

PROVIDER PORTAL

Out of Network
Authorization Module

AUTHORIZATIONS

A Dean Health Plan (DHP) authorization should be completed in full by a Primary Care Practitioner (PCP) or a DHP Specialty Provider. **The authorization must be approved prior to the member obtaining services.**

Please Note: The Authorization feature of the Provider Portal should not be used for the following types of authorizations as it should be submitted to our applicable external vendor.

- ❖ Rehabilitative and Habilitative Outpatient Physical and Occupational Therapy
- ❖ Behavioral Health Services
- ❖ High-End Radiology Services

An authorization should not be submitted for the sole purpose of confirming the service is covered.

If a provider is looking to see if a particular procedure is a covered benefit or checking to see if a particular procedure requires an authorization, there are several resources available.

❖ **deancare.com/providers**

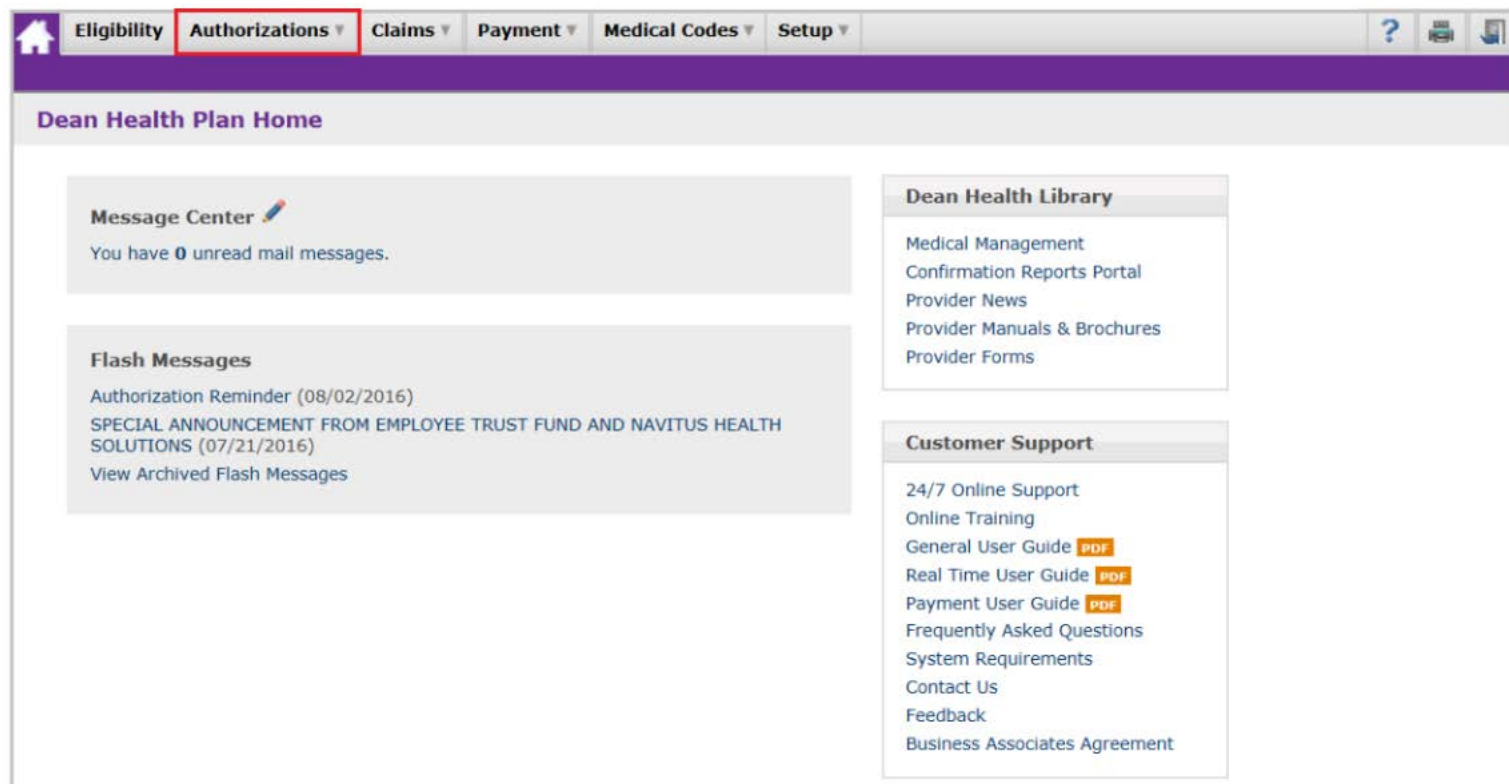
- Provider Manuals
- Medical Management
- Medical Policy Search
- Medical Prior Authorization List
- Non-Covered Procedure and Services

❖ **Contact the Customer Care Center**

- Refer to the member's ID card for contact information

Authorizations Feature

After logging into the Provider Portal, select the Authorizations tab located on the main menu/navigation bar.



Authorizations Action

Select the applicable Authorization action by placing the cursor over the Authorizations tab and two sub-categories will be displayed.



❖ **Submit Authorizations**

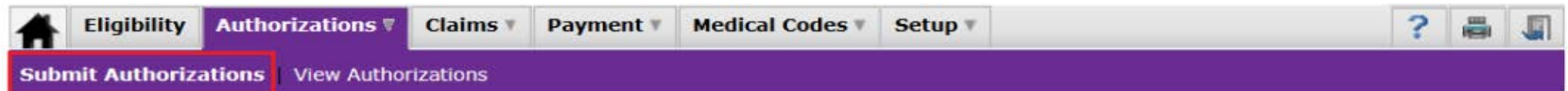
This allows the submission of new Authorizations.

❖ **View Authorizations**

This allows the viewing of Authorizations that may have been started and saved, or submitted Authorizations.

Submit Authorizations

To start a new Authorization, place your cursor over the Authorizations tab and select the ***Submit Authorizations*** option.



Step 1

SELECT REFERRING PROVIDER TO DO BUSINESS AS

Step 1 - Select Referring Provider to Do Business As

* Provider NPI or Name	Last Name/Organization	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please select a provider.

Under the **Provider NPI or Name** data field, select the Referring Provider by:

- Entering the Provider's NPI
- Entering the Provider's Name
- By using the drop down menu

* Provider NPI or Name

- 1234567897 - Sally Sunshine
- 2345678901 - Sunny Fields
- 3456789120 - Sam Sinatra

Step 2

SELECT A MEMBER AND CLASSIFICATION

Step 2: Select a member and classification.

Fields in **bold** are required.

Auth Class:

Auth Sub-Class:

Begin Date of Service/Date of Admission:


Auth Type:

Member:

Complete all data fields:

- **Auth Class**
- **Auth Sub-Class**
- **Begin Date of Service/Date of Admission**
 - This field will be visible after selecting the Auth Sub-Class.
- **Auth Type**
- **Member: SEARCH**

Fields in **BOLD**
are required

 If you select **CONTINUE** without having all five data fields completed, a pop up will be displayed: “**The following information is required in order to continue.**” The missing data fields will be identified with a red exclamation point (!) icon.

Example:



Step 2: Select a member and classification.


Fields in **bold** are required.



The following information is required in order to continue:


Auth Class: Outpatient Services

Auth Sub-Class: Outpatient Procedure

Begin Date of Service/Date of Admission:  

Auth Type: -- Select One -- 

Member:  SEARCH 



Auth Class:

Select the appropriate **Auth Class** from the drop down menu. An **Auth Class** is a broad category.

The screenshot shows a form with the following fields and values:

- Auth Class:** -- Select One -- (dropdown menu is open)
- Auth Sub-Class:** -- Select One --
- Auth Type:** Radiation Therapy
- Member:** Radiology

The dropdown menu for 'Auth Class' is open, showing the following options:

- Select One --
- Radiation Therapy
- Radiology
- Skilled Nursing Facility
- Specialist Adult Medicine (indicated by a red arrow)
- Specialist Pediatric Medicine (indicated by a red arrow)
- Transportation, Non-Urgent
- Vision Services

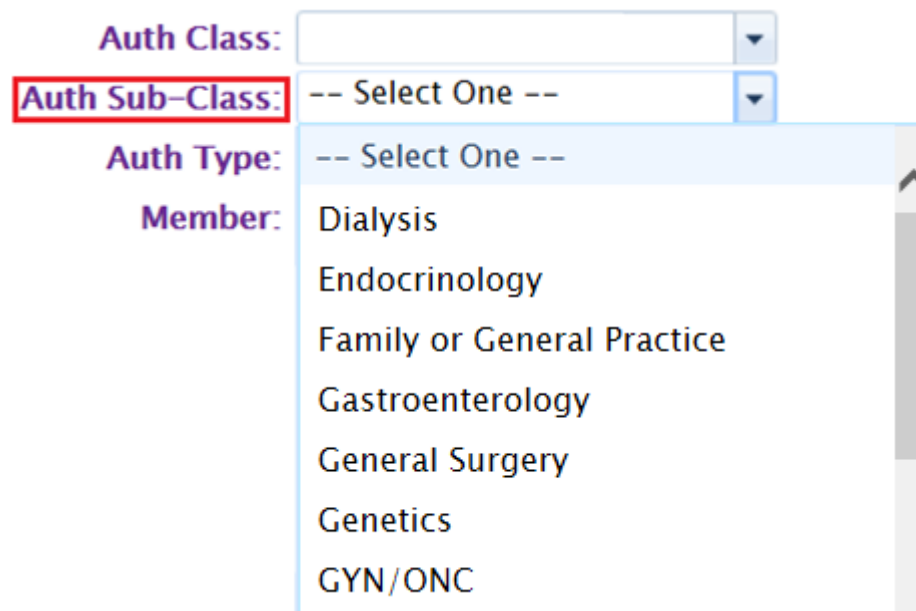
When referring to a “Non-Contracted Provider,” there are two Specific Authorization Classifications (Auth Class):

- *Specialist Adult Medicine*
- *Specialist Pediatric Medicine*

Please note: There may be a slight variance in this due to the type of service.

Auth Sub-Class:

Select the appropriate ***Auth Sub-Class*** from the drop down menu. An ***Auth Sub-Class*** should be specific to the type of service the provider is referring the member for.



The screenshot shows a form with four fields:

- Auth Class:** A dropdown menu with a downward arrow.
- Auth Sub-Class:** A dropdown menu with the text "-- Select One --" and a downward arrow. This field is highlighted with a red rectangular border.
- Auth Type:** A dropdown menu with the text "-- Select One --" and a downward arrow.
- Member:** A list box containing the following medical specialties: Dialysis, Endocrinology, Family or General Practice, Gastroenterology, General Surgery, Genetics, and GYN/ONC. A scroll bar is visible on the right side of the list.



The ***Auth Class*** is required prior to selecting an ***Auth-Sub Class***.

Begin Date of Service/Date of Admission:

This field will be visible after selecting the Auth Sub-Class.

The screenshot shows a web form with the following elements:

- Auth Class:** A dropdown menu.
- Auth Sub-Class:** A dropdown menu.
- Begin Date of Service/Date of Admission:** A text input field with a red border, followed by a calendar icon.
- Auth Type:** A dropdown menu with the text "-- Select One --".
- Member:** A search button with a magnifying glass icon and the text "SEARCH".

You can enter the date by:


- ❖ Entering month-day-year
- ❖ Selecting the date from the calendar

Auth Type:

Select the appropriate **Auth Type** from the drop down menu.

Auth Class:

Auth Sub-Class:

Begin Date of Service/Date of Admission: 

Auth Type:

Member:

- Select One --
- Elective
- Pre-Service
- Post-Service
- Urgent/Emergent

The ***Pre-Service*** Auth Type will automatically populate when the date of service is in the future.


The ***Post-Service*** Auth Type will automatically populate when the date of service is in the past.

Member:

Select **SEARCH** by the **Member** data field and the *Portal Member Search* screen will appear.

Auth Class:


Auth Sub-Class:

Begin Date of Service/Date of Admission: 

Auth Type:

Member: ☒ **SEARCH**

Portal Member Search

D.O.B.: 

One of the following is required:

Member ID:

OR

First Name:

Last Name:

There are two search options:

- ❖ ***Date of Birth (D.O.B.) and Member ID***
- ❖ ***Date of Birth (D.O.B.) and Member First and Last Name***



After entering the member search criteria there are two options to select **SEARCH** to continue or select **CANCEL** to start over.

SEARCH

The member's information will populate into the Portal Member Search data window.

If the Member has more than one record in our system, both records will be displayed.

MODIFY SEARCH CRITERIA



Member ID	Member Name	DOB	M/F	Health Plan	Effective Date	End Date	Phone	
00012345601	Dory Makeup	5/30/1977	M	HMO	1/1/2016	12/31/9999	(608)000-0000	
00012345601	Dory Makeup	5/31/1977	M	HMO	5/1/2015	12/31/2015	(608)000-0000	

The **MODIFY SEARCH CRITERIA** feature can be used if the incorrect member data was entered. This will allow the user to reenter the new member information.

If a Member has more than one record, such as *active* and *inactive*, both records will be displayed.



Example: Search by Member ID & DOB

○ MODIFY SEARCH CRITERIA

Member ID	Member Name	DOB	M/F	Health Plan	Effective Date	End Date	Phone	
00012345601	Dory Makeup	5/30/1977	M	HMO	1/1/2016	12/31/9999	(608)000-0000	
00012345601	Dory Makeup	5/31/1977	M	HMO	5/1/2015	12/31/2015	(608)000-0000	


Example: Search by Member Name & DOB

○ MODIFY SEARCH CRITERIA

Member ID	Member Name	DOB	M/F	Health Plan	Effective Date	End Date	Phone	
00012345601	Dory Makeup	5/30/1977	M	HMO	1/1/2016	12/31/9999	(608)000-0000	
00098765402	Dory Makeup	5/30/1977	M	HMO	1/1/2016	12/31/9999	(608)000-0000	

- A record in **BLACK**, reflects the active eligibility record(s).
- A record in **RED**, reflects the inactive eligibility record(s).

Select the applicable record by clicking on the ***double arrow*** icon located at the end of the member's record.

Member ID	Member Name	DOB	M/F	Health Plan	Effective Date	End Date	Phone	
00012345601	Dory Makeup	5/30/1977	M	HMO	1/1/2016	12/31/9999	(608)000-0000	

This will prompt the member's name and plan number to be reflected in Step 2- **Member** data field.

Auth Class:

Auth Sub-Class:

Auth Type:

Member: DOREY MAKUP (00012345601) [MODIFY](#)



The Member information can be modified by selecting the **MODIFY** feature. By selecting **MODIFY**, it will return to the Portal Member Search screen.

Step 2-Select a member and classification

Out of Network Auth Class and Auth Sub-Class

Example:



Specialist Adult Medicine Cardiology

Auth Class:	Specialist Adult Medicine	▼
Auth Sub-Class:	Cardiology	▼
Begin Date of Service/Date of Admission:	9/30/2016	
Auth Type:	Pre-Service	▼
Member:	SALLY SUNSHINE (00011122233)  MODIFY	

Out of Network Auth Class and Auth Sub-Class

Example:

Specialist Pediatric Medicine Endocrinology

Auth Class:	Specialist Pediatric Medicine	▼
Auth Sub-Class:	Endocrinology	▼
Begin Date of Service/Date of Admission:	9/30/2016	
Auth Type:	Pre-Service	▼
Member:	SALLY SUNSHINE (00011122233)  MODIFY	

After completing the information in **Step 2-Select a member and classification**, select **CONTINUE** located at the bottom corner of the screen.

Step 2: Select a member and classification.

Fields in **bold** are required.

Auth Class: Specialist Pediatric Medicine

Auth Sub-Class: Endocrinology

Begin Date of Service/Date of Admission: 9/30/2016

Auth Type: Pre-Service

Member: TYLER MAND (00063786203) [MODIFY](#)

[CONTINUE](#)

Please Note: After the completion of Step 2, the information will be automatically saved.

Step 3

COMPLETE DETAIL FIELDS

Step 3: Complete detail fields.

Fields in **bold** are required.

Member's PCP:

Servicing Group or Clinic Name:

Referring Provider:

Servicing Provider:

Diagnoses:

Code	Description
No diagnoses have been added.	
Add:	<input type="text"/> <input type="button" value="SEARCH"/>

Services:

Qty.	Code	Description
No services have been added.		
Add:	<input type="text"/> <input type="button" value="SEARCH"/>	

Priority:

Additional Information:

0 of 2000 Characters Used, 2000 Remaining

Fields in **BOLD** are required



The data fields in Step 3 will vary depending on the Auth Class entered.

Complete Detail Fields

❖ *Member's PCP:* This will automatically populate, if applicable.

❖ *Servicing Group or Clinic Name:* May not be applicable

❖ *Provider Data Fields:*

Possible Provider Entry Selections for **Outpatient** Auths:

- Referring Provider-Auto populates from Step 1
- Servicing Provider
- Servicing Facility
- Primary Surgeon



The Auth Class and Auth Sub Class selections from Step 2 will determine the Provider entry selections.

Provider Data Fields-Outpatient Setting Authorizations

The Servicing Provider on an Authorization should **not** reflect a clinic name but rather the name of an *individual practitioner* or *facility/hospital*. The address should reflect where the member is receiving the services.

Clinic Setting: The Servicing Provider on an Authorization should **not** reflect a clinic name.

Office Setting: If the services are being performed in an office setting, the Servicing Provider on an Authorization should reflect an individual practitioner's name.

Outpatient Facility: If the services are being performed in an outpatient facility, the Servicing Provider on an Authorization should reflect the facility's name.

Provider Data Entry Selections

EXAMPLES:

- **Office Setting:**

Referring Provider Auto
populates from Step 1

Referring Provider:	<input type="text" value="Enter Provider ID, NPI #, partial name or leave blank for full search"/>	<input type="button" value="SEARCH"/>
Servicing Provider:	<input type="text" value="Enter Provider ID, NPI #, partial name or leave blank for full search"/>	<input type="button" value="SEARCH"/>

- **Outpatient Procedure:**

Ordering Provider:	<input type="text" value="Enter Provider ID, NPI #, partial name or leave blank for full search"/>	<input type="button" value="SEARCH"/>
Servicing Provider:	<input type="text" value="Enter Provider ID, NPI #, partial name or leave blank for full search"/>	<input type="button" value="SEARCH"/>

- **Outpatient Surgery or ASC Surgery:**

Primary Surgeon:	<input type="text" value="Enter Provider ID, NPI #, partial name or leave blank for full search"/>	<input type="button" value="SEARCH"/>
Servicing Facility:	<input type="text" value="Enter Provider ID, NPI #, partial name or leave blank for full search"/>	<input type="button" value="SEARCH"/>

Provider Search:

For Provider and Facility Search, enter the individual Provider or Facility NPI # or partial name then select **SEARCH**.

Servicing Provider: **SEARCH**

If the Provider has one location, his or her information will populate into the data fields.

Servicing Provider: SANDI GLIMMER MD (00011122233) (NON PLAN)

****Only Providers who are in our system will auto-populate. This includes Non-Plan Providers who have an agreement with Dean Health Plan.***

Provider Data Fields-Servicing Provider







The Servicing Provider on an Authorization should **not** reflect a clinic name but rather the name of an *individual practitioner* or *facility/hospital*.

The address should reflect where the member is receiving the services.

For outpatient office visits with a practitioner out of the University Hospital Clinics use the following address and phone number: **600 Highland Ave, Madison, WI 53792 608-263-6400**

If the servicing provider's name is not known, Dean Health Plan will accept the name of one of the practitioners with the same specialty, department and clinic location the member is being referred to, even though the member's appointment may be with a different practitioner within that specialty.

If a provider has more than one location in our system, all locations will populate into a window for review to determine which location is applicable.

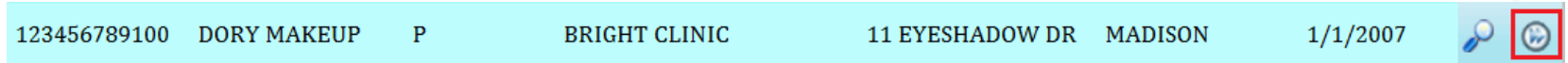
Prov #	Provider Name	Contract Type	Location Name	Street	City	Eff. Date	
123456789100	DORY MAKEUP	P	BRIGHT CLINIC	11 EYESHADOW DR	MADISON	1/1/2007	 
1243456789100	DORY MAKEUP	P	GLOOMY CLINIC	22 PRIMER LN	MADISON	1/1/2007	 
1243456789100	DORY MAKEUP	NP	CONCEALOR CLINIC	33 HIDDEN BLVD	FOND DU LAC	5/1/2010	 


The **Prov #** column reflects Dean Health Plan's internal ID number for that particular Provider.

The ***Contract Type*** column reflects P (Plan-Contracted) and NP (Non-Plan or Non-Contracted) with P contract type being displayed at the top.

Select Provider

To Select Provider, click on the ***double arrow*** icon located at the end of the record.



123456789100	DORY MAKEUP	P	BRIGHT CLINIC	11 EYESHADOW DR	MADISON	1/1/2007	
--------------	-------------	---	---------------	-----------------	---------	----------	---

The selected Provider will then populate into the applicable data field.


Referring Provider: DORY MAKEUP (123456789100) (PLAN)



Servicing Provider: DORY MAKEUP (123456789100) (PLAN)

View Provider Information

There are two ways of viewing Provider information.

- ❖ To view Provider Information from a record, select the **magnifying glass** icon located at the end of a record.



1243456789100	DORY MAKEUP	NP	CONCEALOR CLINIC	33 HIDDEN BLVD	FOND DU LAC	5/1/2010		
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- ❖ To *View Provider Information* when the data has populated into the field, put the curser over the name and select.

Servicing Provider: DORY MAKEUP (123456789100) (PLAN)



View Provider Information

Provider Info:

Provider Info: DORY MAKEUP (123456789100)

Specialty: PEDIATRIC OPHTHALMOLOGY

Provider Type: PROFESSIONAL

Contract Type: NON-PLAN WITH AGREEMENT (5/1/2010 to 12/31/9999)

Practice Location:

Addresses:

Type	Address	City, State Zip
INDICATES THAT THIS IS A PHYSICAL ADDRESS.	33 HIDDEN BLVD	FOND DULAC, WI, 00000

Phone Numbers:

Type	Number
No records to display.	

Provider Search

If the individual Provider or Facility ID, NPI # or partial name is either not reflected or not known, select the **SEARCH** feature and the Provider Search form will appear.

Servicing Provider: 

 The **Search** feature should **only** be used when a Provider and/or location is not listed.







Complete as much data that is available on the Provider Search form and select **SEARCH**.

Example: Specialty, City and State

Provider #:	<input type="text"/>	Street:	<input type="text"/>	Specialty:	<input type="text" value="OPHTHALMOLOGY"/>
Last Name:	<input type="text"/>	City:	<input type="text" value="Madison"/>	Facility:	<input type="text"/>
First Name:	<input type="text"/>	State:	<input type="text" value="WI"/>		
 					

The information entered will output the applicable Provider data.

MODIFY SEARCH CRITERIA

Prov #	Provider Name	Contract Type	Location Name	Street	City	Eff. Date		
123456789100	DORY MAKEUP	P	BRIGHT CLINIC	11 EYESHADOW DR	MADISON	1/1/2007		
1243456789100	DORY MAKEUP	P	GLOOMY CLINIC	22 PRIMER LN	MADISON	1/1/2007		
1243456789100	DORY MAKEUP	NP	CONCEALOR CLINIC	33 HIDDEN BLVD	FOND DU LAC	5/1/2010		

To Select Provider, click on the ***double arrow*** icon located at the end of the record.

If the Provider or location is not listed, select the **MODIFY SEARCH CRITERIA FEATURE** located at the top of the Provider data box. This will prompt an additional section in which the search can be refined.

“Ad-Hoc” Provider Search

If the Provider or location is not listed, you can refine your search by completing an additional section. This section is also known as the “Ad-hoc” box. **Use all CAPITALIZATION for data entry.*

***If the Servicing Provider you are looking for is not in this list, please refine your search, or provide the Servicing Provider information below.**

☒ Professional Services ☐ Facility Services

Last Name:	<input type="text"/>	Phone:	<input type="text"/>
First Name:	<input type="text"/>	Fax:	<input type="text"/>
Addr 1:	<input type="text"/>	Specialty:	-- Select Value(s) --
Addr 2:	<input type="text"/>	NPI:	<input type="text"/>
City:	<input type="text"/>	State:	-- Select One --
		Zip:	<input type="text"/>

☐ SUBMIT ☐ CANCEL

Fields in **BOLD**
are required

Complete the “**Ad-Hoc**” Provider Search

There are two options for completing the “**Ad-Hoc**” Provider Search.

❖ **SUBMIT**

To submit the information, select the **SUBMIT** function located at the bottom of the form. The provider’s information will populate into the **Provider** data field.

❖ **CANCEL**

To cancel, select the **CANCEL** option at the bottom of the form.

The selected Provider will then populate into the applicable Provider data field.

Diagnoses:

Enter a diagnosis code or part of the description.

Diagnoses:	Code	Description
No diagnoses have been added.		
Add:	<input type="text" value="Enter a diagnosis code or part of the description."/>	
		<input type="button" value="SEARCH"/>

Decimals are not accepted.

There are two ways to Search:

❖ Diagnosis Code




-Enter code, then select the **SEARCH** function.



❖ Key Word or Phrase

-Enter the key word or phrase, then select **SEARCH** function. A list of possible diagnosis records will appear.

Diagnoses Key Word or Phrase Search:

Select the applicable diagnosis by clicking on the *double arrow* icon located at the end of the record. The selected diagnosis code record will then populate into the applicable **Diagnosis** data field.

Code	Description	Effective Date	End Date	
E030	CONGENITAL HYPOTHYROIDISM WITH DIFFUSE GOITER	1/1/2014	12/31/9999	
E031	CONGENITAL HYPOTHYROIDISM WITHOUT GOITER	1/1/2014	12/31/9999	
E250	CONGENITAL ADRENOGENITAL DISORDERS ASSOCIATED WITH ENZYME DEFICIENCY	1/1/2014	12/31/9999	

Diagnoses:	Code	Description	
	E031	CONGENITAL HYPOTHYROIDISM WITHOUT GOITER	
Add:	<input type="text" value="Enter a diagnosis code or part of the description."/>		 SEARCH

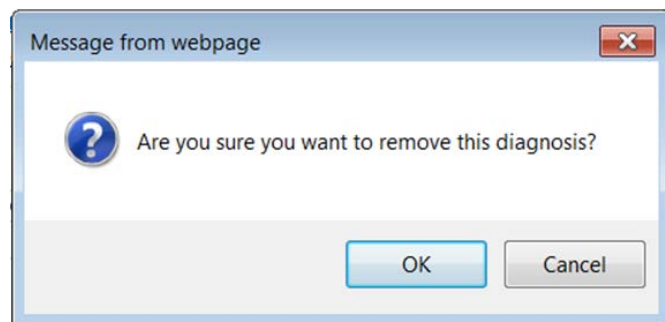
Remove a Diagnosis

To remove a Diagnosis, click on the **red x** located at the end of the data field.

Diagnoses:	
Code	Description
4593	Chronic venous hypertension (idiopathic)
<div><div>✕</div></div>	

Are you sure you want to remove this diagnosis?

When the **red x** is selected, it will prompt a box to come up confirming the deletion.



Services:

*Only complete this field if it is displayed in **BOLD** font

Enter a CPT/HCPCS code or part of the description.

Services:	Qty.	Code	Description
No services have been added.			
Add:	<input type="text" value="Enter a CPT/HCPCS code or part of the description."/>		<input type="button" value="SEARCH"/>

There are two ways to Search:

❖ CPT/HCPCS Code



-Enter code, then select the **SEARCH** function. The code will then populate into the data field.

❖ Key Word or Phrase


-Enter the key word or phrase, then select **SEARCH** function. A list of possible Service Codes will appear.

Services Key Word or Phrase Search List:

Select the applicable Service Code by clicking on the *double arrow* icon located at the end of the record.



Code	Description	Effective Date	End Date	
80428	Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration) This panel must include the following: Human growth hormone (HGH) (83003 x 4)	1/1/2007	12/31/9999	
80430	Growth hormone suppression panel (glucose administration) This panel must include the following: Glucose (82947 x 3) Human growth hormone (HGH) (83003 x 4)	1/1/2007	12/31/9999	

The selected service code record will then populate into the applicable **Services** data field.

Services:	Qty.	Code	Description	
	<input type="text" value="1"/>	80428	Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration) This panel must include the following: Human growth hormone (HGH) (83003 x 4)	

Remove a Services


To remove a Service, click on the **red x** located at the end of the data field.


Services:	Qty.	Code	Description	
	<input type="text" value="1"/>	00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum	
Add: <input type="text" value="Enter a CPT/HCPCS code or part of the description."/>  SEARCH				

Are you sure you want to remove this service?

When the **red x** is selected, it will prompt a box to come up confirming the removal of the service.

Message from webpage




 Are you sure you want to remove this service?

OK

Cancel

Priority (Status)

Priority: 

- Select One --
- Administratively Urgent
- Concurrent
- Medically Urgent/Expedited
- Non-Urgent/Standard
- Post-Service

The **Priority** is used to communicate how quickly a determination is required based on a member's medical condition or the type of service being requested.

For more information, refer to the Provider Portal User Guide, Hints & Tips and Practitioner Manual.

Priority-Status	Description
Administratively Urgent	This priority status is used for services that are 'urgent' because of a time sensitive diagnosis and appointment availability.
Medically Urgent/Expedited	<p>This priority status should ONLY be used if the member has an acute medical condition and is at risk of life or limb.</p> <p>*Requires a signature by the attending Physician</p>
Non-Urgent/Standard	This priority status is for routine outpatient requests or elective inpatient admissions.
Concurrent	<p>Notification of urgent/emergency admissions to a facility for inpatient/observation.</p> <p>This priority status should not be used for an elective admission.</p>
Post Service	This priority status is used for requests that are received after the services have already been rendered.

Additional Information (Optional):

This data is not a required field (not bolded) but would be helpful in the review for a determination.

Additional Information: IF YOU HAVE ANY QUESTIONS, CONTACT (NAME) AT 111-222-9999.

60 of 2000 Characters Used, 1940 Remaining

Examples:

- ❖ Include contact person with phone number for questions.
- ❖ If DHP has access to the records in Epic, identify the record #, date of service or any other guidance where to find the related information.
- ❖ Please note what is specifically being requested. (For example: Left L4 SNRB, please see notes from office visit on 08/31/2016.)

After completing all required data in **Step 3-Compete detail fields**, select the **CONTINUE** feature located at the bottom of the form.

Member's PCP: _____

Servicing Group or Clinic Name:

Referring Provider: _____

Servicing Provider: _____

Diagnoses:

Code	Description
Add: <input type="text" value="Enter a diagnosis code or part of the description."/> <input type="button" value="SEARCH"/>	

Services:

Qty.	Code	Description
Add: <input type="text" value="Enter a CPT/HCPCS code or part of the description."/> <input type="button" value="SEARCH"/>		

Priority: ▼

Additional Information:

60 of 2000 Characters Used, 1940 Remaining

 ***Prior to Continuing, the information in Step 3 can be altered. After selecting to CONTINUE, no more altering can be done.***

Step 4

ATTACH SUPPORTING DOCUMENTAION

Step 4: Attach supporting documentation.

Fields in **bold** are required.

Do you have supporting documentation to accompany this authorization request? -- Select One --

[SUBMIT AUTH REQUEST](#)

- ❖ Do you have supporting documentation to accompany this authorization request?
 - Yes
 - No

Do you have supporting documentation to accompany this authorization request? -- Select One --

-- Select One --

Yes

No

❖ What kind of documentation?

Do you have supporting documentation to accompany this authorization request?	Yes
What kind of documentation?	-- Select One --
	-- Select One --
	Paper Documents
	Electronic Files
	Both

- ***Paper Documents***

-By selecting the Paper Documents option, it allows the information to be faxed.

Fax Paper Documentation
Click below to print a fax cover sheet to use when sending in supporting documentation.
PRINT COVER SHEET
SUBMIT AUTH REQUEST

Click on **PRINT COVER SHEET** to print a fax cover sheet to use when sending in supporting documentation.

- Electronic Files

Upload Electronic Documentation


File Name	Attached	By	Category	Source
No records to display.				
<p>Browse for electronic documents to attach to this authorization request: <input type="text"/> <input type="button" value="Select"/> <input type="button" value="Clear"/></p> <p>Only PDFs are allowed. Files must not be larger than 40MB.</p> <p><input type="button" value="UPLOAD DOCUMENT"/></p> <p><input type="button" value="SUBMIT AUTH REQUEST"/></p>				

Browse for electronic documents to attach to this authorization request.

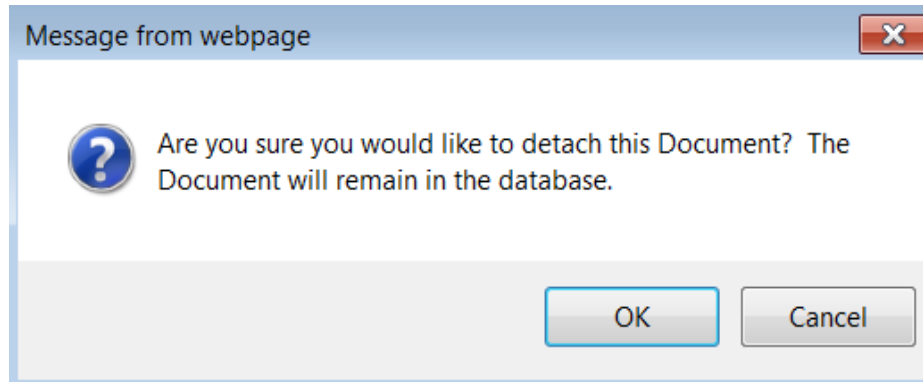
- Click on the **Select** button to find the document
- Choose the file
- Click on **UPLOAD DOCUMENT**

When the document is uploaded, a message will be displayed indicating **Upload Complete File successfully uploaded**. Wait for the file name to appear prior to moving forward.

To Remove an attachment click on the **red x** at the end of the attachment record.

File Name	Attached	By	Category	Source	
Tulips.jpg	9/8/2016	deanhp6	Supporting Documentation	Uploaded	

When the **red x** is selected, it will prompt a box to come up confirming the deletion.



After completing all required data in **Step 4 - Attach supporting documentation**, select the **SUBMIT AUTH REQUEST** feature located at the bottom of the form.

Step 4: Attach supporting documentation.

Fields in **bold** are required.

Do you have supporting documentation to accompany this authorization request? Yes

What kind of documentation? Both

Fax Paper Documentation

Click below to print a fax cover sheet to use when sending in supporting documentation.

[PRINT COVER SHEET](#)

Upload Electronic Documentation

File Name	Attached	By	Category	Source
Tulips.jpg	9/21/2016	deanhp6	Supporting Documentation	Uploaded

Browse for electronic documents to attach to this authorization request: [Select](#) [Clear](#)

Only PDFs are allowed. Files must not be larger than 40MB.

[UPLOAD DOCUMENT](#)

[SUBMIT AUTH REQUEST](#)

Step 5

VIEW CONFIRMATION

Step 5: View confirmation.

Thank you for submitting your Endocrinology Request. It has been assigned Reference ID [S160922004](#) with a status of “Submitted.”

Disclaimers:

Reimbursement for services rendered is subject to:

- Member eligibility must be verified for date(s) of service
- Service(s) rendered is a covered benefit
- Member is not eligible for other health care coverage
- Service(s) rendered do not require authorization
- Service(s) rendered are performed within effective date range of referral

After the Authorization submission is complete, the user will receive a message acknowledging receipt.

Example:

Thank you for submitting your Endocrinology Request. It has been assigned Reference ID [S160922004](#) with a status of “Submitted.”

THANK YOU.

For more information, refer to the Provider Portal User Guide, Hints & Tips and Practitioner Manual.

If you have any suggestions on how we can improve this PowerPoint presentation, please send them to DHP.ProviderNetworkServices@deancare.com.