

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:

- www.palmettogba.com/eServices
- [eServices User Manual](#),
- [eServices Overview Video](#) and
- [eServices Forms and Secure Messaging Video](#)

Palmetto GBA Home eServices PROD-JMS-VXXX

 PALMETTO GBA,
eServices

Username

Password [Forgot your Password?](#)

[Need Help?](#)

or

[Sign up for Email Updates](#)

[Contact](#) [Disclaimer](#) [Privacy](#) [Terms](#)

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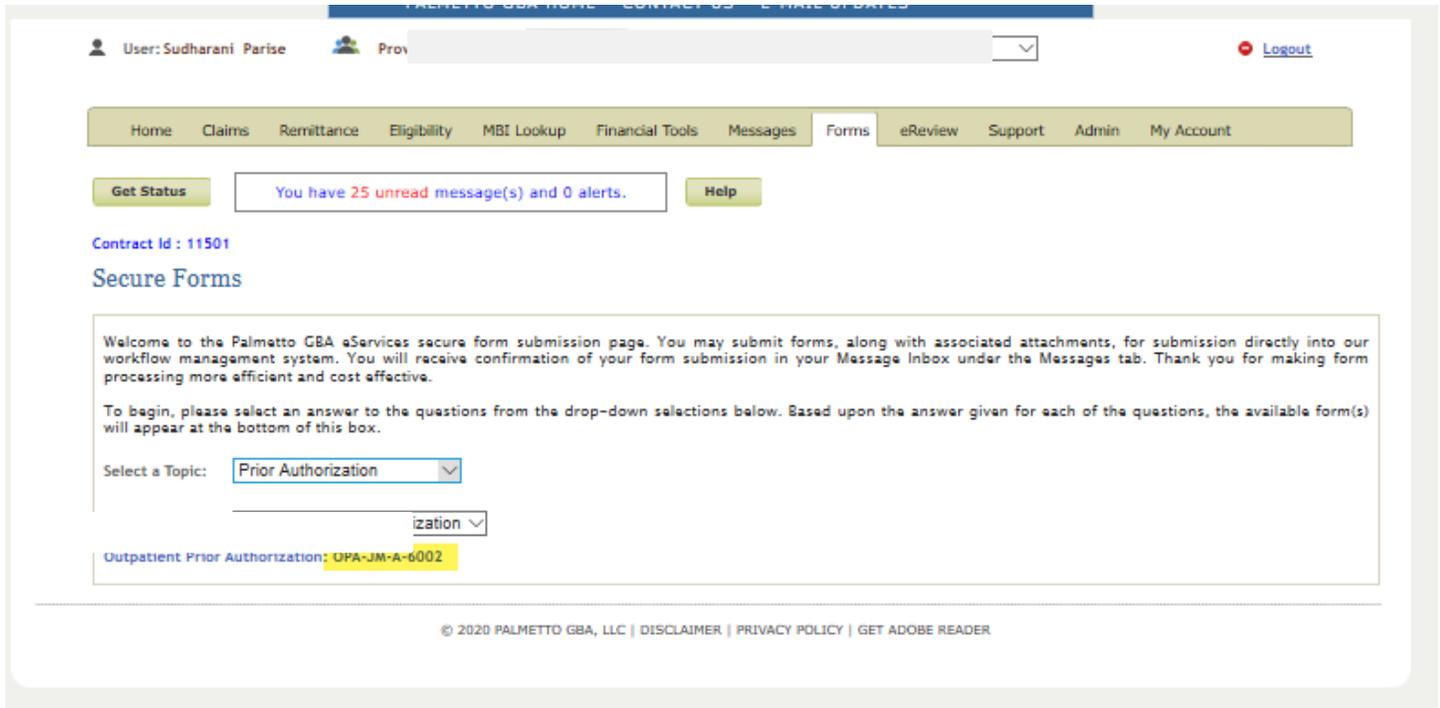
This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.

- This system 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 beneficiary



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 unread message(s) and 0 alerts. Help

Outpatient PriorAuth Submission Outpatient Incomplete Requests

Outpatient Prior Authorization Request Form

Provider Information

Contract/Region*	Provider Number (PTAN)*
<input type="text"/>	<input type="text"/>
Provider/Facility Name*	National Provider Identifier (NPI)*
<input type="text"/>	<input type="text"/>

Provider/Facility Name*

National Provider Identifier (NPI)*

Request Details

A decision letter will be sent to your eServices inbox 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.

Request Details

A decision letter will be sent to your eServices inbox in the messages tab.

Request Date*

05/27/2020

Is this a re-submission?

UTN*

Get Previous Submission Information

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 Information

First Name*

Last Name*

NPI*

PTAN*

Address 1*

Address 2

City*

State*

Zip*

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

Services Requested

If affirmed, this prior authorization request is valid for 120 days, beginning on the date of decision provided

Date Of Service*

Diagnosis Codes

Primary*

Secondary

Additional

Additional

Select the CPT/HCPCS codes applicable for your beneficiary

Services

[See All Codes](#)

Botox

Blepharoplasty

Panniculectomy

Rhinoplasty

Vein Ablation

Botox Service Codes

Procedure Codes

64612

64615

Additional Codes

J0585

J0586

J0587

J0588

Number Of Units

Blepharoplasty Service Codes

Procedure Codes

15820

15821

15822

15823

67900

67901

67902

67903

67904

67906

67908

67911

Panniculectomy Service Codes

Procedure Codes

15830

15847

15877

Rhinoplasty Service Codes

Procedure Codes

20912

21210

30430

30400

30410

30420

30462

30435

30450

30460

30465

30520

Vein Ablation Service Codes

Procedure Codes

36473

36474

36475

36476

36478

36479

36482

36483

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**.

NOTE: Each attachment must be a PDF and can be up to 40 MB in size. The total size of all attachments cannot exceed 150 MB. Special characters such as commas will be removed from uploaded file names, and duplicate file names will not be accepted.

Attachment:

File Name	File Size (in bytes)	File Type	Action
No data available in table			
Total File Size:			
Max Allowed: 150MB			
Displaying 0 to 0 of 0			« First « Prev Next » Last »

*Required Field

Save

Submit

Vein Ablation Service Codes

Procedure Codes

- 36473 36474 36475 36476
 36478 36479 36482 36483

e-signature

By clicking on Ok button, you are signing the form and are authorized to submit the information. If you have already submitted the final claim for this set of procedure codes, select "Cancel".

Ok

Cancel

Attachment:

File Name	File Size (in bytes)	File Type	Action
Attachment.pdf	111199	application/pdf	<input type="button" value="Remove"/>
Total File Size: 103 KB			
Max Allowed: 150MB			
Showing 1 to 1 of 1 entries			« First « Prev 1 Next » Last »

*Required Field

Save

Submit

OPA-JM-A-6002

You will receive a Document Control Number when the submission is accepted. This will allow you to look up the submission in the future.

Home Claims Remittance Eligibility MBI Lookup Financial Tools Messages Forms eReview Support Admin My Account

Get Status You have 4 unread message(s) and 0 alerts. Help

INBOX ARCHIVE

Filter Inbox

DCN

Form Type All

Filter

Click on the subject links to view messages. Bold links indicate new unread messages. Delete Selected

Show 10 entries

<input type="checkbox"/> Select All	Date	Subject	DCN	Archive
<input type="checkbox"/>	Wed May 16:34:58 EDT 2020	Outpatient Prior Authorization Received		