

Quick Reference Guide: Understanding Errors 3100 & 3101

Overview:

Prior Authorization

Certain procedure codes, revenue codes, or pharmaceuticals require Prior Authorization (PA) when billed on claims. Refer to the PA Resource Document link at the end of this document.

Error 3100 – PA Required – Missing or Invalid

Common Causes:

- **Incorrect Prior Authorization (PA) Number:** Ensure that the PA number is correct on the claim. The system looks for a valid PA number when one is submitted. Please note that Telligen's PA number contains 11 characters and will always begin with the letter Q. The case number issued by Telligen is not the same as the PA number.
- **Missing Prior Authorization (PA) Number:** The system looks for a PA number if the procedure submitted requires a PA.

Explanation of Benefits (EOB)

Error 3100 will have the following explanation of benefits:

EOB	Description
3100	PA required – PA Missing or invalid

Error 3101 – PA Number Not on File

Common Causes:

- **Not on File:** The PA number submitted is not on file with the system. Please note that Telligen’s PA number contains 11 characters and will always begin with the letter Q. The case number issued by Telligen is not the same as the PA number.

Explanation of Benefits (EOB)

Error 3101 will have one of the following explanations:

EOB	Description
3101	PA number not on file.
3102	PA required – Awaiting Prior Auth

Tools for Prior Authorizations

Check below for helpful links for prior authorizations information.

Procedure Code Prior Authorization Requirement

Visit the Mississippi Medicaid website and utilize the Procedure Code Prior Authorization Requirement listing to see if a procedure requires prior authorization.

<https://medicaid.ms.gov/procedure-code-pa-requirement/>

Medical Prior Authorizations (Non-Pharmacy)

Telligen is responsible for medical authorization requests, including certain physician administered drugs (PADs), for fee-for-service (FFS) Medicaid beneficiaries.

- Please refer to Telligen’s website at <https://msmedicaid.telligen.com/>
- Or call Telligen directly at 1-855-625-7709 for assistance.

To submit authorization requests, providers are encouraged to register for access to Telligen’s provider portal, Qualitrac, by completing the Telligen Provider Portal Registration.

General Pharmacy Prior Authorization Instructions

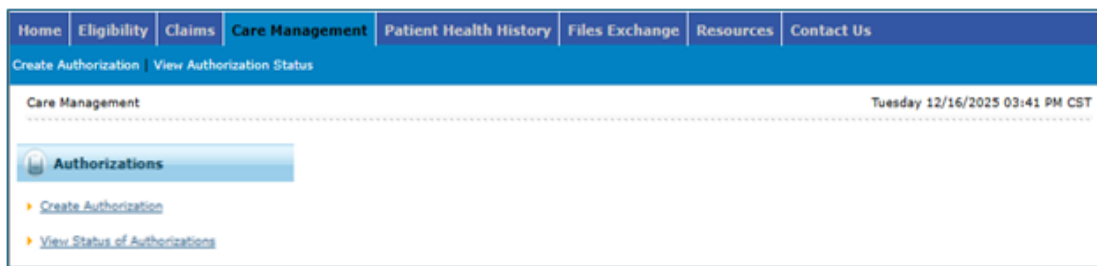
Visit the following link for directions on how to request a pharmacy prior authorization for a Medicaid Beneficiary: https://medicaid.ms.gov/wp-content/uploads/2024/07/General-Prior-Authorization-Instructions-7_1_2024.V4-1.pdf

Mississippi Medicaid Prescribers – registered users

If you are a Mississippi Medicaid prescriber, submit your pharmacy prior authorization requests through the Gainwell Technologies **Provider Portal**.

Prior Authorization Tab on the Provider Portal

On the Provider Portal, the **Care Management** tab has links to either Create or View a Pharmacy Prior Authorization status.



The screenshot shows the 'Create Authorization' form. At the top, there is a legend: '* Indicates a required field.' and a radio button for 'Pharmacy'. There are 'Expand All' and 'Collapse All' links. The form is divided into sections: 'Requesting Provider Information' (with fields for Provider ID: 1912381609, ID Type: NPI, Name: CLINIC PHARMACY, and Taxonomy: 333600000X-Pharmacy), 'Member Information' (with fields for Member ID, Last Name, Birth Date, and First Name), and 'Diagnosis Information'. A note states: 'Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. Click the Remove link to remove the entire row.' Below this is a table with columns: 'Diagnosis Type', 'Diagnosis Code', and 'Action'. There is a 'Click to collapse.' checkbox. At the bottom, there are input fields for '*Diagnosis Type' (dropdown menu showing 'ICD-10-CM') and '*Diagnosis Code' (text input), followed by 'Add' and 'Cancel' buttons.

View Authorization Status ?

Prospective Authorizations Search Options

Prospective authorizations identifying you as the Requesting or Servicing Provider are listed below. These results include the first (20) authorization line items with a beginning Services Date of today or greater. Click the Authorization Tracking Number to view the authorization response details or select the Search Options tab to search for a different authorization.

There are no authorizations to show.

To Search for a Prior Authorization on the Provider Portal

View Authorization Status ?

Prospective Authorizations Search Options

Enter at least one or more of the following fields to search for an authorization.
If the Prior Authorization (PA) Number is not entered, then a date range is required,
If member information is used, then PAs can be searched for a whole year. If member information has not been provided, then search span cannot be more than 30 days.

Authorization Information

Prior Authorization Number

Process Type

Service Code Type Service Code

From Effective Date To Effective Date

Member Information

Member ID Last Name First Name

SSN Birth Date

Provider Information

Provider ID ID Type Medicaid
ID

Name

This Provider is the Servicing Provider on the Authorization
 Referring Provider on the Authorization

Change History

The following change history log contains a record of changes made to this document:

Version #	Published/ Revised	Author	Section/Nature of Change
0.1	12/16/2025	Gainwell	Initial publication
1	02/18/2026	Gainwell	Updated per DOM Feedback