Health Plan of Nevada
A UnitedHealthcare Company

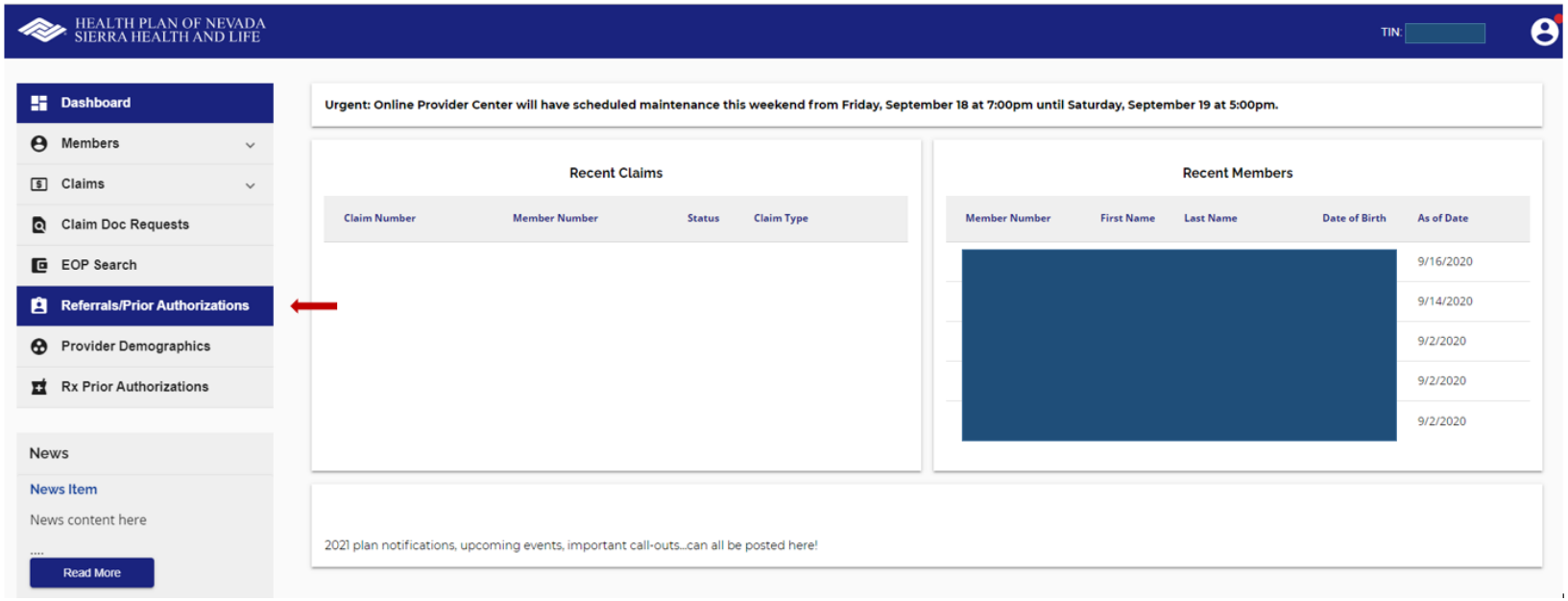
Sierra Health and Life®
A UnitedHealthcare Company

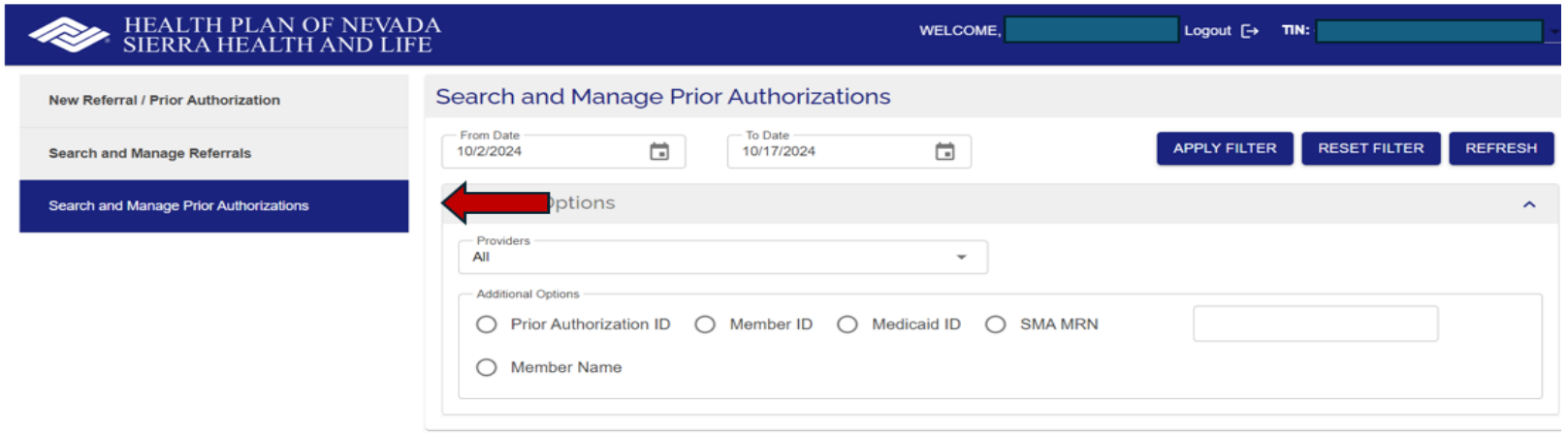
Online Provider Center Tutorial
Search and Manage Prior Authorizations

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Search and Manage Prior Authorizations

To review and communicate in a Prior Authorization, select **Referral/Prior Authorization** and **Search and Manage Prior Authorization**.



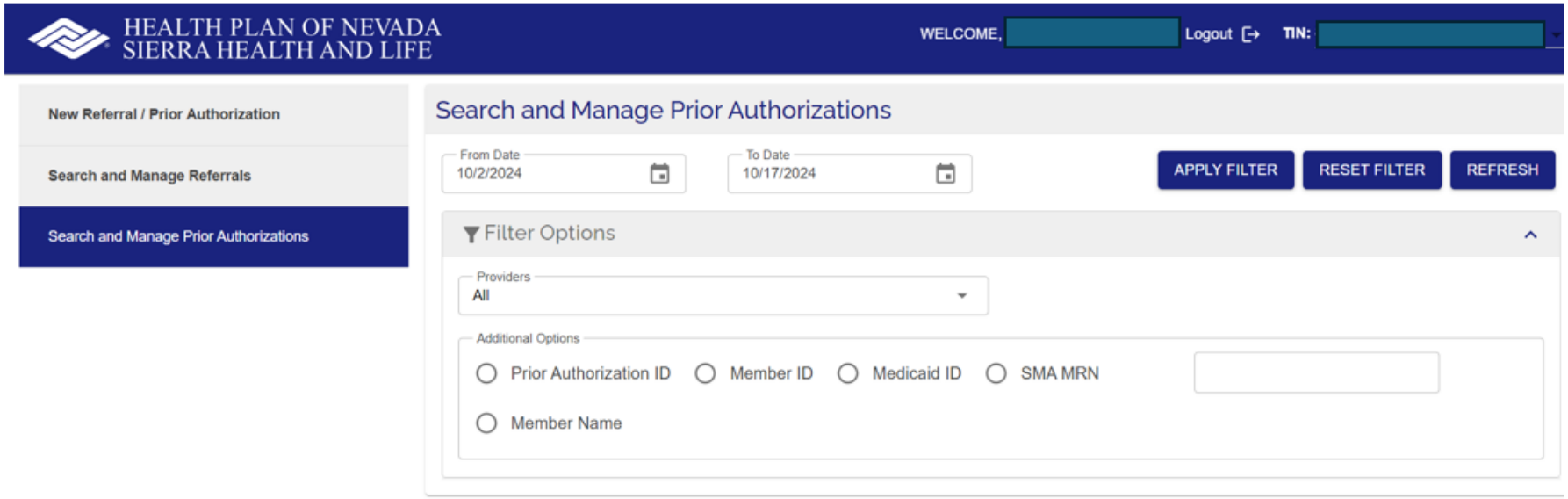


Search and Manage Prior Authorizations Continued:

The **Filter Options** on the **Search Prior Authorization** screen will be used to filter the types of authorizations you want to view or manage. These filters can be used separately or together to define the view you are seeking.

Providers: The **Provider/Group** is who originally requested the services ***or*** who is assigned to service the authorization. One or more providers can be selected as a filter for this screen.

Additional Options: The user can choose an additional filter of **Prior Authorization ID**, **Member ID**, **Medicaid ID**, **Member Name** (subject to 15-day date range) or **SMA MRN** (subject to 15-day timeframe).
Criteria: The user then places the value for this option in the box to the right provided.

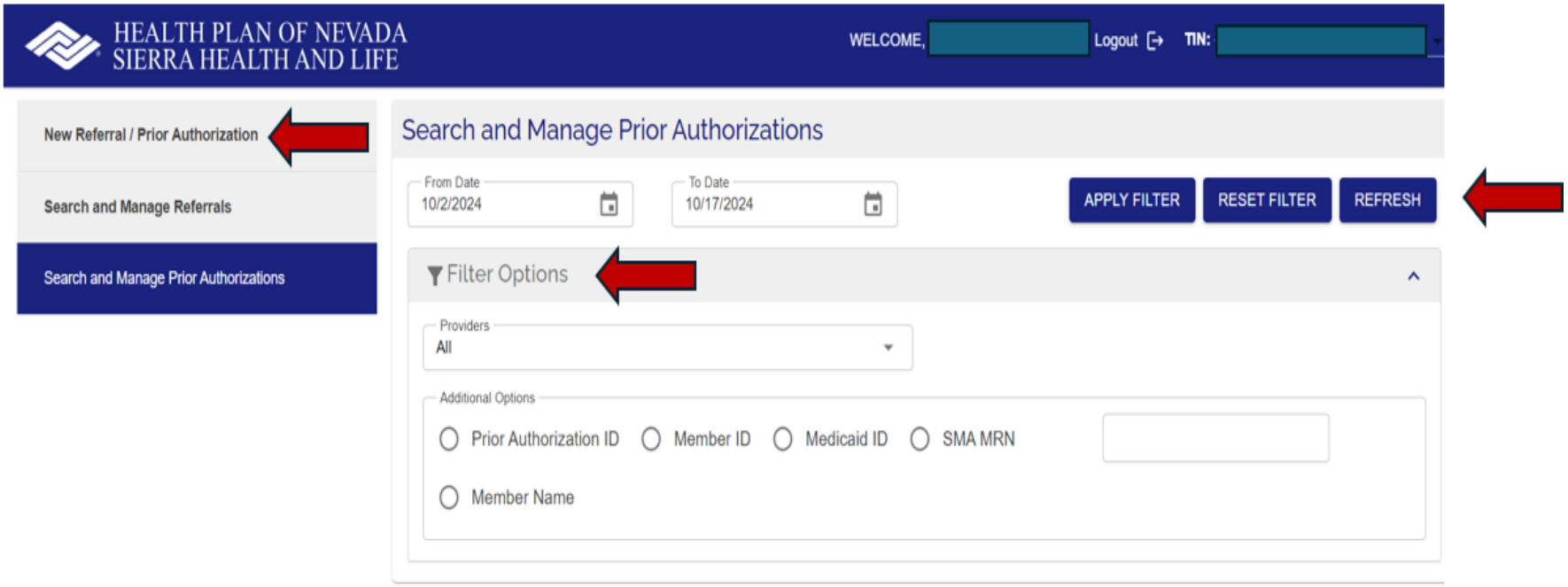


Search and Manage Prior Authorizations Continued:

Once all the **Filter Options** are selected, select the **Apply Filter** button and the screen refreshes with new results.

- **Reset Filter** will clear out all selections so the user can select new **Filter Options**
- **Refresh** button will refresh the screen with the latest authorization information

Users can also select the **New Referral/Prior Auth** button will launch to create a new referral or prior auth.



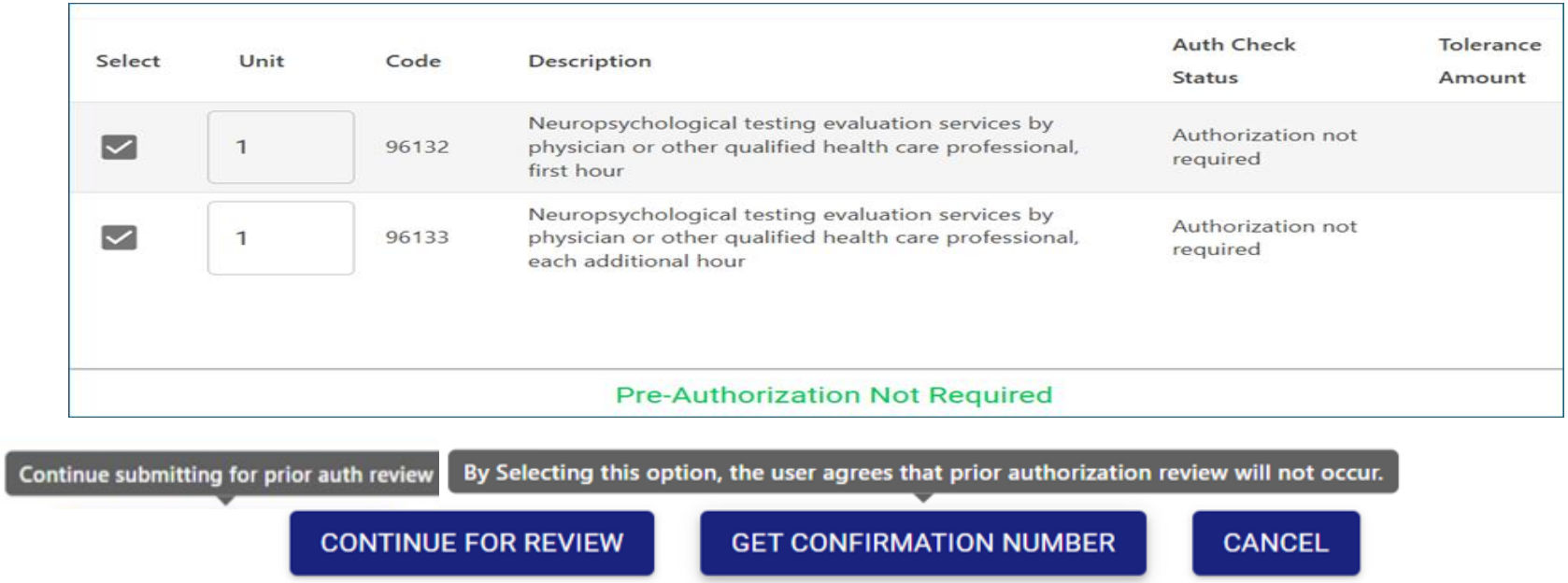
Submitting a New Prior Authorization Continued:

A new feature has been added to the Online Provider Center (OPC) which displays the prior authorization requirement for both Medical and Behavioral Health services. The new feature identifies whether prior authorization is required for the code based on the provider contract, place of service, requested services and other elements inherent to claims payment. During the submission process, the user will receive a view of the prior authorization requirements for each of the codes submitted on a case. The response will fall into these categories.

Prior Authorization Required
Prior Authorization Required $1500 Tolerance
No Prior Authorization Required
Non-Covered Service Code

The screen will then provide the user with three options.
The first option is *Continue for Review*, the second is *Get Confirmation Number*, and last is *Cancel* the request.

Example Response



Submitting a New Prior Authorization Continued:

If *Get Confirmation Number* is selected the user will not be presented with any follow up questions and the case will create a reference number that begins with the letter, “C”. The system will create a case with the entered elements, similar to all other cases that are submitted. The case will automatically flow to a voided status. If it was submitted as a Confirmation in error, the user builds a new case. The confirmation case will not be adjusted to a pending status nor be reviewed by the UM team.

Of note, the *Get Confirmation Number* feature will be turned on for all submission requests, so even if the user sees a message on the code that says, “Prior Authorization Required” if the option, “*Get Confirmation Number*” is selected, the case will be cancelled and will not be reviewed by the prior authorization department. No claims are processed against a cancelled case. **Any services that require prior authorization may result in a denied claim if the *Get Confirmation Number* is selected and a claim is subsequently submitted.

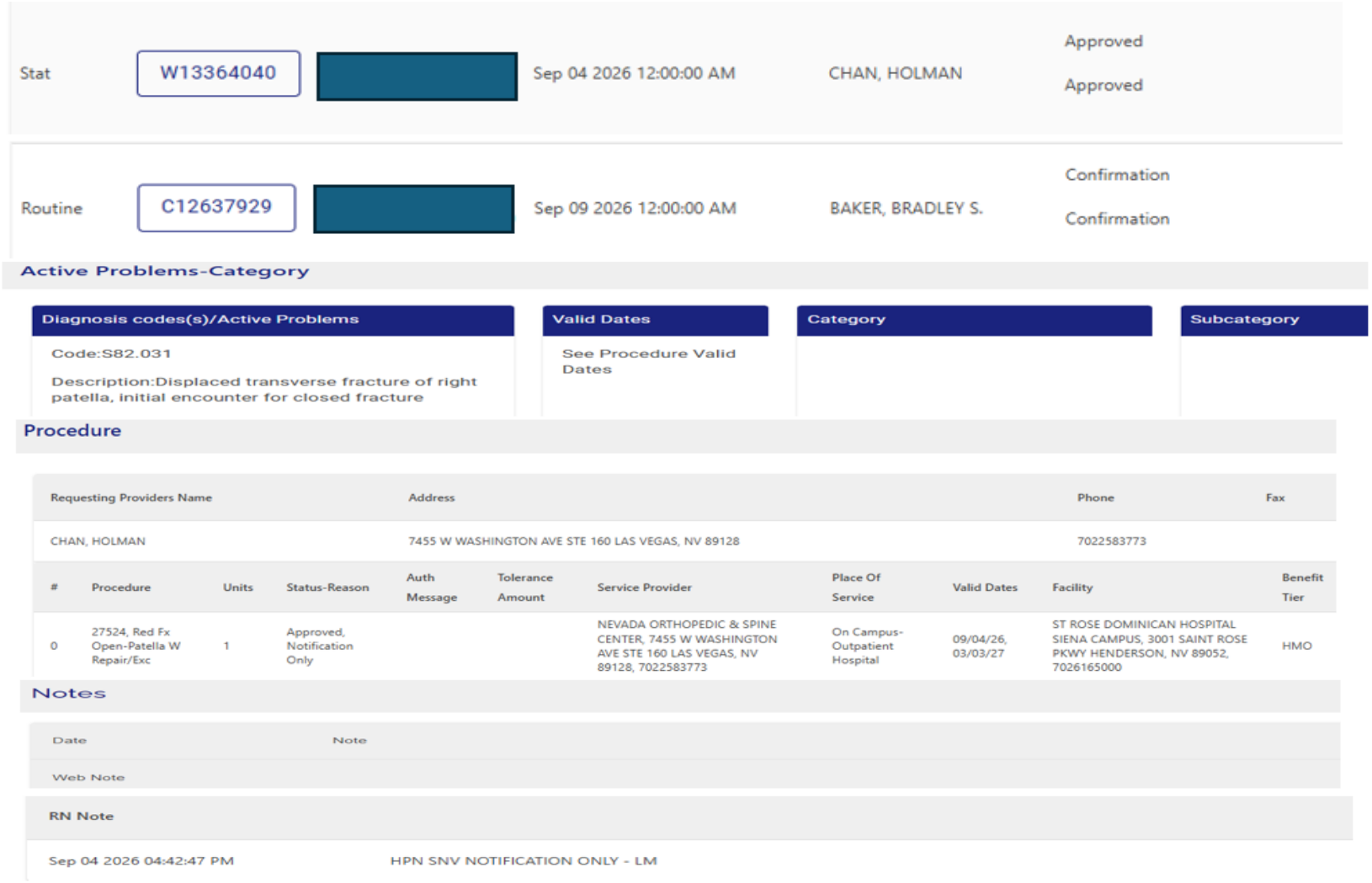
Every submission will require the user to acknowledge a disclaimer prior to completing the submission process. This is true for all submission types.

Disclaimer:
All prior authorization services must be completed within the authorization's approved time frame. Approval of a prior authorization is based solely on a determination of medical necessity and does not guarantee payment. Payment for all services is subject to verification of eligibility and benefits, including, but not limited to:
Benefits available under the member's plan
- Applicable contractual limitations
- Policy restrictions and exclusions
- Compliance with applicable managed care programs
- Any material misrepresentation or omission in the policy application.

A historical record will be retained of the response the user received during the submission process. This can be viewed in the Print Confirmation option or when reviewing the case later in the Search and Manage Prior Authorizations section.

Search and Manage Prior Authorizations Continued:

To view the **Prior Authorization Details**, select the **Prior Auth ID** hyperlink IDs will begin with **"W"** or **"C"**. Refer to PDF pages **7 and 8** for definitions of these ID types. The **Search Prior Authorization** screen will expand to display the authorization details. **Web Notes** contain information entered by the user for communication with the Insurance Prior Authorization team, while **RN Notes** contain responses and updates from the Insurance Prior Authorization team to the provider.



Stat	W13364040	[redacted]	Sep 04 2026 12:00:00 AM	CHAN, HOLMAN	Approved Approved
Routine	C12637929	[redacted]	Sep 09 2026 12:00:00 AM	BAKER, BRADLEY S.	Confirmation Confirmation

Active Problems-Category

Diagnosis codes(s)/Active Problems	Valid Dates	Category	Subcategory
Code:S82.031 Description:Displaced transverse fracture of right patella, initial encounter for closed fracture	See Procedure Valid Dates		

Procedure

Requesting Providers Name	Address	Phone	Fax
CHAN, HOLMAN	7455 W WASHINGTON AVE STE 160 LAS VEGAS, NV 89128	7022583773	

#	Procedure	Units	Status-Reason	Auth Message	Tolerance Amount	Service Provider	Place Of Service	Valid Dates	Facility	Benefit Tier
0	27524, Red Fx Open-Patella W Repair/Exc	1	Approved, Notification Only			NEVADA ORTHOPEDIC & SPINE CENTER, 7455 W WASHINGTON AVE STE 160 LAS VEGAS, NV 89128, 7022583773	On Campus-Outpatient Hospital	09/04/26, 03/03/27	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS, 3001 SAINT ROSE PKWY HENDERSON, NV 89052, 7026165000	HMO

Notes

Date	Note
Web Note	

RN Note

Sep 04 2026 04:42:47 PM	HPN SNV NOTIFICATION ONLY - LM

Search and Manage Prior Authorizations Continued:

Pre-Auth Required

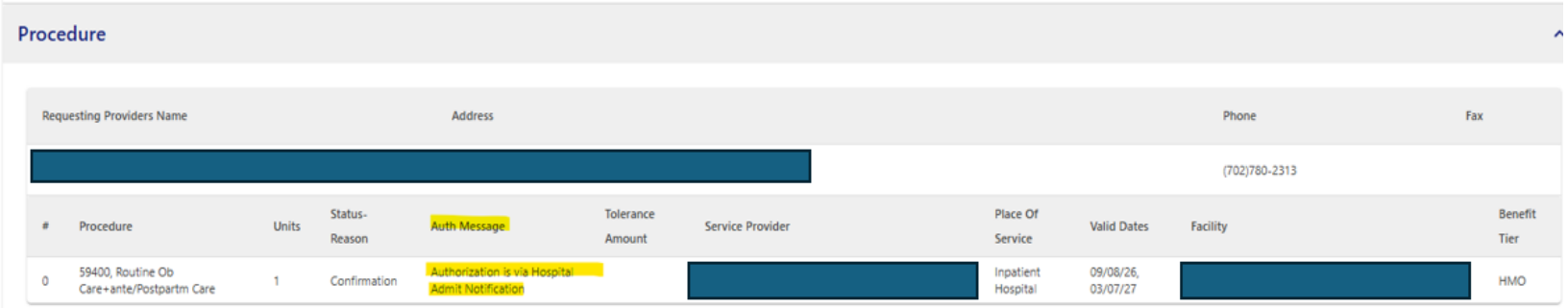


Procedure

Requesting Providers Name	Address	Phone	Fax
[redacted]		7024855515	7025344840

#	Procedure	Units	Status-Reason	Auth Message	Tolerance Amount	Service Provider	Place Of Service	Valid Dates	Facility	Benefit Tier
0	97155, Adaptive behavior treatment with protocol modification, administered by physician or qualified health care prof, which may include simultaneous direction of tech, ea 15 minute	312	Pending, Awaiting Nurse review EDIT	Pre-Authorization Required		[redacted]	Office	09/09/26, 03/08/27		HMO

Confirmation Only for OB delivery by a contracted OB at a contracted hospital

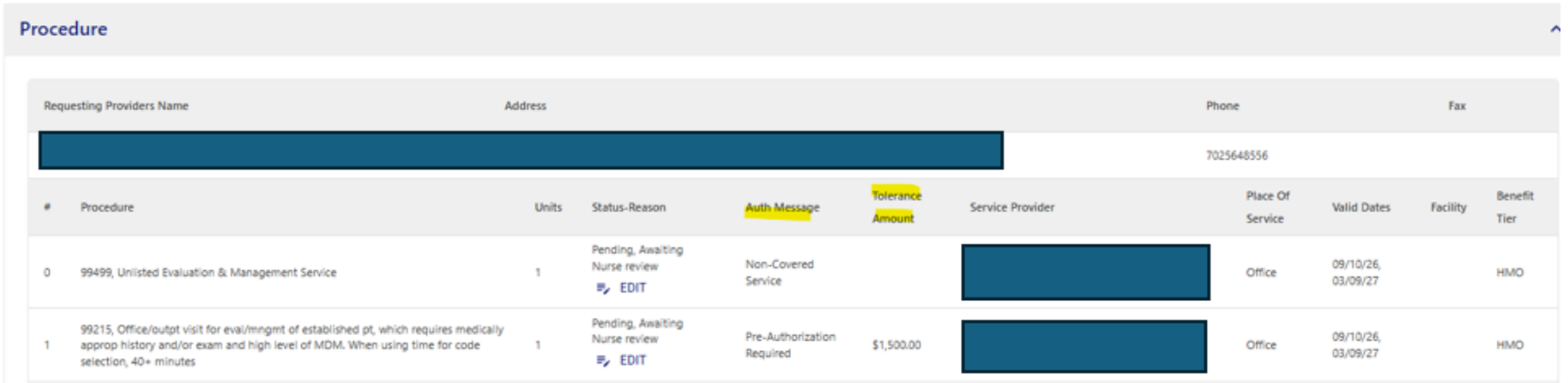


Procedure

Requesting Providers Name	Address	Phone	Fax
[redacted]		(702)780-2313	

#	Procedure	Units	Status-Reason	Auth Message	Tolerance Amount	Service Provider	Place Of Service	Valid Dates	Facility	Benefit Tier
0	59400, Routine Ob Care+ante/Postpartm Care	1	Confirmation	Authorization is via Hospital Admit Notification		[redacted]	Inpatient Hospital	09/08/26, 03/07/27	[redacted]	HMO

Mixed auth tolerances



Procedure

Requesting Providers Name	Address	Phone	Fax
[redacted]		7025648556	

#	Procedure	Units	Status-Reason	Auth Message	Tolerance Amount	Service Provider	Place Of Service	Valid Dates	Facility	Benefit Tier
0	99499, Unlisted Evaluation & Management Service	1	Pending, Awaiting Nurse review EDIT	Non-Covered Service		[redacted]	Office	09/10/26, 03/09/27		HMO
1	99215, Office/outpt visit for eval/mngmt of established pt, which requires medically approp history and/or exam and high level of MDM. When using time for code selection, 40+ minutes	1	Pending, Awaiting Nurse review EDIT	Pre-Authorization Required	$1,500.00	[redacted]	Office	09/10/26, 03/09/27		HMO

Submitting a New Prior Authorization (end)

The definitions of the columns are:
Priority: Indicates the priority of the prior authorization selected by the requesting provider/group.
ID: The authorization ID number assigned when the prior authorization was created
Patient: Supplies the patient information.
Submitted: Date the authorization was submitted.
Requesting Providers: Requesting Provider name.
Status: The current status of the authorization, such as Approved, Pending, Voided or Disallowed.
Providers: Servicing group name.

Buttons:
Print icon: Selecting this icon provides the user the ability to print the authorization.
Fax icon: Selecting this icon provides the user the ability to print our special fax coversheet with bar code technology to attach records (when required by the UM PA team) for a **Pending** prior authorization case.
Comments icon: Allows a quick view of comments associated with the prior authorization.
Copy icon: Selecting this icon will allow a copy the prior authorization.

