Chorus Community Health Plans

Authorization Provider portal Submitting an Authorization for Guiding care 03/07/2023 updated 05/06/2024

Purpose: Provider instruction to enter an authorization request in Guiding Care.

- 1. After registration, Sign in with SSO sign in instructions and Guiding care Production URL
- 2. Navigates to Home screen to start Authorization
- 3. Click on appropriate request button to submit authorization

	Start Nevenpatient Request	Start New Outpatient Reque	est Start New Pharmacy Request
a. b.	Or open authorizations in p Authorizations in Progress	progress	
	5	9 (the second se	0 v
	View All Inpatient Authorizations	View All Outpatient Authorizations	View All Pharmacy Authorizations

c. Or request withdrawal of an authorization that has already submitted

Sequest to withdraw a pending Authorization

Starting a New inpatient authorization request

- 1. Click the Starting a New Inpatient Request button
- 2. Navigate to member search and Enter
 - a. First name
 - b. Last name
 - c. Date of Birth
 - d. Click find member button OR
 - e. Date of Birth
 - f. Member ID
 - g. Click find member button
- 3. Will be prompted to choose member from list
 - a. Choose active eligibility that will be used by clicking on the box with member information
 - b. Maybe prompted to verify insurance and Click to continue
 - C. Alert Missing Primary Insurance Please verify primary insurance with member prior to submission. <u>Click to continue</u>
 - d. Click on Member information box to choose Active Eligibility
- 4. Start to document Authorization request-All mandatory fields are marked with a red *
 - a. Choose Authorization Type from dropdown (Inpatient, Outpatient or Pharmacy type)

* Authorization Type					
Select					

v

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1	* Auth Priority	
	Select	*

b.

Urgent concurrent or Urgent Concurrent Medicaid(Inpt), Post service(all types), Urgent preservice (Outpt and Pharmacy will decision within 72 hours if meets urgent criteria), Preservice (Outpt and Pharmacy)

c. Enter provider information

Referred By Provider Name	Click 'Down Arrow' after entering first 3 characters to enable search.				
Provider Name 🗸	Begin typing name or code to select	Q			

- 1) Begin typing to choose from generated
- 2) Click down arrow after entering first 3 characters to enable search. OR
- 3) Search for provider by clicking on the Search glass.
- 4) Navigate to provider search
- 5) Enter Name in the left upper field
- 6) Search
- 7) Choose from list
- 8) Check Address
- 9) Line of business
- 10) Other identifiers-TIN/NPI

Providers to document

1) Referred by Provider – PCP or ordering Physician

	* Referred By Provide	r Name		
	Provider Name	~	Begin typing name or code to select	Q
a.				

- 2) Servicing Provider-This would be the billing entity-Facility, Dr or Company
 - a. Choose Servicing provider -This is the provider that will be billing provider for example -inpatient stay R/E Facility
 Servicing Provider

	Provider Name	~	Begin typing name or code to select	Q
b.				

3) Facility Provider Name-Facility, Company, office

	Facility Provider Nam	e		
	Provider Name	~	Begin typing name or code to select	Q
a.				

- 5. Fill in Actual admission Date and time field.
 - a. Can use T with tab for current date and time. Use T+ or to set days before or after today's date. Or use calendar and time to document

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				Treatment	t Type						
6.	Fill	in Treatment type fro	m dropdown	Select			•				
•••				Place Of Se	ervice						
7.	Fill	in Place of service fro	m dropdown	21 - Inpat	ient Hosp	ital	•				
			•	Admission	Туре						
0	F :11	in Admission Tune fre	m drandavun	Select			•	innt			
8. 9.	Fill	in Diagnosis Descripti	on or Diagnos	is code			Used for	inpt			
	Diag	nosis Description				Diagnosis Cod	e				
	Beg	in typing at least 3 characters				Begin typing o	code				
10.	b. c. Fill a. b. c.	use the down arrow Must Choose from di to add more than 1 le in procedure code Inpatient Physical he Outpatient CPT or HO Pharmacy –Drug CPT ocedure Description	on your key be ropdown choie CD-10 code us alth 0120 and CPCS code code, Proced	oard to s ces to fil se the Plu Behavic ure CPT	search I in fiel us sign oral hea code	and accep d to open a alth 0124 F	t diagnosis new line REV codes c	& the coo only Procedu Begin ty	le re Code	e ode	
		5 5 5	T. D. (
		From Date	To Date		Unit Type	9	Req.				
	Ч	MM/DD/YYYY	MM/DD/YYYY		Select		•		•	Primary Procec	lure
	e. f. g. h. i.	Fill in start date-use of Fill in anticipated end Choose days from dr Req –number of days Check box to accept Benefits will be determined in accordance with the pr essisty review. For further information regarding this sponsibility. Claims remain subject to copayment, ded cessity review. Clinical documentation sufficient to suf	calendar d date-use cale op down for in s requested w disclaimer. visions of eligbility and limitations request send ansage through the urbitic consumers, maximum out poport the medical necessity of the s	endar npatient ill auto f • Message function o of pocket costs and a ervice must be attack	stay or ill for Ir Medicaid only 2. f this request. (M ill other terms, co ned to this request	r Units as a npt, fill in f Please attach clinical docc edicaid only 4. Receiving : inditions, limitations, and it or processing will be del	appropriate or outpatie unrentation to support the n unthorization does not verify exclusions of the members j ayed. Use the ATTACH FILE b	ent edical necessity. (Medi eligibility, guarantee p plan at time of service. (auton on this screen to	aid only) 3. Your ayment, or guara Marketpiace/Con upload documen	request is pended for medical intee a waiver of member inmercial only) 5. Pended for medical its. (Marketplace/Commercial only)	
11.	j. UM	Click Next button wh I Contact Details (Mus	en the page is t fill in all field	s comple ds)	ted.						
	a.	UM Name Deb	Please enter Phon	e Number	Next						
	b.	UM Phone Number	111111111		Next						
		Please	enter Fax number								
	c.	UM Fax Number	222222 N	Next							

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- dJones@email.com d. UM Email Next
- 12. Navigates to next page to add Notes & Attachments
 - a. Add Note-Type notes in field
 - b. Add attachments
 - c. Click *Add* Attachments to attach clinical documents.
 - d. Disclaimer sample displays

isclaimers	
 08.00 - ICD-10 Diagnosis Receiving authorization does not verify eligibility, guarantee payment, or guarantee a waiver of member responsibility. Cla deductible, coinsurance, maximum out of pocket costs and all other terms, conditions, limitations, and exclusions of the maximum out of pocket costs and all other terms, conditions, limitations, and exclusions of the maximum out of pocket costs and all other terms, conditions, limitations, and exclusions of the maximum out of pocket costs and all other terms, conditions, limitations, and exclusions of the maximum out of pocket costs and all other terms, conditions, limitations, and exclusions of the maximum out of pocket costs and all other terms, conditions, limitations, and exclusions of the maximum out of pocket costs and all other terms, conditions, limitations, and exclusions of the maximum out of pocket costs and all other terms, conditions, limitations, and exclusions of the maximum out of pocket costs and all other terms, conditions, limitations, and exclusions of the maximum out of pocket costs and all other terms, conditions, limitations, and exclusions of the maximum out of pocket costs and all other terms, conditions, limitations, and exclusions of the maximum out of pocket costs and all other terms. 	ims remain subject to copayment, iembers plan at time of service.
Diagnosis Code: E08.00 (ICD-10 Diagnosis) Description : Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosm	Q Document Clinical olar coma (NKHHC)
	Submit Request Cancel Request

- e. Prompted to document clinical information in MCG Guideline and will bring up MCG guideline choices.
- f. Add guideline if applicable.
- g. Document in guideline and

Disclaimers

- Receiving authorization does not verify eligibility, guarantee payment, or guarantee a waiver of member responsibility. Claims remain subject to copayment, deductible, coinsurance, maximum out of pocket costs and all other terms, conditions, limitations, and exclusions of the members plan at time of service.
- Remember to click the SUBMIT button to begin the processing at CCHP. We are unable to process until the information has been submitted.
- · Benefits will be determined in accordance with the provisions of eligiblity and limitations of the benefit plan.
- · Your request is pended for medical necessity review. For further information regarding this request send a message through the Message function of this request.
- Pended for medical necessity review. Clinical documentationsufficient to support the medical necessity of the service must be attached tothis request or processing will be delayed. Use the ATTACH FILE button on thisscreen to upload documents.
- Please submit documentation of at least 3 months of recent physical therapy evaluation and treatment notes, a trial of NSAIDs, exercise, spinal manipulation therapy and the outcomes of these therapies. Documentation of physical examination findings. Documentation of imaging studies supporting the need for the procedure. Evidence of no coagulopathy or current use of anticoagulants or antiplatelet therapy. Documentation of no local or systemic infection. If this is a subsequent procedure, documentation of the amount of relief from the pain that the patient experienced and the duration of that relief.
- h.
- 13. Must Click the submit button to Submit authorization request.
 - a. Click submit button even if the authorization is No Prior auth required.
 - b. <u>Click submit</u> button even if you need to come back to Add clinical
 - c. Click submit button to have an Authorization notification for Not a covered benefit code
 - d. Click submit button to get a notification that the authorization in pended