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](https://www.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 Image]

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

- **Outpatient Facility**

  ![Outpatient Facility Image]

  Search for the appropriate **Provider** here.

- **Office**

  ![Office Image]
After clicking **Select Provider**, this pop-up appears.

- **Search Results**

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**.
**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

```
<table>
<thead>
<tr>
<th>SERVICE DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLACE OF SERVICE*</td>
</tr>
<tr>
<td>Acute Hospital</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SERVICE DATES DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has Patient been admitted or will they be admitted today?</td>
</tr>
<tr>
<td>ADMISSION DATE*</td>
</tr>
<tr>
<td>06/19/2017</td>
</tr>
<tr>
<td>DISCHARGE DATE*</td>
</tr>
<tr>
<td>06/20/2017</td>
</tr>
</tbody>
</table>
```

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

- Outpatient Facility

```
<table>
<thead>
<tr>
<th>SERVICE DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLACE OF SERVICE*</td>
</tr>
<tr>
<td>Outpatient Facility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SERVICE DATES DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>START DATE*</td>
</tr>
<tr>
<td>mm/dd/yyyy</td>
</tr>
</tbody>
</table>
```

NOTE: When requesting a Prior Authorization, such as from a Skilled Nursing Facility, the anticipated date must be in the future for the auto-approval process to take effect. The actual date can be entered later. 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 Procedure Codes.

**NOTE:** Radiology/Cardiology/Oncology Procedure Codes cannot be processed here and will 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 been migrated to Link: Return to the Prior Authorization and Notification Main Menu and select the Submission and Status link within Radiology, Cardiology, and Oncology Transactions.
- 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.

**NOTE:** Clicking **Copy Service Line** will allow you to add additional lines, copying all the details from the original line.
Additional Information for Submission

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

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

- Complete the Initial Contact Details.

- Complete the Follow-Up Details, or click Copy Initial Contact Details, if the same as above.

NOTE: After verifying all the on the completed form, click Submit.
### 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 automatically approved, the message will look like this.

**Additional Help Resources** are available at the [Link Resource Library](#) and [UHC on Air](#).