A large, light blue dotted outline of the state of Louisiana, serving as a background for the title text.

Louisiana Medicaid Management Information System (LMMIS)

Precert Inquiry User Manual

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Prepared By
Technical Communications Group

Molina Medicaid Solutions and the Louisiana Department of Health and Hospitals

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1.0 OVERVIEW

The Precert Inquiry Application located on www.lamedicaid.com allows providers to find Precerts for a specific recipient on a specific date of service. This document will explain how to access and use the Precert Inquiry Application.

1.1 Precert Inquiry Home Page

The Precert Inquiry Application is available on www.lamedicaid.com. The application is available to the following provider types.

- 19 - Doctor of Osteopathy (DO) and Doctors of Osteopathy(DO) Group
- 20 - Physician (MD) and Physician (MD) Group
- 31 - Psychologist
- 59 - Neurological Rehabilitation Unit (Hosp)
- 60 - Hospital
- 64 - Mental Health Hospital (Free-Standing)
- 65 - Rehabilitation Center
- 69 - Hospital - Distinct Part Psychiatric Unit

For physicians, the application will only allow users to view the summary information of a Precert. For facilities, the application will allow users to view the summary and details of a Precert while also allowing users to print Precert letters.

The screenshot shows the 'Precert Inquiry' page of the Louisiana Medicaid website. At the top, it displays 'Louisiana Medicaid', 'Logged In As: Provider: [redacted]', and 'Login: ePrecert'. There are links for 'Main Menu' and 'Logout'. The main heading is 'Precert Inquiry'. Below this, there is a search section titled 'Search for a Louisiana Medicaid Recipient Hospital Stay'. It contains three input fields: 'Recipient's Medicaid ID Number or CCN:' with an asterisk, 'Recipient's Date of Birth:' with a date format '(MM/DD/YYYY)' and an asterisk, and 'Date of Service:' with a date format '(MM/DD/YYYY)' and an asterisk. Below the fields are 'Search' and 'Clear Form' buttons. A red asterisk note states '* Denotes required field'. At the bottom of the page, there is a warning: 'Warning: Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health and Hospitals.' and a copyright notice: '© Molina Medicaid Solutions 2010 | All Rights Reserved.'

2.0 ACCESSING THE APPLICATION

In order to access the Precert Inquiry Application, open www.lamedicaid.com in a web browser. Below is the LA Medicaid Home Page.

Note: If you have problems accessing the Provider Inquiry Application, refer to section **2.7 Troubleshooting** further assistance.

2.1 LAMedicaid.com Home Page

Louisiana Medicaid

Welcome to the Louisiana Medicaid Provider Support Center

For Technical Support, call toll-free 1-877-598-8753.

Search LAMedicaid

Provider Login ←

ClaimCheck

Radiology Util Mgmt

Acute Precert

[About Medicaid](#)
[Billing Information](#)
[CCI \(Coordinated Care Networks\) Info](#)
[Click Here to Enter a Recovery Request](#)
[Dental Providers](#)
[Disaster](#)
[EDI Information](#)
[EHR Incentives](#)
[FAQ](#)
[Fee Schedules](#)
[Forms/Files/User Manuals](#)
[Helpful Numbers](#)
[HIPAA Billing Instructions & Companion Guides](#)
[HIPAA Information Center](#)
[Home](#)
[Medical Equipment & Supplies](#)
[Pay-For-Performance](#)
[Pharmacy & Prescribing Providers](#)
[Provider Enrollment](#)

[CommunityCARE 2.0 Provider Notice 1/06/11](#)
[Pediatric Critical Care Codes Omitted from 9/22 & 10/6 Physician Claim Adjustments 01/04/11](#)
[Procedure Codes Payable to Optometrists 01/04/11](#)
[2011 HCPCS Update 01/04/11](#)
[Dental Procedure Code Policy Revision Update Effective 1/1/11 12/29/10](#)
[NPI Paper Changes 12/23/10](#)
[Attention Non-Physician Providers 12/23/10](#)
[CommunityCARE Quality Profiles 12/23/10](#)
[Anesthesia Providers: Recycle of Specified OB Claims 12/20/10](#)
['ClaimCheck' News and Editing Updates 12/16/10](#)
[New Program - Greater New Orleans Community Health Connection \(GNOCHC\) 11/18/10](#)
[New CPT codes added to RUM program 12/3/10](#)
[Implementation of Obstetrical Delivery Rates 12/3/10](#)
[Implementation of December 1, 2010 Rate Reductions for Free Standing ESRD Facilities 12/3/10](#)
[Implementation of December 1, 2010 Rate Reductions for Lab/Radiology and ASCs 11/30/10](#)
[Implementation of December 1, 2010 Rate Reductions for Early Steps Providers 11/30/10](#)
[Emergency Rules December 2010 Reimbursement Rate Reductions 11/29/10](#)

Once on this page, click the **Provider Login** button. This will take you to the Provider Login Page.

2.2 Provider Login

For Technical Support, call toll-free 1-877-598-8753.

Provider Logout

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Provider Login

Please enter your 10-digit National Provider Identifier (NPI) or 7-Digit Medicaid Provider ID: **Enter**

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Document : Provider Login

On the Provider Login page, enter your **Provider ID** and click the **Enter** button. This will take you to the NPI Reminder Page.

2.3 NPI Implementation Reminder

For Technical Support, call toll-free 1-877-598-8753.


Provider Logout

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NPI Implementation Reminder

Our records indicate you have registered your *NPI* with *LMMIS*. This is a reminder that you should be billing your electronic claims with your registered *NPI* to ensure claims will be processed correctly. If you are an individual provider and have an individual *NPI* and an organizational *NPI*, please ensure both numbers are registered with Louisiana Medicaid. Please download the *NPI* registration form by clicking on the link below, complete the form and fax it to 225-216-6495 or call 225-216-6400 to register your organization number.

[NPI Registration Form](#)

 [Continue to Login Page](#)

Document : NPI Implementation Reminder
Date Modified : 4/04/08

On this page, click the **Continue to Login Page** button. This will take you to the Provider Application Area Page.

2.4 Provider Applications Area

For Technical Support, call toll-free 1-877-598-8753.

Provider Logout

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Provider Applications Area

The application(s) listed below are for authorized use only. Click on an application link to access the application.

Provider Applications

[LAMEDICAID.COM Fact Sheet](#)

Restricted Provider Applications

Please enter your Restricted Applications' Login ID and Password. Remember the Login ID and Password are case sensitive.

Login ID

Password

[Login](#)

[Forgot Your Login ID?](#) [Forgot Your Password?](#) [Forgot login ID and Password?](#)

Document : Provider Applications Area
Date Modified : 1/24/03

On this page, enter your Login ID and Password and click the **Login** button. This will display all the provider applications to which you have access including the Precert Inquiry Application.

2.5 Restricted Provider Applications

For Technical Support, call toll-free 1-877-598-8753.

Provider Logout

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Provider Applications Area

The application(s) listed below are for authorized use only. Click on an application link to access the application.

Provider Applications
[LAMEDICAID.COM Fact Sheet](#)

Claim Check:
[Clear Claim Connection](#)

Restricted Provider Applications
[Provider Locator Information](#)
[TPL-Provider Notice to Pursue Difference](#)
[Claim Status Inquiry](#)
[Electronic Health Records-Incentive Payment System](#)
[Provider Ownership Enrollment](#)
[ePrecert For Acute Care Initial Requests](#)
[LAMEDICAID.COM Fact Sheet](#)
[Medicaid Eligibility Verification System](#)
[National Provider Identifier](#)
[Provider Locator Information](#)
[Precert Inquiry](#)
[ePrecert for Acute Care Initial Requests](#)
[Uncompensated Care Costs](#)
[EDI Submission Application \(EDI\)](#)

In the Restricted Provider Applications list, click the **Precert Inquiry** link in order to access the Precert Inquiry Application. This link will take you to the Precert Inquiry Home Page.

2.6 Precert Inquiry Home Page

Louisiana Medicaid
Logged In As: Provider: [REDACTED] - [REDACTED] Login: ePrecert [Main Menu](#) [Logout](#)

Precert Inquiry

Search for a Louisiana Medicaid Recipient Hospital Stay

Recipient's Medicaid ID Number or CCN: *

Recipient's Date of Birth: *(MM/DD/YYYY)

Date of Service: *(MM/DD/YYYY)

* Denotes required field

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2.7 Troubleshooting

If you require assistance in accessing the Precert Inquiry Application on www.lamedicaid.com, contact **Molina Technical Support Help-Desk** at **1-877-598-8753** (toll-free).

To access step-by-step instructions for web registration or establishing a login/password for the secure web portal, download the instructions at the following link.

http://www.lamedicaid.com/provweb1/Provweb_Enroll/Web_Registration.pdf

3.0 USING THE APPLICATION

3.1 Precert Navigation

The Precert Navigation displays the user's provider number, name, and login.



Click the **Main Menu** link to go back to the Provider Applications Area.

Click the **Logout** button to logout of Provider Applications Area and go back to LAMedicaid.com.

3.2 Precert Inquiry Home Page

Enter the Recipient's Medicaid ID or CCN Number, the Recipient's Date of Birth and the Date of Service and click **Search** in order to find a Precert. Click the **Clear Form** button in order to reset the form and search again.

The application will ensure that you enter valid data. In the example below, the application will inform the user what fields are not valid.

3.3 Precert Inquiry Error Messages

The screenshot shows the 'Precert Inquiry' page in the Louisiana Medicaid system. At the top, it displays 'Louisiana Medicaid', 'Logged In As: Provider: [redacted]', and 'Login: ePrecert'. There are links for 'Main Menu' and 'Logout'. The main heading is 'Precert Inquiry'. Below this, the page is titled 'Search for a Louisiana Medicaid Recipient Hospital Stay'. A list of error messages is shown in red text: 'Recipient ID Required.', 'Recipient Date Of Birth Required.', and 'Date Of Service Required.'. Below the errors are three input fields: 'Recipient's Medicaid ID Number or CCN:' with an asterisk, 'Recipient's Date of Birth:' with a date format '(MM/DD/YYYY)' and an asterisk, and 'Date of Service:' with a date format '(MM/DD/YYYY)' and an asterisk. There are 'Search' and 'Clear Form' buttons. A note below the buttons states '* Denotes required field'. At the bottom of the page, there is a red warning: 'Warning: Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health and Hospitals.' and a copyright notice: '© Molina Medicaid Solutions 2010 | All Rights Reserved.'

When the user specifies information for a valid Precert, the application will show the Recipient and the Precert information on the page.

3.4 Precert Inquiry Search Results #1

Louisiana Medicaid
Logged In As: Provider: [REDACTED] - [REDACTED] Login: ePrecert
[Main Menu](#) [Logout](#)

Precert Inquiry

Search for a Louisiana Medicaid Recipient Hospital Stay

Recipient's Medicaid ID Number or CCN: [REDACTED] *

Recipient's Date of Birth: [REDACTED] *(MM/DD/YYYY)

Date of Service: [REDACTED] *(MM/DD/YYYY)

* Denotes required field

Medicaid Recipient

Medicaid ID: [REDACTED] Age: [REDACTED] Sex: [REDACTED]

Date of Birth: [REDACTED]

Last Name: [REDACTED] First Name: [REDACTED] MI.: [REDACTED]

Precert Number	Provider Name	Admit Date	Discharge Date	Status	Approved Days
[REDACTED]	[REDACTED]	10/1/2010	10/4/2010	Approved	3

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Recipient fields included are Medicaid ID, name, date of birth, sex, and age. Precert fields included are Precert number, Provider name, admit date, discharge date (anticipated), Precert status and approved days. The discharge date is not an approved day.

If the Precert has more than 10 extension requests, then the application will display all Precert numbers connected with the hospital stay.

3.5 Precert Inquiry Search Results #2

Louisiana Medicaid
Logged In As: Provider: [REDACTED] - [REDACTED] Login: ePrecert
[Main Menu](#) [Logout](#)

Precert Inquiry

Search for a Louisiana Medicaid Recipient Hospital Stay

Recipient's Medicaid ID Number or CCN: [REDACTED] *

Recipient's Date of Birth: [REDACTED] *(MM/DD/YYYY)

Date of Service: [REDACTED] *(MM/DD/YYYY)

* Denotes required field

Medicaid Recipient

Medicaid ID: [REDACTED] Age: [REDACTED] Sex: [REDACTED]

Date of Birth: [REDACTED]

Last Name: [REDACTED] First Name: [REDACTED] MI.: [REDACTED]

Precert Number	Provider Name	Admit Date	Discharge Date	Status	Approved Days
[REDACTED]	[REDACTED]	11/19/2009	12/11/2009	Approved	22
[REDACTED]	[REDACTED]	12/11/2009	12/16/2009	Approved	5

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For physicians, this summary information above is all the information available. For facilities, the user can click the **Precert Number** in order to view the Precert details.

3.6 Precert Case Details: Initial Information #1

Louisiana Medicaid
Main Menu Logout

Logged In As: Provider: [REDACTED]
Login: ePrecert

Precert Inquiry

Initial Request
Extensions

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF HEALTH AND HOSPITALS
MEDICAL ASSISTANCE PROGRAM
REQUEST FOR HOSPITAL PRE-ADMISSION CERTIFICATION AND LOS ASSIGNMENT

Phone: 1-800-877-0666
 Fax: 1-800-717-4329

NOTE: This form must be completed in full to be considered for review by Molina.

Type: 03 - Acute Care	Request Type: Initial Request
Level Of Care: GEN	Precert Number: [REDACTED]
Recipient Medicaid ID: [REDACTED]	Recipient Age: [REDACTED] Sex: [REDACTED]
Date of Birth: [REDACTED]	Medicare Part-A Benefits Exhausted: <input type="checkbox"/>
Last Name: [REDACTED]	First Name, MI.: [REDACTED]

Hospital Medicaid ID: [REDACTED]	Contact Person: [REDACTED]	Fax Number: [REDACTED]
Phone Number: [REDACTED]	Attending Physician ID: [REDACTED]	
Admit Date (Actual/Anticipated): 11/19/2009	Admit Time (Military Time): 00 : 00	
Discharge Date: 12/11/2009		

If this is a transfer from another facility, enter the transferring facility Medicaid ID or facility name below:

DIAGNOSIS (ICD-9-CM)	Description
Admitting:	
Primary: 644.03	THRT PREM LABOR-ANTEPART
Other:	

Surgery Date:

Procedure Code(s) (ICD-9-CM)

Precert Response [View Response Letter](#)

Response Date: 11/23/2009 Response Time (Military): 1344

Reviewing Nurse: [REDACTED] Reviewing Physician: [REDACTED]

Status: A1: Certified Approved Days: 2

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Click the **View Response Letter** link in order to print the Precert Letter.

Click the **Return To Search** button in order to go back to the Precert Inquiry Home Page.

3.7 Precert Letter: Initial

Molina Medicaid Solutions	Pre-Certification Department P.O. Box 14849, Baton Rouge, LA 70809 Date: 1/7/2011
State of Louisiana Department of Health and Hospitals Bureau of Health Services Financing P.O. Box 91030 Baton Rouge, LA 70821-9030	
Sent To: Provider: [REDACTED] Voice Phone: [REDACTED] Fax Phone: [REDACTED]	Received From: Sender: Molina Medicaid Solutions Pre-Certification Department Voice Phone: 1-800-877-0666 Fax Phone: 1-800-717-4329
CASE NUMBER: RECIPIENT NUMBER: RECIPIENT NAME: UNISYS REVIEWER ID: PHYSICIAN CONSULT: PROVIDER NAME: PROVIDER NUMBER:	[REDACTED] REVIEW DATE: 11/23/2009 REVIEW TIME: 1344
DEAR PROVIDER: This letter is provided to confirm that request for Admission Certification and LOS assignment for the above patient was received 11/20/2009 and has been processed according to agency procedures for approvals or denials, as indicated below. Approved a maximum of 2 day(s) of inpatient stay from admit date 11/19/2009 through discharge date 11/21/2009. The date of discharge is not an approved day and is not included in the approved days. Primary diagnosis code given was 64403. There must be a medical necessity for each day of the stay. The patient should be discharged on the day the Discharge Criteria are met. Admission certification and Length of Stay assignment are based on patient data submitted by your facility and standardized medical criteria. However, an approval is not a guarantee of the recipient eligibility. Payment on a claim will only be made when the claim is billed correctly and all conditions for payment are met. Reason codes, if any, are listed below: SINCERELY, BUREAU OF HEALTH SERVICES FINANCING <i>This fax document is the property of Molina Medicaid Solutions and may contain restricted or confidential information. It is intended only for the person(s) to whom it is addressed. If it is not addressed to you, it has been received in error. If you have received it in error, please notify the Molina Medicaid Solutions Privacy Officer immediately by faxing the document to 225-924-6179 and destroy any other copies.</i>	

This is an example of a Precert Letter from the Initial.

3.8 Precert Case Details: Extension Information #1

Louisiana Medicaid
Logged In As: Provider: [REDACTED] - [REDACTED]
Login: ePrecert
[Main Menu](#) [Logout](#)

Precert Inquiry

[Initial Request](#)

[Extensions](#)

Extensions			
#1	Received: 11/23/2009 1600 Status: Denied	Level Of Care: GEN Days Approved: 0	Diagnosis: 644.03 - THRT PREM LABOR-ANTEPART Print Response Letter
Reason Codes: - Reason Code: 146 HIPAA Reason Code: 083 Description: DOCUMENTATION REFLECTS CARE COULD BE RENDERED IN AN ALTERNATE CARE SETTING			
#2	Received: 11/30/2009 1200 Status: Approved	Level Of Care: GEN Days Approved: 2	Diagnosis: 644.03 - THRT PREM LABOR-ANTEPART Print Response Letter
Reason Codes: - Reason Code: 408 HIPAA Reason Code: Description: RECON HAS BEEN REVIEWED. ONLY A PORTION OF THE DAYS NEEDED HAVE BEEN APPROVED. THE REMAINDER HAVE BEEN DENIED. YOU NOW NEED MD TO MD CONFERENCE.			
#3	Received: 12/3/2009 1300 Status: Approved	Level Of Care: GEN Days Approved: 3	Diagnosis: 644.03 - THRT PREM LABOR-ANTEPART Print Response Letter
#4	Received: 12/7/2009 1400 Status: Approved	Level Of Care: GEN Days Approved: 3	Diagnosis: 644.03 - THRT PREM LABOR-ANTEPART Print Response Letter
#5	Received: 12/10/2009 1100 Status: Approved	Level Of Care: GEN Days Approved: 3	Diagnosis: 644.03 - THRT PREM LABOR-ANTEPART Print Response Letter
#6	Received: 12/15/2009 1100 Status: Rejected	Level Of Care: GEN Days Approved: 0	Diagnosis: 644.03 - THRT PREM LABOR-ANTEPART Print Response Letter
Reason Codes: - Reason Code: 410 HIPAA Reason Code: 090 Description: SUBMITTED DOCUMENTATION SHOULD INCLUDE PERTINENT INFORMATION FROM THE 48 HRS. PRIOR TO THE LAST APPROVED DATE.			
#7	Received: 12/21/2009 1100 Status: Approved	Level Of Care: GEN Days Approved: 3	Diagnosis: 644.03 - THRT PREM LABOR-ANTEPART Print Response Letter
#8	Received: 12/23/2009 1100 Status: Approved	Level Of Care: GEN Days Approved: 3	Diagnosis: 644.03 - THRT PREM LABOR-ANTEPART Print Response Letter
#9	Received: 12/30/2009 1400 Status: Approved	Level Of Care: GEN Days Approved: 3	Diagnosis: 644.03 - THRT PREM LABOR-ANTEPART Print Response Letter
#10	Received: 1/4/2010 1300 Status: Rejected	Level Of Care: GEN Days Approved: 0	Diagnosis: 644.03 - THRT PREM LABOR-ANTEPART Print Response Letter
Reason Codes: - Reason Code: 131 HIPAA Reason Code: 015 Description: START AND DISCONTINUE DATES AS ORDERED BY MD FOR MEDICATIONS AND TREATMENTS, ARE NEEDED ON PCF02/ABSTRACT. DO NOT SEND MARS UNLESS REQUESTED. - Reason Code: 149 HIPAA Reason Code: E8 Description: SEND SUPPORTING MEDICAL DOCUMENTATION FROM LAST			

The Precert Extension page allows users to print and view the extension letter. Each Precert can have up to 10 extensions. Precerts with more than 10 extensions are also available online.

3.9 Precert Letter: Extension

Molina Medicaid Solutions	Pre-Certification Department P.O. Box 14849, Baton Rouge, LA, 70809 Date: 1/7/2011	
State of Louisiana Department of Health and Hospitals Bureau of Health Services Financing P.O. Box 91030 Baton Rouge, LA 70821-9030		
Sent To: Provider: [REDACTED] Voice Phone: [REDACTED] Fax Phone: [REDACTED]	Received From: Sender: Molina Medicaid Solutions Pre-Certification Department Voice Phone: 1-800-877-0666 Fax Phone: 1-800-717-4329	
CASE NUMBER: RECIPIENT NUMBER: RECIPIENT NAME: UNISYS REVIEWER ID: PHYSICIAN CONSULT: PROVIDER NAME: PROVIDER NUMBER:	[REDACTED]	REVIEW DATE: 12/7/2009 REVIEW TIME: 1140
DEAR PROVIDER: This letter is provided to confirm that request for Continuanace of Stay for the above patient was received 12/3/2009 and has been processed according to agency procedures for approvals or denials, as indicated below. Approved a maximum of 3 day(s) of inpatient stay from continuance date 11/23/2009 through discharge date 11/26/2009. The date of discharge is not an approved day and is not included in the approved days. Primary diagnosis code given was 64403. Admission date given was 11/19/2009. There must be a medical necessity for each day of the stay. The patient should be discharged on the day the Discharge Criteria are met. Admission certification and Length of Stay assignment are based on patient data submitted by your facility and standardized medical criteria. However, an approval is not a guarantee of the recipient eligibility. Payment on a claim will only be made when the claim is billed correctly and all conditions for payment are met. Reason codes, if any, are listed below: SINCERELY, BUREAU OF HEALTH SERVICES FINANCING <i>This fax document is the property of Molina Medicaid Solutions and may contain restricted or confidential information. It is intended only for the person(s) to whom it is addressed. If it is not addressed to you, it has been received in error. If you have received it in error, please notify the Molina Medicaid Solutions Privacy Officer immediately by faxing the document to 225-924-6179 and destroy any other copies.</i>		

This is an example of a Precert Letter from the Extension.

3.10 Precert Case Details: Initial Information #2

Louisiana Medicaid
Logged In As: Provider: [REDACTED] - [REDACTED] Login: ePrecert
Main Menu Logout

Precert Inquiry

Initial Request

Extensions

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF HEALTH AND HOSPITALS
MEDICAL ASSISTANCE PROGRAM
REQUEST FOR HOSPITAL PRE-ADMISSION CERTIFICATION AND LOS ASSIGNMENT

Phone: 1-800-877-0666
Fax: 1-800-717-4329

NOTE: This form must be completed in full to be considered for review by Molina.

Type: <input type="text" value="03 - Acute Care"/>	Request Type: <input type="text" value="Initial Request"/>
Level Of Care: <input type="text" value="GEN"/>	Precert Number: <input type="text" value="[REDACTED]"/>
Recipient Medicaid ID: <input type="text" value="[REDACTED]"/>	Recipient Age: <input type="text" value="[REDACTED]"/> Sex: <input type="text" value="[REDACTED]"/>
Date of Birth: <input type="text" value="[REDACTED]"/>	Medicare Part-A Benefits Exhausted: <input type="checkbox"/>
Last Name: <input type="text" value="[REDACTED]"/>	First Name, MI.: <input type="text" value="[REDACTED]"/>

Hospital Medicaid ID: <input type="text" value="[REDACTED]"/>	Contact Person: <input type="text" value="[REDACTED]"/>	Fax Number: <input type="text" value="[REDACTED]"/>
Phone Number: <input type="text" value="[REDACTED]"/>	Attending Physician ID: <input type="text" value="[REDACTED]"/>	
Admit Date (Actual/Anticipated): <input type="text" value="12/11/2009"/>	Admit Time (Military Time): <input type="text" value="00"/> : <input type="text" value="00"/>	
Discharge Date: <input type="text" value="12/16/2009"/>		

If this is a transfer from another facility, enter the transferring facility Medicaid ID or facility name below:

DIAGNOSIS (ICD-9-CM)	Description
Admitting: <input type="text" value="644.03"/>	<input type="text" value="THRT PREM LABOR-ANTEPART"/>
Primary: <input type="text" value=""/>	<input type="text" value=""/>
Other: <input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>

Surgery Date:

Procedure Code(s) (ICD-9-CM)

Precert Response [View Response Letter](#)

Response Date: Response Time (Military):

Reviewing Nurse: Reviewing Physician:

Status: Approved Days:

Reason Codes:

- HIPAA Reason Code: N/A Fax Reason Code: 063 Description: PLEASE NOTE THIS IS A NEW CASE NUMBER FOR THIS ADMISSION

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This is another example of Precert Details showing Initial Information.

3.11 Precert Case Details: Extension Information #2

Louisiana Medicaid
Main Menu Logout

Logged In As: Provider: ██████████ - ██████████
Login: ePrecert

Precert Inquiry

Initial Request
Extensions

Extensions

#1	Received: 1/8/2010 1300 Status: Rejected	Level Of Care: GEN Days Approved: 0	Diagnosis: 644.03 - THRT PREM LABOR-ANTEPART
	Print Response Letter		
	Reason Codes: - Reason Code: 311 HIPAA Reason Code: 082 Description: MEDICAL DOCUMENTATION DOES NOT SUPPORT INTENSITY OF SERVICE		
#2	Received: 1/13/2010 1400 Status: Approved	Level Of Care: GEN Days Approved: 2	Diagnosis: 644.03 - THRT PREM LABOR-ANTEPART
	Print Response Letter		
#3	Received: 1/15/2010 1600 Status: Approved	Level Of Care: GEN Days Approved: 1	Diagnosis: 644.03 - THRT PREM LABOR-ANTEPART
	Print Response Letter		
	Reason Codes: - Reason Code: 359 HIPAA Reason Code: Description: THIS APPROVAL BRINGS YOU TO "YOUR" DOCUMENTED DISCHARGE DATE.		

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This is another example of Precert Details showing Extension Information.