

# 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.*

MD Name

4. Click Referrals/Authorizations:

Referrals/Authorizations

5. Select "Submit Outpatient Authorization".

Submit Outpatient Authorization

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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.

The screenshot shows the 'Patient Search' form. A red box highlights the 'Last Name' and 'First Name' fields, with a callout stating 'Last name, first name and DOB must be entered together'. Another red box highlights the 'Birthdate' field. The 'Patient ID' field is also highlighted. The 'Eligibility As Of' field is set to 08/22/2019. A 'SEARCH' button is visible.

Home My List Patient Search Referrals/Authorizations

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID Last Name First Name Eligibility As Of (mm/dd/yyyy) Birthdate (mm/dd/yyyy) SEARCH advanced search

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

The screenshot shows the search results table. A red box highlights the 'Ula, Gwy' row, with a callout stating 'You can click on "View" for more information on the patient, however a full eligibility check should be done prior to logging into CAP.' The table has columns for Name, Plan, Patient ID, Birthdate, Gender, Address, and Eligibility. The 'Ula, Gwy' row is highlighted.

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID Last Name First Name Eligibility As Of (mm/dd/yyyy) Birthdate (mm/dd/yyyy) SEARCH advanced search

Name +	Plan	Patient ID	Birthdate	Gender	Address	Eligibility
Ula, Chacca	Facets					View
Ula, Damyr	Facets					View
Ula, Gwy	Facets					View
Ula, Pakize	Facets					View
Ula, Tiery	Facets					View

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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.*

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- **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.

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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 "MyList" will only hold 20 authorizations. Once an authorization is approved, uncheck the "My List" box to add room for future pending 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.

 **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.

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

The screenshot shows a form with a 'Yes' button selected and a 'No' button. A red box highlights the 'VIEW RECOMMENDATIONS' button. A red arrow points to the 'VIEW RECOMMENDATIONS' button. A red box highlights the text 'No remaining questions. Click View Recommendations to continue.'.

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".

The screenshot shows a 'Recommended' section with the text 'Evidence supports services as medically necessary.' and a text box containing 'Hysterectomy +/- BSO or Bilateral Salpingectomy for Abnormal uterine bleeding (AUB) or Postmenopausal bleeding'. A 'Show codes' button is highlighted. A red box highlights the 'Show codes' button. A red arrow points to the 'Show codes' button. A red box highlights the text 'Recommendation(s) no longer available Why didn't a recommendation meet criteria?'.

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

The screenshot shows a 'Warning' message: 'Completing the Medical Review will lock it from any further edits. Continue?' with 'YES' and 'NO' buttons. The 'YES' button is highlighted.

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".

The screenshot shows a 'Recommendations' section with the text 'Not Recommended Current evidence does not support procedure in this clinical scenario Recommendation(s) no longer available Why didn't a recommendation meet criteria?'. A red box highlights the 'COMPLETE' button. A red arrow points to the 'COMPLETE' button.

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

Outpatient Authorization Details ☒ My List

Reference ID 000004807  
Status 2 - Pending Decision

**Authorization**

Actions  
2. Please attach clinical documentation.

Patient Information

Patient: Ashafa, Ali, Shantise  
Birthdate: 10/13/1965  
Age: 54 years

Plan: Facets  
Group ID: 00650004  
Patient ID: 202253396

Address: [Redacted]  
PCP Name, I: [Redacted]

NEW INPATIENT NEW OUTPATIENT

**Case Communication**

From To Subject Date

Page 1 of 1

CREATE NEW

Click "Create New" to attach records or to communicate with the Health Plan regarding this authorization.

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".

Case Communication Close Window

To create new communication, enter the subject, text and select the applicable procedure to be reviewed. The health plan will review the communication and respond within a timely manner.

To From

Health Plan Nurse Anderson, Robert D.

**Subject**

please review 1.

**Attachments**

2.

ATTACH FILE

**Message**

Type message here.. 3.

**Select items to be reviewed**


4.

<input type="checkbox"/>	Procedure	Dates	Unit/Days
<input type="checkbox"/>	Cont Airway Pressure Device	10/1/2019-10/31/2019	1
<input type="checkbox"/>	Humidifier non-heated used with positive airway pressure device	10/1/2019-10/31/2019	1

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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:

! (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.



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5. Click "Edit".

The screenshot shows the 'Outpatient Authorization Details' page. At the top right, there is a blue bar with a dropdown menu. Below it, the 'EDIT' button is highlighted with a red box. The page also shows patient information and a 'NEW OUTPATIENT' button.

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

The screenshot shows the 'Service 1-Period' section. The 'Service 1-Period' tab is highlighted with a red box. A red arrow points from the 'Add Service Copy Providers' button to the 'Service 1-Period' tab. The page also shows various service details and a 'CREATE NEW' button.

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

The screenshot shows the 'Service 2' section. The 'SUBMIT' button is highlighted with a red box. The page also shows various service details and a 'CREATE NEW' button.

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

The screenshot shows the 'Case Communication' section. The 'CREATE NEW' button is highlighted with a red box. The page also shows a table with columns for Date, From, To, Subject, and a 'CREATE NEW' button.

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## Do you have questions regarding the authorization submission process?

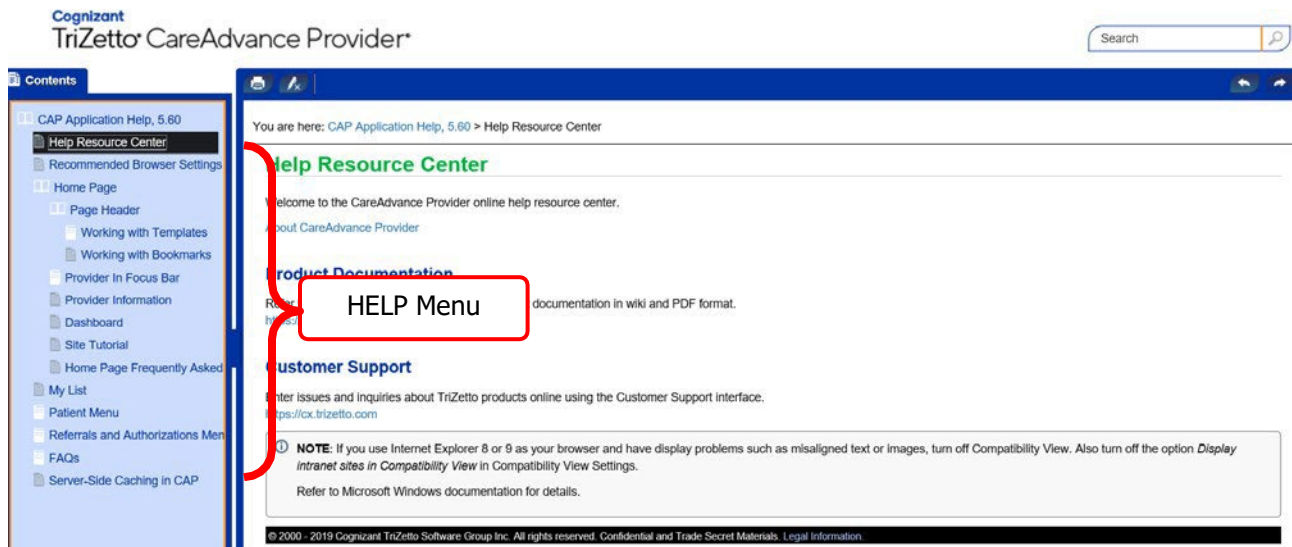
Located in the upper right section of the CAP application is the Help link. Please use this as a resource for any questions on the authorization submission process:

### Help Link:

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.



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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":

The screenshot shows the 'Find Referral/Authorization' section of the interface. The 'Reference ID' field is highlighted with a red box, indicating it is the field where the Case ID# should be entered. The 'SEARCH' button is also visible.

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

Search Options

Reference ID

Provider ID

Patient

\*Reference ID

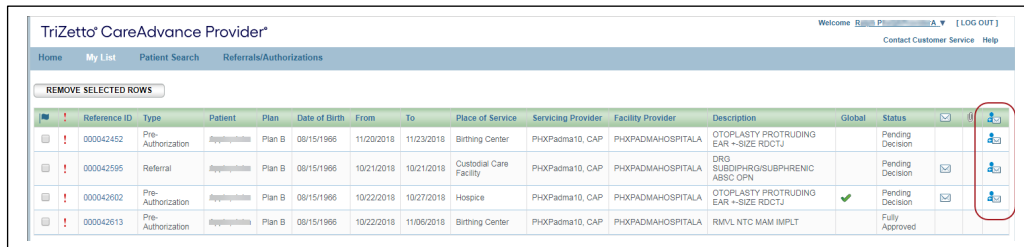
000002467

SEARCH

	Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Status		
	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		

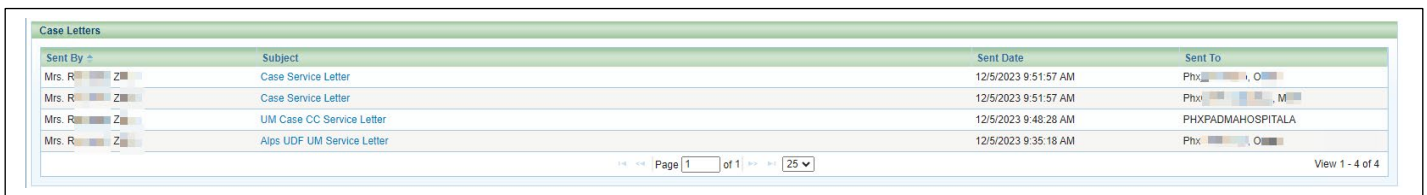
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5. In the [My List](#), [Home](#) and [Search](#) pages, a Letter icon (✉) indicates auths and referrals that have Provider Letters associated to them:



Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status	Letter
000042452	Pre-Authorization	Appropriate	Plan B	09/15/1966	11/20/2018	11/23/2018	Birth Center	PHXPadma10, CAP	PHXPADMAHOSPITALA	OTOPLASTY PROTRUDING EAR -SIZE RDOCTJ		Pending Decision	✉
000042595	Referral	Appropriate	Plan B	09/15/1966	10/21/2018	10/21/2018	Outsidal Care Facility	PHXPadma10, CAP	PHXPADMAHOSPITALA	DRG SUBDIPHRG/SUBPHRENIC ABSO-OPN		Pending Decision	✉
000042602	Pre-Authorization	Appropriate	Plan B	09/15/1966	10/22/2018	10/27/2018	Hospice	PHXPadma10, CAP	PHXPADMAHOSPITALA	OTOPLASTY PROTRUDING EAR -SIZE RDOCTJ	✓	Pending Decision	✉
000042613	Pre-Authorization	Appropriate	Plan B	09/15/1966	10/22/2018	11/05/2018	Birth 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. Z.	Case Service Letter	12/5/2023 9:51:57 AM	Phx. O.
Mrs. R. Z.	Case Service Letter	12/5/2023 9:51:57 AM	Phx. M.
Mrs. R. Z.	UM Case CC Service Letter	12/5/2023 9:48:28 AM	PHXPADMAHOSPITALA
Mrs. R. Z.	Alps UDF UM Service Letter	12/5/2023 9:35:18 AM	Phx. O.

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## 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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