



# Prior authorization requirement search and submission tool

A guide for external users



A UnitedHealthcare Company

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The purpose of UMR’s prior authorization requirement and submission tool is to answer the question, **“Is a prior auth required or a pre determination recommended for this member, for this service, on this date, performed by this provider?”**

Our online prior authorization requirement search tool allows you to access plan-specific requirements for services. Specifically, the tool will:

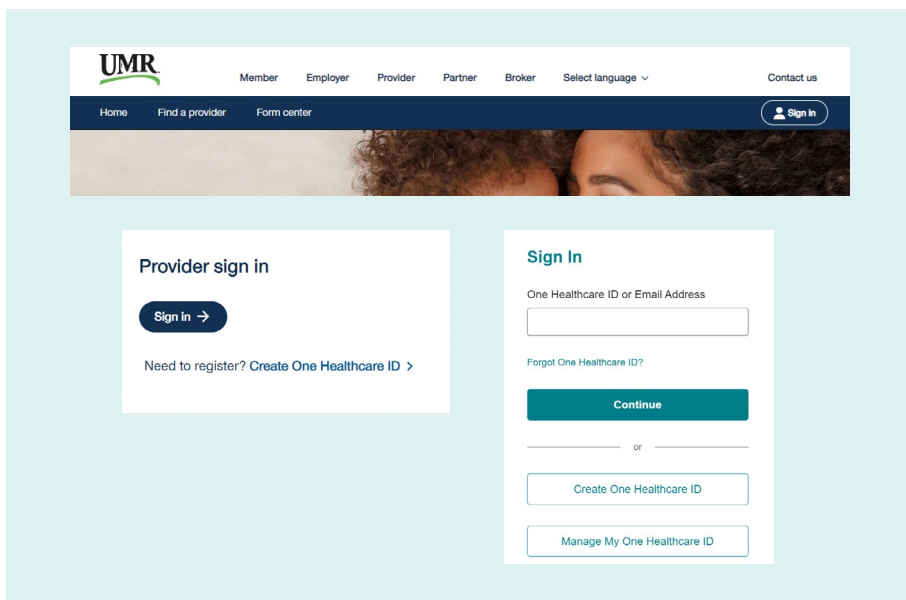
- Display whether prior-authorization or medical necessity review apply
- Provide other criteria that might be applicable to the prior authorization requirements such as place-of-service criteria

If further action is required (such as a prior authorization), the tool will capture the information entered in the initial requirement search, then prompt the user to enter any additional information required to process the request, such as:

- Treatment type
- Length of request
- Additional procedure or diagnosis codes
- Clinical documentation

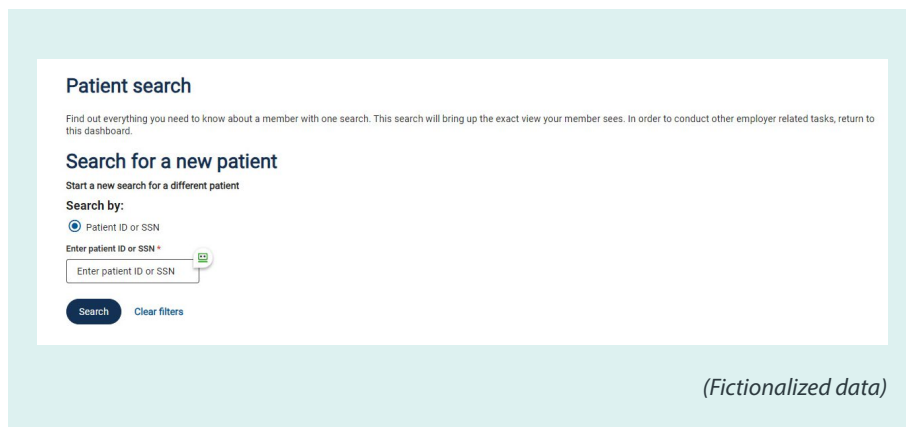
## Accessing the tool

- 1 Go to **umr.com** and select **Provider** at the top of the page.
- 2 Select **Sign in**
- 3 Sign in with your **One Healthcare ID**

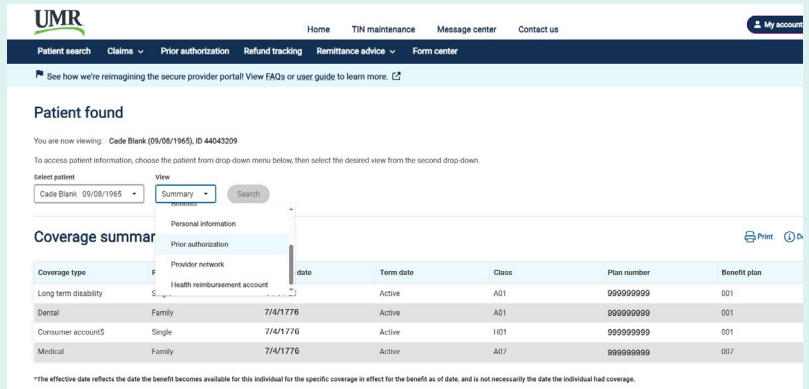


## Searching for members

After signing in, go to **Patient search**. Enter the **subscriber ID** or **Social Security number**. Then select **Search**.



After finding the patient/member you're looking for, select **Prior authorization** from the **View** drop-down, then select **Search**.

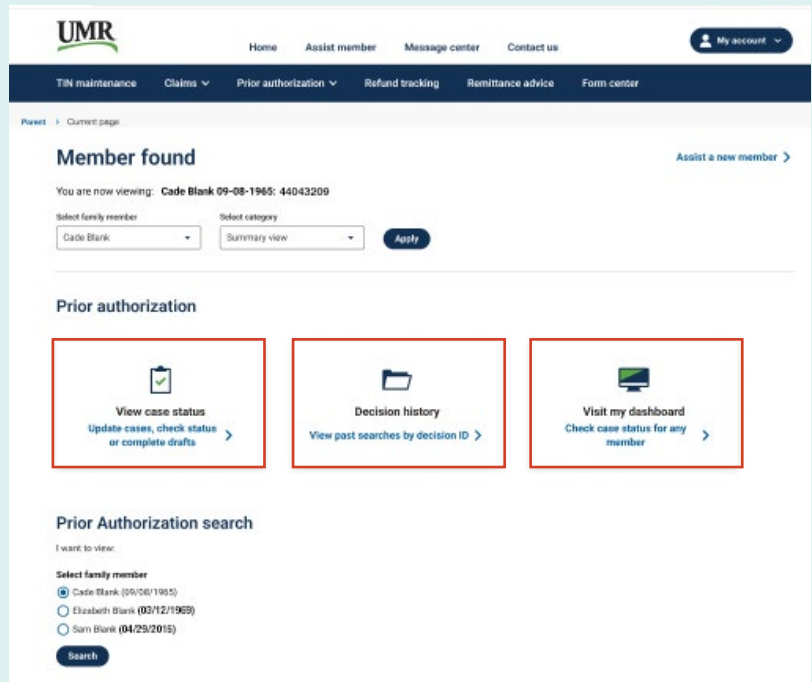


## Navigating the patient search page

After selecting the patient, you can:

- **View case status** – view the status of submitted cases, update existing cases, or finish draft (previously saved) transactions
- Go to **Decision history** – using a Decision ID, retrieve the results of a previous requirement search
- **Visit my dashboard** – check the status of a case submitted for any member

Scroll down the page to the **Prior authorization search** section to enter criteria to begin a new requirement search.



(Fictionalized data)

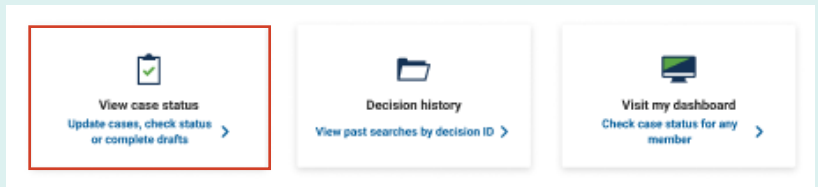
## How to view cases for a specific patient

Select **View case status** to do the following for a specific member:

- View the status of submitted cases
- Take action, or update existing cases
- Finish previously saved transactions

Select the calendar icon to populate date of service or enter date using the MM/DD/YYYY format. Select **Search** to update results for the desired date range.

In the **Action** column, you can edit your transaction, submit an extension, admission notification or appeal.



**Member found** Assist a new member >

You are now viewing: **Cade Blank 09-08-1965: 44043209**

Select family member:  Select category:

**Member prior authorizations**

Person:  Service date range: From (mm/dd/yyyy) - To (mm/dd/yyyy)

Filter results here

Transaction #	Member ID	Patient name	Place of service	Date of service	Facility name	Physician name	Status	Actions
00000000	44043209	Blank Cade	My Favorite Clinic	07/04/1776	My Favorite Clinic	Docotor One	Complete	<a href="#">Edit</a> <a href="#">Submit an extension</a> <a href="#">Submit admission notification</a> <a href="#">Appeal</a>
00000000	44043209	Blank Cade	My Favorite Clinic	07/04/1776	My Favorite Clinic	Docotor One	Complete	<a href="#">Edit</a> <a href="#">Submit an extension</a> <a href="#">Submit admission notification</a> <a href="#">Appeal</a>

## How to view decision history

Select **Decision history** to find and view previous requirement search results for a member.

Select **family member** and **Select category** from drop-down menus to narrow results, then select **Apply**. Enter Decision ID to further refine your results.



**Member found** Assist a new member >

You are now viewing: **Cade Blank 09-08-1965: 44043209**

Select family member:  Select category:

**Member prior authorizations**

Person:  Service date range: From (mm/dd/yyyy) - To (mm/dd/yyyy)

Filter results here

Transaction #	Member ID	Patient name	Place of service	Date of service	Facility name	Physician name	Status	Actions
00000000	44043209	Blank Cade	My Favorite Clinic	07/04/1776	My Favorite Clinic	Docotor One	Complete	<a href="#">Edit</a> <a href="#">Submit an extension</a> <a href="#">Submit admission notification</a> <a href="#">Appeal</a>
00000000	44043209	Blank Cade	My Favorite Clinic	07/04/1776	My Favorite Clinic	Docotor One	Complete	<a href="#">Edit</a> <a href="#">Submit an extension</a> <a href="#">Submit admission notification</a> <a href="#">Appeal</a>

(Fictionalized data)

## How to view the dashboard

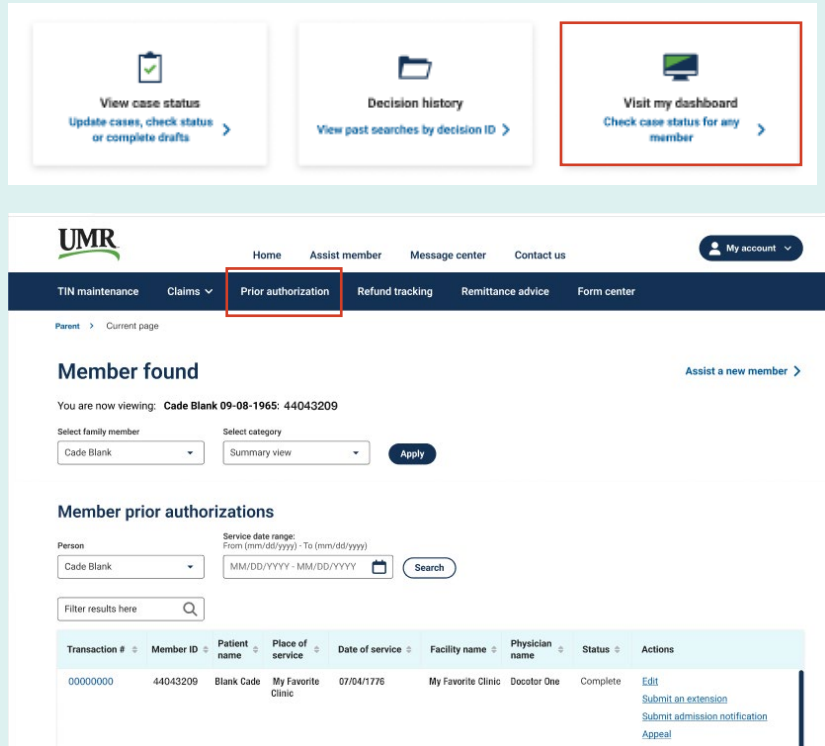
The dashboard allows a user to search for existing cases or drafts for **any patient** and take the following actions:

- View the status of submitted cases
- Update existing cases
- Finish previously saved transactions

There are **two ways** to navigate to the dashboard:

**Method 1:** Select **View my dashboard** on the patient search screen.

**Method 2:** Select **Prior authorization** from the navigation bar.

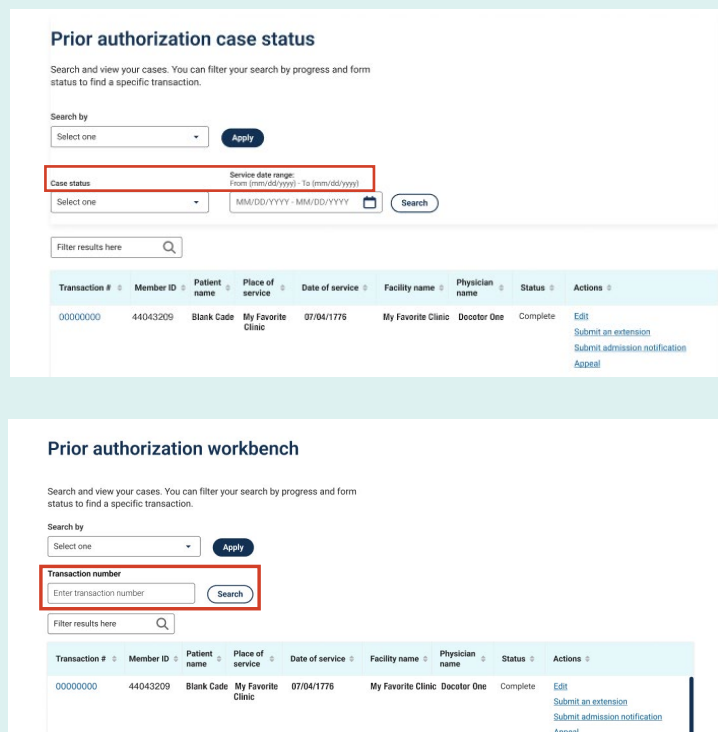


## Navigating the dashboard

Search by case status or date of service.

Enter **Transaction number** to search for an existing case or draft.

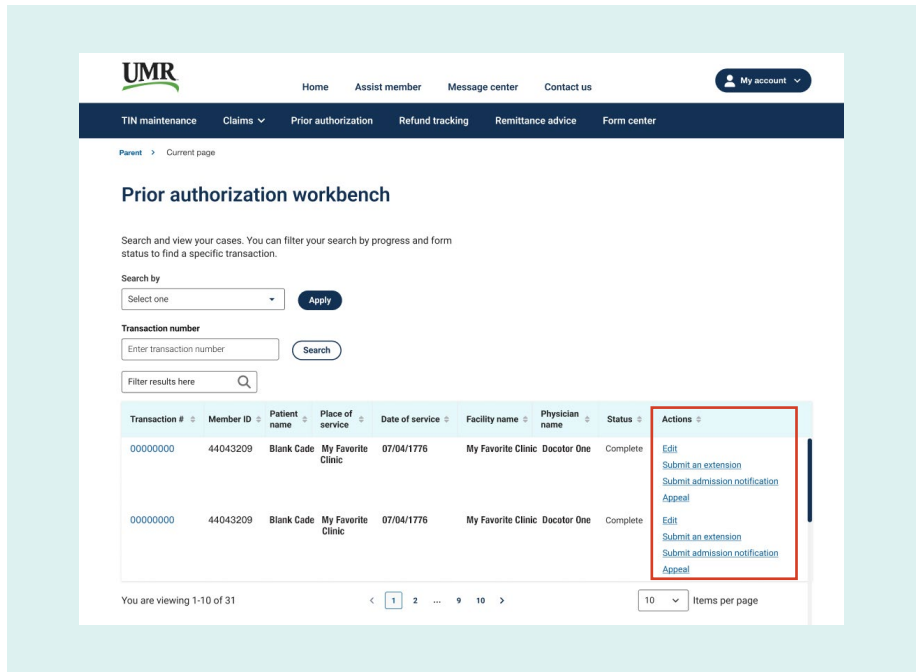
Select the service date range to view a list of cases you have started or completed.



(Fictionalized data)

## Dashboard actions

Select the links in the **Actions** column to complete desired actions for the case.



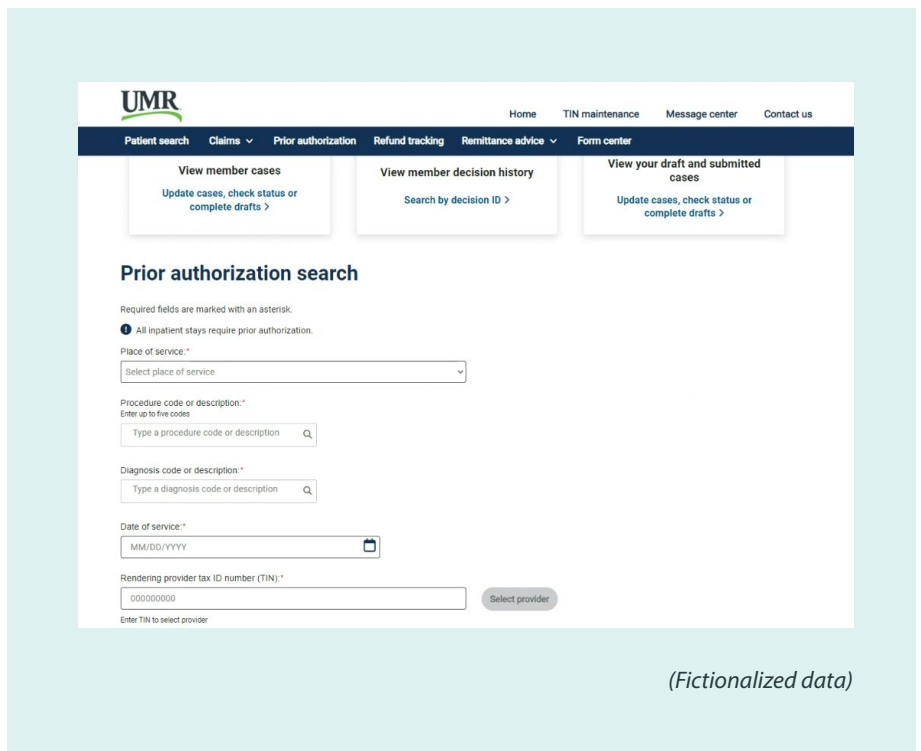
## Perform a new search: Enter requirement search criteria

Under **Prior authorization search**, the following are required (marked with an asterisk):

- Place of service
- Procedure code or description (HCPCS, CPT, or description of service). **Note:** Up to 5 codes can be entered during the initial requirement search
- Diagnosis code or description
- Date of service (use today's date if unknown)
- Rendering provider TIN

While diagnosis code and TIN are not required, it is highly recommended for precise results.

**Note:** Diagnosis codes must include a decimal point after the 3rd character, XXX.XX.



(Fictionalized data)

## Perform requirement search

When the desired search criteria have been entered, review the details for accuracy and modify fields as necessary.

**Note:** If applicable, additional procedure and diagnosis codes can be entered during the submission process.

When you are satisfied, select **Search** to view results.

The screenshot shows the UMR web application interface for prior authorization searches. At the top, there is a navigation bar with links for Home, TIN maintenance, Message center, and Contact us. Below this is a secondary navigation bar with tabs for Patient search, Claims, Prior authorization (selected), Refund tracking, Remittance advice, and Form center.

The main content area is titled "Patient found" and displays the patient information: "Cade Blank (09/08/1965), ID 44643209". It includes a "Select patient" dropdown menu and a "View" dropdown menu set to "Prior authorization", with a "Search" button.

Below this, there are three interactive cards under the heading "Prior authorization":
 

- View member cases:** Update cases, check status or complete drafts >
- View member decision history:** Search by decision ID >
- View your draft and submitted cases:** Update cases, check status or complete drafts >

The "Prior authorization search" section contains several required fields:
 

- Place of service \***: A dropdown menu currently showing "Outpatient Hospital - Non Surgical".
- Procedure code or description \***: A text input field with a search icon. A tooltip for code 97161 is visible, describing physical therapy evaluation. Below the input field, a detailed tooltip for code M23.209 is also present, describing meniscus derangements.
- Diagnosis code or description \***: A text input field with a search icon, currently containing "M23.209 - Other meniscus derangements, posterior horn of lateral meniscus, unspecified knee".
- Date of service \***: A date input field showing "07/04/1776" with a calendar icon.
- Rendering provider tax ID number (TIN) \***: A text input field showing "000000000" with a "Select provider" button.

At the bottom of the search section, there is a "Search" button and a note: "Enter TIN to select provider".

*(Fictionalized data)*

## Interpreting requirement search results:

### Basic information

Based on the search criteria entered, the tool will display one or more of the following options:

- Prior authorization is required
- Medical necessity review needed/ pre-determination recommended
- No coverage for this service
- No procedure code requirements found

The requirements displayed on the Prior authorization search results page will be listed by section with results further separated by Tier, if applicable. Results related to the procedure code will be displayed near the top, followed by other factors that may apply, such as place of service, etc.

The next few pages will further explain how to interpret results within each section.

## Interpreting requirement search results:

### Color-coded page sections

It is important to scroll through all results to determine which apply to the situation. Color-coded page sections indicate the following:

**Prior Authorization results**

Decision ID: 000000  
Please save for your records

Tier one   Tier two   Out-of-network

✔ **Cade Blank is part of this tier**  
Participating network name: NEXUS ACO

**Place of service:**   **Elective Inpatient Hospital**

Procedure code:   82306 - Vitamin D; 25 hydroxy, includes fraction(s), if performed

Diagnosis   F33.2 - Major depressive disorder, recurrent severe without psychotic features

Date of service:   07/04/1776

YAX ID number (TIN):   11111111111




❗ Prior Authorization is required for this member's plan EXCEPT Maternity Delivery Admissions within the Federal Mandate time frame.

Prior authorization submission

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All inpatient stays and/or services performed inpatient require an authorization. If the stay is expected in the future, a prior authorization is required in advance of the stay. An emergent admission requires notification within 24 hours of admission.

Note: Every effort is made to ensure the information given to you is accurate. If there is a conflict between the information provided and the terms of your plan, please refer to the terms of your plan. The final determination of coverage is made at the time the claim is received and processed.

If you see	It means
 <i>Orange box with text</i>	Applies to the specific search criteria entered with no other conditions to consider
 <i>Blue box with text</i>	Applies to the specific search criteria entered with additional conditions for users to review
 <i>Gray box with text</i>	Additional information that might apply – a user must review to determine if the result applies to the situation based on criteria other than CPT code or diagnosis ( <i>such as place of service, etc.</i> )

*(Fictionalized data)*

## Interpreting requirement search results:

### Tier tabs

When provider criteria is included in the requirement search, the results displayed will default to the appropriate Tier tab related to that provider.

**Note:** If no provider is included in the requirement search, the results will default to the In-network, or Tier 1 tab.

To view requirements for other tiers, select the desired tab.

#### Prior Authorization results

Decision ID: 000000  
Please save for your records

Tier one   Tier two   Out-of-network

Place of service: **Elective Inpatient Hospital**  
 Procedure code: 82306 - Vitamin D, 25 hydroxy, includes fraction(s), if performed  
 Diagnosis: F33.2 - Major depressive disorder, recurrent severe without psychotic features  
 Date of service: 07/04/1776  
 YAX ID number (TIN): 1111111111

**i** Prior Authorization is required for this member's plan EXCEPT Maternity Delivery Admissions within the Federal Mandate time frame.

[Request authorization submission](#)

#### Prior Authorization results

Decision ID: 000000  
Please save for your records

Tier one   Tier two   Out-of-network

**⚠** MY FAVORITE CLINIC is NOT part of this tier.

Place of service: **Elective Inpatient Hospital**  
 Procedure code: Not required  
 Diagnosis: A98.0 - Crimean-Congo hemorrhagic fever  
 Date of service: 07/04/1776  
 YAX ID number (TIN): 1111111111

**i** Prior Authorization is required for this member's plan EXCEPT Maternity Delivery Admissions within the Federal Mandate time frame.

*(Fictionalized data)*

## Interpreting prior authorization search results: Code-based and conditional requirements

You may also see the result:  
**No requirements found for this procedure code.**  
**See important additional requirements that may apply below.**

This means that the procedure code entered is not found in the member’s prior authorization requirements, but other **Important additional requirements** are shown further down the page that may apply.

**Important:** The **Important additional requirements** section should be evaluated any time it is displayed.

This section displays **requirements that may be relevant, other than those based the CPT code.**

**Note:** Including a diagnosis code in the initial search or searching by the diagnosis code field may narrow down some of the information displayed in this section. When a combination of results are returned, follow the chart below.

If you see	And	Then
Prior authorization	Medical necessity/pre-determination	Prior authorization is required
Prior authorization	No coverage	There is no coverage for this service
Medical necessity/pre-determination	No coverage	There is no coverage for this service

## Interpreting prior authorization search results: Other conditional requirements

Some results are dependent on factors such as patient age, dollar amount or visit threshold.

In some instances, a call to customer service will be suggested.

### Prior Authorization results

Decision ID: 000000  
Please save for your records

Tier one    Tier two    Out-of-network

Place of service: **Elective Inpatient Hospital**  
 Procedure code: 82306 - Vitamin D; 25 hydroxy, includes fraction(s), if performed  
 Diagnosis: ● Not entered. To target your results, enter a TIN  
 Date of service: **07/04/1776**  
 YAX ID number (TIN): ● Not entered. To target your results, enter a TIN

● Prior Authorization is required for this member's plan EXCEPT Maternity Delivery Admissions within the Federal Mandate time frame.

● Prior Authorization is required for this member's plan EXCEPT Maternity Delivery Admissions within the Federal Mandate time frame.  
EXCEPT when performed by the following provider(s):

- Call customer service for provider specific detail.

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**Important additional requirements that may apply:**

● Prior Authorization required for this member's plan when performed at the following place(s) of service:

- INPATIENT HOSPITAL SURGERY

(Fictionalized data)

## Interpreting prior authorization search results: Decision ID

A **Decision ID** is displayed after each requirement search. When the search produces a result that indicates no further action is required, the Decision ID should be stored for your records. If requirements apply, users will select the appropriate action button to navigate to a screen where additional information will be collected to process the request. A new Decision ID number will be provided when submission is complete.

## Submitting a request: Enter required information – treatment type and date of service

After selecting either **Prior authorization submission**, **Request pre-determination**, or **Complete notification** buttons, users will be prompted to enter any additional information required to complete the request or notification.

**Note:** All search criteria entered as part of the requirement search will auto-populate within the form.

As shown here, users will be required to select a **Treatment type** from a drop-down list based on the chosen **Place of service**. The **Service end date** can be entered by either selecting the calendar, navigating to and selecting the correct date, or by typing the date directly in the field using the MM/DD/YYYY format.

## Submitting a request: Services requested section

### Procedure code(s)

Additional codes not included within the requirement search can be added to the request or notification by using the **Enter procedure code** field.

**Note:** Be sure to enter values for any boxes that are displayed – ex: modifier, units, type of units, estimated bill amount.

### Diagnosis code(s)

Additional diagnosis codes can be added by using the free-form text field labeled **Type a diagnosis code or description**.

**Note:** Be sure to use the check box in the **Primary** column to select the appropriate primary diagnosis code for the request.

Services requested			
Procedure code(s): *			
Actions	Code	Primary	Description
<a href="#">Remove</a>	F33.2	<input type="checkbox"/>	Major depressive disorder, severe without psychotic functions

Any procedure code or diagnosis code can be deleted from the submission form by selecting **Remove** on the left-hand side of each grid.

*(Fictionalized data)*

## Submitting a request: Provider information section

Within the **Provider information** section, the rendering provider and facility TIN may be required and will be marked with a red asterisk. To search for the rendering provider or facility, enter a valid TIN in the respective search field and select the **Select physician** or **Select facility** button.

**Note:** The provider search within this section has the same functionality as the search within the initial requirement.

**Provider information**  
Rendering provider:

Actions	Provider name	TIN	NPI	Address	City	State	Zip	Network level	Network name
<a href="#">Remove</a>	Cade Blank	11111111111	000000000	123 Sunshine Blvd	Best City	USA	12345	IN	Nexus ACO

Facility TIN where services will be performed: \*  
 [Select facility](#)

**Follow-up contact information**  
 Name:  [x](#)  
 Email address:  [x](#)  
 Phone number:  Fax number:

In the example above, the facility was included in the requirement search but the rendering provider is also required, so a TIN search to select the physician must still be performed.

## Submitting a request: Provider information section – provider not found

If the correct search criteria have been entered, but the desired provider is not included within the search results OR there are no results found (like shown here), select **Add provider manually**.

In the new window, enter all required information (as indicated with an asterisk) and select **Search**.

Select provider

Rendering provider tax ID number (TIN): 11111111111  
 Date of service: 07/04/1776  
 Enter additional criteria below to refine your search results.

Provider type: \*  [x](#)   
 Provider first name:  [x](#)   
 Provider last name:  [x](#)   
 National provider identifier (NPI):  [x](#)   
 Zip code:  [x](#)   
[Search](#)

*(Fictionalized data)*

## Submitting a request: Follow-up contact information

In the **Follow-up contact information** section, fill out the required fields for the individual who can provide additional clinical information or details if needed.

**Note:** All fields are required.

- Name
- Email address
- Phone number
- Fax number

**Follow-up contact information**

Name:

Email address:

Phone number:

Fax number:

## Submitting a request: Supporting documentation section

Clinical information related to the request should be entered in the **Supporting documentation** section. This can be done by selecting the **Upload file** button to attach an existing file, or by entering free-form text in the **Additional comments** field.

**Note:** Users can access provider forms by selecting **Access a list of forms here**. When selected, the menu to the right will display.

**Supporting documentation**

Variable clinical request form of specific information needed based on the type of service being requested (genetic testing, spinal surgery, PT/OT/ST, ABA therapy, bariatric, etc.).

[Access a list of forms here](#)

Your file should be in .pdf, .png or .jpeg format with less than xx MB size.

**Uploaded files**

- fileexample.png
- fileexample.png
- fileexample.png

**Additional comments:**

Max characters 250

**UMR** Home TIN maintenance Message center Contact us My account

Patient search Claims Prior authorization Refund tracking Remittance advice Form center

**Forms**

Not all forms apply to your benefits plan. Sign in to your account to find specific forms relating to your coverage. If you have any questions about which forms or documents you may need, please call the toll-free number on your health plan ID card.

Search for a specific form here

Form name
GUIDE: How to access the UMR Post-Service Appeal Request Form
Pre-Service Appeals Designation of Authorized Representative (UMF0011)
Provider Medical Claim Submission Form (HCF01500)
Dental Claim Form (UMF0055)
Provider Remittance Advise (RA) form (UMF0025)
Continuity of Care form (UMF0005)
Peer-to-Peer Request form (UMF0057)

(Fictionalized data)

## Submitting a request: Submitting

At the bottom of the submission form, users can select action buttons.

**Note:** When users select **Submit**, red error messaging may appear on the screen to identify missing or incorrect entries. The request cannot be submitted until all errors have been corrected.

Additional comments:

Enter comments here

Max characters 250

Previous Save and finish later Cancel and return to inquiry Submit

## Submitting a request: TIN validation

After selecting **Submit** on the submission form, users may see the following window. This usually happens when a provider was manually added and is not yet associated with an existing provider account. Simply select the TIN that is associated with your account and select **Submit** to continue with the submission request.

**Note:** A new TIN can permanently be added to your provider profile by selecting **TIN maintenance** from the main navigation.

UMR Home TIN maintenance Message center Contact us My account

Patient search Claims Prior authorization Refund tracking Remittance advice Form center

### TIN maintenance

Please provide your Tax ID numbers. You will only be able to view claims submitted under these numbers.

Tax ID number: \* Provider name: \*

Note: Adding or updating TIN information does not update any information used to process claims you submit. This information is used in determining your online access only.

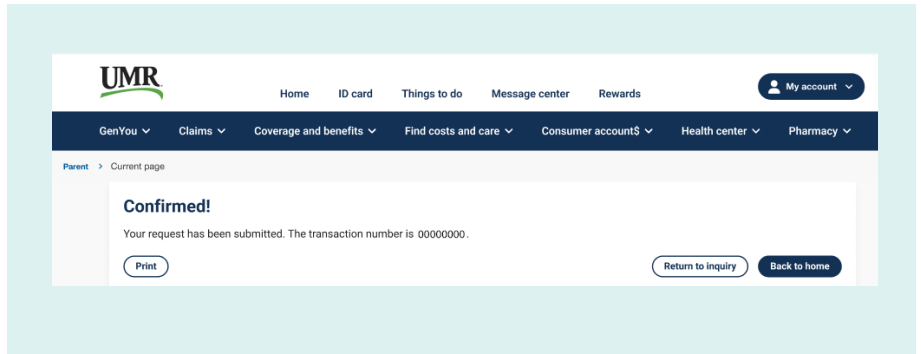
Cancel Submit

(Fictionalized data)

## Submitting a request: Transaction number

Submitting a request will generate a transaction number as shown here.

**It is important to keep this number for your records.** It will be needed to retrieve or modify the request.



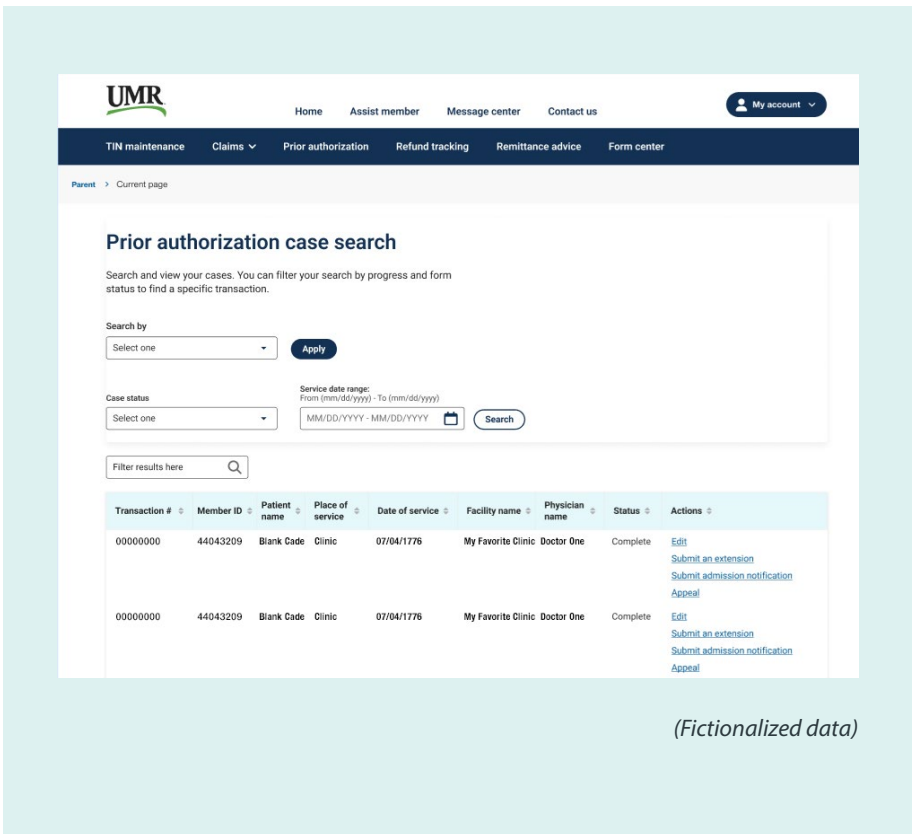
## How to submit a pre-service appeal request

In the **Action** column, you can select the link next to the **Appeal** icon to navigate to the **Appeal request** form.

On the next screen, select the code(s) to be included in the appeal request by selecting the checkbox next to each line. If desired, include information related to the appeal request within the **Reason for Appeal** free-form text box.

**Note:** There will be options for uploading supporting clinical documentation further down in the form.

In the **Follow-up contact information** section, fill out the required fields for the individual who can provide additional clinical information or details if needed.



The **Pre-Service Appeals – Designation of Authorized Representative** form is required to process the appeal request. It can be accessed via the link shown here. The completed form, along with any other clinical documentation, can be attached to the request by using the **Upload** button on the form.

A green check mark will appear to indicate that a file has successfully been uploaded to the request. When all information and supporting documentation have been entered in the form, select the **Submit** button.

**Forms**

Not all forms apply to your benefits plan. Sign in to your account to find specific forms relating to your coverage. If you have any questions about which forms or documents you may need, please call the toll-free number on your health plan ID card.

Select who you are

Search for a specific form

Form name
Pre-Service Appeals Designation of Authorized Representative (UMF0011)

115 W. Wausau Ave  
Wausau, WI 54401-2875

UMC Appeals - UMR  
P.O. Box 400046  
San Antonio, TX 78229

**UMR**  
A UnitedHealthcare Company

**Pre-Service Appeals - Designation of Authorized Representative**

I, \_\_\_\_\_, (your name) do hereby appoint, \_\_\_\_\_ (your Authorized Representative) (hereinafter "my Authorized Representative") to act on my behalf in pursuing a benefit claim, specifically, my claim(s) for \_\_\_\_\_ (insert pre-service case number)

My Authorized Representative shall have full authority to act and receive notices on my behalf with respect to an initial determination of the claim, any request for documents relating to the claim, and any appeal of an adverse benefit determination of the claim.

I understand that in the absence of a contrary direction from me, UMR will direct all information and notices regarding the claim to which I otherwise am entitled, including benefit determinations, to my Authorized Representative **only**.

I am aware that the Standards for Privacy of Individually Identifiable Health Information set forth by the U.S. Department of Health and Human Services (the "Privacy Standards") govern access to medical information. I understand that in connection with the performance of his/her duties hereunder, my Authorized Representative may receive my Protected Health Information, as defined in the Privacy Standards, relating to the claim. I hereby consent to any disclosure of my Protected Health Information to my Authorized representative.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Member ID \_\_\_\_\_  
MM DD YEAR

Signature of patient or patient's guardian \_\_\_\_\_

**Acknowledgement**

I, \_\_\_\_\_ (name of Authorized Representative), have read the above Designation of Authorized Representative, and I hereby accept this designation and agree to act as Authorized Representative for \_\_\_\_\_ (claimant's name) with respect to the above defined claim.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YEAR

Signature of Authorized Representative \_\_\_\_\_

Notices may be sent to the Authorized Representative at the following address:

Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**Supporting documentation**

Variable clinical request form of specific information needed based on the type of service being requested (genetic testing, spinal surgery, PT/OT/ST, ABA therapy, bariatric, etc.).

Access a list of forms here

Your file should be in .pdf .png or .jpeg format with less than xx MB size.

**Uploaded files**

fileexample.png	
fileexample.png	
fileexample.png	

Additional comments:

Enter comments here

Max characters 250

(Fictionalized data)

## How to identify a case with an existing appeal

In the **Status** column, you can track the current station of a submitted appeal request.

**Prior authorization case search**

Search and view your cases. You can filter your search by progress and form status to find a specific transaction.

Search by:

Case status:

Filter results here

Transaction #	Member ID	Patient name	Place of service	Date of service	Facility name	Physician name	Status	Actions
00000000	44043209	Blank Code	Clinic	07/04/1776	My Favorite Clinic	Doctor One	Complete	<a href="#">Edit</a>

*(Fictionalized data)*