3	Transmission Code: Select the method of sending attachments from the drop-down menu. The available Transmission Code options are: <ul style="list-style-type: none"> • Fax – The application provides a fax number to send the attachment. Documents may be faxed with an Attachment Cover Sheet. The Attachment Cover Sheet is important as it helps to ensure that the documents are attached to the correct PA. • Mail – The application provides a mailing address to mail the attachment. Documents may be mailed with an Attachment Cover Sheet. The Attachment Cover Sheet is important as it helps to ensure that the documents are attached to the correct PA. • Upload – The application provides an Upload File button to allow the user to locate and add the attachment to the PA. The most common attachment formats are PDF, JPEG, and PNG.
4	Attachment Control #: Enter a unique identifier for the attachment. Note: The Attachment Control # field accepts up to 10 letters and numbers.
5	Attachment Supplement: Depending on the Transmission Code selected, this field will allow you to browse for any electronic documents that you wish to electronically attach, or will provide the fax number or the mailing address in the event that there are documents that need to be faxed or mailed.
6	Select the Add button.

Submit Prior Approval Request

The **Submit** button used to submit the PA is located on the **Attachments** tab. Regardless of whether the PA has attachments, the user must navigate to the **Attachments** tab to submit the PA.

Approval Entry Confirmation

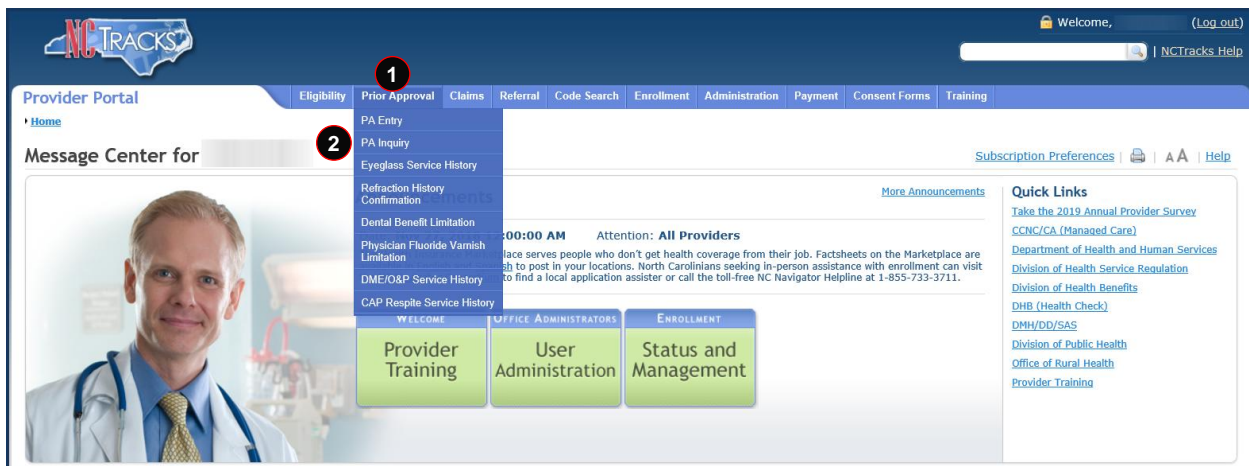
When all required fields have values, the application automatically processes the PA request and displays the appropriate status on the **Approval Entry Confirmation** page. This page provides information that may be printed for the recipient’s file, used for sending non-electronic attachments, and/or used for inquiring about the PA request’s adjudication status.



PRIOR APPROVAL INQUIRIES

NCTracks allows providers to conduct inquiries on PAs where the provider is listed as the submitting, billing, and/or rendering provider.

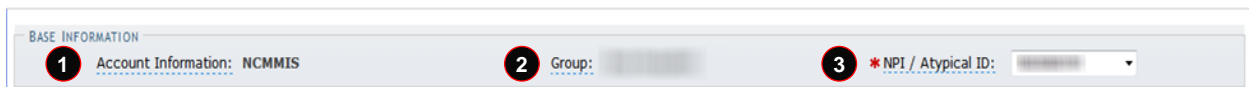
From the Provider Portal, users can access the **Approval Status Inquiry** page to begin inquiring on a PA.



Step	Action
1	Hover over the Prior Approval menu.
2	Select PA Inquiry . The Approval Status Inquiry page displays.

Base Information

The options available in the **Base Information** section of the **Approval Status Inquiry** page are determined by the user's job responsibilities. The drop-down menu options for the **Account Information**, **Group**, and **NPI/Atypical ID** may vary by the number of accounts to which the user is associated, the number of group associations within those accounts, and the number of providers within those groups.



Step	Action
1	Account Information: Verify the account to which the user is associated.
2	Group: Confirm/select the group to which the user is associated.
3	NPI/Atypical ID: Select the NPI/Atypical ID for the provider or group from the drop-down menu.

Search Options

The **Approval Status Inquiry** page provides **Search Options** and **Search Refinements** sections to allow users to conduct broad or more specific PA searches.

Step	Action
1	Enter one of the following search criteria: <ul style="list-style-type: none"> • Prior Approval #: Enter the unique identifier of an approved PA submission. • Confirmation #: Enter the unique identifier of a submitted PA. • Recipient ID: Enter the recipient's ID. <p>Note: It is recommended that when searching by Recipient ID, you use additional search criteria to narrow the search results.</p>
2	Please select a Payer: Select DHB . Note: This field is used to narrow search results and is not required.
3	Health Plan: Select a Health Plan from the drop-down menu. Note: This field is used to narrow search results and is not required.
4	PA Type: Select a PA Type from the drop-down menu. Note: This field is used to narrow search results and is not required.
5	Enter the Procedure Code on the PA. Note: This field is used to narrow search results and is not required.
6	Select the Search button.

Approval Request List

Upon submission of the search criteria, the application refreshes and displays the search results under the **Approval Request List** section. Providers can only view records in which the provider selected in the Base Information on the inquiry search page matches on the requesting, billing, or rendering provider on the PA record. The **Approval Request List** section displays the general information about the PA.

- APPROVAL REQUEST LIST								
Prior Approval #	Confirmation #	PA Type	Recipient ID	Recipient	Submission Date	Status	Effective Dates	Payer
	1	PDN			02/26/2013	SUSPENDED		DHB

1 results (displaying page 1 of 1) first prev 1 next last

Step	Action
1	Select the Confirmation # link to access the details of the PA.

Name	Description
Prior Approval #	The unique identifier of an approved PA submission.
Confirmation #	The unique identifier of a submitted PA.
PA Type	The category under which the PA falls. Note: PDN records adjudicated by State staff will have the PA Type of PDN-Legacy. PDN records adjudicated by Fiscal Agent staff will have the PA Type of PDN.
Recipient ID	The recipient's identification number.
Recipient	The recipient's first and last names.
Submission Date	The date the PA was submitted.
Status	The state of the submission.
Effective Dates	The timeframe during which the services, products, and/or procedures are expected to be provided and/or rendered.
Payer	The division listed as the payer of the services, products, and/or procedures.

Request Details

Users can view the PA details to review additional information about the PA.

Approval Status Inquiry

Indicates a required field

AA Help Legend

HEADER INFORMATION			
Confirmation #:	Benefit Plan: MCAID	Health Plan: NCKIX	
Prior Approval #:		PA Type: PDN	
Recipient:		Recipient ID:	
Billing Provider:		Billing Provider ID:	
Requesting Provider Name:		Requesting Provider ID:	
Submission Date: 05/17/2024		Status: SUSPENDED	
Effective Begin Date:		Effective End Date:	
Payer: NC DHHS DIV OF HEALTH BENEFITS		# of Attachments: 0	
PA Documents: View Documents			
ATTACHMENTS			
Attachment Type	Attachment Control #	Transmission Code	
DIAGNOSES INFORMATION			
Diagnosis Code	Diagnosis Type	Date of Onset (mm/dd/yyyy)	Primary
LINE ITEM 1			
Status: SUSPENDED		Effective End Date	
Effective Begin Date:		Rendering Provider ID:	
Rendering Provider Name:		Units Used: 0.000	
Units Allowed: 0.000		Amount Used: 0.00	
Amount Allowed: 0.00		Maintenance of Service:	
Procedure Code: T1000		Approved Hours per Week: 0.00	
Modifier(s):			
Rate Amount Approved: 0.00			
PRIOR APPROVAL ATTACHMENT			
Would you like to attach additional files?			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
VOID PRIOR APPROVAL			
Void Prior Approval			
<input type="button" value="Previous"/>			

Name	Description
Header Information	<p>This section includes the Confirmation Number, Benefit Plan, Health Plan, Prior Approval #, PA Type, Recipient (name), Recipient ID, Billing Provider, Billing Provider ID, Requesting Provider Name, Requesting Provider ID, Submission Date, Status, Effective Begin Date, Effective End Date, Payer, # of Attachments, and PA Documents fields.</p> <p>Note: The system-created documents that are available in DocViewer will have the following labels:</p> <ul style="list-style-type: none"> ATTACH CVR (Attachment Cover Sheet) identifies the system-generated cover sheet when the provider indicates attachments are being submitted via mail or fax. CNFRM PDF (Confirmation PDF) identifies the system-generated confirmation PDF when a PA is successfully submitted.
Attachments	This section includes the Attachment Type, Attachment Control #, and Transmission Code fields.
Diagnosis Information	This section includes the Diagnosis Code, Date of Onset, and Primary (indicator) fields.
Line Item (1)	<p>This section includes the Status, Effective Begin Date, Effective End Date, Rendering Provider Name, Rendering Provider ID, Units Allowed, Units Used, Amount Allowed, Amount Used, Procedure Code, Maintenance of Service, Modifier(s), Approved Hours per Week, and Rate Amount Approved fields.</p> <p>Note: If the Status is Void, then the Reason field will populate.</p>

Name	Description
Prior Approval Attachments	This section allows you to attach documents after submission.
Void Prior Approval	<p>This section allows the provider to void the PA. Note: A PA with a status of Suspended, Pending, Pend AI 1, Pend AI 2, Approved, Reduced, or Modified Approved can be voided in the Provider Portal by the requesting provider.</p> <p>When requesting to void a PA, the requesting provider’s NPI must match the NPI on the PA record. To void, no claims can be paid against the PA; the used amount and used units must be equal to zero for each detail line.</p>

Attachment Details

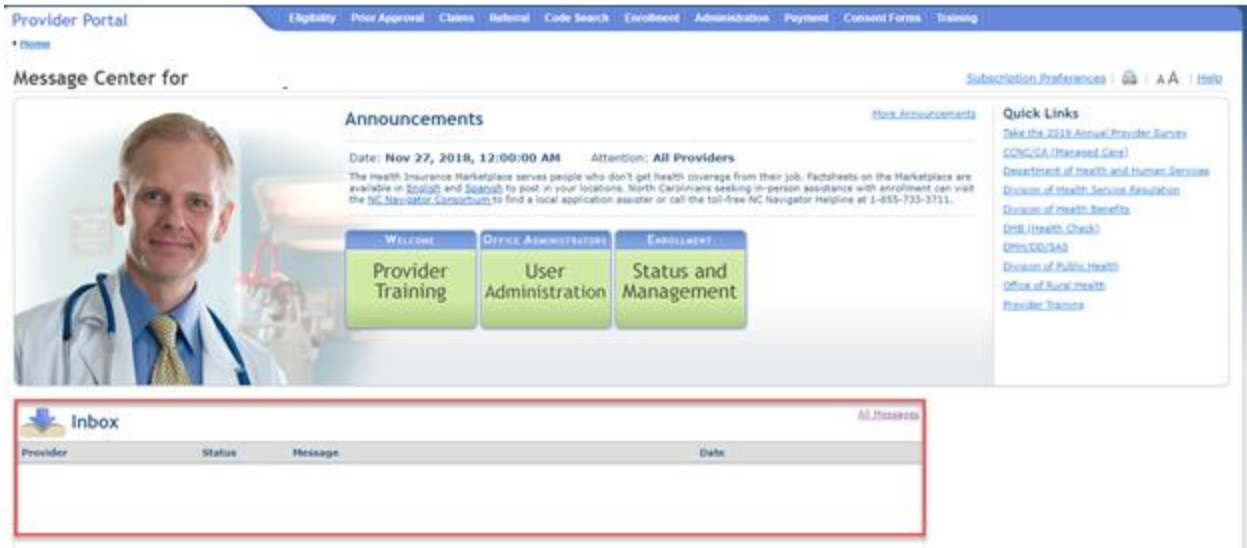
Depending on the status of the PA, the attachment addition page will vary.

For PAs not in a final status, the attachment addition page is the same as in PA entry.

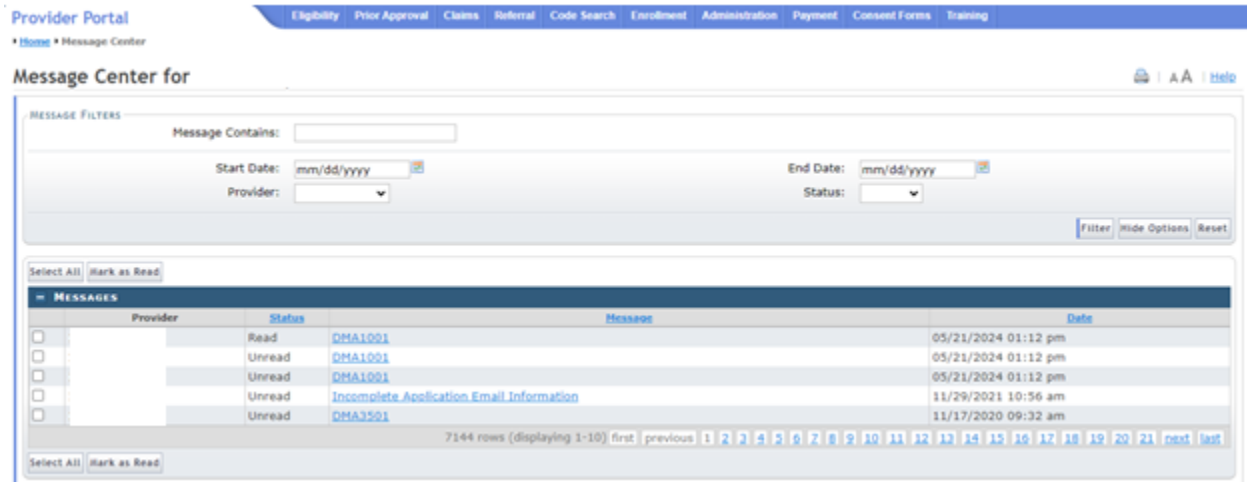
For PAs in a final status (approved, denied, modified approved, reduction, void, or terminated), the user must include a reason for the uploaded attachment. The provider must select from one of the following reasons from the **Reason** drop-down field: DISCHARGE, EMERGENCY, 60 DAY, 120 DAY, or OTHER.

PDN Decision Letter Information

All decision letters issued by the Fiscal Agent will be available for providers to view and download via the Message Center available on the NCTracks secure Provider Portal home page. Adverse decision and request for additional information letters will also be mailed to the requesting provider on the PA record.



The letters will be displayed with most recent document, across all NCTracks areas, listed at the top. Selecting the **All Messages** link providers filter and search options.



The type of letter is defined by the ID in the **Message** column. The following are the most common PDN PA letters and IDs:

- DMA3501 – Request For Additional Information
- DMA1000 – Initial Approval Letter
- DMA1001 – Modification To Previously Authorized Services; the letter contains details of previously authorized services and currently authorized services
- MCAID2001, MCAID2001E, MCAID2002, MCAID2002E – Adverse Decision Letter