

Atrezzo Training - Prior Authorization Case Set Up Frequently Asked Questions

1. Does the Servicing facility also receive a PA letter?

Yes, both the Requesting and the Servicing provider will receive a letter, only if the addresses are different. Letters are available in Atrezzo to view and print from the portal and are also sent out via USPS mail.

2. If member has been denied in past with a previous PA start of care, can we submit a new request with new start of care, so it won't flag as a duplicate void?

If a request is partially approved or denied, you must follow the appeal process which is to request a Reconsideration or a Peer to Peer for that prior authorization. If it is partially approved, you will need to submit a PA revision request to end date the denied PA and wait to see that it is completed. Then you can put in a new request for the new date of care, starting with the day after the end date of the denied PA.

3. For Indiana, where can I find the 7-day turn around rule in the Indiana FSSA Home Health Care and Prior Authorization modules?

The new timeframes are CMS guidelines as described in IHCP Bulletin BT2025165 November 2025, where it states the following:
Acentra Health will continue to be required to make a PA decision within seven calendar days of the initial standard PA request. **The time may be extended to an additional seven calendar days if one of the following occurs:**

- * The member or submitting provider requests an extension.
- * Acentra Health determines more information is needed and requests that information from the provider (PEND).

4. When transferring a PA between locations, will the original requesting provider lose the auth for the visits that have already been completed? Would the PA be split so the original provider is still paid?

When transferring PA between locations (with a servicing/rendering Provider with a different NPI) the original requesting provider needs to submit a PA Revision Request to inform us how many visits were used for first location and provide the end date. Also include how many remaining visits the new NPI will receive, and this PA will start the day after the original's end date.

5. What if a member wants to change PA providers, but they still have units and dates for another month?

If the member chooses to change provider care, the new servicing Provider must first submit a Prior Authorization Revision Request form to assume care of this member and their current/active prior authorization. The PA follows the member.

6. Who can submit PA information into the portal, does it have to be an RN or clinical person?

The prior authorization request and all necessary information can be submitted by any staff member assigned at the Provider's discretion. This person will need to understand the PA process and the necessary information that is required. We suggest they follow the IHCP Prior Auth Request Form Instructions as a guide on what must be completed, ensure signatures are obtained by the appropriate clinician and dated, and all required documents are attached.

8. Can I add the signed IHCP prior authorization dental request form to the case by using Add Additional Clinical Information (using the Action button)?

If you are uploading after you submitted the PA do not use the **Action button** to submit as additional information (this is only to be used when your request has been Pended and we are requesting additional information on an open PA). Please go directly into the case, click the Attachments section to upload and include a Note.

9. What place of service do we use for IOP at our facility - we are an inpatient facility, but we also offer IOP?

When setting up a case online, the place of service is only mandatory for Home Health submissions. Do not fill in the place of service.

10. In the past I have requested PA for CPT 99600 Modifier TD, completed and submitted the request and got messages of an overlap with another PA for home health aide services. Can I see if another provider has an overlapping PA, prior to completing the required information?

For security purposes, you will not be able to see if another provider has an overlapping PA; however, after you complete the section of the case set up online, you can click the Validate button or Click to Submit to see if there are any error messages for the case.

11. For Hospice Room and Board, if we include the start date and end date as the same date, we were told it would be an open-ended authorization. Then when the patient enters the next election period, we just upload the additional required clinical paperwork. Is this correct?

To clarify, Hospice Room and Board authorizations are only for Dual Eligible, Medicare/Medicaid Members. Yes, once you submit and have an open-ended authorization then you will continue to upload the additional required clinical documentation for each election period.

12. Why did the Behavioral Health PAs change from 180-day approval (length of a treatment plan) to 90 days?

As Behavioral Health PAs vary; each review is based on medical necessity. A treatment plan such as a youth center which is residential treatment but uses outpatient, there is no defining measure that a member will need to be in that setting for 180 days. Also, the plans often have outcome dates that differ from the 180 days, so it is not possible to predict medical necessity beyond the plan's date of expected outcome.

13. Are we still able to request a PA for 6 months even if the treatment plan expires before then? Why are we only able to request an authorization until the treatment plan ends instead of asking for 6 months?

You may continue to request a PA for 6 months; however, if the plan expires prior to then, and has outcome dates that differ from the number of days you are requesting, we cannot predict medical necessity beyond the plan's date of expected outcome.

14. Where can we find information on Units vs. Visits and how that is set up?

Units typically refer to the measure of service provided, often quantified in days or session times. Depending on your type of service, visits may denote the number of times a patient interacts with a healthcare provider. Please refer to the IHCP Provider Module for your specific service area for correct information.

15. Can we adjust the requested duration of the PA request?

If the PA is active and all dates of services have not expired, you may request to change or add units to the existing PA by submitting a Prior Auth Revision Request.

16. If a PA was submitted for a service with an incorrect CPT code, is it possible to correct that on the portal and is there a timeframe for this action to be done?

This would be a Prior Auth Revision Request that can be entered under the Actions section of the case or by faxing the revision request form to us as soon as possible. It must be requested while the PA is still active and dates of service have not expired.

17. Can the therapist sign the PA form, or does it need to be the referring physician?

Please refer to the IHCP Prior Authorization Reference Module. Refer to the list of Providers Allowed to Submit PA Requests section. Any PA request forms that are signed by a provider not meeting IHCP qualifications must include a signed, dated order from an attending provider that does meet these qualifications. Otherwise, the PA will be placed in a pend status.