

DELETE AN ENTIRE SERVICE AUTHORIZATION IS INCORRECT ON A PERSON'S PCSP AND CLAIMS ARE IN MULTIPLE STATUSES

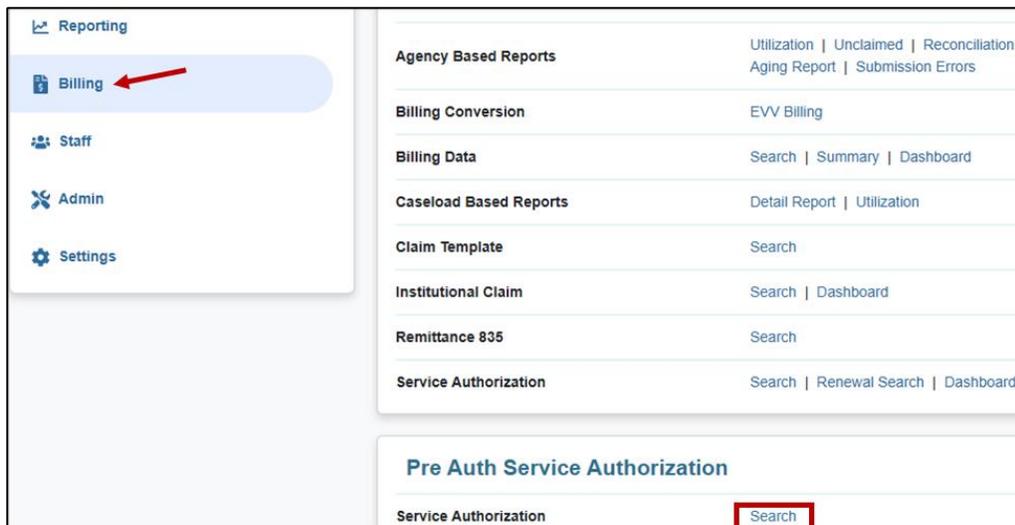
Description: This step-by-step guide explains how to **REMOVE** a Service Authorization because an **"entire"** Service Authorization is incorrect on the Person's plan and needs to be replaced with a new Service Authorization, but there is **billing and units not released** against the incorrect Service Authorization.

*****IMMEDIATELY STOP entering billing data** (i.e., Attendance or Schedule/EVV Slots), generating or importing Billing Data, and creation/submission of Institutional Claims.)

Disclaimer: The instructions below describe **one method** for searching claims. Please note that there are multiple search options available to locate claims.

Part One - Locate the Incorrect Service Authorization

1. On the **"Billing"** tab, locate the **"Pre Auth Service Authorization"** section and click on **"Search"** next to **"Service Authorization."**



2. In the **"Individual"** field, enter the person's name and select from the drop-down.

The screenshot shows a 'Service Auth Search' form with several input fields. The 'Individual' field is highlighted with a red box and contains a search icon. The 'Form ID' field is empty. The 'From Date' and 'To Date' fields are set to 'MM/DD/YYYY' with calendar icons. The 'Status' field is a dropdown menu with '- Please Select -' selected. A 'Clear Selection' link is located below the form. At the bottom right, there is a 'Search' button highlighted with a red box.

Service Auth Search

Form ID

Individual

From Date

To Date

Status

[Clear Selection](#)

3. Click the **"Search"** button.

- Review the list and locate the incorrect Service Authorization.

Service Auth Search

Filter

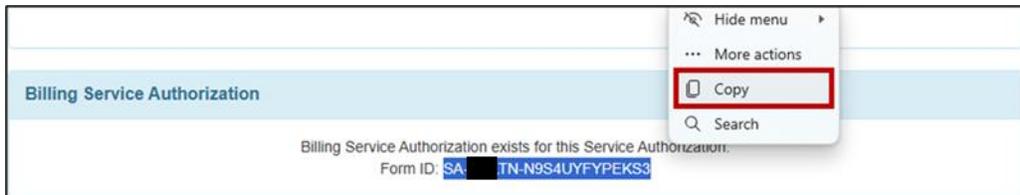
Form ID	Individual	Service	From Date	To Date
		T2033-TG - SUPPORTED LIVING SPEC NEEDS ADJUSTMENT (T2033-TG)	01/01/2025	04/01/2025
		T2033-TG - SUPPORTED LIVING SPEC NEEDS ADJUSTMENT (T2033-TG)	07/01/2024	12/31/2024
		T2021-US - INTERMITTENT EMP & COMM PART WRAPAROUND (LEVEL 4) (T2021-US)	01/01/2025	04/01/2025
		T2021-US - INTERMITTENT EMP & COMM PART WRAPAROUND (LEVEL 4) (T2021-US)	07/01/2024	12/31/2024

IMPORTANT: Take a screenshot or make a note of the "Service From Date" and "Service To Date" for use in Part Two.

- Click on the "Service Authorization" record to open.
- Scroll down to the "Billing Service Authorization" section.



- In front of the "SA" drag and highlight the "Form ID" number and select copy.



NOTE: If the pop-up for "copy" does not appear, right-click on the "Form ID" number and copy.

Part Two: Identify **ALL** the Service Authorization Claims

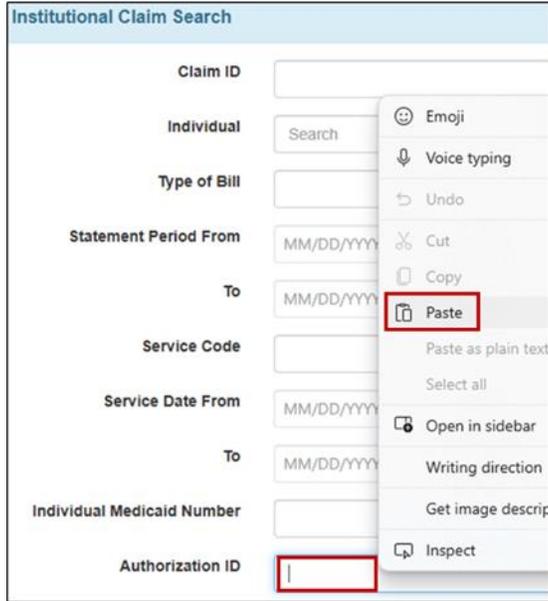
- Scroll to the top of the screen and click the "Therap" icon to return to the main menu.



- Click on the "Billing" tab.
- Go to the "Institutional Claim" section and click on "Search" next to "Institutional Claim."

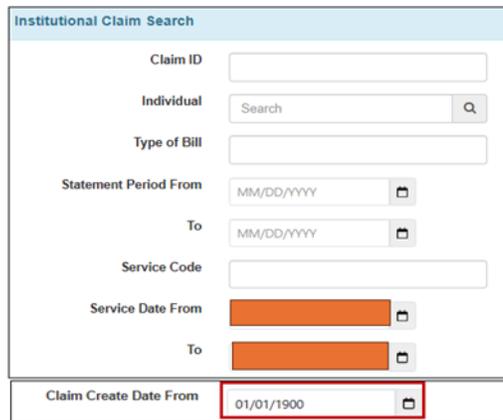


4. Search Institutional Claims using the following search criteria:
- In the **“Authorization ID”** field, do a “right-click” and paste.
NOTE: After pasting, make sure there is no space in front of the Authorization ID number.



The screenshot shows the 'Institutional Claim Search' form. The 'Authorization ID' field at the bottom is highlighted with a red box. A context menu is open over this field, with the 'Paste' option also highlighted by a red box. Other fields in the form include Claim ID, Individual (with a search button), Type of Bill, Statement Period From (MM/DD/YYYY), To (MM/DD/YYYY), Service Code, Service Date From (MM/DD/YYYY), To (MM/DD/YYYY), and Individual Medicaid Number.

- Using the date range from the Service Authorization fields labeled “Service Date From” and “Service To Date” fields, enter the date range in the **“Service Date From”** and the **“To”** fields on the “Institutional Claim Search” view.
- Scroll down to **“Claim Create Date From”** and **remove** the date.



The screenshot shows the 'Institutional Claim Search' form. The 'Service Date From' and 'To' fields are highlighted in orange. The 'Claim Create Date From' field at the bottom is highlighted with a red box and contains the date '01/01/1900'. Other fields include Claim ID, Individual (with a search button), Type of Bill, Statement Period From (MM/DD/YYYY), To (MM/DD/YYYY), and Service Code.

- Scroll down and click the **“Search”** button.

5. Export to Excel.

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Part Three: Update ALL Identified Claims based on the Claim's Current Status

Before deleting the Service Authorization, all related claims must be updated according to their current status.

NOTE: For assistance, to guide you through the MULTIPLE STATUSES below, please refer to the **"How To..."** documents based on the 'current' claim status. These are available by clicking this [Therap](#) link, then selecting the **carrot (>)** next to **"How To...Billing Claims."**

From there, locate the step-by-step instructions that correspond to the **'current' claim status** in Therap.

1. From the Excel spreadsheet,
 - a. Review the "Claim Status" column for each claim.
 - b. Update each claim based on the claim's current status. Use the below as a reference guide to void and release the units.

IMPORTANT: Once ALL identified claims are void and units are released, continue to Part Four.

A. If the claim(s) are in one of the following statuses:

1. Paid or Paid Adjusted

- Submit void claim(s) to the MCO.
- Monitor the submissions.
- Once the MCO returns the claim(s) as **Voided**, locate the claim(s) and release the units.

2. Voided

- Provider can release the units.

3. Denied

- To release units on a denied claim, email [DDA Business.Services@tn.gov](mailto:DDA.Business.Services@tn.gov).
 - ✓ **Include** the email "We have an incorrect Service Authorization and need the **Release Units** button available on the claim(s) for **Claim ID(s)** (ICLM...).
- The Office of Business Services (OBS) will notify the provider when the **Release Units** button becomes available on the claim(s).

4. Updating with FTC1

- Provider can release the units.

5. Billable with FTC1

- Provider can release the units.

6. Sent

- Provider will monitor claim(s) until the MCO processes the claim(s) and the status changes to **Voided**.
- Once claim(s) are voided, release the units.

B. If the claim(s) were previously Paid/Paid Adjusted and are currently in one of these statuses:

1. Updating with **FTC7** as the Claim Frequency Type Code

- To release units on an **Updating** with an **FTC7 status**, email DDA_Business.Services@tn.gov.
 - ✓ Include the email "We have an incorrect Service Authorization and need the Claim Frequency Type Code 7 revised to FTC8 for **Claim ID** (ICLM...) to be able to submit **Void** claim(s) to the MCO.
- The Office of Business Services (OBS) will notify the provider when the Claim Frequency Type Code 7 has been revised to FTC8 on the claim.
- Provider will submit **Void** claim(s) to the MCO.
- Monitor the submission of these claim(s).
- Once the MCO returns the claim(s) as voided, locate the claim(s) and release the units.

2. Billable with **FTC7** as the Claim Frequency Type Code

- To release units on a **Billable** with an **FTC7 status**, email DDA_Business.Services@tn.gov.
 - ✓ Include the email "We have an incorrect Service Authorization and need the Claim Frequency Type Code 7 revised to FTC8 for **Claim ID** (ICLM...) to be able to submit **Void** claim(s) to the MCO.
- The Office of Business Services (OBS) will notify the provider when the Claim Frequency Type Code 7 has been revised to FTC8 on the claim.
- Provider will submit **Void** claim(s) to the MCO.
- Monitor the submission of these claim(s).
- Once the MCO returns the claim(s) as voided, locate the claim(s) and release the units.

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Part Four: Remove the “Incorrect” Service Authorization

Once all claims have been voided and/or units released, to remove the Service Authorization, contact the regional office at:

- East: DDETRO.CPC@tn.gov
- Middle: MTRO.Billing@tn.gov
- West: west.service-request.followups@tn.gov

Regional Office:

1. Remove the incorrect Service Authorization from the person’s PCSP.
2. The Regional Office will reply to the Provider, letting them know the Service Authorization has been removed.
3. Provider will notify the ISC to enter the new Service Authorization.

Part Five: ISC to add Service Authorization

ISC:

1. Enters the new Service Authorization in the person’s PCSP.
2. Send an email to the Regional Office to review the plan.
3. Once Service Authorization is approved, the ISC will send SCOMM to the Provider for review and acknowledgment.

Provider:

1. Provider will then...
 - a. Acknowledge the new Service Authorization (**check, check, and recheck**).
 - b. Enter billing data.
 - c. Generate billing data.
 - d. Send the claim to MCO for payment.