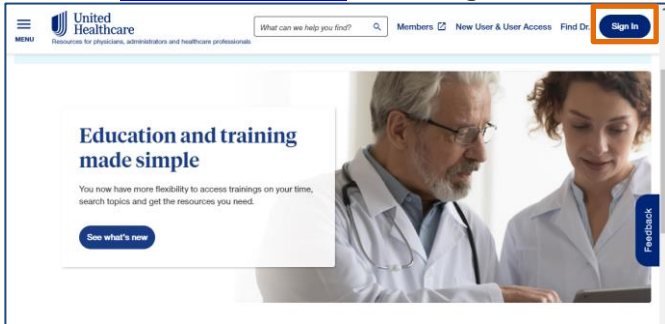


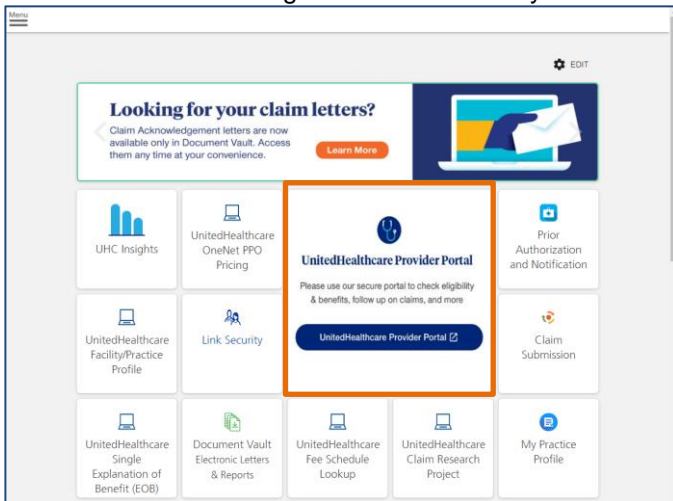
You may check the status of an existing Prior Authorization/Notification and update* it through the Prior Authorization and Notification tool. **Note:** This is not used for referrals. Referrals should be checked separately.

Get Started

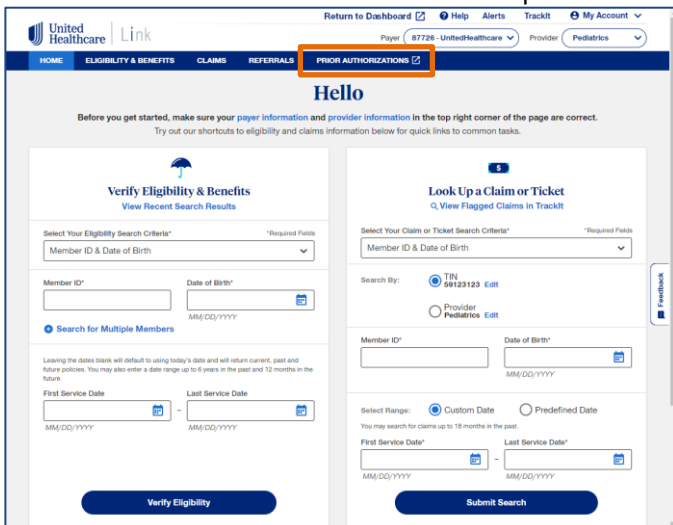
- From UHCprovider.com, select **Sign In**



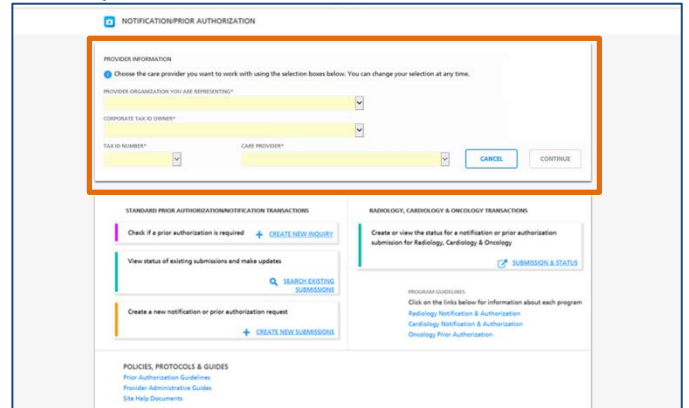
- Enter your One Healthcare ID and Password and sign in
- Open the **UnitedHealthcare Provider Portal**, if you have not chosen to go there automatically



- Select **Prior Authorizations** from the top menu bar



- 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.



Search for Existing Notification/Prior Authorization

1. Select View Status of an Existing Submission

PROVIDER INFORMATION
 Check if a prior authorization is required for a specific member
 Check if Prior Authorization is required using Product Type, State and Procedure Code
 View status of existing submissions and make updates
 Create a new notification or prior authorization request

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

2. Select a **Search Method** (Notification/Prior Authorization Number, Requesting Provider Information (shown here), Patient Information, or Last 7 Days)
3. Enter the required information
4. Click **Search**

NOTIFICATION/PRIOR AUTHORIZATION CASE STATUS SEARCH
 PROVIDER INFORMATION
 SEARCH BY NOTIFICATION/PRIOR AUTHORIZATION NUMBER
 SEARCH BY REQUESTING PROVIDER
 SEARCH BY MEMBER ID AND DOB
 SEARCH BY MEMBER ID AND NAME
 SEARCH BY MEMBER NAME, DOB AND STATE
 BROWSE UPDATES WITHIN LAST 7 DAYS
 CANCEL SEARCH

Search Results

1. View the **Search Results** at the bottom of the screen
2. To view details, click on the desired **Notification/Authorization #**

ROW#	NOTIFICATION/AUTHORIZATION #	MEMBER ID	LAST NAME	FIRST NAME	SERVICE SETTING	PLACE OF SERVICE	SERVICE DATES	CASE STATUS
1	AD1000005	888888888	PATIENT	NATHAN	Inpatient	Acute Hospital	06/19/2017 - 07/05/2017	Click Here for more details
2	AD1000001	9999999	PATIENT	SHANE	Outpatient Facility	Outpatient Facility	06/20/2017 - 06/20/2017	Click Here for more details

Review the Case

Review the details, including the coverage status of each procedure (Inpatient and Outpatient Facility cases will also show the facility admission status).

NOTIFICATION/PRIOR AUTHORIZATION INPATIENT CASE STATUS UPDATE
 CASE DETAILS
 COVERAGE STATUS
 PATIENT DETAILS
 FACILITY DETAILS
 ADMITTING/ATTENDING PHYSICIAN DETAILS
 SERVICE DETAILS
 FACILITY SERVICE DATES DETAILS
 DIAGNOSIS DETAILS
 PROCEDURE DETAILS
 INITIAL CONTACT DETAILS
 FOLLOW-UP CONTACT DETAILS
 ATTACH CLINICAL DOCUMENTATION

I/O	CODE	DESCRIPTION	COVERAGE STATUS	DECISION DATE
1	43853	Gastrectomy, partial, ESIG with Bowe	Pending	
2	43865	Revision of gastropyloric anastomosis by ESIG	Pending	
3	43860	Revision of gastropyloric anastomosis by ESIG	Pending	

Update* and Attach Documents

* Information that may be updated or added includes:

- Add **Clinical Attachments**
- Add **Clinical Notes**
- Update **Follow-Up Contact Information**

- Update **Admission and Discharge Dates** (only when the patient has not yet been admitted or the discharge date is in the past)

Note: This is important for “same day admission” requests where a future date was originally entered, such as by **Skilled Nursing Facilities**. Please consult the help resources on **Submission** for more information.

Scrolling to the bottom, you may **Update** the Prior Authorization, including **Attaching Clinical Documentation**, if desired

DATE	FILE NAME	STATUS
07/15/2017	Update Service Dates.docx	Additional Clinical

Maximum file size for upload: 25MB, per file. Acceptable file types: bmp, doc, docx, gif, jpg, jpeg, pdf, png, tiff, txt

Back To Top UPDATE

Note: For Therapy Service cases, if the Questionnaire is not complete, you will be directed to complete it.

Please click on the "View Questionnaire" or "Complete Questionnaire" link in the Procedure Details section to provide missing information and add attachments.

DATE	FILE NAME	STATUS
07/15/2017	Update Service Dates.docx	Additional Clinical

Back To Top UPDATE

I-9	CODE	DESCRIPTION	COVERAGE STATUS	QUESTIONNAIRE
1	43633	Gastrectomy, partial, distal, with Roux-Y more	Pending	
2	43685	Revision of gastrojejunal anastomosis (g more)	Pending	COMPLETE QUESTIONNAIRE
3	43686	Revision of gastrojejunal anastomosis (g more)	Pending	

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