

Online Provider Center Tutorial Submitting a Prior Authorization

Submitting a Prior Authorization

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

HEALTH PLAN OF NEVADA
SIERRA HEALTH AND LIFE

TIN:



Dashboard

Members

Claims

Claim Doc Requests

EOP Search

Referrals/Prior Authorizations

Provider Demographics

Rx Prior Authorizations

News

News Item

News content here

Read More

Urgent: Online Provider Center will have scheduled maintenance this weekend from Friday, September 18 at 7:00pm until Saturday, September 19 at 5:00pm.

Recent Claims

Claim Number	Member Number	Status	Claim Type
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Recent Members

Member Number	First Name	Last Name	Date of Birth	As of Date
			9/16/2020	
			9/14/2020	
			9/2/2020	
			9/2/2020	
			9/2/2020	

2021 plan notifications, upcoming events, important call-outs...can all be posted here!

HEALTH PLAN OF NEVADA
SIERRA HEALTH AND LIFE

WELCOME, Logout  Tin:

New Referral / Prior Authorization

Search and Manage Referrals

Search and Manage Prior Authorizations

Member Search

Search by:

☒ Member ID

☐ Medicaid ID

☐ Name and DOB

☐ Social Security #

☐ SMA MRN

Member ID*

Effective Date

Please enter Member ID



SUBMIT

Submitting a New Prior Authorization Continued:

Member Search

Search by:

☒ Member ID ☐ Medicaid ID ☐ Name and DOB ☐ Social Security # ☐ SMA MRN

Member ID*

Please enter Member ID

Effective Date

10/9/2024



SUBMIT

Enter the search criteria for the member by completing the fields that are appropriate Member ID, Medicaid ID (State assigned ID), Name and DOB, Social Security # or SMA MRN 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 Details box**

If the information is **not correct**, replace the search criteria & try again.

Member Search

Search by:

☒ Member ID ☐ Medicaid ID ☐ Name and DOB ☐ Social Security # ☐ SMA MRN 

Member ID*

[Redacted]

Effective Date

10/9/2024



SUBMIT

Member Details

Member ID: [Redacted]

Last Name: [Redacted]

First Name: [Redacted]

Date of Birth: [Redacted]

Gender: [Redacted]

Medicaid ID:

Submitting a New Prior Authorization Continued:



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

A term date that generates from our claims system will display & should be reviewed to decide if there is enough time for services to be provided for the Prior Auth submission. If not, the user must select **No**.

Confirmation

You have selected patient [REDACTED] with insurance number [REDACTED]
Please validate this is the patient you want to create a referral or prior authorization for with an insurance term date of 12/31/2079

YES

NO

Submitting a New Prior Authorization Continued:

Member Information

Benefit Group: HPN Nevada-Non-Medicare

Group:

Benefit Code:

Sub Group:

Benefit Description: HMO

Member Phone:
Required

PCP:

PCP Phone:

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 prior auth.

This section also 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.

Create Request

Contact Information

Contact Name*	Contact Email
Contact Phone* (702)-444-4444	Ext
	Contact Fax*

Selected Diagnosis Code(s)

Code	Description	Remove
No Selected Diagnosis Code(s).		

Search other diagnosis

Multiple code search is supported. Please add the codes to be searched in the box below separated by comma (Ex:xxxx,xxxx)

☒ Code

☐ Description

SEARCH

ADD SELECTED

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 username 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.

Requesting Provider

Select a Provider

Region

Southern Nevada



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 2

Outpatient Diag Tests/Services

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

1) Please indicate the Requesting Physician's name, tax identification number (TIN) & phone number/address (if available) if you are not the Requesting Physician:

*Required

☐ N/A

2) Please provide a brief description of the service requested:

*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. Adjust **Units** as required for request.

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.

Selected Procedure Code(s)

Select	Unit	Code	Description
☒	1	78003	Thyroid Uptake;stimulation,Suppression,D
☒	1	78609	Brain Imaging Positron Emission Tomography Perfusion Evaluation

Search other procedure

Multiple code search is supported. Please add the codes to be searched in the box below separated by comma (Ex:xxxx,xxxx)

Enter Code
78003, 78609

☒ Code
☐ Description

SEARCH **ADD SELECTED**

Select	Code	Description
☒	78003	Thyroid Uptake;stimulation,Suppression,D
☒	78609	Brain Imaging Positron Emission Tomography Perfusion Evaluation

Place Of Service/Facility

Place Of Service
Office

Date Of Service
10/9/2024

Submitting a New Prior Authorization Continued:

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.

Attach File > Electronic Medical Record UPLOAD FILES (*optional)

Comment

Comment

0 / 4000

Attach File

UPLOAD FILES

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 #  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

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