

How to Find Service Prior Authorizations

Many users can search eXPRS to find Service Prior Authorizations (SPAs). This gives providers and CMEs a way to view what services have been authorized for specific individuals without searching through the billing pages.

How to Search for Provider SPAs:

- 1) Log in to eXPRS¹ and select **Prior Authorization > Service Prior Auth > Find SPA**.

- 2) On the **Find Service Prior Authorization** page, enter search criteria and select **Find**. The search criteria are defined in **Appendix A**.

- **TIP:** You can use the **Service Element** or **Procedure Code** criteria to return a list of SPAs for a specific service. For example, select **SE142 – Children’s Residential** or **SE158 – Adult FC Services** to find those SPAs.

¹ If you have more than one record Provider Record associated with your eXPRS user account, you will need to select the correct one to return SPAs. For CME Users, you will need to select the **Organization/Program Area** that allows you to access the Plan of Care.

3) Review the result set and select an **Export Option** if needed. Select a **SPA ID** Hyperlink to open the **View Service Prior Authorization** page.

- **TIP:** CME Users can take action on a list of SPAs by using a Status in their Search Criteria. The results list will return with check boxes to the far left, which can you be used to take action on the SPAs as needed.²

4) On the **View Service Prior Authorization** page, you can review the SPA details and expand the various sections to see applicable information on **Rates**, **Service Delivered Billing Entries** and **Claims**

View Service Prior Authorization
Please consult your Service Agreements for specific authorized UNIT amount details.

Service Prior Authorization: Status: Accepted

Client Prime:	Client Name:
Service:	
Rendering Provider:	
Service Location:	
Pay To Provider:	
DHS Contract Num:	
Effective Date:	End Date:
Units:	Rate: Fixed
Amount: N/A	
SPA Created By:	SPA Created Date: 05/02/2022 04:52 PM PDT
SPA Updated By:	SPA Updated Date: 06/09/2022 02:44 PM PDT
Plan Line Created By:	Plan Line Created Date: 03/30/2022 07:04 AM PDT
Plan Line Updated By:	Plan Line Updated Date: 03/30/2022 07:04 AM PDT

Notes:
05/02/2022: Created for Transition to Fixed Rates

Rates

Start Date	End Date	Service Group	Licensed Bed's	Provider Specialty	Fixed Rate	Add On Rate	Total Rate	Error Message
07/01/2022	07/09/2022	3		87-732,87-733,87-735,87-738	\$25.31		\$25.31	
07/10/2022	12/31/2022	3		87-732,87-733,87-735,87-738	\$25.31		\$25.31	
01/01/2023	03/31/2023	3		87-732,87-733,87-735,87-738	\$24.10		\$24.10	

Service Delivered

Export options: CSV | Excel | PDF | RTP

SPA ID	Service Begin	Service End	Units	Amount	Status	Claim ICN
	05/01/2022 12:00 AM PDT	05/02/2022 12:00 AM PDT	1	\$0.00	Approved	
	05/02/2022 12:00 AM PDT	05/03/2022 12:00 AM PDT	1	\$0.00	Approved	
	05/03/2022 12:00 AM PDT	05/04/2022 12:00 AM PDT	1	\$0.00	Approved	
	05/04/2022 12:00 AM PDT	05/05/2022 12:00 AM PDT	1	\$0.00	Approved	
	05/05/2022 12:00 AM PDT	05/06/2022 12:00 AM PDT	1	\$0.00	Approved	
	05/06/2022 12:00 AM PDT	05/07/2022 12:00 AM PDT	1	\$0.00	Approved	
	05/07/2022 12:00 AM PDT	05/08/2022 12:00 AM PDT	1	\$0.00	Approved	
	05/08/2022 12:00 AM PDT	05/09/2022 12:00 AM PDT	1	\$0.00	Approved	

² See the guide: **How to Submit Multiple SPAs as a Batch.**

APPENDIX A: SPA Search Criteria Definitions

The screenshot shows a search form titled "Find Service Prior Authorization". It contains the following fields and controls, each with a numbered callout:

- 1 SPA ID: [Text Input]
- 2 Service Location/PSW SPD Provider ID: [Text Input] [Binoculars Icon]
- 3 Rendering/Agency eXPRS Provider ID: [Text Input] [Binoculars Icon]
- 4 Pay To Provider ID: [Text Input] [Binoculars Icon]
- 5 Client Prime: [Text Input] [Binoculars Icon]
- 6 Status: [Dropdown Menu]
- 7 Service Element: [Dropdown Menu]
- 8 Procedure Code: [Dropdown Menu]
- 9 Svc Modifier Cd: [Dropdown Menu]
- 10 DHS Contract Num: [Text Input] [Binoculars Icon]
- 11 Effective Date: [Date Picker] (9/1/2021) [Calendar Icon]
- 12 End Date: [Date Picker] (12/31/2021) [Calendar Icon]
- 13 Exact: Yes No
- Exact: Yes No
- 14 Review Required: Yes No Either
- 15 Max Displayed: [Dropdown Menu] (25)

Buttons: Find, Reset

- 1) SPA ID:** The system assigned number for the service prior authorization. Users may not know what this number is initially.
- 2) Service Location/PSW SPD Provider ID:** The SPD provider ID number assigned to the Agency provider's service location record OR the PSW provider's record. Users may not know this number.
- 3) Rendering/Agency Provider eXPRS Provider ID:** The ID number of the Agency Provider's main agency (parent) record.
- 4) Pay to Provider ID:** The eXPRS ID number for the provider authorized to receive payment for the services billed against the SPA. For Agency Providers, this will likely be the same as the Rendering Provider ID.
- 5) Client Prime:** The prime number assigned to the individual receiving services. Users may not know this number initially.
- 6) Status:** The status of the SPA. Select from the dropdown, or leave blank to get all statuses.
 - Accepted:** The SPA has been successfully submitted and is active to have services provided and billed.
 - Draft:** The SPA was created and saved, but not submitted. It is not active.

- **Pending:** The SPA was created and submitted, but requires a higher level of approval from ODDS. It is not yet active.
 - **Withdrawn:** The SPA was withdrawn by the CDDP/Brokerage. It is not yet active.
 - **Void:** The SPA has been voided; it is not active.
- 7) Service Element:** The number used to identify the service funding package or grouping that the SPA is authorized under.
- 8) Procedure Code:** The code assigned to identify the service authorized.
- 9) Svc Modifier Cd:** The Modifier code assigned to Procedure code to further identify the service authorized.
- 10) DHS Contract Num:** The funding contract number assigned to the CME that authorized the service.³
- 11) Effective Date:** The first service date the authorization covers.
- 12) End Date:** the last service date the authorization covers.
- 13) Exact:** Yes/No Radio buttons. For the Effective or End Date, select Yes to search for an exact match on that date; otherwise select No.
- 14) Review Required:** the designation on the SPA that determines if billings submitted for this service must be reviewed by the authorizing CME prior to claims aggregation and payment.
- **Y - YES:** Review of submitted billings is required. Billings will “pend” for CME review.
 - **N – NO:** Review of submitted billings is not required. Billings will process through system validations edits without pending for approval.
 - **Either:** Returns all authorizations
- 15) Max Displayed =** The number of authorization results displayed on the page.

³ For services managed by the State Children’s service programs (Residential or CIIS), that number is 800059.

Appendix B: SPA Search Results Column Definitions

1	2	3	4	5	6	7	8	9	10
SPA ID	Client Prime	Client Name	Service Element	Proc Code	Svc Modifier Cd	Units	DHS Contract Num	Effective Date	End Date

- SPA ID:** The number assigned to the SPA by eXPRS.
- Client Prime:** The Prime Number assigned to the individual.
- Client Name:** The name of the individual receiving the service.
- Service Element:** The number used to identify the service funding package or grouping that the SPA is authorized under.
- Proc Code:** The code assigned to identify the service authorized.
- Svc Modifier Cd:** The Modifier code assigned to Procedure code to further identify the service authorized.
- Units:** The amount of service authorized for the individual for the service unit type & frequency (e.g. - Hours per month, days per day, etc.).
- DHS Contract Num:** The funding contract number assigned to the CME that authorized the service.
- Effective Date:** The first service date the authorization covers.
- End Date:** The last service date the authorization covers.

11	12	13	14	15	16	17	18
Rendering Provider	Pay To Provider	Service Location ID	Service Location	Rate	Amount	Review Required	Status

- Rendering Provider:** The name of the provider authorized for the service.

- 12. Pay To Provider:** The name of the provider authorized to receive payment for the service. For Agency Providers, this will likely be the same as the Rendering Provider.
- 13. Service Location ID:** The eXPRS Provider ID number for the specific Service Location record authorized for the service.
- 14. Service Location:** The name on the specific service location record authorized for the service.
- 15. Rate:** The rate per unit for the service authorized.⁴ For Fixed Rate services, such as Children’s Residential, the rate here will show as “NA”. To see the rate history for the authorization, open the SPA and expand the Rate section.
- 16. Amount:** The total amount authorized for payment for this service, calculated by the Rate, Dates and Units.
- 17. Review Required:** The Yes/No designation for the SPA that determines if billings submitted for the service are required to be reviewed by the authorizing CME prior to claims aggregation and payment.
- 18. Status:** The status of the authorization.

⁴ See the guide: **How Fixed Rates and Not-to-Exceed (NTE) Rates Display differently in eXPRS** for more details on how information will display in this column.