You may submit Prior Authorizations/Notifications and attach documents in the Prior Authorization and Notification Link tool. **Note:** This is not used for referrals. Referrals should be submitted through eligibilityLink.

### Get Started

1. From **UHCprovider.com**, click Link and sign in

2. Select **Prior Authorization and Notification**

3. 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.

### Submit a New Notification/Prior Authorization

1. Select **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. Enter the **Date**

3. Select a **Search Method**

4. Enter the required information

5. Click **Search**
Service Details

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

Submission Form

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

- **Inpatient Facility**
  
  ![Inpatient Facility Diagram]

  Update the **Place of Service** from the pull-down menu, if needed.

- **Outpatient Facility**
  
  ![Outpatient Facility Diagram]

  Search for the appropriate **Provider** here.

- **Office**
  
  ![Office Diagram]
Provider Details - Notification/Prior Authorization Submission

After clicking Select Provider, this pop-up appears.

Select the appropriate search type from the pull-down menus, enter the appropriate data, and click Search.

From the Search Results, at the bottom of the pop-up window, click the appropriate radio button and Add Selected Provider To Case.

Search Results
**Favorite Providers**

**NOTE:** You can identify providers as **Favorites**, up to 20 Physicians and 20 Facilities by clicking on the star.

Select a Favorite Provider for a case by choosing one from the **Favorite Physicians** tab, **Favorite Facilities** tab (shown below), or **Favorite Allied-Ancillary Providers** tab.
Facility Service Dates Details (Facilities only)

- **Inpatient**

  ![Inpatient Form]

  Complete the Service Dates Details, as required for the type of Notification/Prior Authorization submission.

- **Outpatient Facility**

  ![Outpatient Facility Form]

**NOTE:** When submitting an Advanced Notification, such as for a Skilled Nursing Facility, the anticipated date must be in the future. Once the "head hits the bed" the existing case may be updated with the actual date to satisfy Admission Notification requirements. Please consult the help resources on Status and Update for more information.
**Diagnosis and Procedure Details**

Type 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 14/15 **Procedure Codes**.

**NOTE:** Radiology/Cardiology/Oncology Procedure Codes cannot be processed here, returning a message such as this.

70548 Requires a Radiology Notification/Prior Authorization. To submit an online request for prior authorization for the Radiology Program, follow these steps:
- If you have not migrated to Link: Select the Radiology Notification & Authorization link.
- If you have not yet been migrated to Link: Select the Radiology Notification & Authorization link.

To proceed with the submission of non-Radiology notification, please remove this procedure code and continue.
**Procedure Details**

Complete additional details, if prompted

To repeat the information for other Procedure Codes, click **Copy Service Line**

**NOTE:** You can save up to 20 favorite procedure codes by selecting **View Favorites** (above) then **Edit Favorites**.

**Copy Service Line** will allow you to add more lines, including selecting from your procedure code favorites.
### Additional Information for Submission

**REVIEW PRIORITY**
- Request an Expedited Review, if in adherence to the pertinent regulations.

**CLINICAL NOTES**
- Enter clarifying Clinical Notes (up to 8000 characters).

**INITIAL CONTACT DETAILS**
- Complete the Initial Contact Details.
  - Name: Michael
  - Phone Number: 555-555-5555
  - Fax Number: 555-123-1234

**FOLLOW-UP CONTACT DETAILS**
- Complete the Follow-Up Details, or click Copy Initial Contact Details, if the same as above.
  - Name: Mike
  - Phone Number: 999-999-9999

Then Continue

Verify the information

Then Submit
**Questionnaire (select cases only)**

For facility related cases, you may be prompted to complete questions. **Submit as Complete** when finished.

For therapy related cases, review a summary and **submit** then you will be prompted with a series of questions. Select **Next** after answering each one. **Submit** after the final question.

Review/record the confirmation

<table>
<thead>
<tr>
<th>Diagnosis codes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. G82.20 Paraplegia, unspecified</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Requested Services:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 92521: EVALUATION OF SPEECH FLUENCY (EG, STUTTERING, CLUTTERING) 1 CERTIFIED Units</td>
</tr>
</tbody>
</table>

**Status:** APPROVED  
**Authorization #:** A09999999
Confirmation

Record the reference number

Attach relevant documents, if desired.

NOTE: If additional documentation is required, you will be directed regarding what information to submit.

If the notification/prior authorization is immediately approved, the message will look like this.

Additional Help Resources are available at the Link Resource Library and UHC on Air