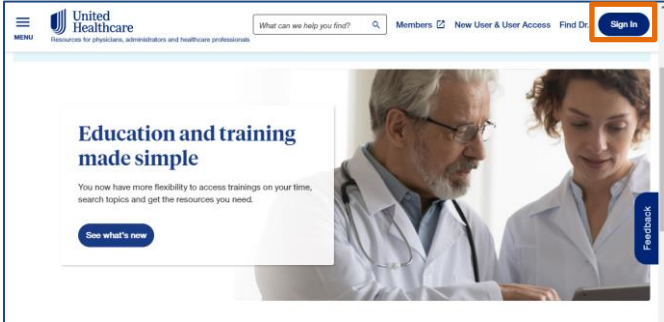


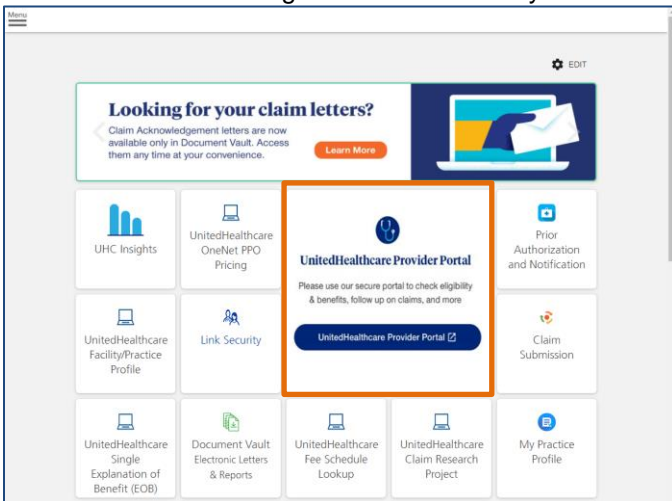
You may check to see if a Prior Authorization/Notification is required through the Prior Authorization and Notification tool.
Note: This app is not used for referrals. Referrals should be submitted separately.

Get Started

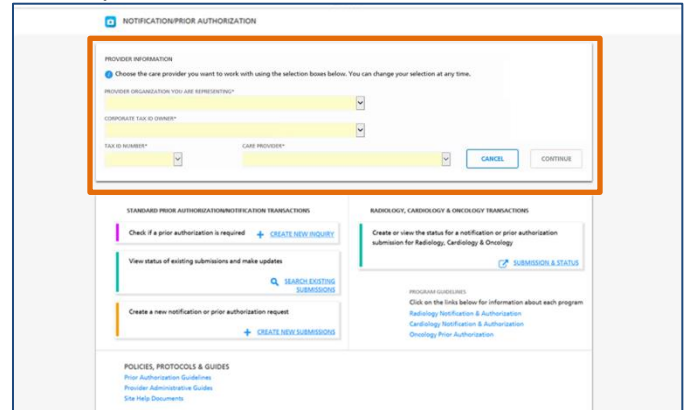
1. From UHCprovider.com, select **Sign In**



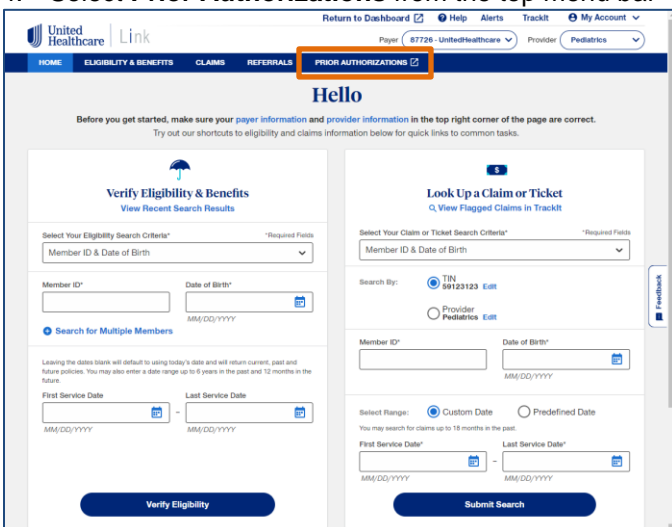
2. Enter your One Healthcare ID and Password and sign in
3. Open the **UnitedHealthcare Provider Portal**, if you have not chosen to go there automatically



5. The first time you access this self-service tool, you must select the Care Provider you represent from the pull-down menus then click Continue.



4. Select **Prior Authorizations** from the top menu bar



Check if a Prior Authorization is Required

1. Select **Check if a Prior Authorization is Required**

PRIOR AUTHORIZATION AND NOTIFICATION

PROVIDER INFORMATION
 Provider information from your previous session has been retained. If you need to change provider information, please click on the "SELECT A DIFFERENT PROVIDER" button.
 NAME: SALLY PHYSICIAN TAX ID: 999999999

STANDARD PRIOR AUTHORIZATION/NOTIFICATION TRANSACTIONS
 Check if a prior authorization is required for a specific member
 + CREATE NEW INQUIRY

RADIOLOGY, CARDBIOLOGY & ONCOLOGY TRANSACTIONS
 Create or view the status for a notification or prior authorization submission for Radiology, Cardiology & Oncology
 * Excludes MDRN and Optimum Choice
 SUBMISSION & STATUS

CHECK PRIOR AUTHORIZATION BY CODE
 Check if Prior Authorization is required using Product Type, State and Procedure Code
 + CHECK PRIOR AUTHORIZATION BY CODE

SEARCH EXISTING SUBMISSIONS
 View status of existing submissions and make updates
 SEARCH EXISTING SUBMISSIONS

CREATE NEW SUBMISSIONS
 Create a new notification or prior authorization request
 + CREATE NEW SUBMISSIONS

POLICIES, PROTOCOLS & GUIDES
 Prior Authorization Guidelines
 Provider Administrative Guidelines
 Site Help Documents

Note: The Provider Information will default to the last selected, but you may change the provider by **Selecting a Different Provider**.

2. Enter the **Date**
3. Select a **Search Method** to identify the Member (Member ID and DOB, Member ID and Name or Member Name, DOB and State)
4. Enter the required information
5. Click **Search**

NOTIFICATION/PRIOR AUTHORIZATION INQUIRY SEARCH

PROVIDER INFORMATION
 NAME: SALLY PHYSICIAN TAX ID: 999999999

EFFECTIVE DATE CHECK* (Required field)
 06/12/2017

SEARCH BY MEMBER ID AND DOB (Selected)
 MEMBER ID: [] MEMBER BIRTH DATE: []
 GROUP/POLICY #: [] MEMBER FIRST NAME: [] MEMBER LAST NAME: []

SEARCH BY MEMBER ID AND NAME
 SEARCH BY MEMBER NAME, DOB AND STATE

SEARCH

Service Details

1. Choose the **Place of Service** and **Address** from the pull-down menus then click **Continue**

NOTIFICATION/PRIOR AUTHORIZATION PROVIDER DETAILS

PATIENT DETAILS
 PATIENT NAME: Bob Patient RELATIONSHIP: Employee
 MEMBER NUMBER: 0411444144 EFFECTIVE DATE: 01/01/2017
 GROUP NUMBER: 092932 TERMINATION DATE: 12/31/9999
 PRODUCT: P1 - Pos Choiceplus INSURANCE TYPE: Commercial

PROVIDER INFORMATION
 NAME: CHILDRENS HOSP TAX ID: 97797977

Complete the selections below and select "Continue" to proceed to case details. (Required fields)
 PLACE OF SERVICE: [Outpatient Facility]
 PROVIDER ADDRESS SELECTION: [40 W Blvd, Somertown, USA]

CONTINUE

Inquiry Form

After completing the above steps, the **Patient Details** will appear at the top of the **Inquiry form**. Consult the following pages for detailed information.

NOTIFICATION/PRIOR AUTHORIZATION INQUIRY FORM

PATIENT DETAILS
 PATIENT NAME: Bob Patient RELATIONSHIP: Employee
 MEMBER NUMBER: 0411444144 EFFECTIVE DATE: 01/01/2017
 GROUP NUMBER: 092932 TERMINATION DATE: 12/31/9999
 PRODUCT: P1 - Pos Choiceplus INSURANCE TYPE: Commercial

FACILITY DETAILS
 NAME: General Hospital ADDRESS: 230 Doctors Ln, Somerville, USA
 FACILITY ID NUMBER: 97797977 STATUS: In-Network

ADMITTING/ATTENDING PHYSICIAN DETAILS
 NAME: PATTY SPECIALIST ADDRESS: 1224 MAIN RD, ANYWHERE, US 12345
 TAX ID: 911011010 STATUS: In-Network

SERVICE DETAILS
 PLACE OF SERVICE: Outpatient Facility SERVICE DETAIL: []

FACILITY SERVICE DATES DETAILS
 Has Patient been admitted or will they be admitted today? YES NO
 ADMISSION DATE: [] SERVICE DESCRIPTION: []

DIAGNOSIS DETAILS
 CODE: [] DESCRIPTION: []
 + Add another diagnosis code

PROCEDURE DETAILS
 + Add another procedure code

SEARCH

Diagnosis and Procedure Details

DIAGNOSIS DETAILS

CODE	DESCRIPTION	
New PNEUMO		Delete

+ Add another diagnosis code

PROCEDURE DETAILS

CODE	DESCRIPTION	SERVICING PROVIDER NAME, TAX ID, STATUS, ADDRESS	
New			Change Provider or View Favorites

+ Add another procedure code

Note: A search dropdown menu is shown above the procedure details table, listing various medical codes such as J84.89, P23.6, J69.0, P24.81, J13, J69.1, B96.0, and J15.0.

Type in a **Diagnosis Code/ Procedure Code** or keyword, then select from the drop-down menu

Add up to a total of **10 Diagnosis Codes** and/or **14 Procedure Codes***

DIAGNOSIS DETAILS

CODE	DESCRIPTION	
New H61.20	IMPACTED CERUMEN UNSPECIFIED EAR	Delete

+ Add another diagnosis code

PROCEDURE DETAILS

CODE	DESCRIPTION	SERVICING PROVIDER NAME, TAX ID, STATUS, ADDRESS	
New 69210	Removal impacted cerumen requiring instr more		Change Provider or View Favorites

SERVICE DETAILS*

Medical

EXPECTED FROM DATE* 06/22/2017

EXPECTED TO DATE* 06/30/2017

MMDDYYYY MMDDYYYY

COUNT* 1

STANDARD OF MEASURE* Days

FREQUENCY* Monthly

TOTAL* 1

+ Add another procedure code

Complete additional details, if prompted

Click Continue, at the bottom of the form.

CONTINUE

Response

NOTIFICATION/PRIOR AUTHORIZATION INQUIRY SEARCH RESULTS

Notification/Prior Authorization is required for the service(s) for this member. Please continue with the Notification/Prior Authorization submission process by clicking on the "Proceed with Submission" button below.

Decision ID #:D3052002

The number above acknowledges your inquiry and our response. Please write this number down and refer to it for future inquiries. Coverage and payment for an item or service is governed by the member's benefit plan document, and, if applicable, the provider's participation agreement with the Health Plan.

[+ Expand all](#) - [Collapse all](#)

PATIENT DETAILS			
PATIENT NAME	RELATIONSHIP	VERBAL LANGUAGE PREFERENCE	MESSAGE
Bob Patient	Employee	-	A future timeline may be available for this member. For future coverage please call the telephone number located on the back of the member's Medical ID card.
MEMBER NUMBER	EFFECTIVE DATE	WRITTEN LANGUAGE PREFERENCE	
04414444144	01/01/2017	-	
GROUP NUMBER	TERMINATION DATE		
0929292	12/31/9999		
PRODUCT	INSURANCE TYPE		
Pt1 - Pos Choice/plus	Commercial		

Review the response and record the **Decision ID #**

NOTE: If a Notification or Prior Authorization is not required, or your request cannot be processed, the **Decision ID #** serves as your reference number which may be needed if there are any claim issues.

Notification or Prior Authorization is not required for the requested services

Decision ID #:D3052002

The number above acknowledges your inquiry and our response. Please write this number down and refer to it for future inquiries. Coverage and payment for an item or service is governed by the member's benefit plan document, and, if applicable, the provider's participation agreement with the Health Plan.

One or more of the procedures entered should not be processed through this transaction.

Please call Behavioral Health at 800-577-7244.

Decision ID #:D3042861

The number above acknowledges your inquiry and our response. Please write this number down and refer to it for future inquiries. Coverage and payment for an item or service is governed by the member's benefit plan document, and, if applicable, the provider's participation agreement with the Health Plan.

Bottom of the response screen

STANDARD PRIOR AUTHORIZATION/NOTIFICATION TRANSACTIONS	RADIOLOGY, CARDIOLOGY & ONCOLOGY TRANSACTIONS
<p>Check if a prior authorization is required</p> <p>+ CREATE NEW INQUIRY</p>	<p>Create or view the status for a notification or prior authorization submission for Radiology, Cardiology & Oncology</p> <p>SUBMISSION & STATUS</p>
<p>View status of existing submissions and make updates</p> <p>SEARCH EXISTING SUBMISSIONS</p>	
<p>Create a new notification or prior authorization request</p> <p>+ CREATE NEW SUBMISSIONS</p>	

[PROCEED WITH SUBMISSION](#)

[Back To Top](#)

Proceed with Submission, if desired

Additional **Help Resources** are available at UHCprovider.com/portal