CareAdvance Provider™ (CAP)
Quick Navigation Desk Top Guide
Outpatient Authorization Requests

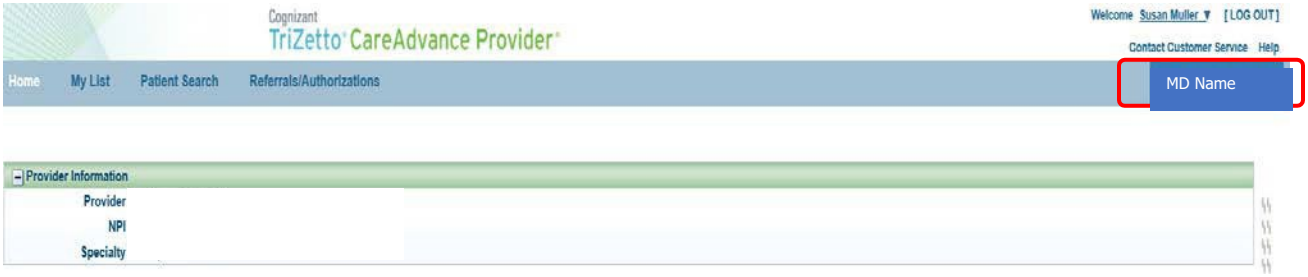
Follow the steps below to create and submit an outpatient authorization request.

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.

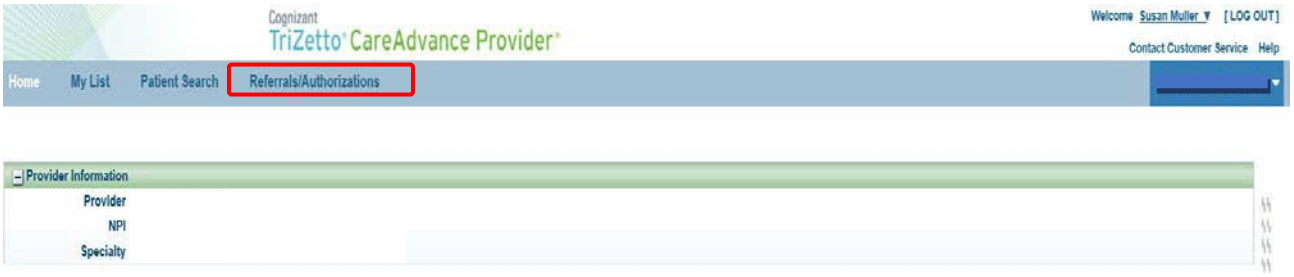
1. Log in to **UniveraHealthcare.com**

2. Locate the CareAdvance Provider™ (CAP) link and log in utilizing your provided login in credentials.

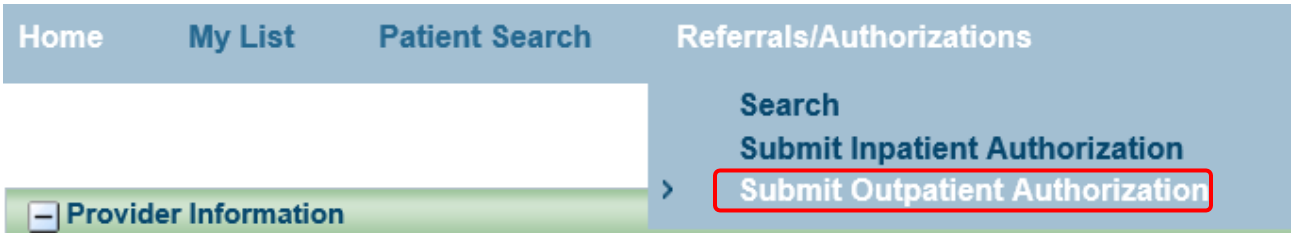
3. Click the drop-down arrow to choose the correct provider:
   NOTE: the provider chosen MUST be the same as the servicing/referring provider that you will be entering in the authorization. If you have multiple NPI's or locations, ensure that you have chosen the correct NPI and location.



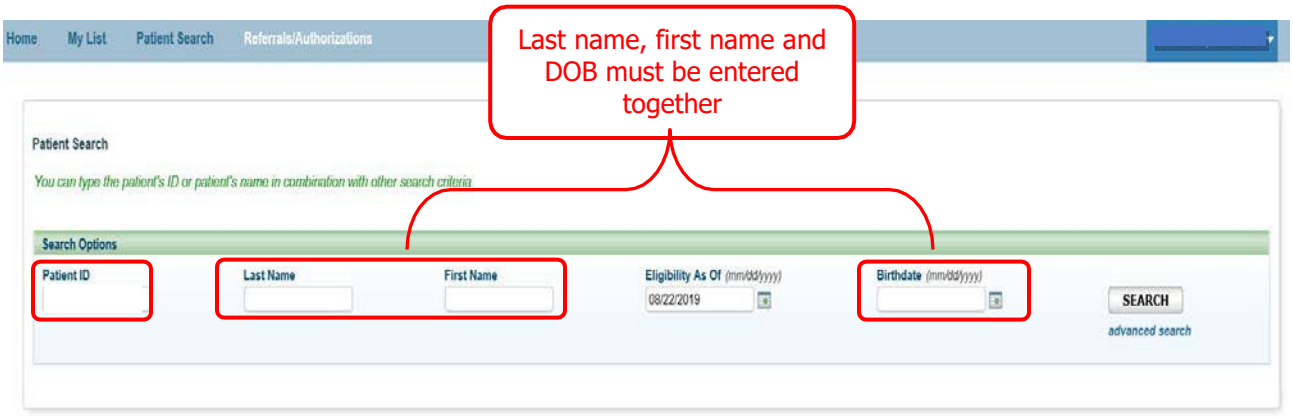
4. Click Referrals/Authorizations:



5. Select "Submit Outpatient Authorization".

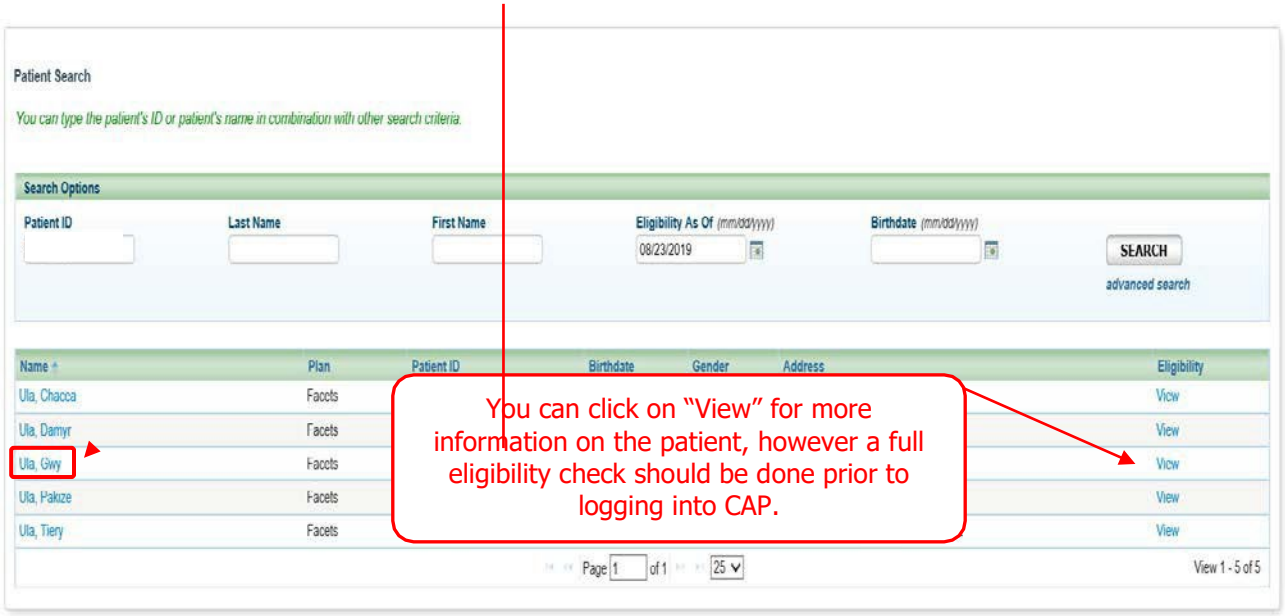


6. Enter patient's ID **OR** enter patient's last name, first name **and** date of birth. *If patient has dual coverage, enter a separate authorization request for both policies.

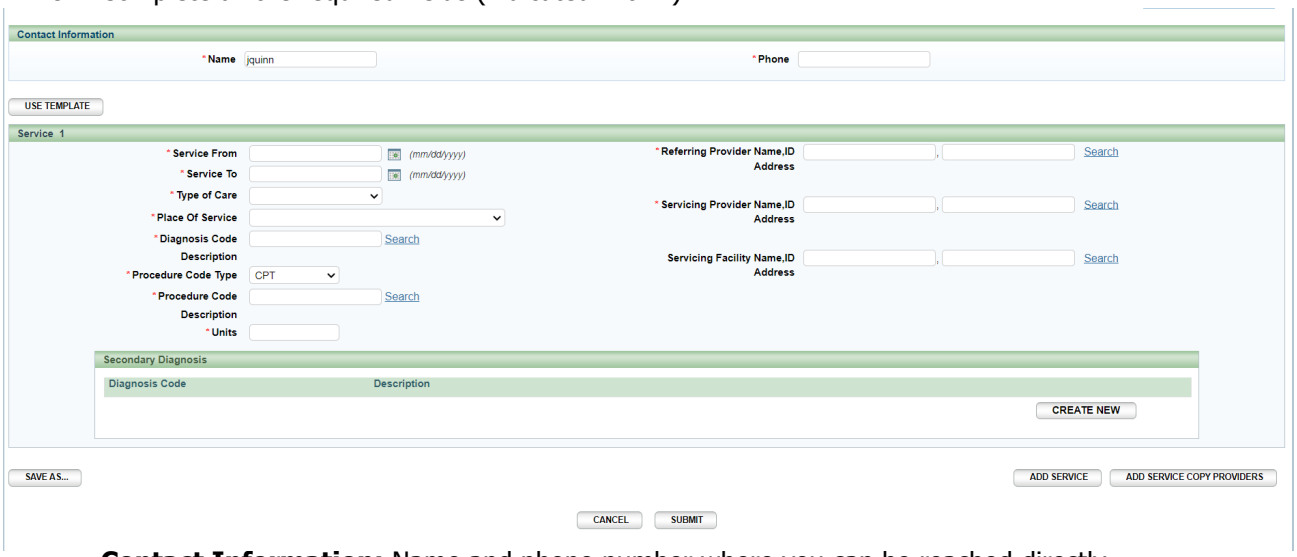


7. Click "Search"

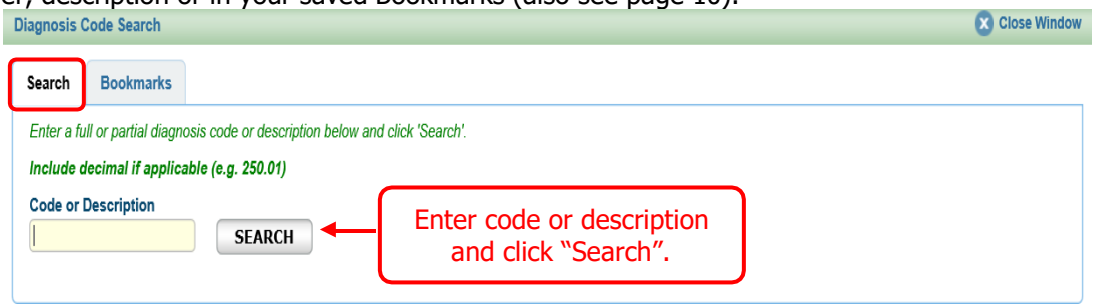
8. Select correct patient by clicking on the patient's name:



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

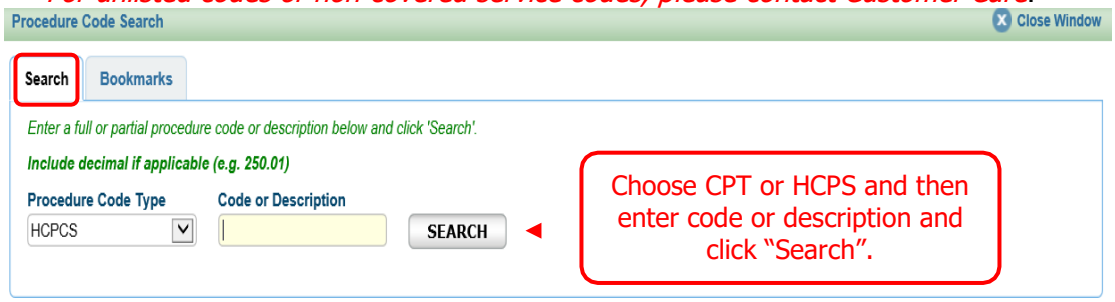


- **Contact Information:** Name and phone number where you can be reached directly.
- **Service From/To**: Can backdate up to five days or go forward 90 days.
  - ***TIP:** You can change a date of service if the authorization is still in pending status. Once the authorization has been approved or denied,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



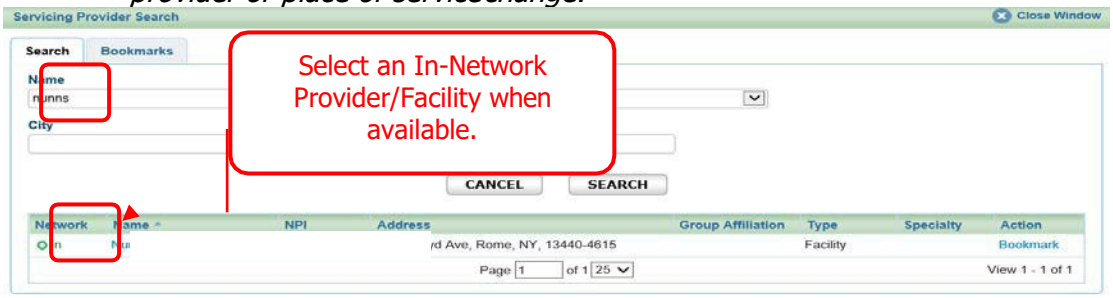
- **Additional Diagnosis:** up to four additional diagnoses can be entered.
- **Procedure Code Type**: Select CPT or HCPCS.
- **Procedure Code**: Enter procedure code. If a procedure code is unknown, you can search for it by a partial (or full) code number or English description on the Search tab. You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

  **For unlisted codes or non-covered service codes, please contact Customer Care.*



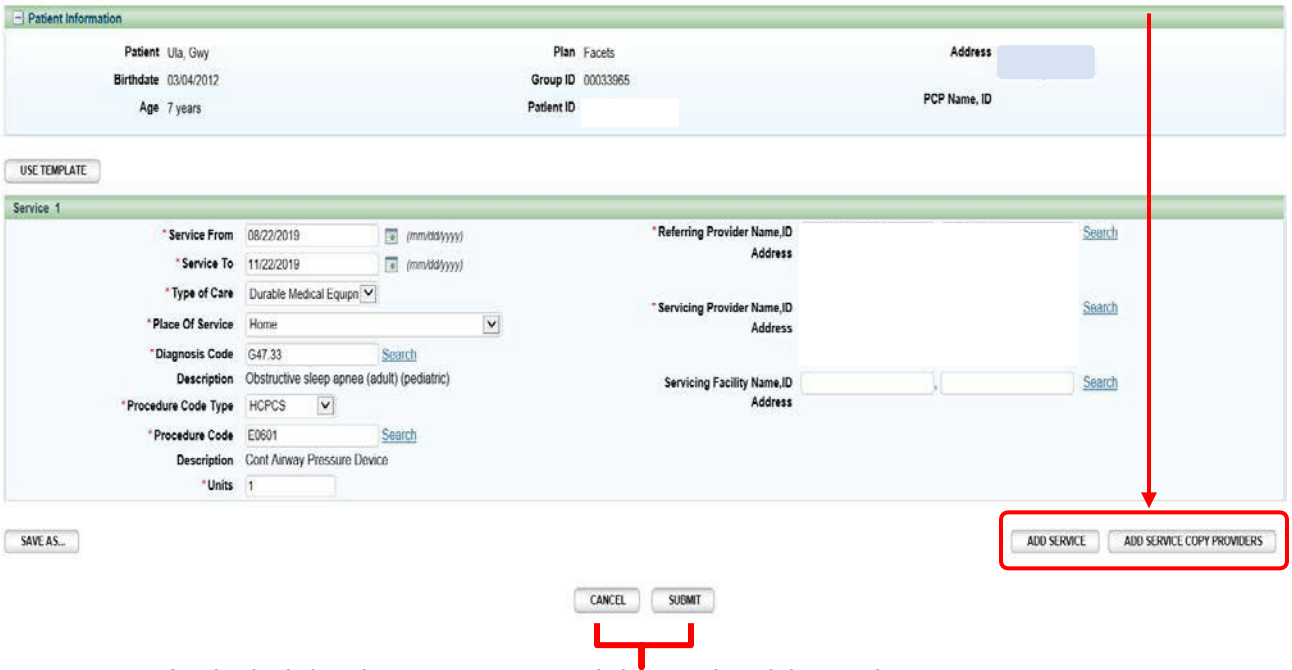
- **Referring Provider Name, ID**: The default value will display as the provider that is in focus.
- **Servicing Provider Name, ID**: Enter the servicing provider.

**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.*



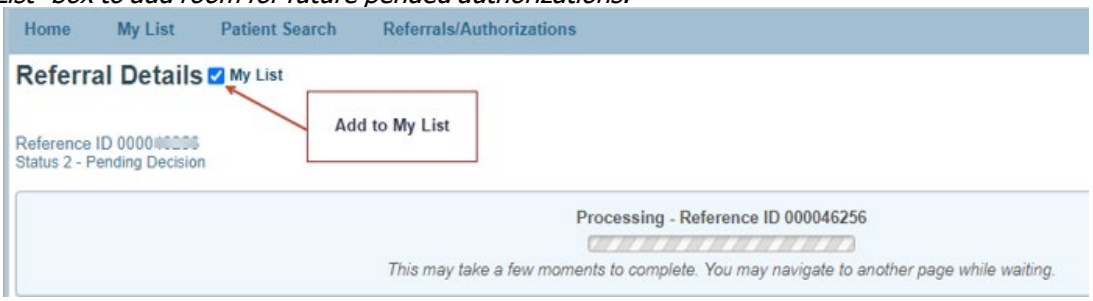
10. **OPTIONAL:** The "**Add Service" button** is found on the bottom right of the "Submit Outpatient Authorization" screen. Click this to add an additional service for this member, if needed. You can add multiple related codes/services all in one authorization (e.g., multiple codes for a wheelchair). 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.



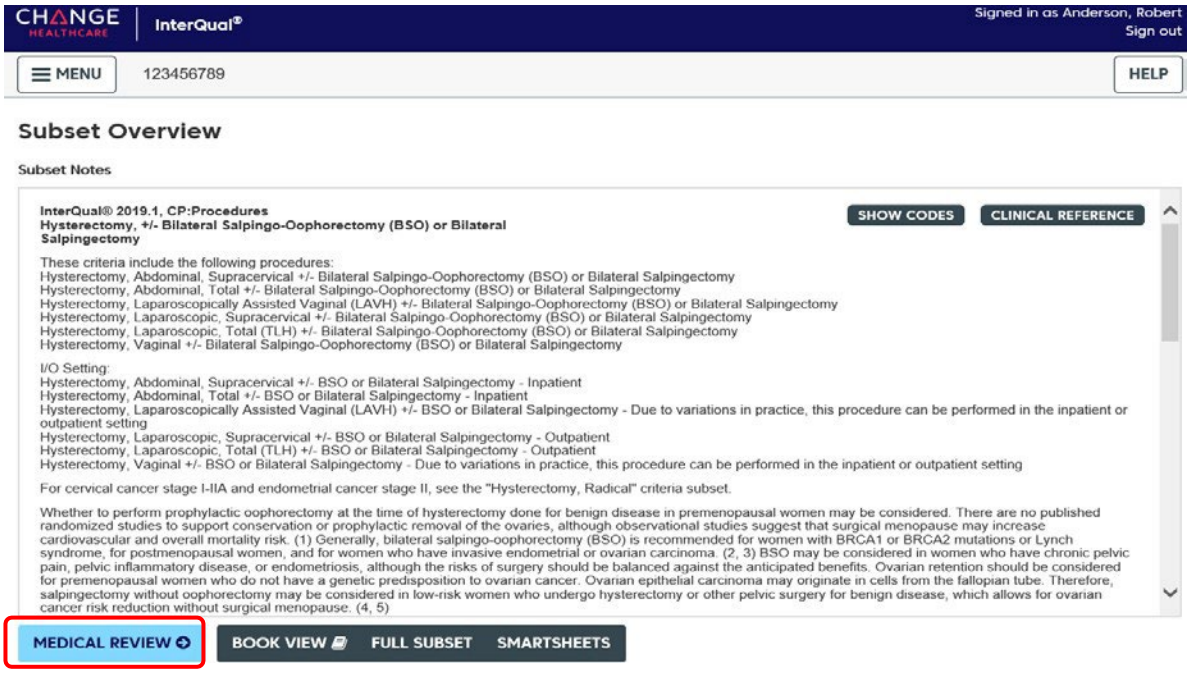
12. Once finished, click Submit to process or click Cancel to delete without processing.

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.**
**TIP: The "My List" will only hold 20 authorizations. Once an authorization is approved, uncheck the "My List" box to add room for future pended authorizations.*

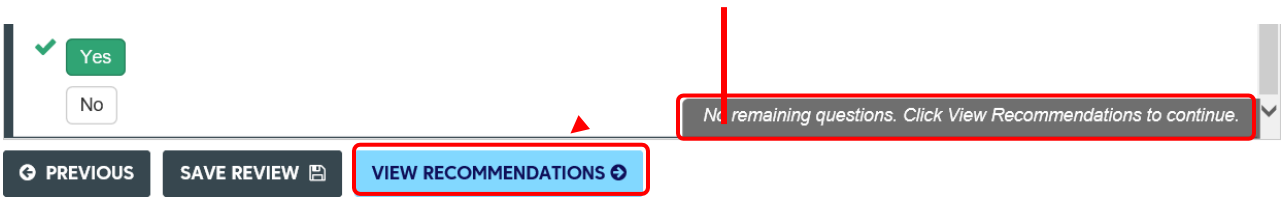


14. After submitting the request, you may be instructed to perform additional actions as shown in the example below (e.g., attaching clinical, completing a review, etc.). All actions must be completed for each authorization. If the required actions are not completed, it will delay the process of the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

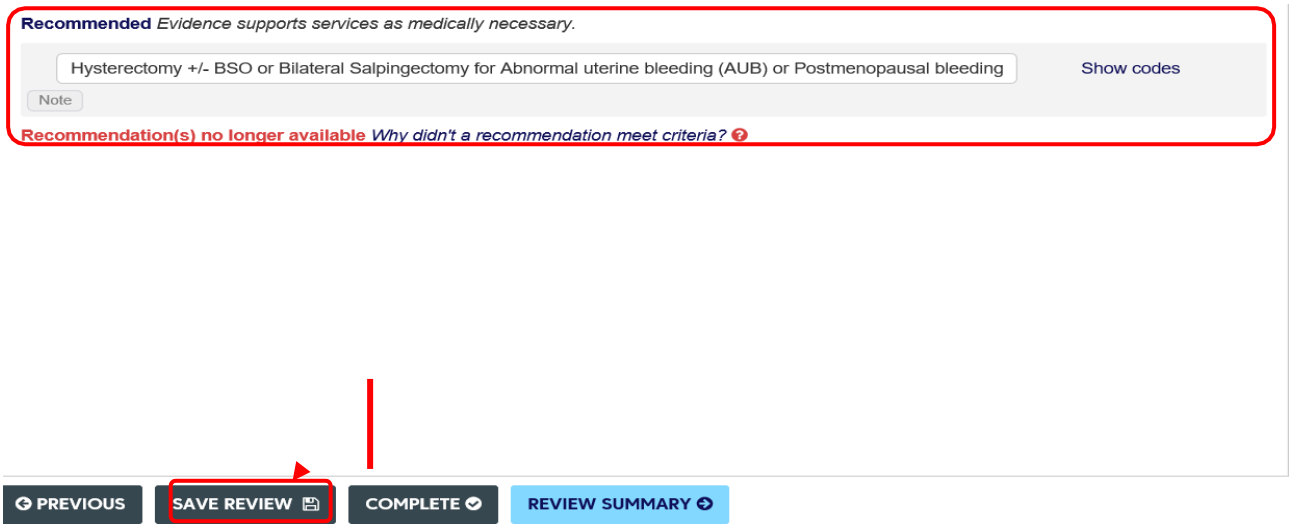
14a. If an action is displayed to complete a review (see example above), click on the hyperlink "InterQual™ Criteria" and complete the review. You will be directed to the "Change Healthcare" InterQual™ site.
Click on "Medical Review" and answer questions appropriately.



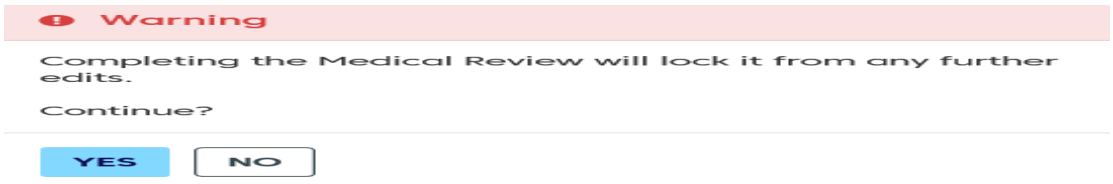
14b. Once all questions have been completed, click on "View Recommendations":



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".



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



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".

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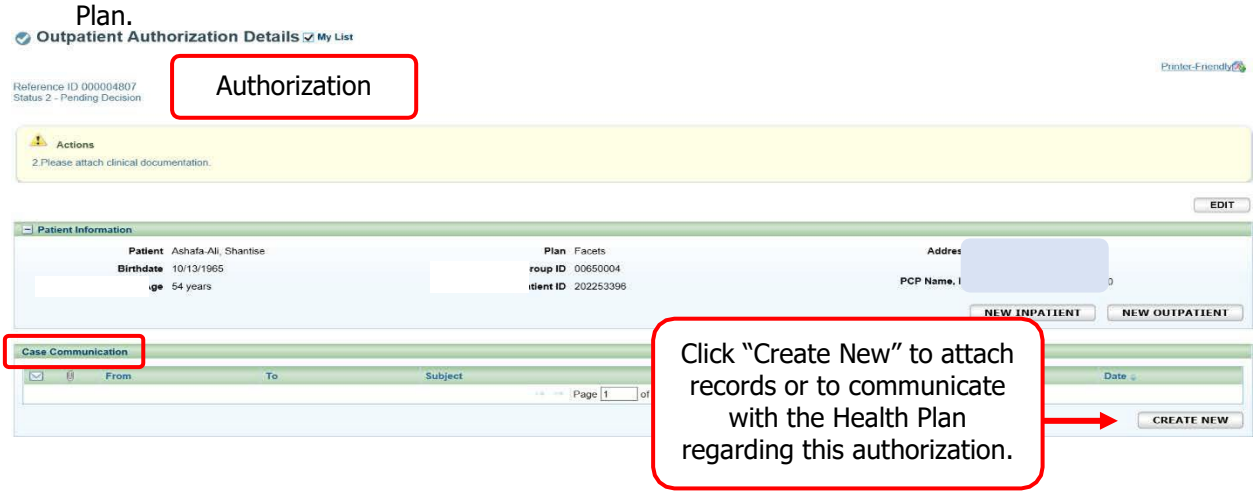
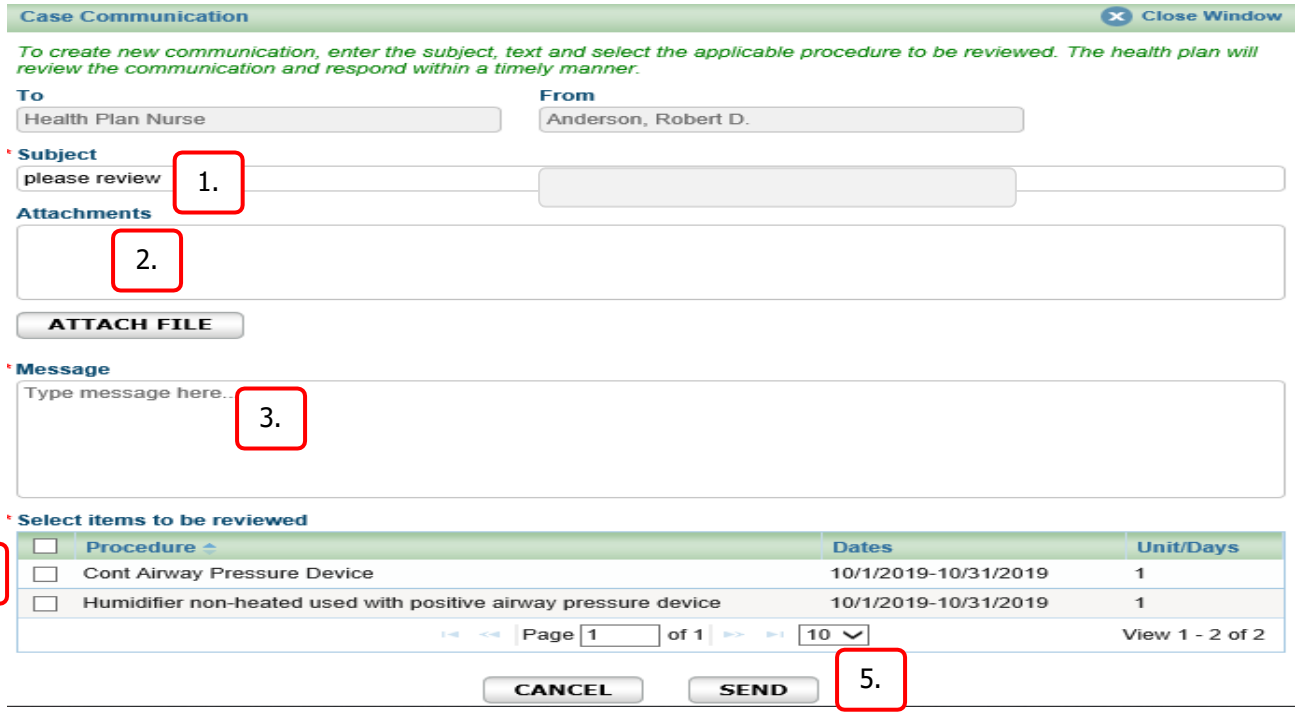
15. Click "Create New" under "Case Communication" to attach records or send a message to the Health Plan.



16. Please attach all pertinent records so that the case can be reviewed, and a decision made. A pop-up box will appear:
    1. Enter Subject.
    2. Click "Attach File" and attach all pertinent records.
    3. Type a message.
    4. Select the items to be reviewed.
    5. Click "Send".



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:

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

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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.

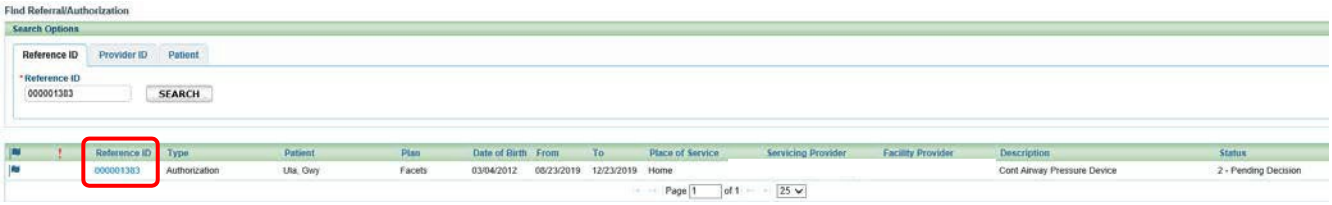
To request an extension on an existing authorization:

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.**

2. Click "Search".

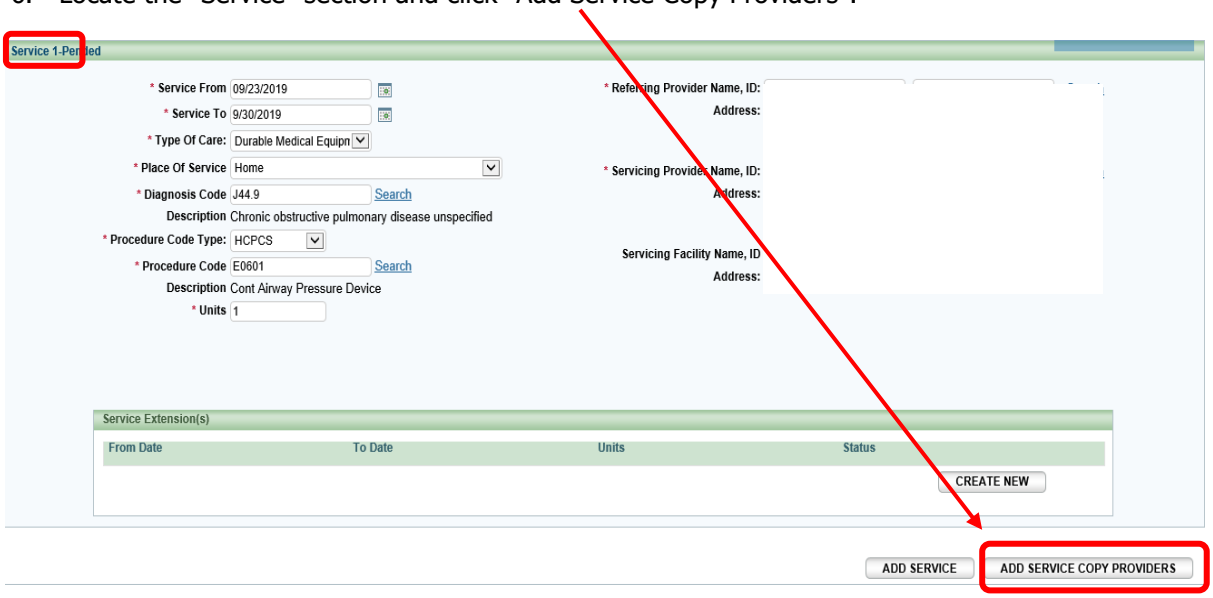
3. Input the Case ID# in the "Reference ID" field and click "Search:

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

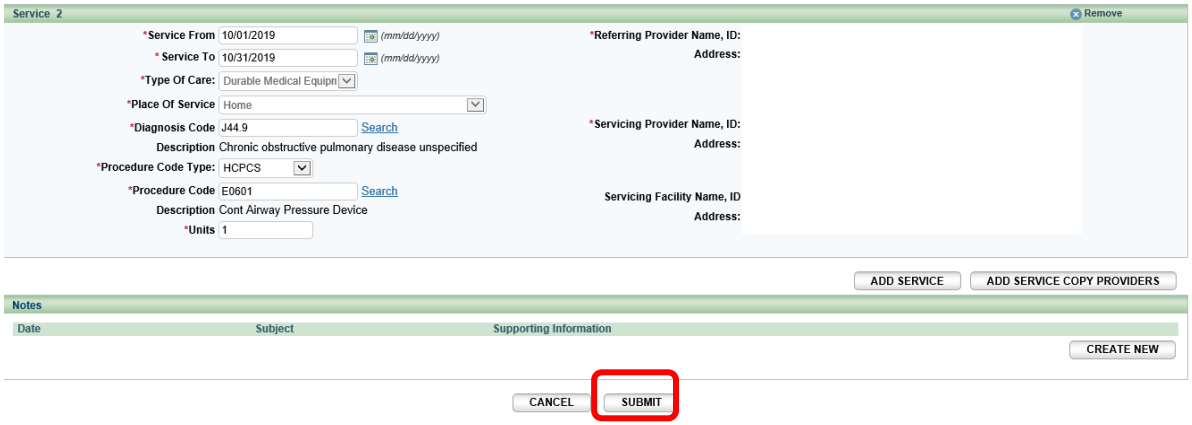


5. Click "Edit".

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



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



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

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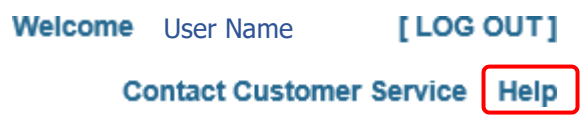
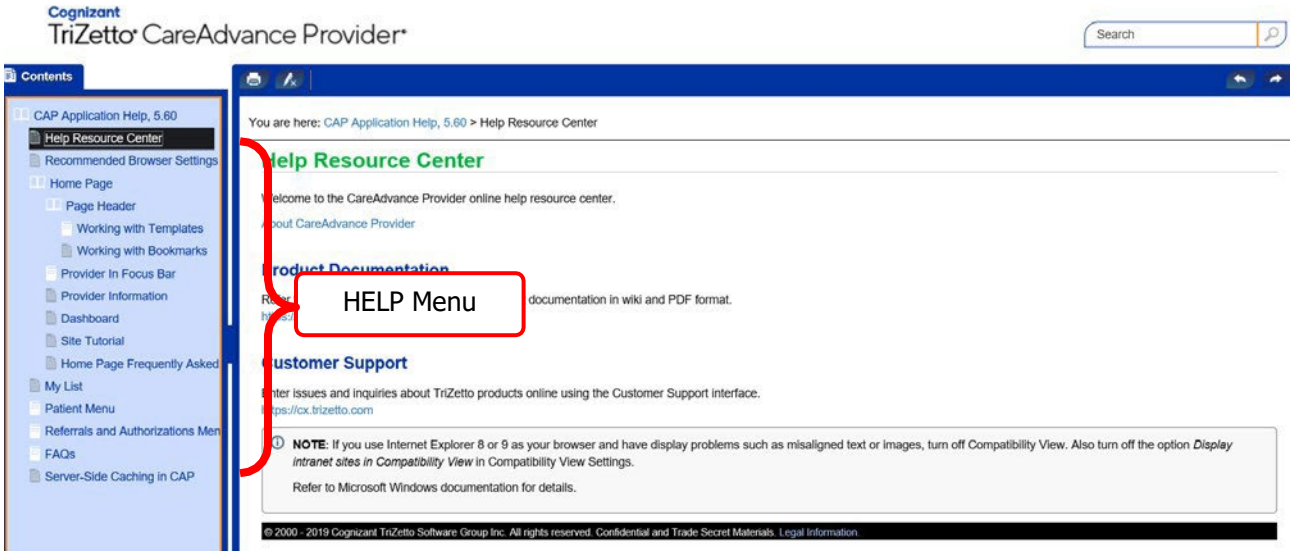
Do you have questions regarding the authorization submission process?
Located in the upper right section of the CAP application is the Help link. Please use this as a resource for any questions on the authorization submission process:

Help Link:



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



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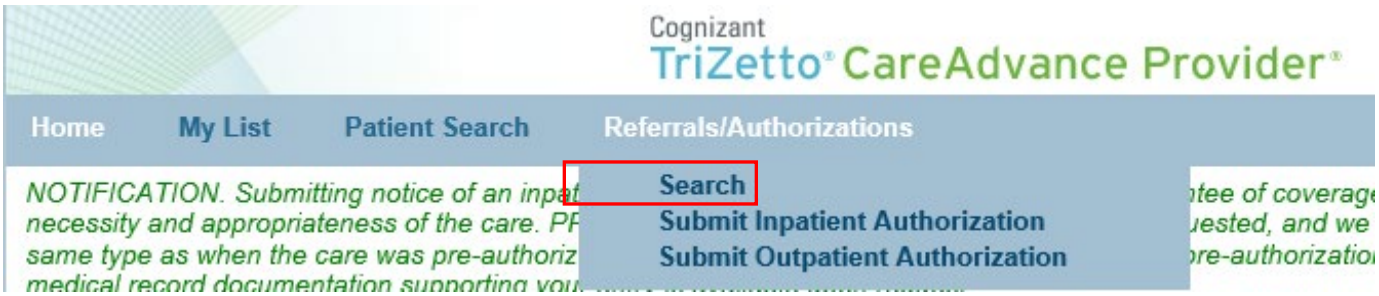
How to Locate an Existing Authorization or Provider Letter

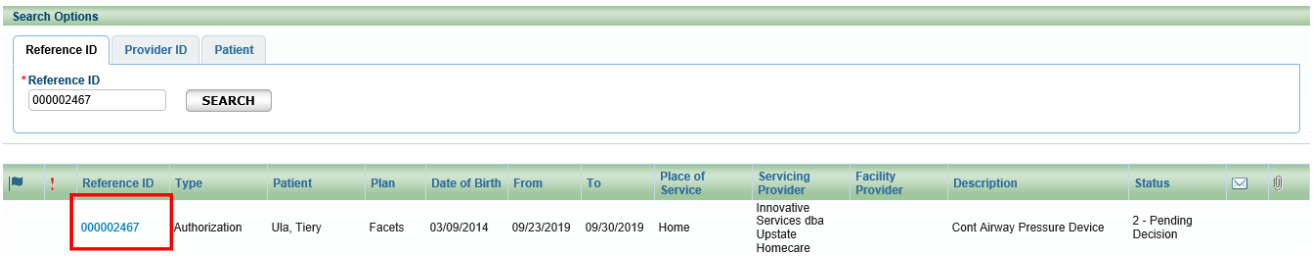
1. Locate the authorization by clicking on Referrals/Authorizations. ****Be sure you have the correct provider in focus in the top right corner using the drop-down arrow.**

2. Click "Search".

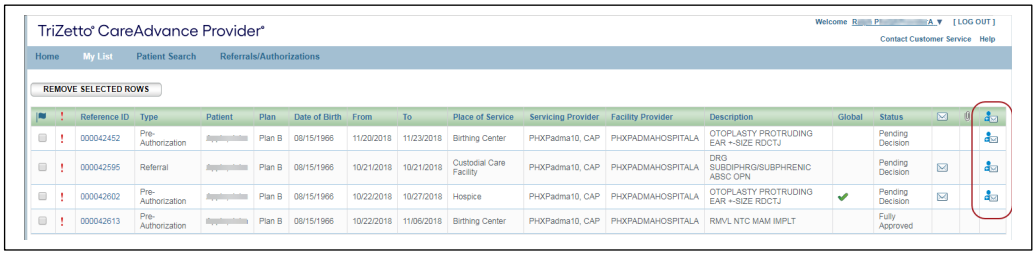


3. Input the Case ID# in the "Reference ID" field and click "Search:

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



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



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

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.

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