



## The Next Generation of Online Prior Authorization Tools

# Prior Authorization and Notification App

With this time-saving app, you'll be able to see if prior authorization or notification is required, submit a request, check status and perform a case update — all in a single online tool.

The screenshot displays the app's main interface, divided into several functional sections:

- STANDARD PRIOR AUTHORIZATION/NOTIFICATION TRANSACTIONS:** Contains three primary actions:
  - Check if a prior authorization is required (with a [+ CREATE NEW INQUIRY](#) button).
  - View status of existing submissions and make updates (with a [SEARCH EXISTING SUBMISSIONS](#) button).
  - Create a new notification or prior authorization request (with a [+ CREATE NEW SUBMISSIONS](#) button).
- RADIOLOGY, CARDIOLOGY & ONCOLOGY TRANSACTIONS:** Features a [SUBMISSION & STATUS](#) button.
- PROGRAM GUIDELINES:** Provides quick access to resources for Radiology, Cardiology, and Oncology.
- POLICIES, PROTOCOLS & GUIDES:** Offers links to [Prior Authorization Guidelines](#) and [Provider Administrative Guides](#).
- PROVIDER SEARCH:** Includes tabs for **FAVORITE PHYSICIANS** and **FAVORITE FACILITIES**. The search interface allows filtering by **Provider Search Type** (set to Physician) and **Search By** (set to NPI), with an input field for the NPI number.
- SERVICE DETAILS:** Allows selection of **PLACE OF SERVICE\*** (Outpatient) and **SERVICE DESCRIPTION\*** (Scheduled).

Callouts provide additional context:

- "All the needed functions are right on the app home page." (points to the main transaction sections)
- "Quickly open related resources." (points to the Program Guidelines section)
- "Add frequently selected physicians and facilities to your 'favorites.'" (points to the Favorite Physicians/Facilities tabs)
- "Search for care providers by national provider identifier (NPI) number, tax ID number (TIN), ZIP code, Name/State or State/City." (points to the NPI search field)
- "Choose the place of service rather than a notification/prior authorization type." (points to the Service Details dropdowns)

DIAGNOSIS DETAILS

CODE	DESCRIPTION
New	pneumon
J84.89	- OTH SPEC INTERSTITIAL PULMONARY DZ
P23.6	- CONGEN PNEUMONIA D/T OTH BACT AGT
J69.0	- PNEUMONITIS D/T INHAL FOOD & VOMIT

For diagnoses and procedures, enter codes or text. Predictive search will narrow your options while you type.

If there's an error, a message will pop up before you submit your request.

PROCEDURE DETAILS

CODE	DESCRIPTION	SERVICING PROVIDER NAME, TAX ID, STATUS, ADDRESS
New	A4618	Breathing circuits
		Baltimore, MD 21264

Change Provider or View Favorites

Add another procedure code

Enter up to 15 procedure codes.

CLINICAL NOTES

Enter clinical information in the section below. You will also have the ability to attach clinical documentation on the confirmation page once you submit your request.

8000 characters pending

The clinical notes field accepts bullets and degree symbols, making it easier to cut and paste text from medical charts or other sources. A character countdown shows how much space you have left.

NOTIFICATION/PRIOR AUTHORIZATION OUTPATIENT SUBMISSION

Confirm Notification/Prior Authorization

Thank you for your online Notification/Prior Authorization submission.

The notification/prior authorization case information was transmitted on 06/29/2017 at 1:36 PM CDT. The notification/prior authorization reference number is **A000774105**. Please print this page for your records.

The reference number above acknowledges receipt of your notification or prior authorization request. Please write this number down and refer to it for future inquiries. Coverage and payment for an item or service is governed by the members benefit plan document, and, if applicable, the providers participation agreement with the Health Plan.

Please note that if you wish to cancel these services at any time, or if you have any questions, please contact us by calling the number on the back of the member's ID card. Thank you.

Notification is not a verification, guarantee of benefits, or clinical determination. Payment of services is based on your participation agreement with us and the enrollee's benefit plan at the time services are provided.

A Notification may be considered late if not submitted within one business day after the date of admission or submitted per your participation agreement. Please reference your agreement for further information in this regard.

Expand all Collapse all

ATTACH CLINICAL DOCUMENTATION

Select files

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

Receive a reference/case number immediately after submission.

Add attachments to any existing submission from the confirmation page.

When viewing an existing submission that doesn't yet have a decision:

ADMITTING/ATTENDING PHYSICIAN DETAILS

NAME	ADDRESS
TAX ID	STATUS
	In-Network

FAVORITE PHYSICIAN

Change Provider or View Favorites

Facility users can change the admitting/attending physician.

Admitting/attending physician users can change the facility.

FACILITY DETAILS

NAME	ADDRESS	
ID NUMBER	STATUS	COVERAGE
	In-Network	

Add to Favorites

Change Provider or View Favorites

FACILITY SERVICE DATES DETAILS

Has Patient been admitted or will they be admitted today?  YES  NO

ADMISSION DATE\*

mm/dd/yyyy

SERVICE DESCRIPTION\*

Has Patient been discharged from the facility?  YES  NO

Update a planned inpatient admission date to the actual date.

Update with the patient's discharge date.

## How to access the Prior Authorization and Notification app

Sign in to Link by clicking on the Link button in the top right corner of **UHCprovider.com**. Then, select the app from your Link dashboard. To learn more, go to **UHCprovider.com/paan**.

Link: Your gateway to UnitedHealthcare's online self-service tools.



Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, Inc. or its affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.

Doc#: PCA-1-007131-07032017\_07282017