HEALTH PLAN OF NEVADA
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SIERRA HEALTH AND LIFE
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Online Provider Center Tutorial Submitting a New Prior Authorization

Submitting a New Prior Authorization

To begin a **Prior Authorization**, select **Referral/Prior Authorization** and **New Referral/Prior Authorization.**

Submitting a New Prior Authorization Continued:

Member Search

A member selection is required in order to view the selected option.

- ◉ Search by Member ID
- ○ Search by Medicaid ID
- ○ Search by Name and DOB
- ○ Search by Social Security #
- ○ Search by SMA MRN

Member ID

Member ID

Effective Date

09/16/2020 📅

Submit

Required Fields:

Member ID and Effective Date

OR

Medicaid ID Number and Effective Date

OR

First name, Last name , Date of Birth and Effective Date

OR

Social Security No and Effective Date

OR

Southwest Medical Associates(SMA) Medical Record Number(MRN)

Enter the search criteria for the member by completing the fields that are appropriate displayed to the right and select the **Submit** button.

Submitting a New Prior Authorization Continued:

Verify the information on the screen
If the information is correct, choose **Select** (*Member ID (99000000000)*
If the information is *not correct*, perform another search.

Select	Last Name	First Name	Date of Birth	Gender	Medicaid ID
				M	

Our security feature allows you to confirm that this is the correct member
If the information is correct, select the **Yes** option
If the information is not correct, select the **No** option and perform another search

Confirmation

You have selected patient ▮▮▮▮▮▮▮▮ with insurance number ▮▮▮▮▮▮▮▮
Please validate this is the patient you want to create a referral or prior authorization for.

⟶ Yes   No

Submitting a New Prior Authorization Continued:

Member Information:					
DOB	**Gender**	**Effective Date**	**Term Date**	**Group**	**SubGroup**

Benefit Group	
Benefit Code	
Benefit Description	
PCP	
PCP Phone	
Group #	
Sub Group #	
Member Phone	Enter Phone No
	Proceed with Referral/Prior Authorization Search Again

If the information is correct, you can now **Enter the Member's Phone Number** (to include area code) and **Proceed with Referral/Prior Authorization**

Submitting a New Prior Authorization Continued:

Contact Information; Name, Phone, Fax, Email address (optional) and Ext (optional). These fields identify important information about the sender of the referral.

Comments

The **Comment** field provides a place to enter information that needs to be communicated, but does not have a specific repository. Users may choose to provide physician notes, test results, or other information

from various sources. Users can copy and paste the information from any application that allows copy and paste. This is typically a word processor, such as MS Word or others. Users cannot paste graphics in the comments, but users can paste text. *Entering comments is optional.

Contact Info/Comments	
Contact Information	**Comment**
Contact Name*	
Contact Email	
Contact phone*	
Ext	
Contact Fax*	4000 character limit

Submitting a New Prior Authorization Continued:

Selected Diagnosis Code(s)

This section identifies the applicable diagnosis codes and even though one diagnosis code is required, multiple ICD-10 codes can be added if applicable (separate ICD-10 codes by a comma which supports multiple code searches at one time).

- Enter the member's diagnosis code, select **Search** and choose **Add Selected** for the applicable codes to load on the left for processing.

or

- Enter a diagnosis description, select **Search** and choose **Add Selected** for the applicable codes to load on the left for processing.

Selected Diagnosis Code(s)		

Select	Code	Description
✓	R69	ILLNESS, UNSPECIFIED

Search other Diagnosis

◉ Code ⃝ Description   R69, R68

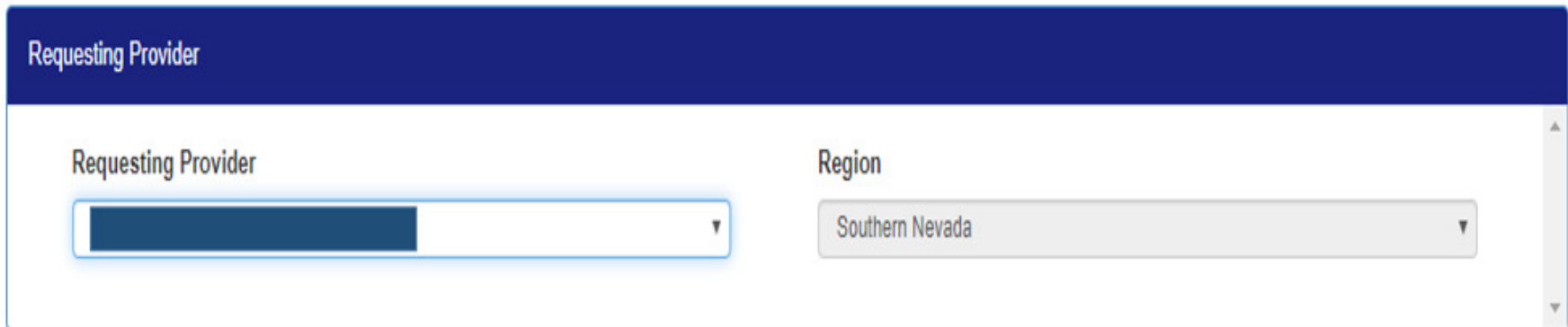[Search] [Add Selected]

Select	Code	Description
✓	R69	ILLNESS, UNSPECIFIED

Submitting a New Prior Authorization Continued:

Requesting Provider Information

The organization submitting the request is the **Requesting Provider**. To log into the Online Provider Center, you are required to enter a user name and password associated with a tax identification number (TIN). All of the providers/groups associated with the tax identification number are shown in the drop down box area of the **Requesting Provider**.

Region - This field auto-populates based on the selected provider's contract which defines the provider's service region.

Submitting a New Prior Authorization Continued:

Category - This field identifies the prior authorization services being requested from the drop-down menu. The screen will refresh to show the corresponding Sub-Categories.

Priority - This field identifies the urgency of the prior authorization. The **Stat** request is available for some services, but must meet this priority medically to be processed accordingly. This feature is not to be used on weekends; Monday-Friday 7AM-4PM PST Only.

Sub-Category - This section allows the user to identify what types of services are requested for the prior authorization. The user must select at least one subcategory to describe the requested service. As a Sub-Category is selected, the screen will update with the appropriate questions for that Sub-Category.

Servicing Provider - The contracted **Servicing Provider &/or Facility** should be identified based off the insurance coverage before submitting the on-line prior authorization.

Asterisk (*) indicates required information

Questionnaire

Questions (5)

Outpatient Diagnostic Tests

Clinical information for procedures w/o questions should be entered in the comments using the SOAP format: Subjective-Chief complaint. Objective-Exam findings. Assessment-Dx conclusions. Plan-Treatment

Radiology Facility

The prior authorization team REQUIRE the first name, last name, phone & fax numbers for the requesting provider in order to complete building the case for review.

1)If you are the Radiology Group/Servicing Provider, please indicate the Requesting Physicians First Name:
*Required

The questionnaire is a series of questions that are related to the Category and Sub Category selected. All questions are indicated as *Required which must be answered or the user will notice a red message that appears to show which questions are unanswered.

Review   Cancel

Please answer question no.2

Submitting a New Prior Authorization Continued:

Select Procedure Code (s)

Select the appropriate **CPT code(s)** by searching with the code or description and selecting **Search**. Multiple CPT codes can be entered at once by placing a comma (,) between the codes. The user must check the box next to the code(s) that apply and choose **Add Selected**. If **Add Selected** is missed the code will not load correctly on the left.

The **Place of Service** auto-loads if only one option is appropriate or the user can select from the drop down. **Requested Date of Service** from the calendar is optional; if scheduled date is unknown, let the system default to the date indicated. Only future date are supported, retro date entries are not allowed intentionally.

Submitting a New Prior Authorization Continued:

Electronic Medical Record File Upload (*optional)

Attach File	
File Name	**Action**
@TEST 1.doc	Remove

Drag and Drop or Browse Files

Choose Files @TEST 1.doc

Referral History

Review   Cancel

This screen will allow the user to attach *compatible* pertinent (electronic) patient file(s) by selecting **Choose Files** which supports an auto-load or drag and drop logic. If the incorrect file is loaded the **Action** of **Remove** is available. User must work with their internal technical teams to identify if the electronic medical records system is compatible with the Online Provider Center.

*The attachment of files is optional, if no files to attach select **Review**.
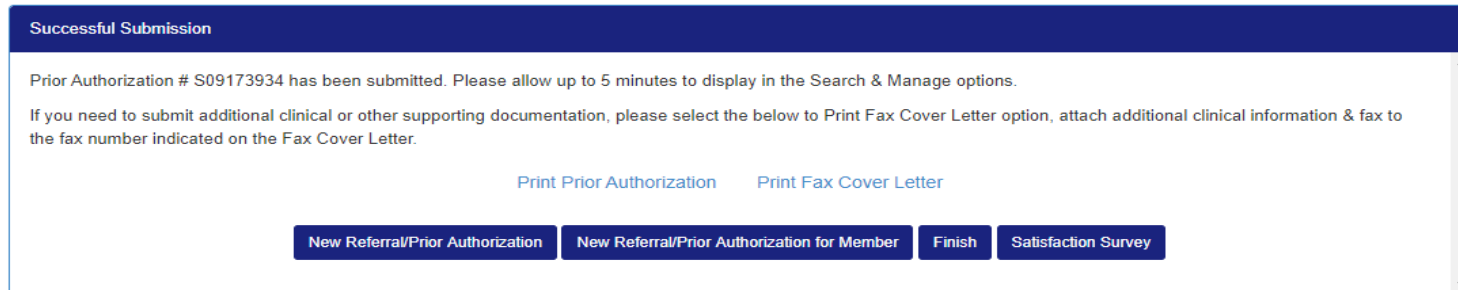
Submitting a New Prior Authorization (end)

This feature allows you to **Submit** and/or **Edit** the data you entered.
If no corrections are necessary, the user can **Submit** the prior authorization.
-OR-
If the data is incorrect, selecting **Edit** will allow the user to make the appropriate correction. Once the correction is made, select **Review** at the bottom of the page again and the user can now submit the prior authorization by choosing **Submit**.

Review
Please review the Prior Authorization.Click 'Edit' to make changes.

Submit   **Edit**

Prior Auth ID

Successful Submission
Prior Authorization # S09173934 has been submitted. Please allow up to 5 minutes to display in the Search & Manage options.
If you need to submit additional clinical or other supporting documentation, please select the below to Print Fax Cover Letter option, attach additional clinical information & fax to the fax number indicated on the Fax Cover Letter.
Print Prior Authorization   Print Fax Cover Letter
New Referral/Prior Authorization   New Referral/Prior Authorization for Member   Finish   Satisfaction Survey

The user now has 6 options to select from:

- Print a copy of the Prior Authorization, by selecting **Print Prior Authorization**.
- **Print Fax Cover Letter** when additional medical records are required and could not be attached during the submission.
- Begin a new Prior Authorization for a *new member*, by selecting **New Referral/Prior Authorization**
- Continue and create a new Prior Authorization *for the same member*, by selecting **New Referral/Prior Authorization for Member**
- Select on **Finish** to return to the main menu
- Take our Satisfaction Survey