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# Provider Portal Training Guide

## How to Submit an Authorization

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# How to Submit an Authorization

There are two ways to submit an authorization via the secure Provider Portal:

## Option 1:

Navigate to the “**My Patients**” and search for the desired member. Then open the “**select action**” drop down. Here you will find the “**Request Authorization**” option:

The screenshot shows the 'My Patients' section of the portal. At the top, there are navigation tabs: Home, My Patients (highlighted), Care Management, Claims, My Practice, and Resources. A search bar is present. Below the navigation is a 'Check Member Eligibility' section with input fields for Member ID, Medicaid ID, Medicare ID, and a date selector. A 'Search' button is at the bottom right of this section. Below the search section is a table with 54 results. The table has columns for Member Name, Member ID, Eligible, Effective Date, Term Date, Plan Name, Care Gaps, Important Info, and PCP. A 'Select Action' dropdown menu is open for the first row, with 'Request Authorization' highlighted in red.

Select “**Request Authorization**” to access the authorization request form.

## Option 2:

From the “**Care Management**” tab, select “**Create New Authorization.**” You will then be prompted to enter the associated Member ID.

The screenshot shows the 'Care Management' section of the portal. At the top, there are navigation tabs: Home, My Patients, Care Management (highlighted), Claims, My Practice, and Resources. A search bar is present. Below the navigation is a 'Welcome STE' section with a video player. To the right, there are several cards: 'Care Gaps Report', 'Find Authorizations and Referrals', 'Create New Authorization' (highlighted in red), and 'Create New Referral'. Below these cards are two main buttons: 'Go To My Patients' and 'Go To Care Management'. To the right of the main content is a 'Create Authorization' form. The form has a 'Find a Member' section with a search type dropdown and a Member ID input field. Below this is a table with columns for Patient Name, Date of Birth, Member ID, and Plan. A 'Select Member' button is at the bottom right of the form, highlighted in red.

After advancing to the authorization form using either **option 1 or 2**, the member's information will be prepopulated. You must select a **"Requesting Provider"** by using the **"Choose a Provider"** tool. You will be presented with the option to search for the desired provider.

**NOTE:** This tool will only return active, participating providers.



## Tip:

If you don't know your Wellcare Provider ID or Tax ID, **admin users** may obtain these details within the **"My practice"** section. Navigate to the **"My practice"** tab, select **"manage sub-group accounts,"** then select **"Create new sub-group."** You will be able to view all Provider IDs and Tax IDs associated with this contract (Full screenshots and instructions can be found in the last section of this document).

**Create Authorization**

Chat with an Agent Help Download & Print

**Member Information** COLLAPSE

The following Member is attached to this Authorization

Member Name	Member ID	Date of Birth	Gender	Address	Search a Member

**Requesting Provider Information** COLLAPSE

The following Provider is attached to this Authorization

Provider ID	Provider Name	Phone Number	Specialty	Address	Choose a Provider

County Requesting Provider Fax \*

**Is this a prescheduled service or an inpatient notification?** COLLAPSE

Inpatient Notification  Prior Authorization including preplanned inpatient

**Find a Provider**

Select search criteria to find a Provider

ID

Provider ID

OR

Provider Tax ID

Search

Clear Search

1 Records Found

Select	Provider ID	Name	Specialty	Address	County / Island
<input type="checkbox"/>					

Cancel Select This Provider

Next, insert a valid fax number using the following format: (111) 111-1111. Then make a selection to determine “**Inpatient**” or “**Outpatient**” for the request. Fields within the form will update, based on whether the authorization is identified as inpatient or outpatient.

Select “**Inpatient Notification**” or “**Prior Authorization including preplanned inpatient**” in the “**Is this a prescheduled service or an inpatient notification?**” field.

- Inpatient Notification – **Use for an inpatient/observation request**
- Prior Authorization including preplanned inpatient – **Use for an outpatient request or preplanned inpatient request for a future date of service**

### Requesting Provider Information COLLAPSE

**The following Provider is attached to this Authorization**

Provider ID	Provider Name	Phone Number	Specialty PED	Address	Choose a Provider

County  **Requesting Provider Fax \***

### Is this a prescheduled service or an inpatient notification? COLLAPSE

Outpatient and Preplanned Inpatient Requests  Inpatient & Observation Notifications

Complete the fields in the following sections. For an outpatient authorization, you **must** check the “**View Auth Requirements**” button. (This is not necessary for inpatient authorizations.)

### Additional Service Information

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#### Diagnosis Information

Date From	Date Thru	Diagnosis Code	Description
<input type="text" value="4/6/2022"/>	<input type="text" value="4/7/2022"/>	<input type="text" value="H21.221"/>	DEGENERATION OF CILIARY BODY RIGHT EYE

---

#### CPT Codes

Date From	Date Thru	Procedure Code	Description	Requested Units	<b>View Auth Requirements</b>	Modifier
<input type="text" value="4/6/2022"/>	<input type="text" value="4/7/2022"/>	<input type="text" value="81297"/>	MSH2 GENE DUP/DELETE VARIANT	<input type="text" value="1"/>		

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#### Requestor information COLLAPSE

<input type="text" value="Requestor Name *"/>	<input type="text" value="Requestor Phone # *"/>	<input type="text" value="Extension"/>	<input type="text" value="Requestor Fax"/>	<input type="checkbox"/> Urgent
---	--	--	--	---------------------------------

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#### Note COLLAPSE

Note

This action triggers a validation that considers factors such as the member’s specific benefits and all previously entered criteria. The system will return a response of either **“Auth Required,”** **“No Auth Required,”** or **“Vendor Auth Required”**.

You are about to submit a retro authorization.  
Review your dates.

OK

**NOTE:** If you are submitting a retroactive authorization request for a prior date, you will be prompted to confirm that the dates are correct.



### Tip:

If the **“Vendor Auth Required”** response is returned, please consult the Quick Reference Guide (QRG) to obtain contact information for the delegated vendor. The QRG is found on the public website. Navigate to **wellcare.com**, choose your state, select **“Providers,”** from the top navigation bar, then select **“Overview”** from either the Medicaid or Medicare menu. On the Overview page you will find the QRG, which references the delegated vendors for specific services.

The screenshot shows the WellCare website interface. At the top, there is a search bar and navigation links for 'Login / Register', 'Contact Us', and 'Help'. The current state is 'Florida' and the language is 'English'. The main navigation bar includes 'Need a Plan', 'Members', 'Providers', and 'Corporate'. The 'Providers' dropdown menu is open, showing options for 'Children's Medical Services', 'CMS Health Plan Transition', 'Medicaid', and 'Medicare'. Under 'Medicaid', the 'Overview' link is highlighted with a red box. Under 'Medicare', the 'Overview' link is also highlighted with a red box. To the right, the 'Overview & Resources' page is displayed, featuring a description of WellCare's commitment to quality care and a 'Resources' section. In the 'Resources' section, three items are listed: '2019 Provider Manual', 'Quick Reference Guide', and 'Provider Resource Guide'. The 'Quick Reference Guide' item is highlighted with a red box, and its 'Download' button is also highlighted with a red box.

All authorization submissions **require an attachment** prior to submission. You may attach Word, Excel and/or PDF documents up to 10 MB in size. Please attach only information that is pertinent to the current request.

**Attachment(s)** COLLAPSE

Please upload clinical documentation for this authorization request. At least one attachment is required. Attachments are limited to 10 MB.

Select Files \*

**Note:** \* Denotes required fields.

Prior to submission, you will be prompted to review your selections, and given the options to “**Edit**” or “**Submit**”:

**Create Authorization**

Chat with an Agent | Help | Download & Print

This authorization has not been submitted. Please review the information and submit below.

**Patient information**

Member Name	Member ID	Date of Birth	Gender
Address			

**Requesting provider information**

Provider ID	Phone Number	Fax number	Specialty
Address			

**Servicing Provider Information**

Provider Type	Provider ID	Provider Name	Specialty	Fax	Address	County/Island
Facility						

**Requestor Contact Information**

Name	Fax#	Phone#	Extension
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**Authorization Details**

Received Date 07/12/2019 5:04 PM	Contact Channel Web	Service Type Inpatient Services	Subtype Inpatient
Created Date 07/12/2019 5:04 PM	Place of Service 21	Place of Service Description Inpatient Hospital	

**Additional Service Information**

Planned Admit Date* 07/15/2019	Requested Days 1
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**Diagnosis Information**

Date From 07/15/2019	Date Thru 07/16/2019	Diagnosis Code H21.221	Description DEGENERATION OF CILIARY BODY RIGHT EYE
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**CPT Codes**

Date From 07/15/19	Date Thru 07/19/2019	Procedure Code 81207	Description MESH OENE DUP/DELETE VARIANT	Requested Units 1	Is Auth Required? Auth Required
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**Note**

**Attachment Information**

File Name

Save Draft | **Submit Authorization** | Edit Authorization

A reference number will be provided once you submit the request. An authorization number will be sent to you via fax within state-regulated turn around times. You must use the authorization number to search for this authorization in the Provider Portal.

**NOTE:** An authorization cannot be viewed via the portal until it has moved to an in-progress state and the fax containing the authorization number has been sent.

There are several types of reference numbers:

**ADMNT:** This is a notice of admission

**CR:** This is a concurrent review. After the notice of admission, this is the clinical review that takes place. There can be multiple concurrent reviews for a single stay. Ex. If a member is admitted to the hospital, there will be an initial review and then one or more additional reviews confirming whether the member is ready for discharge.

**PA:** Prior authorization. This is an advance notice for outpatient services or for pre-planned inpatient services.

**Authorization number:** This number is required when submitting your claim(s) for payment.

Example of an ADMNT reference number:

**Create Authorization**

**Reference Number: PA-287189**

Submission was successful!

# Inpatient Authorizations

Inpatient authorization requests require at least one facility to be selected within the “**Servicing Provider Information**” section.

**Servicing Provider Information** COLLAPSE

Note: Select checkbox if same as the requesting provider

Provider Type *	Provider ID *	Advanced Search	Provider Name	Specialty	Fax	County/Island	Address
Facility		Advanced Search			(111) 111-1111		

CPT codes are not required for inpatient stays when submitting an inpatient authorization request.

**NOTE:** Observation services cover the act of observation, not a preplanned service.

Inpatient, BH Inpatient, and BH Detox subtypes include a new option: **Outpatient/Observation converted to Inpatient Admission**.

When selected, two new fields replace the **Admit Date** field.

**Outpatient/Observation Admission Date** and **Inpatient Conversion Date**.

Timely notification of admission is based on **Inpatient Conversion Date**.

**Is this a prescheduled service or an inpatient notification?** COLLAPSE

Outpatient and Preplanned Inpatient Requests  Inpatient & Observation Notifications

**Servicing Provider Information** COLLAPSE

Note: Select checkbox if same as the requesting provider

Provider Type *	Provider ID *	Advanced Search	Provider Name	Specialty	Fax	County/Island	Address
Facility	<input checked="" type="checkbox"/> 1105150	Advanced Search	HAGAN, KARA PA	PHYAST	(813) 675-2890	FAYET	989 GOVERNORS LANE, STE 100, LEXINGTON, KY, 40513

**Authorization information** COLLAPSE

Service Type \* Inpatient Services Subtype \* Inpatient Place of Service \* 21

Place of Service Description Inpatient

Outpatient/Observation converted to Inpatient Admission

Admit Date Requested Days \* 5  Delivery  NICU  n/a

Outpatient/Observation converted to Inpatient Admission **Inpatient Conversion Date \*** 7/11/2022

**Outpatient/Observation Admission Date \*** 7/9/2022 **Requested Days \*** 5  Delivery  NICU  n/a



# Outpatient Authorizations

Outpatient authorization requests require at least one treating provider to be selected within the “**Servicing Provider Information**” section.

**Servicing Provider Information** COLLAPSE

Note: Select checkbox if same as the requesting provider

Provider Type *	Provider ID *	Advanced Search	Provider Name	Specialty	Fax	County/Island	Address
Treating Provic ▾	<input type="text"/>	<input type="button" value="Advanced Search"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

After filling out the Outpatient authorization form, you must check the “**View Auth Requirements**” button (Inpatient authorizations do not require this check).

This action triggers a validation that consider factors such as the member’s specific benefits and all previously entered criteria. The system will return a response of either “**Auth Required**,” “**No Auth Required**,” or “**Vendor Auth Required**”.

**Servicing Provider Information** COLLAPSE

Note: Select checkbox if same as the requesting provider

Provider Type *	Provider ID *	Advanced Search	Provider Name	Specialty	Fax	County/Island	Address
Treating Provic ▾	<input type="text" value="18027"/>	<input type="button" value="Advanced Search"/>	LOPEZ-MCCORMACK, CELIA PED		<input type="text" value="(111) 111-1111"/>	PINEL	5601 DR MLK JR ST NORTH, SAINT PETERSBURG, FL, 33703-1205

**Authorization Information** COLLAPSE

Service Type *	Subtype *	Place of Service *
Outpatient Services ▾	Lab ▾	81 - Independent Laboratory ▾

Place of Service Description  
Independent Laboratory

**Additional Service Information**

**Diagnosis Information**

Date From	Date Thru	Diagnosis Code	Description
<input type="text" value="7/15/2019"/>	<input type="text" value="9/13/2019"/>	<input type="text" value="H21.221"/>	DEGENERATION OF CILIARY BODY RIGHT EYE

**CPT Codes**

Date From	Date Thru	Procedure Code	Description	Requested Units	<input type="button" value="View Auth Requirements"/>	Modifier
<input type="text" value="7/16/2019"/>	<input type="text" value="9/14/2019"/>	<input type="text" value="81297"/>	MSH2 GENE DUP/DELETE VARIANT	<input type="text" value="1"/>	Vendor Auth Required	<input type="checkbox"/>

# Authorization Information

The “**Authorization Information**” section of the form is dynamic. Your initial “**Service Type**” selection will determine the available options.

COLLAPSE

**Authorization Information**

Service Type \* Subtype \* Place of Service \*

Inpatient Services Inpatient 21 - Inpatient Hospital

Place of Service Description  
Inpatient Hospital

Use the following grid to help determine which options should be selected, based on the service needed:

	Service Description	MMP Service Type	MMP Sub Type
MEDICAL	OUTPATIENT SERVICES		
	Ambulance	Outpatient Services	Transportation
	Ambulatory Surgery	Outpatient Services	Surgery
	CT Scan (Cat Scan)	Radiology	CAT Scan
	Office Visits	Office	Consult And Treat
	Dialysis	Outpatient Services	Dialysis
	Genetic Testing	Outpatient Services	Genetic Testing
	Home Health Services	Home Health	Home Health
	Hospice	Outpatient Services	Hospice
	Laboratory	Outpatient Services	Lab
	MRI	Radiology	MRI
	OB Global/Prenatal Notification	Outpatient Services	OB Global
	Outpatient Hospital	Outpatient Services	Outpatient Hospital Services
	RBA – Room Board & Anesthesia	Outpatient Services	Room Board & Anesthesia
	Radiology	Radiology	Radiology Services
	Rehabilitation Therapy (PT/OT/ST)	Outpatient Services	Occupational Therapy or Physical Therapy or Speech Therapy
	Radiation Therapy	Therapy	Radiation
	OB Ultrasound	Radiology	OB Ultrasounds
	Long Term Acute Care Hospital	Inpatient Services	Long Term Acute Care Hospital
	Medical Pharmacy	Medical Pharmacy	Medical Pharmacy

(continued)

	<b>Service Description*</b>	<b>MMP Service Type</b>	<b>MMP Sub Type</b>
<b>MEDICAL</b>	<b>INPATIENT SERVICES</b>		
	Skilled Nursing Facility	Inpatient Services	Skilled Nursing Facility
	Observation Hospital	Inpatient Services	Observation Hospital
	Inpatient	Inpatient Services	Inpatient
	Outpatient Delivery	Inpatient Services	Outpatient Delivery
	Emergency Room	Inpatient Services	Emergency Room
	Inpatient Rehab	Inpatient Services	Inpatient Rehab
	Long Term Care SNF	Inpatient Services	Long Term Care SNF
	Waitlist	Inpatient Services	Waitlist
	Sub-Acute	Inpatient Services	Sub-Acute
	Intermediate Care Facility	Inpatient Services	Intermediate Care Facility
	Transplant Surgery	Inpatient Services	Transplant Surgery
	Intermediate Care Facility	Inpatient Services	Intermediate Care Facility
	Sub-Acute Rehab	Inpatient Services	Sub-Acute Rehab
	Bed Hold	Inpatient Services	Bed Hold
	Custodial Nursing Home	Inpatient Services	Custodial Nursing Home
	Community Residential	Inpatient Services	Community Residential
	Assisted Living Facility	Inpatient Services	Assisted Living Facility
	Custodial	Inpatient Services	Custodial Stay
	Hospice	Inpatient Services	Hospice
Respite Services	Inpatient Services	Respite	
<b>BEHAVIORAL HEALTH</b>	<b>OUTPATIENT SERVICES</b>		
	Act Services	Behavioral Health	Behavioral Act Services
	Substance Abuse Rehab	Inpatient Behavioral Health	BH Substance Abuse Rehab
	Residential	Inpatient Behavioral Health	BH Residential
	Detox	Inpatient Behavioral Health	BH Detox
	Sub-Acute	Inpatient Behavioral Health	BH Sub-Acute
	<b>INPATIENT SERVICES</b>		
	Inpatient	Inpatient Behavioral Health	BH-Inpatient
	BH Psych Test	Behavioral Health	Psych Test
	Targeted Case Management	Behavioral Health	BH Case Management
	BH Office/Consult	Behavioral Health	BH Office Visit
	BH Ongoing Treatment	Behavioral Health	BH Routine Outpatient
	BH ECT (shock therapy)	Behavioral Health	Electroconvulsive Therapy
	BH IOP Services	Behavioral Health	Intensive Outpatient Program Services
BH Partial Day Treatment	Behavioral Health	Partial Hospitalization or Date Treatment	

# How to Save a Draft Authorization

After identifying the authorization request as inpatient or outpatient, you will have the option to save the request as a draft. This draft will remain available for 30 days.

You may edit a saved draft at a later time, however **you may not change the inpatient or outpatient selection**. A new authorization must be initiated if you need to change this selection.

The screenshot shows the 'Create Authorization' form with several sections: 'Member Information', 'Requesting Provider Information', 'Is this a prescheduled service or an inpatient notification?', and 'Servicing Provider Information'. The 'Requesting Provider Information' section is highlighted with a red border. A red box highlights the 'Save Draft' button, which is positioned above the 'Review Authorization' and 'Cancel' buttons.

**Create Authorization**

Chat with an Agent | Help | A A

Download & Print

**Member Information** COLLAPSE

The following Member is attached to this Authorization

Member Name	Member ID	Date of Birth	Gender	Address	Search a Member

**Requesting Provider Information** COLLAPSE

The following Provider is attached to this Authorization

Provider ID	Provider Name	Phone Number	Specialty	Address	Choose a Provider
County PINEL	Requesting Provider Fax * (111) 111-1111				

**Is this a prescheduled service or an inpatient notification?** COLLAPSE

Inpatient Notification  Prior Authorization including preplanned inpatient

**Servicing Provider Information**

Note: Select checkbox if same as the requesting provider

Provider Type *	Provider ID *	Advanced Search	Provider Name	Specialty	Fax
Treating Provic		Advanced Search			(11

**Save Draft**

**Review Authorization** **Cancel**

**Create Authorization**

Chat with an Agent | Help | A A

Download & Print

**DRAFT SAVED SUCCESSFULLY. SAVED DRAFT WILL BE AVAILABLE FOR 30 DAYS: TO COMPLETE DRAFT, NAVIGATE TO CREATE AUTHORIZATION FOR SELECTED MEMBER.**

# How to Retrieve a Draft Authorization

To retrieve a previously saved draft, navigate to the **“My Patients”** tab and search for the member for whom the authorization was previously saved. Open the **“Select Action”** drop down menu, then choose **“Submit Authorization.”** Next, select the desired draft from the **“Pending Drafts”** panel, and choose from the three available options:

- Edit Selected Draft
- Delete Selected Draft
- Create New Authorization

The screenshot displays the 'Create Authorization' interface. At the top, there is a blue header with the title 'Create Authorization'. Below the header, there are utility buttons: 'Chat with an Agent', 'Help', and a font size selector. A 'Download & Print' button is also present. The interface is divided into three main sections, each with a 'COLLAPSE' link on the right.

**Member Information**

The 'Member Information' section contains a message: 'The following Member is attached to this Authorization'. Below this is a table with the following columns: Member Name, Member ID, Date of Birth, Gender, and Address. A search bar labeled 'Search a Member' is located to the right of the table.

**Requesting Provider Information**

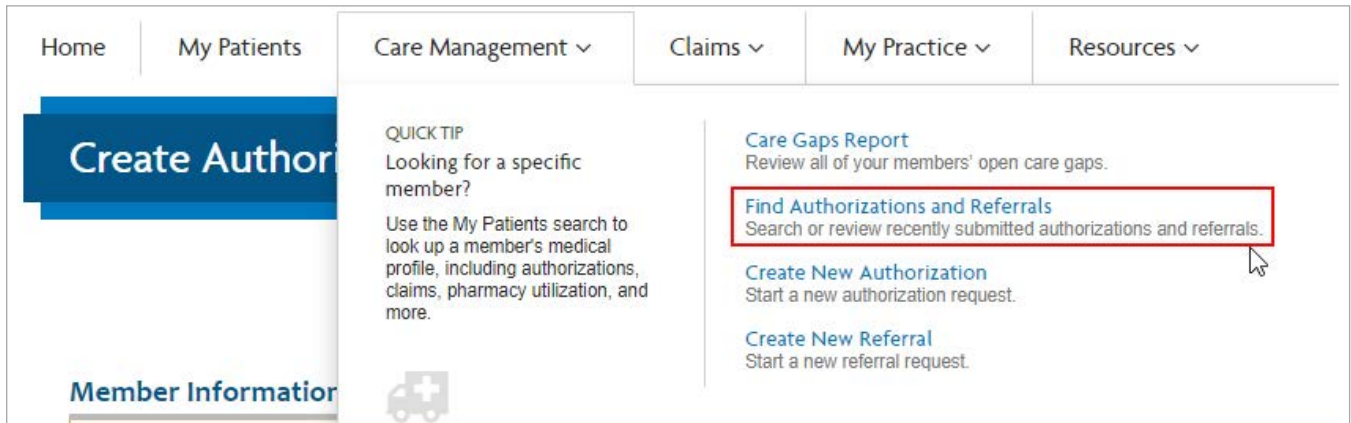
The 'Requesting Provider Information' section contains a message: 'The following Provider is attached to this Authorization'. Below this is a table with the following columns: Provider ID, Provider Name, Phone Number, and Specialty. Below the table, there are fields for Address and County.

**Pending Drafts**

The 'Pending Drafts' section contains a table with the following columns: Select, Service Type, Sub Type, Place Of Service, Provider Name, ID Number, Admission Date, Date From, and Date Thru. A single draft is listed in the table, and its 'Select' checkbox is highlighted with a red box. Below the table, there are three buttons: 'Edit Selected Draft', 'Delete Selected Draft', and 'Create New Authorization', all of which are also highlighted with a red box.

# Check Authorization Status

Navigate to the “**Care Management**” tab and select “**Find Authorizations and Referrals**” to view the authorization status.



## You may search for authorizations by the following criteria:



- Authorization ID
- Member Name and Date of Birth
- Member ID
- Provider ID

## A date range search option is available if searching by:



- Member Name and Date of Birth
- Member ID
- Provider ID

Medical Authorizations Referrals Drug Authorizations

Search by

- Provider ID
- Member ID
- Provider ID**
- Authorization ID
- Member Name and DOB

Date Range

Select

Search

**NOTE:** Authorizations cannot be searched and viewed via the portal until the authorization has moved to an in-progress state and the fax containing the authorization number has been sent. (Authorization numbers are sent to you via fax within state-regulated turnaround times.)

Once search results are returned, each authorization has an expandable section that provides more detailed information about that authorization. You may also view the full authorization details by selecting the **“View Details”** from the **“Select Action”** drop down.

3 Result(s) Filter Results Download Report

Provider Name	Member Name	Member ID	Authorization Number	Requested Date	Auth Status	Actions
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	06/11/2019	Under Review	Select Action - View Details

Place Of Service: INPATIENT HOSPITAL

Denial Reason: [REDACTED]

Member Phone: [REDACTED]

Cpt Codes: [REDACTED]

Diagnosis Codes: - J70.3

Last 5 Authorizations: [REDACTED]

Expiration Date: 07/11/2019

Under Review

### Authorization Details

< Back To Home Chat with an Agent Help

Authorization # [REDACTED]

Admission Date: 06/11/2019

Request Date: 06/11/2019

Expiration Date: 07/11/2019

#### Patient Information

Member Name: [REDACTED] Date of Birth: [REDACTED]

Member ID: [REDACTED] Effective Date: [REDACTED]

Phone Number: [REDACTED]

#### Servicing Provider Information

Provider Name: [REDACTED]

Servicing Provider Type: [REDACTED]

Address: [REDACTED]

Provider Name: [REDACTED]

Address: [REDACTED]

#### Diagnosis Codes

Diagnosis code	Description
J70.3	CHRONIC DRUG-INDUCED INTERSTITIAL LUNG DISORDERS

Units Approved: 0 Visits

Place of Service: 21 INPATIENT HOSPITAL

Request Date: 06/11/2019

Auth Status: Under Review

Denial Reason: [REDACTED]

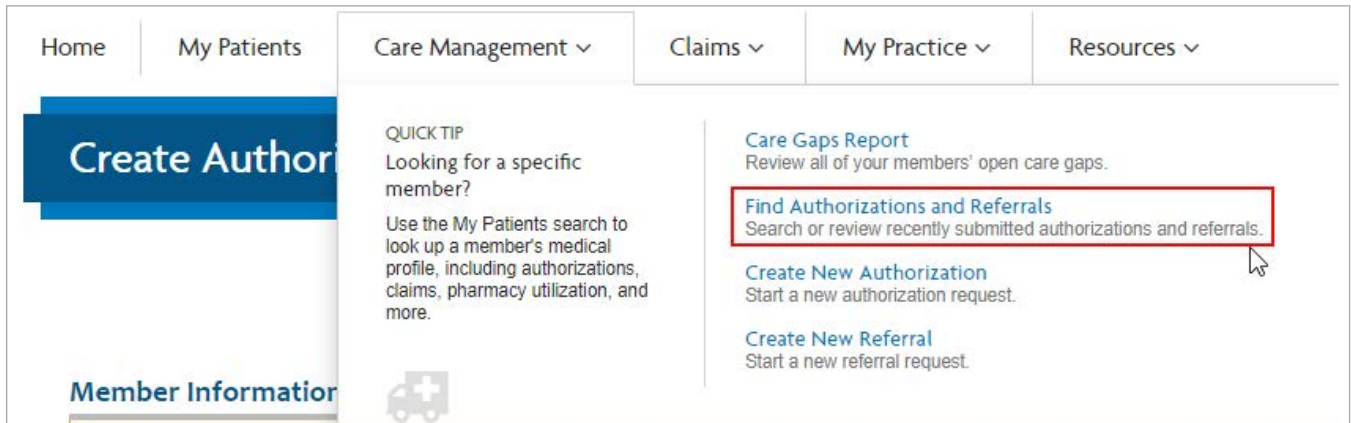
#### CPT codes

CPT code: [REDACTED] Description: [REDACTED]

No records found

# How to Update an Open Authorization

Navigate to the “**Care Management**” tab and select “**Find Authorizations and Referrals**” to view the authorization status.



## You may search for authorizations by the following criteria:



- Authorization ID
- Member Name and Date of Birth
- Member ID
- Provider ID

## A date range search option is available if searching by:



- Member Name and Date of Birth
- Member ID
- Provider ID



Once search results are returned, each authorization has an expandable section that provides more detailed information about that authorization. You may choose to update the authorization by selecting **“Edit Authorization”** from the **“Select Action”** drop-down menu.

Provider Name ▲	Member Name ⇅	Member ID ⇅	Authorization Number/ Reference Number ⇅	Requested Date ⇅	Auth Status ⇅	Actions
^ BURKE MEDICAL CENTER	NELLIE GIBBS	17565399	137433043/CR-6199	07/16/2022	Under Review	Select Action ^
^ BURKE MEDICAL CENTER	MARY WRIGHT	19121252	137433041/CR-6197	07/15/2022	No Auth On File	View Details Edit Authorization

Not all authorizations allow updates. Some authorizations will only allow additional attachments and notes.

Home My Patients Care Management Claims My Practice Resources Search the portal

## Update Authorization

REFERENCE NUMBER: PA-35351

Review in Progress, updates are not allowed at this time. Please communicate changes/updates by attaching documentation or additional notes.

Note

Note

Please upload clinical documentation in the form of a PDF or Word Document. At least one attachment is required. Attachments are limited to 10 MB.

Select Files

Some authorizations will allow changes to nearly all fields:

- Provider IDs
- Diagnosis
- Service Codes
- Dates
- Additional Information

**Authorization information** COLLAPSE

Service Type \*  Subtype \*  Place of Service \*   
 Place of Service Description   
 Outpatient/Observation converted to Inpatient Admission  
 Admit Date \*  Requested Days \*   Delivery  NICU  n/a

**Diagnosis Information**

Date	Diagnosis Code	Description	Admit Diagnosis
<input type="text" value="7/15/2022"/>	<input type="text" value="W62.0XXA"/>	CONTACT WITH NONVENOMOUS FROGS INITIAL ENCOUNTER	<input checked="" type="radio"/>

**Procedure Information**

Code Type	Procedure Code	Description	Requested Units	Modifier
 No items				


**Requestor information** COLLAPSE

Requestor Name \*  Requestor Phone # \*  Extension   
 Requestor Fax   
 Urgent

**Note** COLLAPSE

Note

**Attachments** COLLAPSE

  
 Please upload clinical documentation in the form of a PDF or Word Document. At least one attachment is required. Attachments are limited to 10 MB.

**Note:** \* Denotes required fields.

## Update Authorization



This authorization has not been submitted. Please review the information and submit below.

### Member information

Member Name: DIANE MYRICK  
Member ID: 17990464  
Date of Birth: 09/14/1951  
Gender: F

Address: 2 DAVEITTA DR, SAVANNAH, GA, 31419-3155

### Requesting provider information

Provider ID: 203407  
Phone Number: (706) 554-4435  
Fax number: (613) 675-2890  
Specialty: HOSP

Address: 351 S LIBERTY ST, WAYNESBORO, GA, 30830-9686

### Servicing Provider Information

Provider Type	Provider ID	Provider Name	Specialty	Fax	Address	County/Island
Facility	203407	BURKE MEDICAL CENTER	HOSP	(813) 675-2890	351 S LIBERTY ST, WAYNESBORO, GA, 30830-9686	BURKE

### Requestor Contact Information

Name: test  
Fax#: (813) 675-2890  
Phone#: (555) 867-5309  
Extension:

### Authorization details

Received date: 07/20/2022 11:38 AM  
Contact Channel: Web  
Service Type: Inpatient Services  
Subtype: Skilled Nursing Facility

Created date: 08/26/2022 05:07 PM  
Place of Service: 31  
Place of Service Description: Skilled Nursing Facility

### Additional Service Information

Planned Admit Date: 07/22/2022  
Requested Days: 2

### Diagnosis Information

Date From	Date Thru	Diagnosis Code	Description	Admit Diagnosis	Is Auth Required?
07/22/2022	07/24/2022	R42	DIZZINESS AND GIDDINESS	true	Auth Required

### CPT Codes

Date From	Date Thru	Procedure Code	Description	Requested Units
07/22/2022	07/24/2022	191	SUBACUTE/LEVELU	2

### Note

### Attachment Information

File name



No items

Save Draft

Submit Authorization

Edit Authorization

After completing all necessary updates, select Review Authorization to view the changes before final submission. Click **“Submit Authorization”** to finish.

**\*\* PLEASE NOTE:** Selecting **“Cancel”** will void the authorization request. **\*\***

Save Draft

Review Authorization

Cancel

### Confirm Cancel

Are you sure you want to cancel?

No

Yes

### Update Authorization

REFERENCE NUMBER: PA-34994

AUTHORIZATION CANCELLED.



# Authorizations Connected to Your Contract or Sub-group

Each contract/sub-group is associated with the participating Provider IDs/Tax IDs. Admin users can find authorizations within your contract/sub-group as identified within the “**Manage Sub-groups**” section found under the “**My Practice**” tab by selecting “**Manage Sub-group Accounts**” then selecting “**Create New Sub-group**.”

On the following page, you will be able to view all Provider IDs and Tax IDs associated with this contract. Use the filter option to review specific information of interest.

**NOTE:** An authorization can only be viewed if the associated PID/Tax ID is found within this section of the site.

Home | My Patients | Care Management ▾ | Claims ▾ | **My Practice ▾** | Resources

## My Practice

< Back To Home

Address of Notice | Phone Number | Fax Number

E-mail

### Access Requests

Requests from users who want to be affiliated with your Contract or Sub-Group Account (if created). Approve and assign a role or deny the request.

From	Notes	Received
		Monday, July 15, 2019

[Review](#)

[Reports Center](#) Run, review and download reports [Go](#) | [Grievances Center](#) Search and Review Grievances [GO](#)

[Disclosure of Ownership](#) Access your Disclosure of Ownership forms

## You are an administrator

Manage users within your practice or office, add or remove sub-group accounts and update your practice information.

- [Update Practice Demographic Information](#)  
Update Contract Demographic Information
- [Find Users](#)  
Grant or change access for new or existing users [Details](#)
- [Manage Users](#)  
Grant or change access for new or existing users
- [Manage Sub-Group Accounts](#)**  
Create and edit groups of providers as sub-group accounts
- [Manage Practice Information](#)  
View and update providers
- [Enterprise Provider Dashboard](#)  
Access Tableau Dashboard from here

## Manage Sub-Group Accounts

< Back To My Practice

### Sub-Group Accounts Already Created

[Create New Sub-Group Account](#)



## Tip:

Your Provider Representative can initiate updates to this page, if necessary.

### Create or Edit Sub-Group Account

▼ ▲ ▲

## Create or Edit a Sub-Group Account

You can combine any Facility and/or Medical group into a Sub-Group account. Check the boxes next to the Facility and/or Medical group you want to add to the Sub-Group. Note each Facility and/or Medical Group can only be a part of one Sub-Group

### Facilities

0 Result(s) [Clear Filter](#) [Filter Results](#)

<input checked="" type="checkbox"/>	Facility	Address	City, State, ZIP	Tax ID	Provider ID

No records found

Page 0 of 0 10 items per page No items to display

### Providers

18 Result(s) [Clear Filter](#) [Filter Results](#)

<input type="checkbox"/>	Medical Group	Provider ID	Tax ID	Provider Name	Address	City, State, ZIP
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
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<input type="checkbox"/>						
<input type="checkbox"/>						

Page 1 of 2 10 items per page 1 - 10 of 18 items

[Back](#) [Select And Continue](#)

