



Medi-Cal Rx Portal Prior Authorization Request Job Aid

April 15, 2024

1.0 What Is a Prior Authorization Request?

A prior authorization (PA) request is a process which requires providers to obtain approval before rendering certain services or drugs. Registered providers (pharmacies and prescribers) can log in to the Medi-Cal Rx Secured Provider Portal to submit PA requests, inquire on the status of PA requests, cancel PA requests, or add information to existing PA requests, as well as attach documents to any in-progress PA requests.

Note: PA Request Appeals may also be submitted by changing the request type. Refer to Figure 3.1-1.

2.0 Accessing the PA Request System

Before you can access the PA request system, you are first required to register for the Medi-Cal Rx Secured Provider Portal and PA request system. If you have not completed registration, refer to the [User Administration Console \(UAC\) Quick Start Guide](#) for instructions.

1. Once you have completed registration, access the PA Request System by logging in to the [Medi-Cal Rx Secured Provider Portal](#). Once you log in, the page reflects the National Provider Identifier (NPI) on whose behalf you are working. Refer to *Figure 2.0-1*.
2. If you submit PA requests on behalf of multiple NPIs, choose the relevant one by selecting the **Pencil** icon after the NPI. Refer to *Figure 2.0-1*.

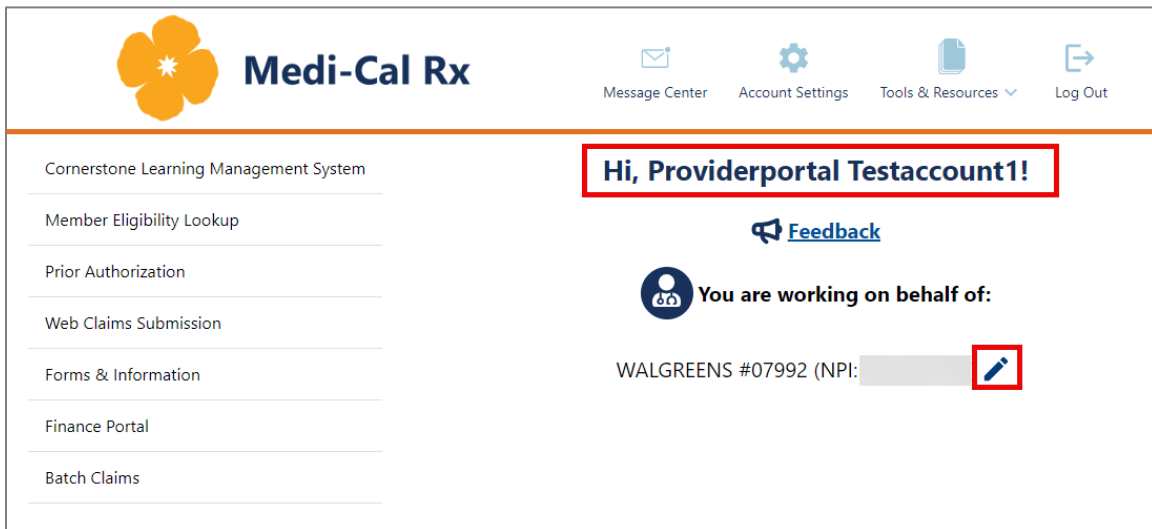


Figure 2.0-1: Secured Provider Portal

3. The Provider List pop-up box appears. Select the radio button next to the relevant provider, and then press **Select**. Refer to *Figure 2.0-2*.

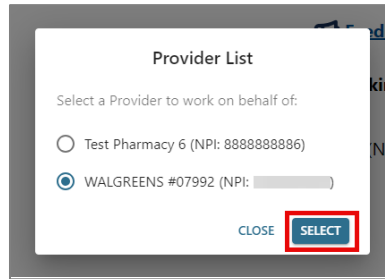


Figure 2.0-2: Provider List Pop-Up Box

4. To access the PA request system, select the **Prior Authorization** tab. Refer to *Figure 2.0-3*.

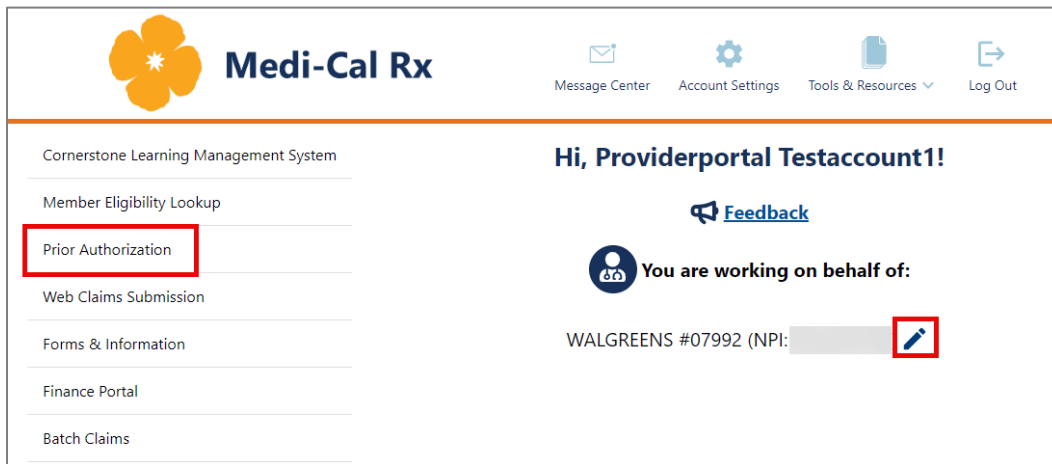


Figure 2.0-3: Prior Authorization

5. Selecting the Prior Authorization tab will take you to the PA landing page where you have five functions to choose from: Create New PA, Inquiry on PA, Cancel PA, Add Information to Existing PA, and Upload Attachments to Existing PA. Refer to *Figure 2.0-4*.

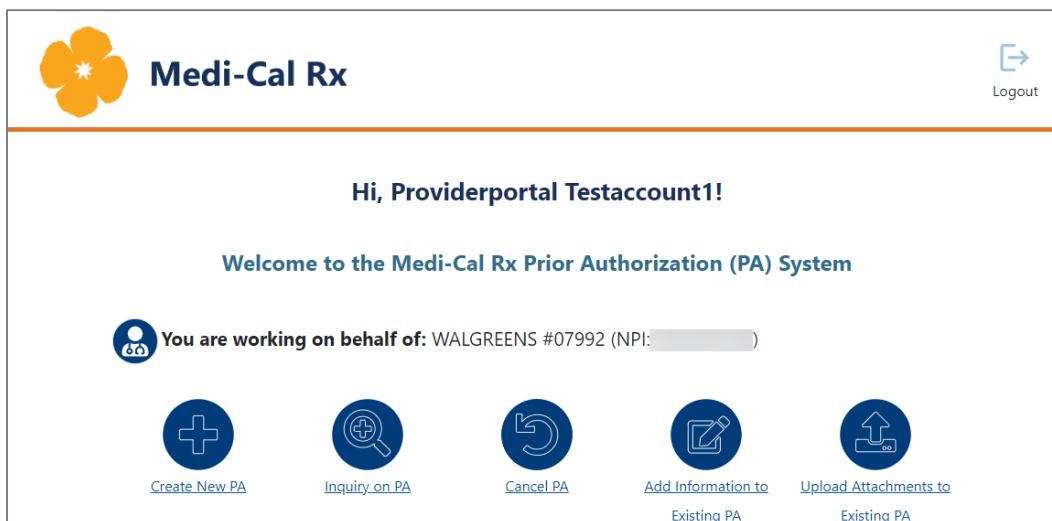


Figure 2.0-4: PA Landing Page

3.0 Creating a New PA Request

Complete the following steps to create a new PA request:

1. Select **Create New PA** from the PA landing page. Refer to *Figure 3.0-1*.

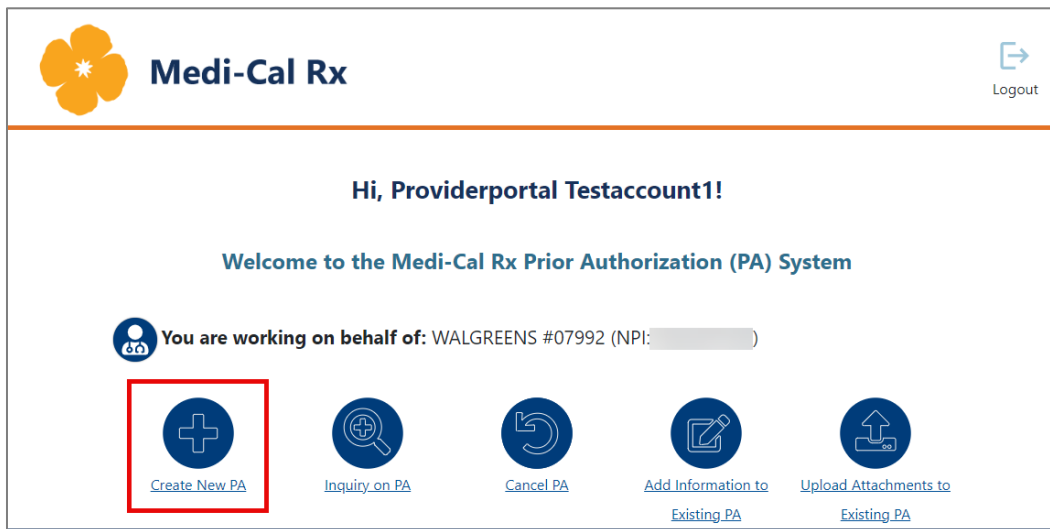


Figure 3.0-1: Create New PA Button

2. The Create New PA page loads with three options to submit a PA request. Select an option to continue using the portal:
 - Portal: To continue using the portal, select the **Continue to Create a New PA on the Portal** option. See *Figure 3.0-2*.
 - CoverMyMeds®: With the exception of pharmacies, prescribers can navigate from the portal to CoverMyMeds to submit PA requests. To use this option, click the link or go to <https://www.covermymeds.com> for more information.
 - Downloaded Form: You can submit using a manual PA request fax form by clicking the link to download the *Medi-Cal Rx Prior Authorization Request Form*. The form is also found on the [Forms & Information](#) page on the Medi-Cal Rx Provider Portal.

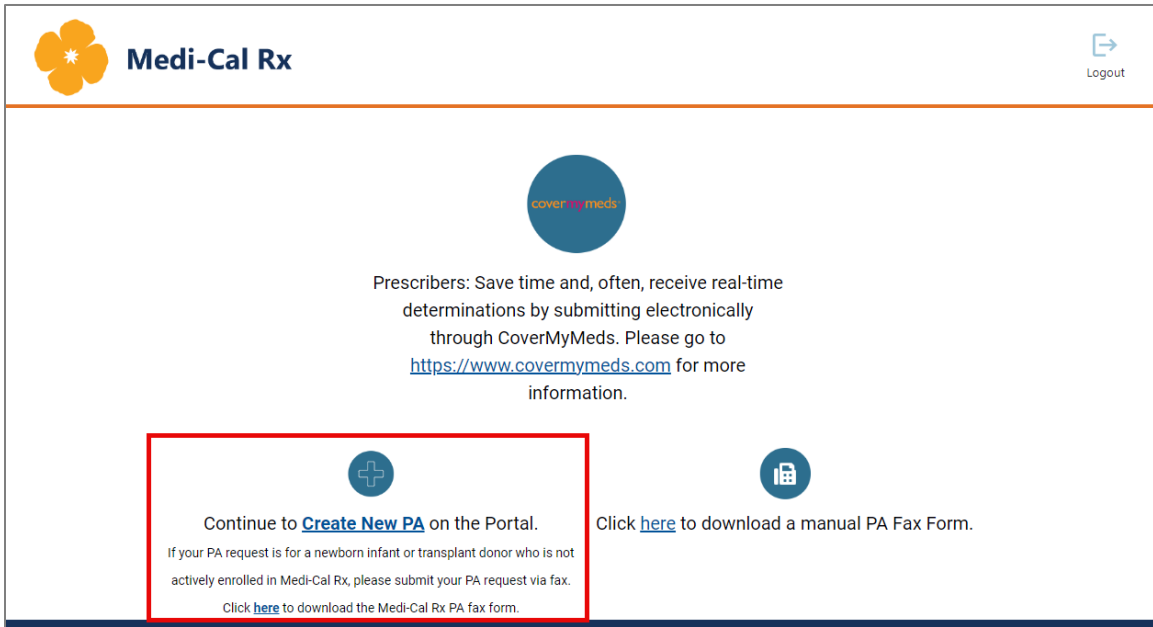


Figure 3.0-2: Create New PA Options

3. The Provider page appears with fields for entering prescriber information. Complete the required fields notated by a red asterisk (*). Once the required fields are filled out, the previously greyed out Next button turns blue. Select **Next** to proceed. Refer to *Figure 3.0-3*.

Figure 3.0-3: Provider Page with Prescriber Fields

4. The Submitter page appears. Complete the required fields notated by a red asterisk (*) and select **Next**. Refer to *Figure 3.0-4*.

Figure 3.0-4: Submitter Information Page

5. The Member/Drug Information page loads. Enter the Member information; required fields are notated by a red asterisk (*). Refer to *Figure 3.0-5*.

here to download the Medi-Cal Rx PA fax form.' Below this, there is a section titled 'Member Information:' with four input fields: '* Member First Name:' (Jane), '* Member Last Name:' (Doe), '* Member ID:' (12345678A), and '* Member DOB:' (01/01/1980). The first four fields are highlighted with red boxes."/>

Figure 3.0-5: Member/Drug Information Page – Member Information Fields

6. If the PA request is for a compound, go to Step 8.
7. If the PA request is for a non-compound drug, leave the defaulted radio button selection as **No**. Refer to *Figure 3.0-6*.
 - a. To search by drug name, select the **Drug Name** radio button. Select the appropriate drug form and strength from the drop-down menu and complete all the remaining required fields denoted by a red asterisk (*). Select the appropriate radio button to determine if the PA request should be reviewed for Substitution Not Allowed. Then select **Next**. Continue to Step 9.

Note: For enteral nutrition products, you must enter the 11-digit NDC.

Drug Information:

Is the requested medication a compound drug?: Yes No

* Search By: Drug Name NDC *Request for Enteral Nutrition Products must be submitted using NDC.*

* Drug Name:

* Quantity:

* Days Supply:

Should the request be reviewed for Substitution Not Allowed (DAW-1)?: Yes No

PREVIOUS CANCEL NEXT

Figure 3.0-6: Member/Drug Information Page – Drug Information Fields – Drug Name Search

- b. To search by NDC, select the **NDC** radio button. Refer to *Figure 3.0-7*. Enter the 11-digit NDC. This will be required for enteral nutrition products. Complete all the remaining required fields denoted by a red asterisk (*). Select the appropriate radio button to determine if the PA request should be reviewed for Substitution Not Allowed. Then select **Next**. Continue to Step 9.

Note: An error message will appear if the NDC submitted is not 11 digits or is invalid.

Drug Information:

Is the requested medication a compound drug?: Yes No

* Search By: Drug Name NDC *Request for Enteral Nutrition Products must be submitted using NDC.*

* NDC:
Invalid NDC. Please enter a valid NDC.

Should the request be reviewed for Substitution Not Allowed (DAW-1)?: Yes No

PREVIOUS CANCEL NEXT

Figure 3.0-7: Member/Drug Information Page – Drug Information Fields – NDC Search

8. If the PA request is for a compound drug, have the pharmacy submit a compound claim prior to the PA request submission. Having the claim submitted first allows the PA request reviewer to accurately review medical necessity and ensure the claim being processed gets the correctly coded decision.

If the request is approved, the PA request reviewer will be able to test trial adjudication against the initial rejected claim to ensure payment for the pharmacy. Select the **Yes** radio button and complete all the required fields denoted by a red asterisk (*). Select **Next**. Refer to *Figure 3.0-8*.

At this point, the system runs a trial adjudication to ensure that the member is found and eligible. If confirmed, the system will allow you to proceed. If the patient information is incorrectly entered, you will not be able to proceed.

*Required Fields

PROVIDER SUBMITTER MEMBER/DRUG INFORMATION PA INFORMATION ATTACHMENTS SUMMARY

Drug Information:

Is the requested medication a compound drug?: Yes No

Please have the pharmacy submit the compound drug claim prior to PA submission:

* Compound Dosage Form:

* Compound Dispensing Unit Form Indicator:

* Compound Ingredient Component Count:

	* ID Qualifier	* Product ID(NDC)	* Ingredient Quantity
1	NDC	<input type="text"/>	<input type="text"/>
2	NDC	<input type="text"/>	<input type="text"/>

Should the request be reviewed for Substitution Not Allowed (DAW-1)?: Yes No

PREVIOUS CANCEL NEXT

Figure 3.0-8: Compound Drug Information Page Fields

- After you select Next on the Member/Drug Information page, the PA Information page will load. Complete all of the required fields denoted by a red asterisk (*). Choose the appropriate location from the Member Location drop-down menu and the dispense as written (DAW) code from the DAW/Product Selection Code drop-down menu. Additionally, choose the appropriate request type from the Request Type drop-down menu. The **requested PA start date** and **end date**, NOT the **therapy start date** and **end date**, should be used to fill the **Requested PA start date** and **Requested PA end date** boxes. Then, select **Next**. Refer to *Figure 3.0-9*.

*Required Fields

PROVIDER SUBMITTER MEMBER/DRUG INFORMATION PA INFORMATION ATTACHMENTS

Patient Name: _____ Patient Height: _____ inches Patient Weight: _____ lbs

* Member Location: _____

Drug Name: _____ NDC: _____

Quantity: _____ Days Supply: _____

Number of Refills: 0 * DAW/Product Selection Code: _____

* Request Type: New Request

* PA Request Begin Date: MM/DD/YYYY * PA Request End Date: MM/DD/YYYY

* ICD-10 Diagnosis Code: _____ ICD-10 Diagnosis Code: _____

* Trial/Failure: _____

Please list all medications tried/failed including duration of therapy (specific dates) and the response or reason for failure.

Characters Remaining: 4000/4000

* Clinical Information: _____

Please provide prescription direction (SIG), symptoms, lab results with dates and/or justification for initial or ongoing therapy or increased dose and if patient has any contraindications for the Medi-Cal Rx preferred drug. Lab results with dates must be provided if needed to establish diagnosis or evaluate response. Please provide any additional clinical information or comments pertinent to this request for coverage, including information related to exigent circumstances, or required under state and federal laws.

Characters Remaining: 4000/4000

PREVIOUS CANCEL NEXT

Figure 3.0-9: PA Information Page

- The Attachments page appears. To upload attachments for the PA request, drag and drop files from your computer to the gray box or select the box to browse files. The system will allow you to choose up to 10 attachments (combined file sizes are not to exceed 25 megabytes). Once all relevant files are attached, select **Next**. Refer to *Figure 3.0-10*.

*Required Fields

PROVIDER SUBMITTER MEMBER/DRUG INFORMATION PA INFORMATION ATTACHMENTS SUMMARY

If you are unable to upload attachments electronically, please fax your attachments to 1-800-869-4325. Please include the Member First Name, Last Name, Date of Birth, and Identification Number on a cover page.

Drag and drop files here, or click inside this box to choose file(s) to upload.

File size cannot exceed 25mb.

Please upload supported files: pdf .jpeg .jpg .tiff

PREVIOUS CANCEL NEXT

Figure 3.0-10: Attachments Page

- The Summary page loads. Review all information for accuracy, scroll down, and then select **Submit**. Refer to *Figure 3.0-11*.

Note: If a provider wishes to make changes when reviewing the Summary page, they can select the **Previous** button to return to the screen where they want to make a change.

Prior Auth Information:

Patient Name:	Jane Doe	Patient Height:	Not Provided
Drug Name:	OMEPRAZOLE DR 20 MG ODT	Patient Weight:	Not Provided
Quantity:	30	Days of Supply:	30
Number of Authorized Refills:	0		
Request Type:	New Request		
PA Request Begin Date:	03/27/2024	PA Request End Date:	03/27/2025
Diagnosis Codes:	G40		
DAW Selection Code:	No Product Selection Ind		
Trial/Failure:	test		
Clinical Information:	test		
Additional Information:	Not Provided		

Uploaded Files:

cam_flower1_20240327161318.jpg	Wednesday, March 27th 2024, 4:13 PM
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PREVIOUS CANCEL **SUBMIT**

Figure 3.0-11: Summary Page

12. An Attestation pop-up box appears and acts as a digital signature. Select **Yes, I Attest** to e-sign and submit the PA request. Refer to *Figure 3.0-12*.

I attest the information provided is true and accurate to the best of my knowledge. I understand that Medi-Cal Rx or its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

YES, I ATTEST NO, GO BACK

Figure 3.0-12: Attestation Pop-Up Box

13. The PA Submission Confirmation page appears, and an authorization number is provided. Select **Continue** to return to the PA landing page. Refer to *Figure 3.0-13*.

Medi-Cal Rx Logout



 Your Prior Authorization request has been submitted successfully!
 Authorization Number: WEB00000000000058836

Figure 3.0-13: PA Submission Confirmation Page

14. After returning to the PA landing page, you have the following options:

- Create New PA
- Inquiry on PA
- Cancel PA
- Add Information to Existing PA
- Upload Attachments to Existing PA

3.1 PA Request Appeal

To submit PA request appeals, follow the process for submitting a PA request in [Section 3.0 – Creating a New PA Request](#).

When you reach the PA information page, select **Appeal** from the **Request Type** drop-down menu. Refer to *Figure 3.1-1*. Make sure to provide information supporting the medical necessity for your request as well as any supporting documentation. Complete all the required fields denoted by a red asterisk (*).

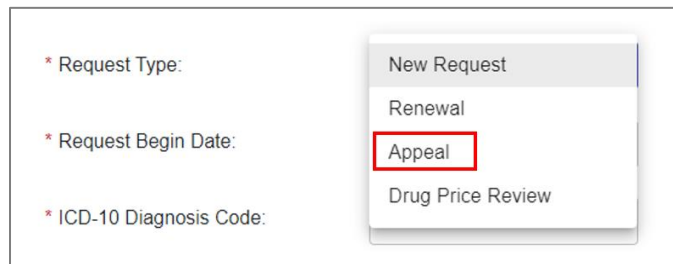


Figure 3.1-1: PA Information Page – Request Type

4.0 Inquiring on the Status of a PA Request

Complete the following steps to inquire on a previously submitted PA request:

1. On the PA landing page, select **Inquiry on PA**. Refer to *Figure 4.0-1*.

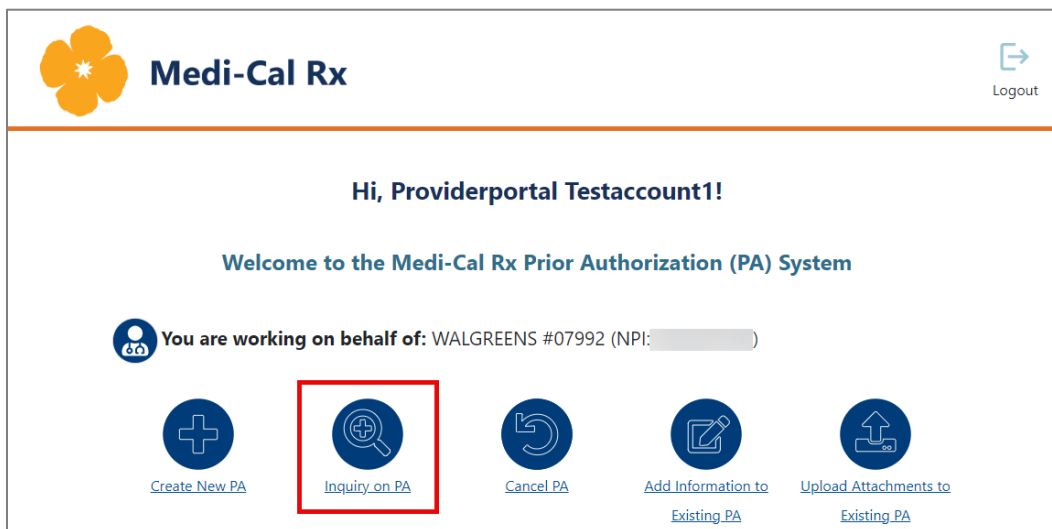


Figure 4.0-1: Inquiry on PA Button

2. If you search by Authorization Number, no other fields are required. Enter the **Authorization Number** and select **Search**. Refer to *Figure 4.0-2*.
 - a. If you do not know the Authorization Number, you can also search by **Member ID** or **Member Last Name** and **DOB**. Include the **PA Request Begin Date** and **PA Request End Date**. Regardless of search method, providers can only see those PA requests that are associated with their NPI.
3. Selecting Search prompts the results to appear at the bottom of the page. Select **View** to view the PA request. Refer to *Figure 4.0-2*.

Inquiry on PA

Please allow up to 24 hours for Prior Authorization requests to be processed before results may be visible.

Please enter Authorization Number if available. Else enter only Beneficiary ID OR both Beneficiary DOB and Beneficiary Last Name

*Required Fields

Provider NPI:

Authorization Number:

Member ID:

* Member Last Name:

* Member DOB:

* PA Request Begin Date:

* PA Request End Date:

Authorization #	PA Status	PA Note	PA Start Date	PA End Date	Last Name	First Name	Date of Birth	Drug Name/Strength	PA Response	Action
	No PA Required	PA request has been canceled by provider	N/A	N/A	DOE	JANE	10/18/2005	ACID REDUCER/10 MG		<input type="button" value="VIEW"/>

Rows per page: 10 1-1 of 1

Figure 4.0-2: Inquiry on PA Page – Authorization Number Search and Results

4. Selecting View will populate the PA request and all applicable information for the PA request will be viewable. Select **Back** to return to the previous page. Refer to *Figure 4.0-3*.



← BACK

PA Response: Your Prior Auth request with Authorization Number

Provider Information:

Provider Name: WALGREENS	Provider Type: PH	NPI: [Redacted]
Provider Fax#: Not Provided	Provider Phone#: Not Provided	
Prescriber NPI: [Redacted]	Prescriber First Name: New	Prescriber Last Name: [Redacted]
Fax #: [Redacted]	Phone #: [Redacted]	

Submitter Information:

Submitter First Name: [Redacted]	Submitter Last Name: [Redacted]
Contact Phone Number: [Redacted]	HIPAA Secure Fax Number: [Redacted]

Member Information:

Member First Name: [Redacted]	Member Last Name: [Redacted]
Member Location: [Redacted]	Member ID: [Redacted]
Member DOB: [Redacted]	

Drug Information:

Is the requested medication a compound drug? No

Drug Name: FAMOTIDINE 10 MG TABLET	Drug Form: TABLET	Drug Strength: 10 MG
Quantity: 999.0	Days Supply: 005	

Prior Auth Information:

Patient Name: [Redacted]	Patient Height: Not Provided
Drug Name: FAMOTIDINE 10 MG TABLET	Patient Weight: Not Provided
Quantity: 999.0	Days of Supply: 005
Number of Authorized Refills: 1	
Request Type: New Request	
PA Request Begin Date: 03/21/2024	PA Request End Date: 03/31/2024
Diagnosis Codes: G40	
DAW Selection Code: No Substitution-Prescriber	
Trial/Failure: trial test notes	
Clinical Information: Test Clinical Info Notes.	
Additional Information: These are additional notes. Please review.	

Uploaded Files:

[Redacted]	Thursday, March 21st 2024, 8:30 PM
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Figure 4.0-3: Inquiry on PA Page – PA Request View

5.0 Adding Information to a PA Request

Complete the following steps to add information to an in-progress PA request:

1. On the PA landing page, select **Add Information to Existing PA**. Refer to *Figure 5.0-1*.

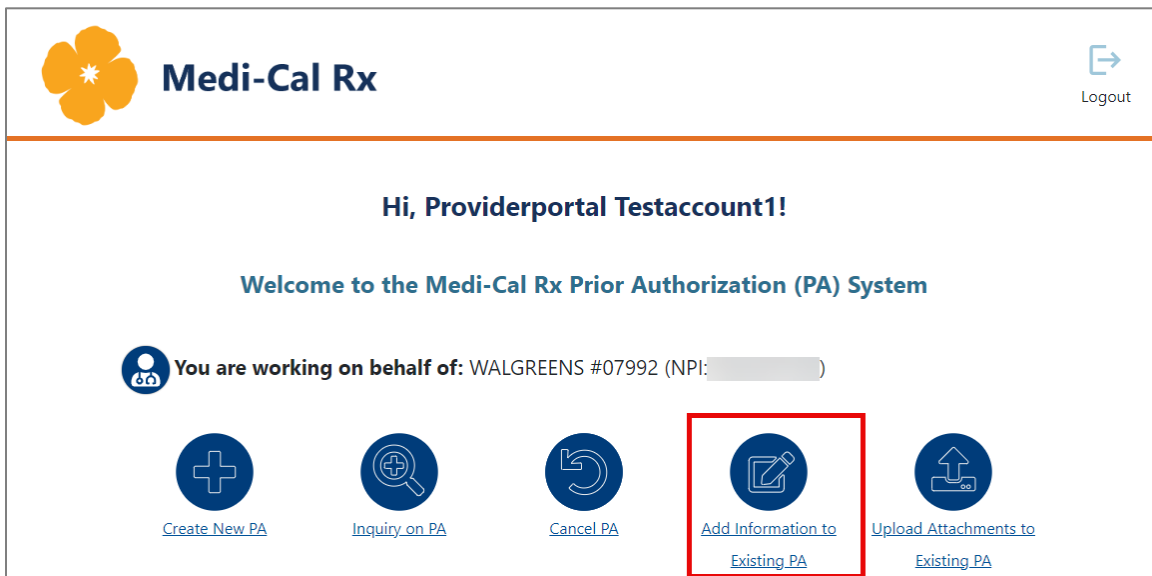
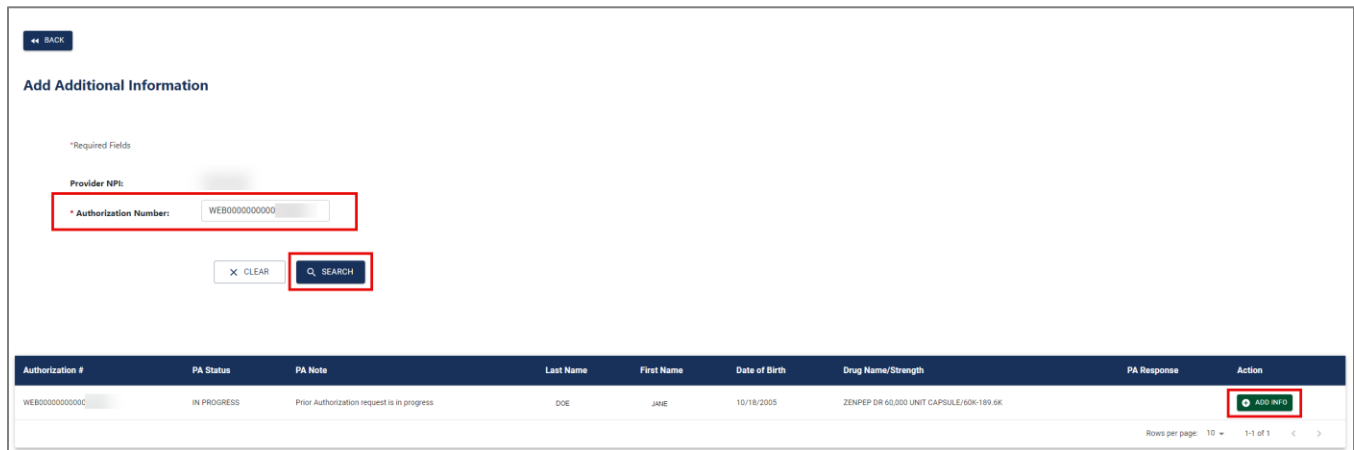


Figure 5.0-1: Add Information to Existing PA

2. On the Add Additional Information page, enter your authorization number and select **Search**. Then, select **Add Info**. Refer to *Figure 5.0-2*.



Authorization #	PA Status	PA Note	Last Name	First Name	Date of Birth	Drug Name/Strength	PA Response	Action
WEB0000000000	IN PROGRESS	Prior Authorization request is in progress	DOE	JANE	10/18/2005	ZENPEP DR 60,000 UNIT CAPSULE/60K-189 GK		ADD INFO

Figure 5.0-2: Add Additional Information Page

3. Enter the additional information in the text box and select **Add Information**. Refer to *Figure 5.0-3*.

The screenshot shows a web interface for entering additional information. At the top left is a 'BACK' button. Below it, the text 'PA Response:' is followed by 'Your Prior Auth request with Authorization Number WEB000000000'. A large text box labeled 'Additional Information:' contains the placeholder text '***Add info here***'. To the right of the text box are three buttons: 'VIEW PA', 'ADD INFORMATION', and 'CANCEL'. The 'ADD INFORMATION' button is highlighted with a red box. At the bottom right of the text box, it says 'Characters Remaining: 3981/4000'.

Figure 5.0-3: Enter in Additional Information Page

4. An Attestation pop-up box appears that acts as a digital signature. Select **Yes, I Attest** to e-sign and submit the PA request. Refer to *Figure 5.0-4*.

The screenshot shows a modal dialog box for attestation. It features a yellow warning triangle icon. The text inside reads: 'I attest the information provided is true and accurate to the best of my knowledge. I understand that Medi-Cal Rx or its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.' At the bottom, there are two buttons: 'YES, I ATTEST' (highlighted with a red box) and 'NO, GO BACK'.

Figure 5.0-4: Attestation Pop-Up Box

6.0 Uploading Attachments

Complete the following steps to add documentation or attachments to an in-progress PA request:

1. Choose **Upload Attachments to Existing PA** on the PA landing page. Refer to *Figure 6.0-1*.

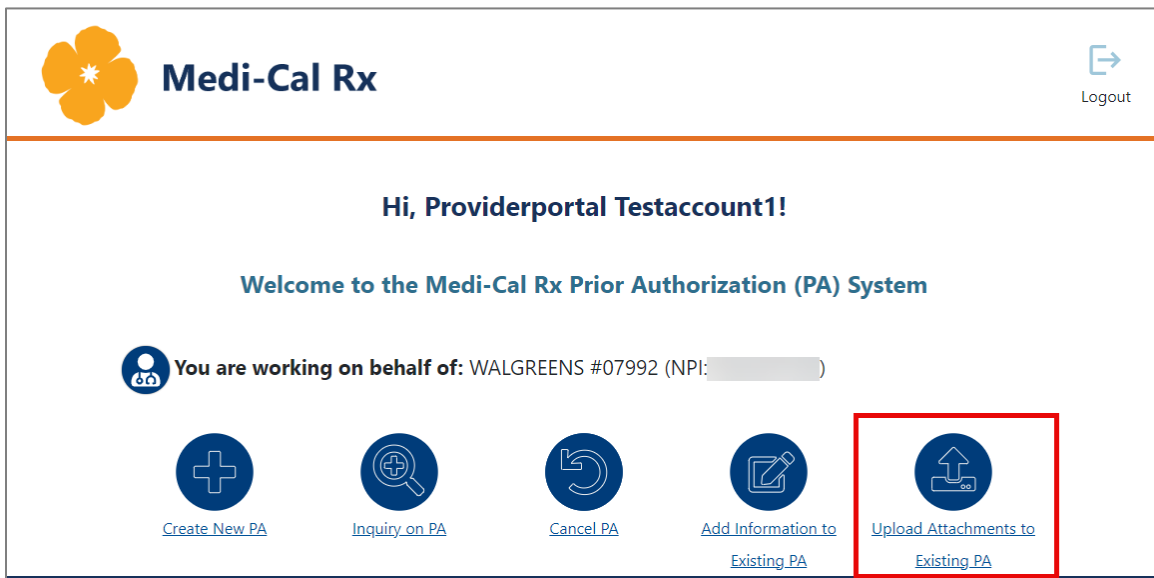


Figure 6.0-1: Upload Attachments to Existing PA

2. Enter your authorization number and select **Search**. Select **Upload**. Refer to *Figure 6.0-2*.

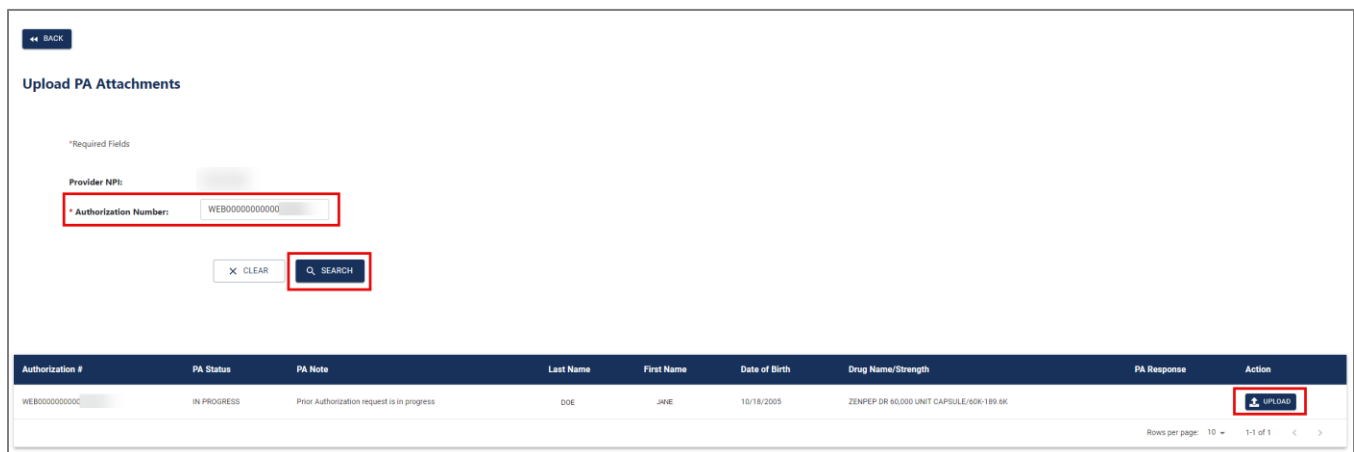


Figure 6.0-2: Upload PA Attachments Page

4. Drag, drop, or click inside the box to upload attachments. Repeat for any additional attachments you wish to add.

Note: Special characters and/or spaces are not permitted in the file name, and combined file size cannot exceed 25 megabytes. Select **Upload Attachments**. Refer to *Figure 6.0-3*.

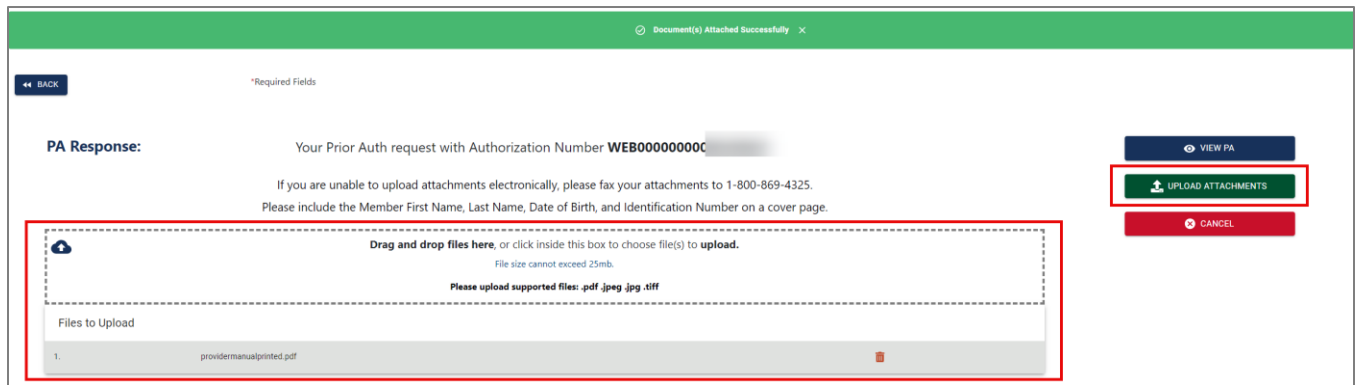


Figure 6.0-3: Add Attachments (Upload) Page

5. An Attestation pop-up box appears that acts as a digital signature. Select **Yes, I Attest** to e-sign and submit the PA request. Refer to *Figure 6.0-4*.

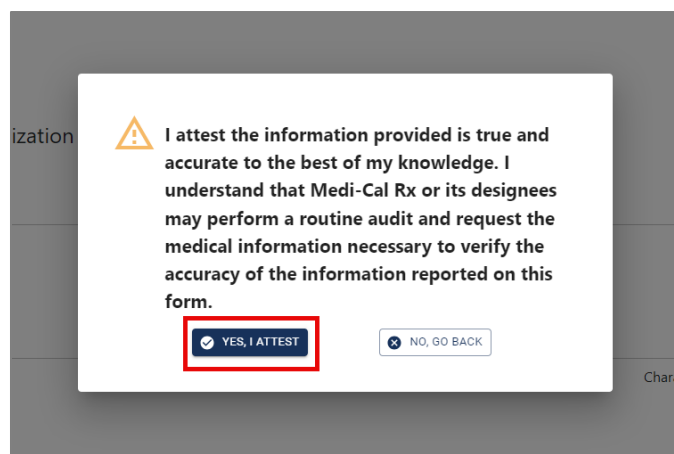


Figure 6.0-4: Attestation Pop-Up Box

7.0 Canceling a PA Request

Complete the following steps to cancel an in-progress PA request:

1. On the PA landing page select **Cancel PA**. Refer to *Figure 7.0-1*.

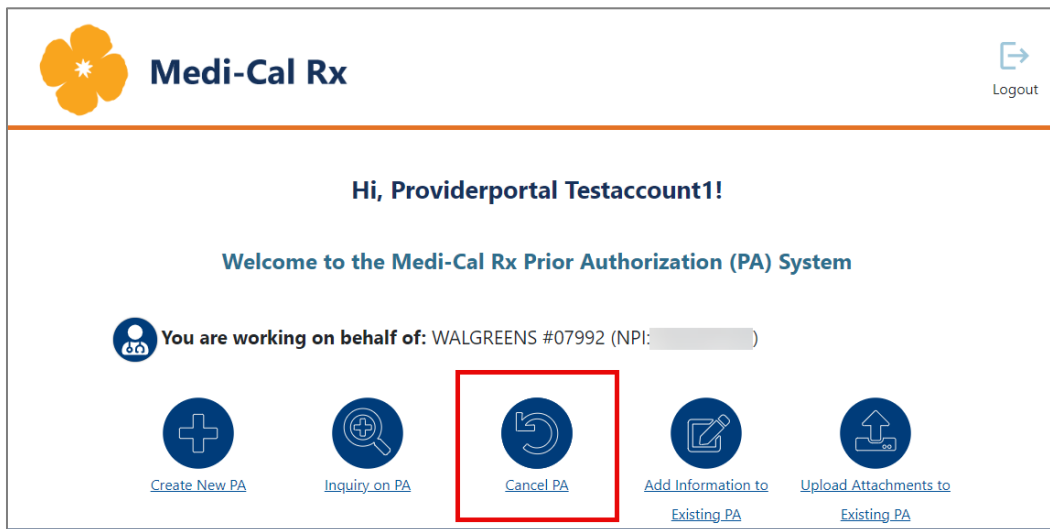


Figure 7.0-1: Cancel PA

2. Enter your authorization number and select **Search**. Select **Cancel**. Refer to *Figure 7.0-2*.

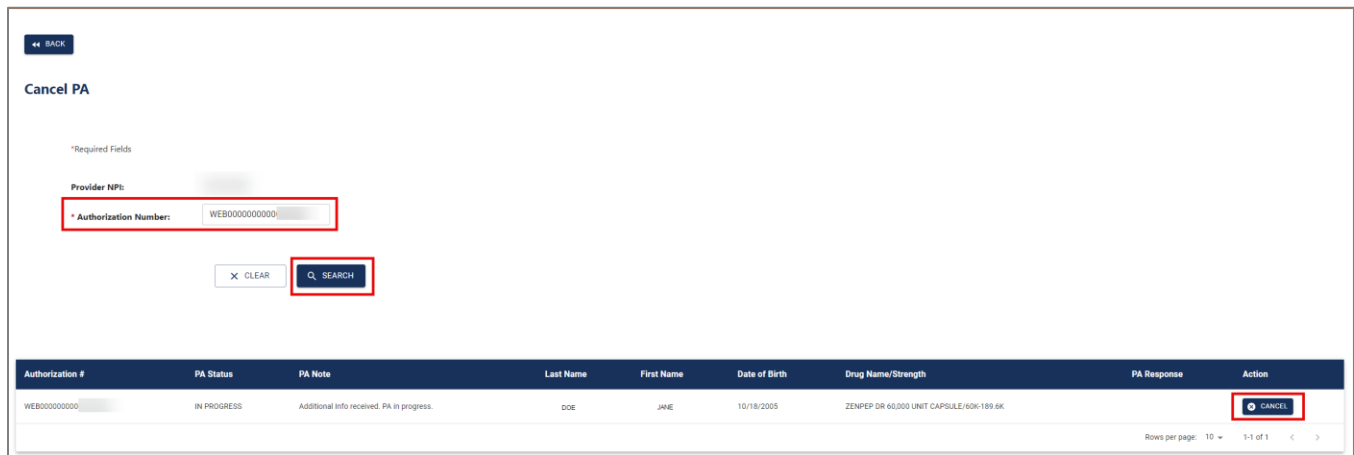


Figure 7.0-2: Cancel PA Page

3. Select **Cancel PA**. Refer to *Figure 7.0-3*.

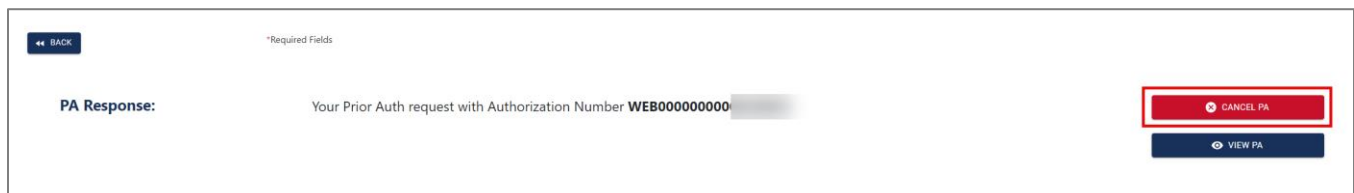


Figure 7.0-3: PA Response Page – Cancel PA

4. A confirmation pop-up box appears. Select **Yes, Cancel** to cancel the PA request. Refer to *Figure 7.0-4*.

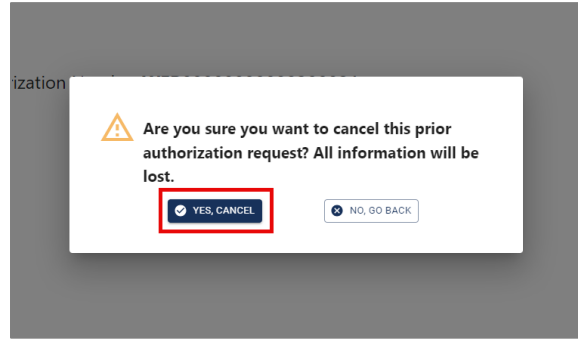


Figure 7.0-4: Confirm Cancellation Pop-Up Box

5. A PA cancellation confirmation page appears. Select **Continue** to return to the PA landing page. Refer to *Figure 7.0-5*.

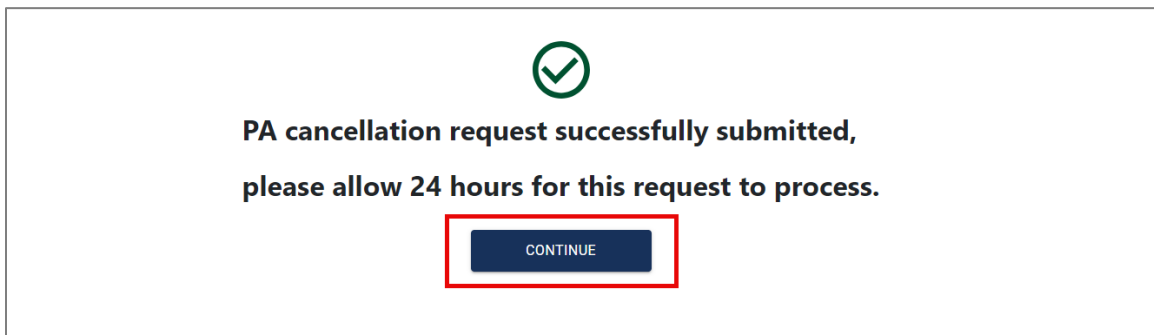


Figure 7.0-5: PA Cancellation Confirmation Page