Copy for Correction Instructions

A copy for correction is requested to change or correct services previously authorized. Most corrections are: 1).To add services that were mistakenly left off original request   2) request additional services were performed along with already approved services 3).Servicing Provider changes 4) for other permitted changes to an original request. There are some items that cannot be corrected using this feature. For example, if the previous authorization was for Inpatient, a copy for correction cannot be performed to change service to Outpatient. Please see copy for new submission instructions to perform this change**. Please note: If a copy for correction is being requested because additional services needs to be added, Providers have 10 business days to request a copy for correction to be within retrospective policy guidelines. If the request is not received within 10 business days, a policy denial for not meeting retrospective policy will be issued.**

Please note: These instructions require knowledge of the Authorization Request ID number

To Request a Copy for Correction:

- Click: AUM Manager Tab
- Click: Search Authorization Request
- Input authorization request ID number in Authorization Request ID slot
- Click: Search
- Click: BLUE ID number in Search Results

- You will now see the word "Actions" twice
- Click: 2nd Actions
- Choose: Copy Auth Request

- In the pop up box choose: Copy for update/correction
- If the date of service **(DOS)** needs changed, please change date in the date field
  - o This is only suggested if the procedure has **NOT** already been completed.
  - o If the procedure was performed during the authorization date span previously given, **DO NOT** change the date
- Continue

- Click: Select all
- Create Request

- **Member Demographics:** Click Save and Continue
- **Provider:** Save and Continue
- **Administrative:**
  - If the DOS was not changed:
    - Change Authorization type to Retrospective Request
    - Retro Request Reason: Choose Other
    - Input the retro reason in the annotation box provided
      - For example, additional service request, provider change, etc.
    - Save and Continue
  - If DOS was changed and the date is within the allowed 10 business days, Click Save and Continue
- Click Save and Continue

- **Service Selection Screen:**
    - Please add all new **AND** previously authorized CPT codes
        - For billing purposes, all approved procedures must have the same authorization number.
    - Verify the Servicing Provider is correct
    - The previous authorization number given will no longer be eligible for billing, so please be sure to include all codes.
- Add all notes, clinical, etc in the annotation boxes
- Click Save to add any information attached or notes keyed in
- Click Save and continue

- **Diagnosis Screen:** The diagnosis type (ICD-9/ICD-10) is dependent upon the service start date (SSD). All requests should have the correct diagnostic code submitted. The Molina Healthcare system will not accept authorization numbers with incorrect diagnostic coding based on the service start date. This will delay billing and payment of services.
  - If the SSD is after 10/01/15, click save and continue
  - If the SSD is before 10/01/15
    - Click Search Options button beside the diagnosis field
    - In the drop down box, choose ICD-9 as diagnosis code type
    - Click Save
    - You will now be able to search for the ICD-9 code to select the diagnosis

- After all diagnosis codes are updated, click Save and Continue

- On the upper left-hand side, click on summary and submit
- Scroll up to the top of the request
- Click: submit button
- Certain review areas will now show an information box giving the option of continue or cancel
  - This box will only show at the top of the request. If the submit button at the bottom of page, the information box will not be seen. This can cause your request to not submit and stay in 'SAVED" status.
- Click Continue
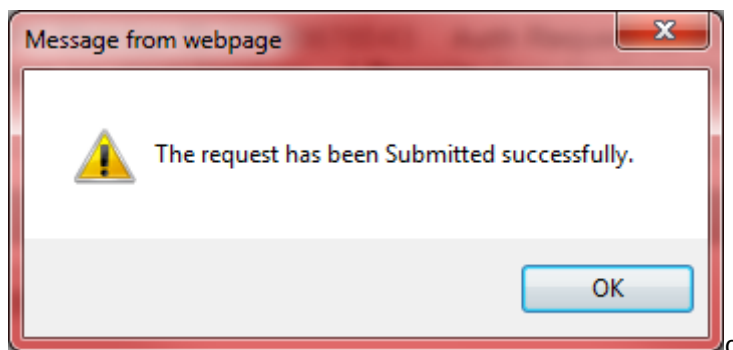
- A box will generate indicating your request has been successfully submitted