Prior Authorization (PA)
PRISM frequently asked questions for providers

Q: How do you complete a prior authorization (PA) request if a PA is needed for the facility, as well as the surgeon?
A: If a PA is needed for both the facility and the surgeon, the facility must be added at the header level and at the line level as one of the servicing providers.

Q: When submitting a PA request for a service type that allows a grace period (e.g. home health), what "delay reason" should be entered?
A: Choose 'other' if the service type allows requests to be submitted after the service start date.

Q: When submitting a PA request, which NPI or provider ID should be used?
A: The NPI or provider ID that will be used to bill the service should be used on the PA.

Q: What documentation do I need to add to my PA request?
A: Please submit all supporting documentation that is required in the criteria for the service that is being requested.

Q: Do I need to submit a PA request for HCBS waiver services?
A: No. When a care plan is created and approved for an individual on an HCBS waiver a prior authorization number/tracking number is automatically generated.

Q: Where do I find the PA number when I'm ready to submit a claim?
A: The PA number can be found in multiple areas:
- At the top of any active PA request in PRISM.
- On the submission confirmation screen of PA request in PRISM.
- On the PA request list in PRISM. Filter by the Member number and then select the appropriate request dates for the service. PA number is the "Tracking Number" of an approved request.