

Steps to Submit Prior Authorization Online

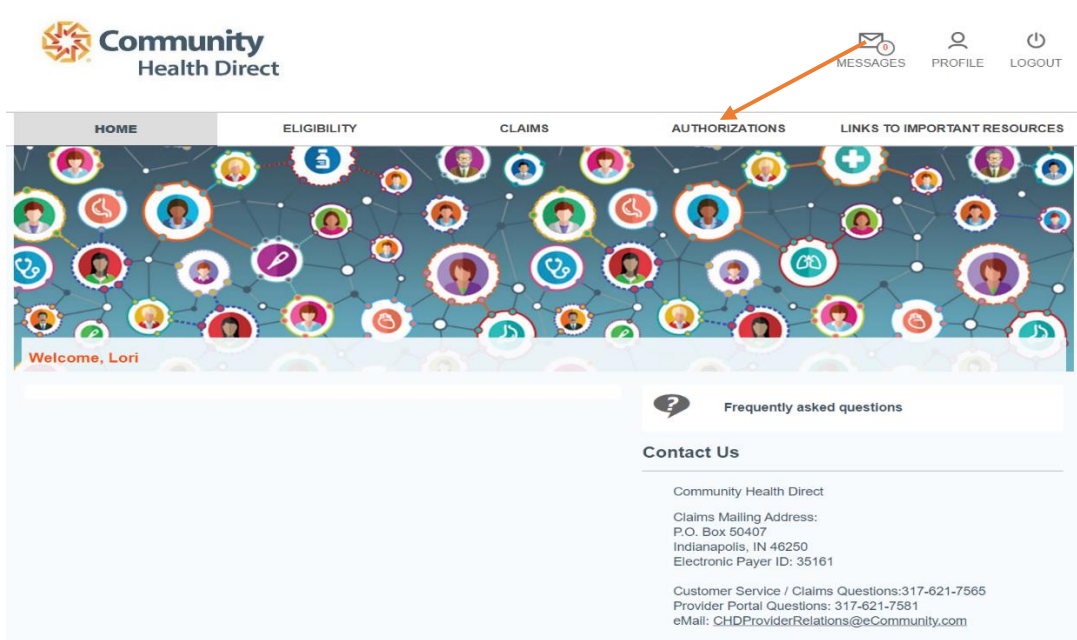
Online Prior Authorization requests submitted on the Community Health Direct Provider Portal are a way to prevent completion of a paper request form and faxing. Please complete the online form (all fields are mandatory except for the comment section) and submit the associated clinical information. Community Health Direct has up to 14 days to complete a prior authorization review by accreditation standards, although the plan strives to exceed those standards with completion in 3 business days. For cases submitted with incomplete clinical documentation, resubmission of the prior authorization causes the timeframe to restart.

Providers requesting an online prior authorization can follow the easy steps listed below. Please log on to the Community Health Direct Provider Portal:

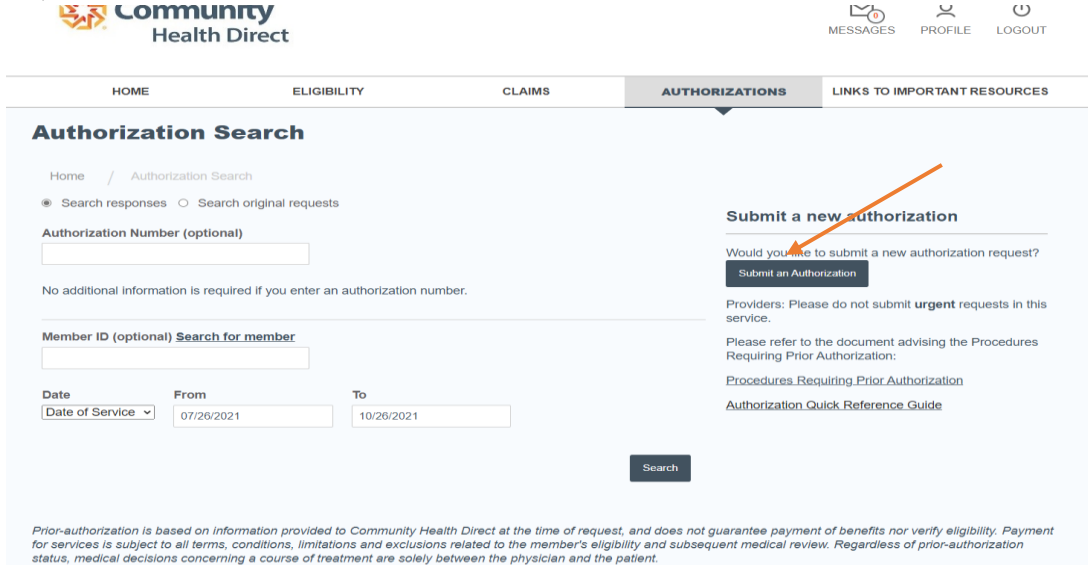
[Community Health Direct Provider Portal](#)

From the Home page-

Step 1 Click on “Authorizations” section



Step 2 Click on “Submit a new authorization” button



Step 3 Under “Submit a new authorization”, use the pull-down arrow to choose “Submit an Authorization” or if searching for an existing Authorization, choose “Search”. Complete section

*Service Types are as follow:

Inpatient, Outpatient, DME and Home Health



HOME

ELIGIBILITY

CLAIMS

AUTHORIZATIONS

LINKS TO IMPORTANT RESOURCES

Submit an Authorization

Home / Authorization Search / Submit an Authorization

Submit a new authorization

Would you like to submit a new authorization request?

Submit an Authorization ▾

Medical Management: T: 317.621.7575 / 800.344.8672 F: 317.621.7984
Benefits and Eligibility: T: 317.621.7565 Provider Relations: T: 317.621.7581

Service Type*

Select ▾

Member Information

To search, please enter a Member ID or search for a member by selecting the link below.

Enter a Member ID*

Member ID

Add this member

Search for a Member ▾

Primary Subscriber IDs will end in '01'. Dependent IDs will end in '02','03', etc. Example: XXXXXX01

Referring Provider

Search Providers Manually enter provider Information

Find a provider by **Provider Last Name***

Provider Last Name ▾

Find Provider

Advanced Search ▾

Servicing Provider

Provider Facility

Same as Referring Provider

Search Providers Manually enter provider Information

Find a provider by **Provider Last Name***

Provider Last Name ▾

Find Provider

Advanced Search ▾

Diagnosis and Procedure

Enter the Primary Diagnosis and Procedure code. As you start typing a code or description, acceptable diagnoses will begin to auto-populate. Select 'Add Service' to submit multiple codes.

Date Span From*

mm/dd/yyyy

To*

mm/dd/yyyy

Service Codes

Primary Diagnosis Code*

Search by code or description (Alpha-Numeric characters only)

Procedure Code*

Search by code or description

Enter your Requested Imaging Study, Surgery, Procedure, Service, or Medication code

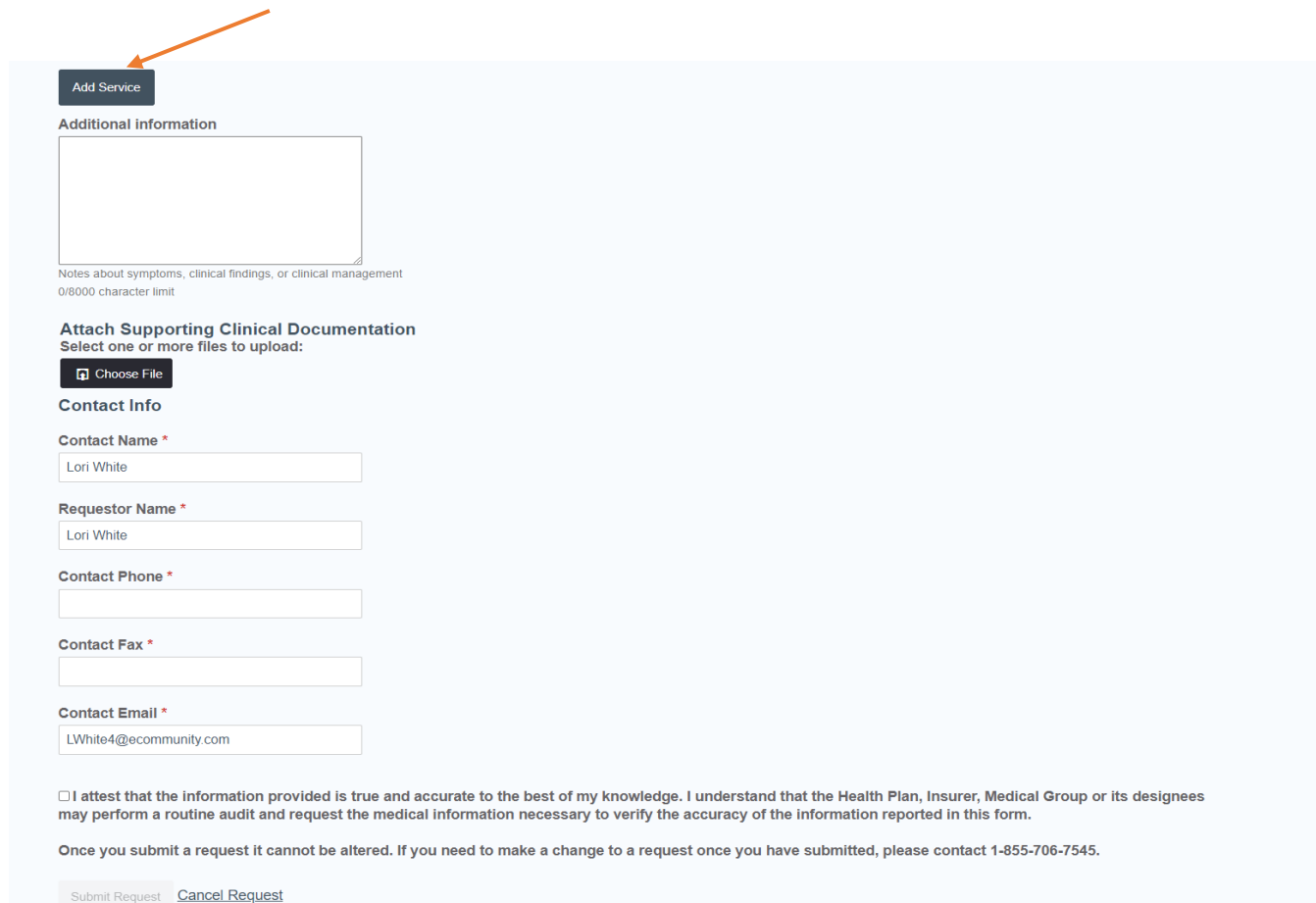
Unit(s)*

Enter number of units

Unit type*

Select ▾

Step 4 After you have entered the number of “Unit(s)”, select “Add Service”. This allows attachment of the clinical documentation that supports the medical necessity for the requested service. Attaching clear, concise, and legible supporting documentation will allow the Community Health Direct Medical Management team to respond more quickly to your requests.



Add Service

Additional information

Notes about symptoms, clinical findings, or clinical management
0/8000 character limit

Attach Supporting Clinical Documentation
Select one or more files to upload:

Contact Info

Contact Name *
Lori White

Requestor Name *
Lori White

Contact Phone *

Contact Fax *

Contact Email *
LWhite4@ecommunity.com

I attest that the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan, Insurer, Medical Group or its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported in this form.

Once you submit a request it cannot be altered. If you need to make a change to a request once you have submitted, please contact 1-855-706-7545.

Once the Provider attests to the information submitted, our Medical Management team will start the review process.