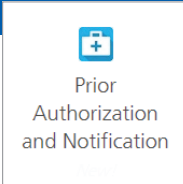




Prior Authorization and Notification App

The next generation of online self-service is here.



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.

STANDARD PRIOR AUTHORIZATION/NOTIFICATION TRANSACTIONS

- Check if a prior authorization is required
[+ CREATE NEW INQUIRY](#)
- View status of existing submissions and make updates
[SEARCH EXISTING SUBMISSIONS](#)
- Create a new notification or prior authorization request
[+ CREATE NEW SUBMISSIONS](#)

RADIOLOGY, CARDIOLOGY & ONCOLOGY TRANSACTIONS

- Create or view the status for a notification or prior authorization submission for Radiology, Cardiology & Oncology
[SUBMISSION & STATUS](#)

PROGRAM GUIDELINES

Click on the links below for information about each program

- [Radiology Notification & Authorization](#)
- [Cardiology Notification & Authorization](#)
- [Oncology Prior Authorization](#)

POLICIES, PROTOCOLS & GUIDES

- [Prior Authorization Guidelines](#)
- [Provider Administrative Guides](#)

All the needed functions are right on the app home page.

Quickly open related resources.

PROVIDER SEARCH | **FAVORITE PHYSICIANS** | **FAVORITE FACILITIES**

Provider Search Type: **Physician**

Search By: **NPI**

NPI*

Add frequently selected physicians and facilities to your "favorites."

Search for care providers by national provider identifier (NPI) number, tax ID number (TIN), ZIP code, Name/State or State/City.

SERVICE DETAILS

PLACE OF SERVICE* | SERVICE DESCRIPTION*

Outpatient | **Scheduled**

Choose the place of service rather than a notification/prior authorization type.



DIAGNOSIS DETAILS

CODE	DESCRIPTION
New	pneumon
384.89	- OTH SPEC INTERSTITIAL PULMONARY DZ
P23.6	- CONGEN PNEUMONIA D/T OTH BACT AGT
169.0	- 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, txt

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
	In-Network

COVERAGE

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* 06/29/2017

SERVICE DESCRIPTION* Urgent

mm/dd/yyyy

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.

Get started today!

To sign in to Link, go to UHCprovider.com and click on the Link button in the top right corner. To learn more about about the Prior Authorization and Notification app, go to UHCprovider.com/priorauth.

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

