Follow the steps below to create and submit an outpatient authorization request.

Note: Requests for **URGENT** outpatient services can be obtained by following the steps below but you must also call Customer Care with the case number.

- 1. Log in to UniveraHealthcare.com
- 2. Locate the CareAdvance Provider[™] (CAP) link and log in utilizing your provided login in credentials.
- 3. Click the drop-down arrow to choose the correct provider: *NOTE: the provider chosen MUST be the same as the servicing/referring provider that you will be entering in the authorization. If you have multiple NPI's or locations, ensure that you have chosen the correct NPI and location.*

Cognizant TriZetto' CareAdvance Provider	Welcome <u>Susan Muller</u> y [LOG OUT] Contact Customer Service Help
Home My List Patient Search Referrals/Authorizations	MD Name
-Provider Information	
Provider	11
NPI	16

4. Click Referrals/Authorizations:

			Cognizant TriZetto CareAd	vance Provider*	Welcome Susan Muller ¥ [LOG OUT] Contact Customer Service Help
Home	My List	Patient Search	Referrals/Authorizations		· · · · · · · · · · · · · · · · · · ·

- Provider Information	
Provider	H
NPI	55
Specialty	H

5. Select "Submit Outpatient Authorization".

Home	My List	Patient Search	Referrals/Authorizations
			Search Submit Inpatient Authorization
- Provid	ler Information	I	Submit Outpatient Authorization



6. Enter patient's ID **OR** enter patient's last name, first name **and** date of birth. *If patient has dual coverage, enter a separate authorization request for both policies.

e My List Patien	t Search Referrals/Authorizations		name, first name and DB must be entered together		
Patient Search You can type the patient's I Search Options	ID or patient's name in combination with	other search criteria			
Patient ID	Last Name	First Name	Eligibility As Of (mm/bd/yyy)	Birthdate (mm/dd/yyyy)	

- 7. Click "Search"
- 8. Select correct patient by clicking on the patient's name:

tatient Search You can type the patient's	ID or patient's name in combination with othe	r search criteria.			
Search Options					
Patient ID	Last Name	First Name	Eligibility As Of (mm/dd/yyy)	Birthdate (mm/dd/yyyy)	
			08/23/2019		SEARCH
Name *	Plan	Patient ID	Birthdate Gender Addres	s	Eligibility
Ula, Chacca	Facets	You ca	an click on "View" for r	more	View
Ula, Damyr	Facets		n on the patient, howe		View
Ula, Gwy	Facets		check should be done		View
Ula, Pakize	Facets	cligibility	logging into CAP.		View
Ula, Tiery	Facets				View
			Page 1 of 1		View 1 - 5 of 5

9. Complete all the required fields (indicated with *):

Contact Informa	ition						
	*Name	jquinn		*Phone			
USE TEMPLATE							
Service 1							
	* Service From) 📧 (mm/dd/yyyy)	* Referring Provider Name, ID	,	Search	
	* Service To		(mm/dd/yyyy)	Address			
	* Type of Care	~		t Operate in a Description Name ID		Orart	
	*Place Of Service		~	* Servicing Provider Name,ID Address		Search	
	*Diagnosis Code		Search				
	Description			Servicing Facility Name,ID		Search	
	*Procedure Code Type	CPT V		Address			
	*Procedure Code		Search				
	Description						
	* Units						
	Secondary Diagnosis						
	Diagnosis Code		Description				
						CREATE NEW	
SAVE AS						ADD SERVICE ADD SERVICE COPY PRO	ADE DO
SAVE AS						ADD SERVICE ADD SERVICE COPY PRO	VIDERS

- **Contact Information:** Name and phone number where you can be reached directly. **Service From/To**: Can backdate up to five days or go forward 90 days.
- - *TIP: Youcanchangeadateofserviceiftheauthorizationisstillinpendingstatus. Once the authorization has been approved or denied, you will need to send a note in the "Case Communication" section of the authorization requesting the date of service change.
- Type of Care: Select the most appropriate dropdown choice.
- Place of Service: Select where the service will take place.

0

Diagnosis Code: Enter diagnosis code. If a diagnosis code is unknown, you can search for it by a partial (or full) code number or English description on the Search tab. You can search for codes by number, description or in your saved Bookmarks (also see page 10). Cloce Window

Diagnosis Code	Search		Sidse Wildow
Search Bo	okmarks		
Enter a full or p	artial diagnosis code or description below a	and click 'Search'.	
Include decim	al if applicable (e.g. 250.01)		
Code or Desc	iption SEARCH	Enter code or description and click "Search".	

- Additional Diagnosis: up to four additional diagnoses can be entered.
- Procedure Code Type: Select CPT or HCPCS.
- Procedure Code: Enter procedure code. If a procedure code is unknown, you can search for itby a partial (or full) code number or English description on the Search tab. You can search for codes by number, description or in your saved Bookmarks (also see page 10).

*For unlisted codes or non-covered service	codes, please contact Customer Care.
Procedure Code Search	🗙 Close Window
Bookmarks Enter a full or partial procedure code or description below and click 'Search'. Include decimal if applicable (e.g. 250.01) Procedure Code Type Code or Description HCPCS Image: Code or Description	Choose CPT or HCPS and then enter code or description and click "Search".

- **Referring Provider Name, ID**: The default value will display as the provider that is in focus.
- Servicing Provider Name, ID: Enter the servicing provider.

*TIP: You can change the provider or place of service if the authorization is still in pending status. Once the authorization has been approved or denied, you will need to send a note in the "Case Communication" section of the authorization requesting the provider or place of service change.

earch Bookmarks	Select an In-Network Provider/Facility when available.			
Nework Lame	NPI Address	Туре	Specialty	Action

- 10. **OPTIONAL:** The "**Add Service**" **button** is found on the bottom right of the "Submit Outpatient Authorization" screen. Click this to add an additional service for this member, if needed. You can add multiple related codes/services all in one authorization (e.g., multiple codes for a wheelchair). Do not combine different services on one authorization. Enter separate authorization requests for different services (e.g., wheelchair and insulin pump would require separate authorizations).
- 11. **OPTIONAL:** The "**Add Service Copy Providers**" **button** is also found on the bottom right of the Submit Outpatient Authorization screen. Click this to add an additional service for this member when the ordering and servicing providers are the same as on the "Service 1" line.

	Patient Ula, Gwy			Plan	Facets	Address	
	Birthdate 03/04/2012			Group ID	00033965		
	Age 7 years			Patient ID		PCP Name, ID	
SE TEMPLATE							
vice 1							
	* Service From	08/22/2019	💽 (mm/dd/yyyy)		* Referring Provider Name, ID		Search
	* Service To	11/22/2019	(mm/dd/yyyy)		Address		
	* Type of Care	Durable Medical Equipn	•				Search
	*Place Of Service	Home		•	* Servicing Provider Name,ID Address		Search
	*Diagnosis Code	G47.33	Search				
	and the second s	Obstructive sleep apnea			Servicing Facility Name,ID	11	Search
	*Procedure Code Type	HCPCS			Address		
	*Procedure Code	E0601	Search				
	Description	Cont Airway Pressure De	vice				
	* Units	1					

12. Once finished, click Submit to process or click Cancel to delete without processing.

13. The authorization will appear. Check the "My List" box so that the authorization will appear in your "My List". If you navigate away, be sure to check back for any further action required. *TTP: The "MyList" will only hold 20 authorizations. Once an authorization is approved, uncheck the "My List" box to add room for future pended authorizations.

Home	My List	Patient Search	Referrals/Authorizations
Referra	al Details	My List	
	D 0000000000		d to My List
			Processing - Reference ID 000046256
			This may take a few moments to complete. You may navigate to another page while waiting.

14. After submitting the request, you may be instructed to perform additional actions as shown in the example below (e.g., attaching clinical, completing a review, etc.). All actions must be completed for each authorization. If the required actions are not completed, it will delay the process of the authorization.

**NOTE: After clicking on "Submit", A pre-authorization check will run. An authorization will not be created if the service/procedure does not require preauthorization. A note will be created in the patient's record at the Health Plan that the provider attempted to submit an authorization.

Actions

1.*Test Hysterectomy guideline InterQual Criteria (Restricted Guideline)

2.Please attach clinical documentation.

14a. If an action is displayed to complete a review (see example above), click on the hyperlink "InterQual™ Criteria" and complete the review. You will be directed to the "Change Healthcare" InterQual™ site.

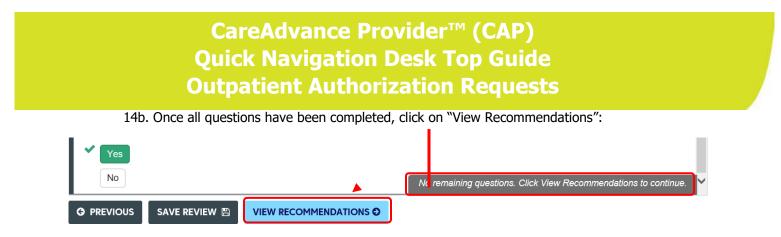
Click on "Medical Review" and answer questions appropriately.

	Signed in as Anderson, Robert Sign out
EMENU 123456789	HELP

Subset Overview

Subset	Notes

nterQual® 2019.1, CP:Procedures Hysterectomy, +/- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral Salpingectomy	SHOW CODES CLINICAL REFERENCE
These criteria include the following procedures: +tysterectomy, Abdominal, Supracervical +1- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral Salpingectomy +tysterectomy, Abdominal, Total +7- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral Salpingectomy +tysterectomy, Laparoscopically Assisted Vaginal (LAVH) +r- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral +tysterectomy, Laparoscopic, Supracervical +r- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral Salpinge- tysterectomy, Laparoscopic, Supracervical +r- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral Salpinge- tysterectomy, Vaginal +r- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral Salpinge- tysterectomy, Vaginal +r- Bilateral Salpingo-Coophorectomy (BSO) or Bilateral Salpingectom + Sterestomy, Vaginal +r- Bilateral Salpingo-Coophorectomy (BSO) or Bilateral Salpingectom + Sterestomy, Salpharea Salpingectom	eral Salpingectomy tomy
/O Setting: hysterectomy, Abdominal, Supracervical +/- BSO or Bilateral Salpingectomy - Inpatient hysterectomy, Abdominal, Total +/- BSO or Bilateral Salpingectomy - Inpatient hysterectomy, Laparoscopically Assisted Vaginal (LAVH) +/- BSO or Bilateral Salpingectomy - Due to variation updatient setting hysterectomy, Laparoscopic, Supracervical +/- BSO or Bilateral Salpingectomy - Outpatient hysterectomy, Laparoscopic, Total (TLH) +/- BSO or Bilateral Salpingectomy - Outpatient hysterectomy, Vaginal +/- BSO or Bilateral Salpingectomy - Outpatient hysterectomy, Vaginal +/- BSO or Bilateral Salpingectomy - Outpatient hysterectomy, Vaginal +/- BSO or Bilateral Salpingectomy - Outpatient hysterectomy.	
For cervical cancer stage I-IIA and endometrial cancer stage II, see the "Hysterectomy, Radical" criteria subse	t.
Whether to perform prophylactic oophorectomy at the time of hysterectomy done for benign disease in premen andomized studies to support conservation or prophylactic removal of the ovaries, although observational stu cardiovascular and overall mortality risk. (1) Generally, bilateral sabingo-oophorectomy (BSO) is recommende syndrome, for postmenopausal women, and for women who have invasive endometrial or ovarian carcinoma. pain, pelvic inflammatory disease, or endometriosis, although the risks of surgery should be balanced against to or premenopausal women who do not have a genetic predisposition to ovarian cancer. Ovarian epithelial carci- sabingectomy without oophorectomy may be considered in low-risk women who undergo hysterectomy or oth cancer risk reduction without surgical menopause. (4, 5)	dies suggest that surgical menopause may increase d for women with BRCA1 or BRCA2 mutations or Lynch (2, 3) BSO may be considered in women who have chronic pelvic the anticipated benefits. Ovarian retention should be considered anoma may originate in cells from the fallopian tube. Therefore,



14c. If the review **met** criteria, the requested CPT or HCPS code/description will appear (if the review did not meet criteria, proceed to step 14e.). Click "Show Codes" and click appropriate code being requested. Click "Complete".

commended Evidence supports services as medically necessary.	
Hysterectomy +/- BSO or Bilateral Salpingectomy for Abnormal uterine bleeding (AUB) or Postmenopausal bleeding	Show codes
lote	
commendation(s) no longer available Why didn't a recommendation meet criteria? 0	

REVIEW SUMMARY O

14d. Click "Yes" to continue and the proceed to Step 15.

COMPLETE 오

SAVE REVIEW 🖺

G PREVIOUS

Warning
Completing the Medical Review will lock it from any further edits.
Continue?
YES NO

14e. If the review did **not meet** criteria, a message will appear stating the service is not recommended. If you still wish to submit the authorization for Medical review, click "Complete".

			cedure in this clinical scenal ommendation meet criteria?	
Recommendat	on(s) no longer avail	able vvny didni a reco	Smillendallon meet chiena?	-
		► ►		
O PREVIOUS	SAVE REVIEW	COMPLETE 🗢	REVIEW SUMMARY O	

15. Click "Create New" under "Case Communication" to attach records or send a message to the Health Plan.

Outpatient Authorization Deta Reference ID 000004807 Status 2 - Pending Decision	ils ∞ My List Drization			Protec-Frondb@
Actions 2.Please attach clinical documentation.				
				EDIT
☐ Patient Information. Patient Ashafa-All, Shantise Birthdate 10/13/1965 .ge 54 years		Plan Facets roup ID 00650004 ttlent ID 202253396	Addres PCP Name, I	
Case Communication	Subj	ect Page T of	Click "Create New" to at records or to communic with the Health Plan regarding this authorizat	
made. A pop-up b 1. Enter Subjec	oox will appear t. File" and attao age.	: ch all pertinent rec	e can be reviewed, and a c	decision
To create new communication, o			pplicable procedure to be review	
review the communication and r To	respond within a t	From		
Health Plan Nurse		Anderson, Robe	rt D.]
Subject please review 1.				
2.				
ATTACH FILE				
Message Type message here				
Select items to be reviewed				
Procedure 🗢			Dates	Unit/Days
Cont Airway Pressure De	vice		10/1/2019-10/31/20	019 1
Humidifier non-heated us	ed with positive a	airway pressure devic	e 10/1/2019-10/31/20	019 1
	141 -<4	Page 1 of 1	▶> ►I 10 ¥	View 1 - 2 of 2
		CANCEL	SEND 5.	

Congratulations! You have submitted your authorization request and records! Check the authorization periodically for updates (Approve, deny, additional information requested, etc.). Look for these symbols to determine if any action is required or we have sent you back a communication:

an envelope with a blue dot indicates you have a new unread message. (action required);

ADDING AN EXTENSION REQUEST ON AN OUTPATIENT AUTHORIZATION:

You can edit an authorization request if it is still in pend status. Once the authorization has been approved or denied, you cannot change the request (e.g., change the date of service or procedure, etc.). You may send a request for any needed changes through the case communication portion of the authorization.

You can request an extension of an existing authorization that is in approved status.

To request an extension on an existing authorization:

1. Locate and open the authorization by clicking on Referrals/Authorizations. ****Be sure you have the** correct provider in focus in the top right corner using the drop-down arrow.

			Cognizant TriZetto CareAdvance Provider
Home	My List	Patient Search	Referrals/Authorizations

2. Click "Search".

			Cognizant TriZetto [®] CareAdvance	Provider
Home	My List	Patient Search	Referrals/Authorizations	
necessity same typ	and appropriate as when the	itting notice of an inpat ateness of the care. Pf care was pre-authoriz entation supporting you.	Search Submit Inpatient Authorization Submit Outpatient Authorization	itee of coverage Jested, and we pre-authorization

3. Input the Case ID# in the "Reference ID" field and click "Search:

				TriZetto CareAdvance Provider
lome	My List	t Patient	Search	
	ral/Autho	orization		
Search O	ptions			
Refere	nce ID	Provider ID	Patient	
*Refere	ence ID		SEARCH	
			SEARCH	

4. Click on the reference ID hyperlink to open the authorization.

arch Options	i i i i i i i i i i i i i i i i i i i											
Reference ID	Provider ID	Patient										
Reference II												
000004585		SEARCH										
000001383	his	SEARCH										
000001383		SEARCH										
000001383		SEARCH										
!	Reterence ID		Patient	Plan	Date of Sirth	From 1	Ťo	Place of Service	Servicing Provider	Facility Provider	Description	Status
!	Reference ID		Patient Uia, Owy	Pian Facets	000000000000000000000000000000000000000		To 12/23/2019	A REAL PROPERTY AND A REAL PROPERTY.	Servicing Provider	Facility Provider	Description Cont Airway Pressure Device	Status 2 - Pending Decisi

5. Click "Edit".

Home My List Patient Search Referrals/Authorizations			
Outpatient Authorization Details My List Reference ID States 2 - Penange Decision			Product Constitution
Status 2 - Pending Decision			_ tor
Patient Ula, Twy Birthdate 03092914 Age 5 years	Plan Facets Group ID Patient ID	Address PCP Name, 10	
		NEW INPA	TIENT NEW OUTPATIENT

6. Locate the "Service" section and click "Add Service Copy Providers":

Service 1-Per led		
* Service From	09/23/2019	* Referring Provider Name, ID:
* Service To	9/30/2019	Address:
* Type Of Care:	Durable Medical Equipn	
* Place Of Service	Home	* Servicing Provider Name, ID:
* Diagnosis Code	J44.9 Search	Address:
Description	Chronic obstructive pulmonary disease unspecified	
* Procedure Code Type:	HCPCS	Consistent Facility Name 10
* Procedure Code	E0601 Search	Servicing Facility Name, ID Address:
Description	Cont Airway Pressure Device	Address:
* Units	1	
Service Extension(s)		
Service Extension(s)		
From Date	To Date	Units Status
		CREATE NEW
		CREATE NEW
		ADD SERVICE ADD SERVICE COPY PROVIDERS

7. Complete the required fields* and click "Submit".

Service 2				🔀 Remove
*Service From	n 10/01/2019	::e: (mm/dd/yyyy)	*Referring Provider Name, ID	:
* Service T	0 10/31/2019	(mm/dd/yyyy)	Address	:
*Type Of Care	Durable Medical Equipn			
*Place Of Servic	e Home	\checkmark		
*Diagnosis Cod	e J44.9	Search	*Servicing Provider Name, ID	:
Descriptio	n Chronic obstructive pulmon	ary disease unspecified	Address	:
*Procedure Code Type	HCPCS			
*Procedure Cod	e E0601	Search	Servicing Facility Name, IC	
Descriptio	n Cont Airway Pressure Devi	ce	Address	
*Unit	s 1			
				ADD SERVICE ADD SERVICE COPY PROVIDERS
Notes				
Date	Subject		Supporting Information	
				CREATE NEW
			CANCEL	

8. Locate the "Case Communication" section. Click "Create New" and follow the process outlined on page 7 of this document.

Case Communication			
🖸 🗍 From	То	Subject	25 V
		Page 1 of 0 == == [CREATE NEW
			CREATE NEW

Do you have questions regarding the authorization submission process?

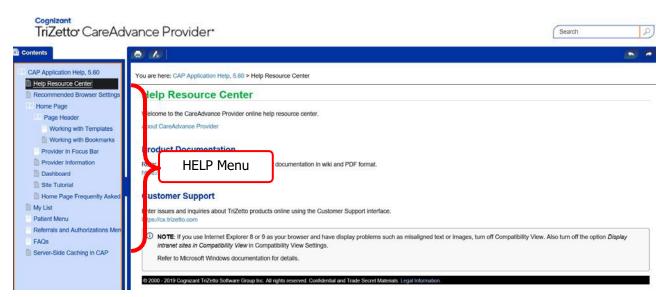
Located in the upper right section of the CAP application is the Help link. Please use this as a resource for any questions on the authorization submission process:

Help Link:

Welcome	User Name	[LOG OUT]

Contact Customer Service Help

Use this link for any general navigation question you may have regarding how to submit an authorization request within the CAP application.



How to Locate an Existing Authorization or Provider Letter

1. Locate the authorization by clicking on Referrals/Authorizations. ****Be sure you have the correct provider in focus in the top right corner using the drop-down arrow.**

			Cognizant TriZetto [*] Car	eAdvance Provider*
Home	My List	Patient Search	Referrals/Authorizations	

2. Click "Search".

			Cognizant TriZetto [®] CareAdvance Provider					
Home	My List	Patient Search	Referrals/Authorizations					
necessity same type	and appropri- e as when the	itting notice of an inpat ateness of the care. Pf care was pre-authoriz entation supporting you.	Search Submit Inpatient Authorization Submit Outpatient Authorization	ntee of coverage rested, and we pre-authorization				

3. Input the Case ID# in the "Reference ID" field and click "Search:

			Cognizant TriZetto [*] CareAdvance Provider [*]
My List	Patient	Search	Referrals/Authorizations
l/Authoriz	ation		
ions			
e ID P	rovider ID	Patient	
ce ID			
		SEARCH	
	Il/Authoriz	Il/Authorization ions :e ID Provider ID ce ID	I/Authorization tions te ID Provider ID Patient

4. Click on the reference ID hyperlink to open the authorization.

Search Op	tions												
Referen	ce ID Provide	r ID Patient											
*Referen 000002		SEARCH											
~ !	Reference ID	Туре	Patient	Plan	Date of Birth	From	То	Place of Service	Servicing Provider	Facility Provider	Description	Status	Û
	000002467	Authorization	Ula, Tiery	Facets	03/09/2014	09/23/2019	09/30/2019	Home	Innovative Services dba Upstate Homecare		Cont Airway Pressure Device	2 - Pending Decision	

5. In the My List, Home and Search pages, a Letter icon (¹) indicates auths and referrals that have Provider Letters associated to them:

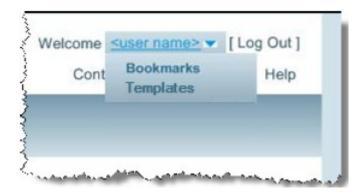
			Advance											Contact Cust	omer Servic	e Help
Ноп	10		Patient Search	Referral	Is/Author	izations										
R	MOV	E SELECTED R	JWS													\sim
	1	Reference ID	Туре	Patient	Plan	Date of Birth	From	То	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status		1 4
	£.	000042452	Pre- Authorization	-	Plan B	08/15/1966	11/20/2018	11/23/2018	Birthing Center	PHXPadma10, CAP	PHXPADMAHOSPITALA	OTOPLASTY PROTRUDING EAR +-SIZE RDCTJ		Pending Decision		å
	ł.	000042595	Referral	-	Plan B	08/15/1966	10/21/2018	10/21/2018	Custodial Care Facility	PHXPadma10, CAP	PHXPADMAHOSPITALA	DRG SUBDIPHRG/SUBPHRENIC ABSC OPN		Pending Decision		å
	£.	000042602	Pre- Authorization	-	Plan B	08/15/1966	10/22/2018	10/27/2018	Hospice	PHXPadma10, CAP	PHXPADMAHOSPITALA	OTOPLASTY PROTRUDING EAR +-SIZE RDCTJ		Pending Decision		å
		000042613	Pre- Authorization	-	Plan B	08/15/1966	10/22/2018	11/06/2018	Birthing Center	PHXPadma10, CAP	PHXPADMAHOSPITALA	RMVL NTC MAM IMPLT		Fully Approved		

When you access the auth, the **Case Letters** section displays for all Auth and Referral pages, below the **Case Communications** panel.

Sent By 🚖	Subject	Sent Date	Sent To
Mrs. R	Case Service Letter	12/5/2023 9:51:57 AM	Phx, O
Mrs. R	Case Service Letter	12/5/2023 9:51:57 AM	Phx M
Mrs. Rational Z	UM Case CC Service Letter	12/5/2023 9:48:28 AM	PHXPADMAHOSPITALA
Mrs. R	Alps UDF UM Service Letter	12/5/2023 9:35:18 AM	Phx Opposite Composite Com
	H <4 Page 1	of 1 🔛 🖭 25 🗸	View 1 - 4 of 4

How to Create Bookmarks and Templates

To create bookmarks or templates, go to the top right corner of your screen near your username. Click on the drop-down arrow and select Bookmarks or Templates. Templates should be created before you begin creating a case.



- Bookmarks can be set for frequently used diagnosis codes, procedure codes and providers.
- Templates can be created to include the type of care, place of service, diagnosis codes, procedure codes, and number of units.

You may find our new user guides with step-by-step instructions for creating templates and bookmarks helpful. Access these user guides at <u>Provider.UniveraHealthcare.com</u> under the Staff Training tab. Click on Presentations & Guidebooks.