Outpatient Department Prior Authorization (OPD) eServices Submission Guide

Palmetto GBA's eServices is an internet-based, self-service secure portal for our Medicare providers. Palmetto GBA's goal is to give providers fast and secure access to their Medicare information seamlessly via the eServices portal on our website.

For registration, login and other eServices questions, see the following references:

- <u>www.palmettogba.com/eServices</u>
- <u>eServices User Manual</u>,
- <u>eServices Overview Video</u> and
- <u>eServices Forms and Secure Messaging Video</u>

	Palmetto GBA Home eservices PROD-JMS-VXXX
	Username
	Password Forgot your Password?
	Log in
	or
	Create Your Account
	Sign up for Email Updates
	Contact Disclaimer Privacy Terms © 2019 Palmetto GBA, LLC
This warning banne federal guidance fo connected to this r network.	r provides privacy and security notices consistent with applicable federal laws, directives, and other r accessing this Government system, which includes (1) this computer network, (2) all computers etwork, and (3) all devices and storage media attached to this network or to a computer on this
• This syste	m is provided for Government-authorized use only

If the secure forms function is available for you, you will see a **Forms** tab as part of the menu once you successfully log in. If you do not have permission to access this tab, it will appear grayed out.

Select the **Forms** tab to access the secure forms page. Use the "Select a Topic" box to choose **Prior Authorization**, and the "Select a type" dialogue box to access **Outpatient Prior Authorization**.

Select the CPT/HCPCS codes applicable for your beneficary

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Home	Claims	Remittance	Eligibility	MBI Lookup	Financial Tools	Messages	Forms	eReview	Support	Admin	My Accoun	t
Get Status		You have 25	unread mes	sage(s) and 0	alerts.	Help						
Contract Id : 1	1501											
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Enter the facility information in the respective fields. Make sure the provider number and NPI are entered correctly; these fields cannot be edited when a resubmission is submitted.

The "Request Date" will auto-fill with the current date.

Home Claims	Remittance	Eligibility	MBI Lookup	Financial Tools	Messages	Forms	eReview	Support	Admin	My Account
Get Status	You have 0 ur	nread messa	ige(s) and 0 aler	S. He	lp					
Outpatient PriorAuth S	Submission Ou	itpatient Inc	complete Reques	sts						
Outpatient Pri	ior Authoriz	zation F	Request Fo	orm						
Provider morma	lion									
Contract/Regior	n*					Provider	Number (F	'TAN)*		
Provider/Facility	y Name*					National	Provider lo	lentifier (N	PI)*	

Provider/Facility Name*		National Provider Identifier (NPI)*	
Request Details			
A decision letter will be sent to your eServices inb	ox in the messages tab.		
Request Date*			

If "Is this a resubmission?" is checked, enter the previous UTN and click on the box to retrieve the previous submission information.

lecision letter will t	e sent to your eSe	ervices inbox i	in the message	s tab.
05/27/2020				
Is this a re-su	omission?			
☑ Is this a re-su JTN*	omission?			

Enter the request date and check the boxes for resubmission and "Is this life threatening?" if applicable.

Is this life threatening?

If this box is checked, the provider needs to explain why this is life threatening.

☑ Is this life threatening?
The MAC shall consider an expedited PA request if the standard timeframe for making a decision could seriously jeopardize the life or health of the beneficiary.
Describe why the timeframe is life threatening to the beneficiary.*

Enter the requestor information in the respective fields.

Requester Information		
First Name*	Last Name*	
Email*		
Phone*	Ext	

Only enter a fax number if you want the decision letter faxed to you; otherwise, leave this field blank.

Fax

A decision will also be sent by fax if a number is included

Check the beneficiary data entered by clicking the **Validate Beneficiary Information** button. This will perform an eligibility check against CMS's HETS 270/271 system that we are required to use for eligibility inquiries. The review cannot be successfully processed with invalid beneficiary data.

Beneficiary Information	
First Name*	Last Name*
DOB*	
Medicare Id*	
Validate Beneficiary	

Enter the Operating Physician's information in the respective fields.

Operating Physician Inform	ation	
First Name*		Last Name*
NPI*		
PTAN*		
Address 1*		
Address 2		
City*	State*	Zip*
-	~	

Enter the expected date of service. The UTN will be vaild for 120 days from this date if the request is affirmed. Enter the principal/primary diagnosis is the respective field and if applicable enter any other diagnoses to help support medical necessity.

affirmed, this prior auth	orization request is valid for	120 days, beginning on the dat	e of decision provided
Date Of Service*			
Diagnosis Codes			
During a mut	Secondary	Additional	Additional

Select the CPT/HCPCS codes applicable for your beneficary

Services				
See All Codes	Botox Service	Codes		
Botox	Procedure Codes	64612	□ 64615	
Blepharoplasty	Additional Codes			
Panniculectomy	🗌 J0585	🗌 J0586	🗌 J0587	🗌 J0588
Rhinoplasty	Number Of Units			
Vein Ablation				
	Blepharoplast	ty Service Codes		

Procedure Codes			
15820	15821	15822	□ 15823
67900	67901	67902	□ 67903
67904	67906	67908	67911

Panniculectomy Service Codes

Procedure Codes

36478

Rhinoplasty Service Codes

runnoplacty				
Procedure Code	S			
20912	21210	30430	30400	
30410	30420	30462	30435	
30450	30460		□ 30465	
□ 30520				
Vein Ablatio	n Service Codes			
Procedure Code	s			
36473	36474	36475	36476	

36483

36479 36482

Attach the documents to support medical necessity. Documents need to be in PDF format, to include photographs.

You can save entered information and come back to it later, but you will not be able to save attachments. When you are completely finished, click **Submit** and **OK**.

Attachment:	Browse				
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	Vein Ablation Service Codes				
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Max Allowed: 150MB					
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You will receive a Document Control Number when the submission is accepted. This will allow you to look up the submission in the future.

Get Status	You have 4 unread message(s	s) and 0 alerts. Hulp		
INBOX ARCHIVE				
Filter Inbox DCN Form Type All Filter		<u>_</u>		
Click on the	e subject links to view messages.	Bold links indicate new unread messages.	te Selected	
Click on the ow 10 ~ entries Select All	e subject links to view messages. Date	Bold links indicate new unread messages. Delet	te Selected	Archive