

# CareSource Provider Portal

## **Prior Authorization Overview**



# Select 'Prior Authorization' under the Providers tab in the left navigation.

## Member Search

Member Eligibility

Coordination of Benefits

Claim Information

Member File Upload

## Member Reports

Provider Membership List

Clinical Practice Registry

## Users

Manage Users

Update My Account

Provider Training

## Providers

Care Management Referral

Claim Appeals

Online Claim Submission

Claims Recovery Request

File Grievance

Payment History

Pharmacy

Prior Authorization and

Notifications

## Attention All Providers:

The Centers for Medicare & Medicaid Services (CMS) requires CareSource to periodically update provider information. Please make sure your information is up-to-date. If you have not made an update within the last six months, please visit [provider maintenance](#) where you are able to update your demographic, cultural, linguistic and accessibility information.

Note: If you have questions on how to update your information, please call Provider Services at: 1-855-202-1091.

## Network Notifications

Stay informed with updates that impact claims, clinical guidelines, Provider Portal functions and more. Visit our [Updates & Announcements](#) page.

## Anti-Fraud Plan

CareSource understands the profound financial and personal effect healthcare fraud, waste and abuse (FWA) can have on everyone included in the healthcare process – members, providers, health plans, government agencies and tax payers. CareSource is committed to the fight against healthcare FWA and has established a Special Investigations Unit (SIU) to lead this effort. Please view our [2018 Anti-Fraud plan](#) for all laws, regulations and other requirements.



## Prior Authorization Tabs

Enter CareSource ID and Start Date of Service and select Search.

Note: Member Eligibility is directly affected by date of service

### Prior Authorization and Notifications

Medical (Inpatient & Outpatient)

Newborn Delivery Notification

Status

**An authorization is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.**

CareSource Id

Medicaid Id

Member Info

CareSource ID:

Start Date of Service

Search



# Select Care Setting and Category

## Authorization Request

Select Care Setting

- ☐ Inpatient  
☒ Outpatient

Select Category

--Select Category-- ▼

\*

Enter provider information. Use the dropdown to search by providers NPI Number or CareSource Provider Number. Select appropriate provider from dropdown.

Search:

Provider Name



\* Required



## Complete remaining required fields and select continue to proceed.

**Dates of Service**

An authorization is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.

Start Date:

8/28/2018

End Date:

8/28/2018

**Treatment Type**

Treatment Type:

--Choose One--

\* Required

**Place Of Service**

Place Of Service:

--Choose One--

\* Required

**Diagnosis Codes**

Code Type:

ICD10 Diagnosis Codes

Search By:

Code

\* Required

**Procedure Codes**

Code Type:

All Procedure Codes

Search By:

Code

\* Required

**Contact Information**

Contact name of person completing this request:

\* Required

Contact phone number:

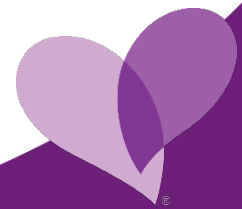
\* Required

Contact phone number extension:

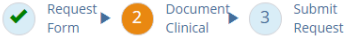
Contact fax number:


\* Required

Contact email:



## Select “Document Clinical” to continue

**Authorization Request** 



**Patient :** 5634024 **Name :** Saur, Dino **DOB :** 8/10/1982 **Gender :** Male [▼ show more](#)

**Authorization :** EPS-00001952 **Type :** Beyond Benefit Limits **Status :** NoDecisionYet [▼ show more](#)  
**Diagnosis Codes :** **Procedure Codes :** 80324(CPT/HCPCS) **primary**

**Disclaimers**

**80324 - CPT/HCPCS**

- REVIEW REQUIRED: This request requires review. Select the 'Document Clinical' button to continue.

**Procedure Code:** 80324 (CPT/HCPCS) [Document Clinical](#)  
**Requested Units:** 1


[✔ Submit Request](#) [✕ Cancel Request](#) [← Back](#)

## Select “Submit Request ” to proceed

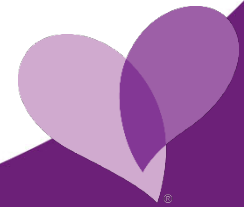
**Disclaimers**

**80324 - CPT/HCPCS**

- Criteria met** for this request. Please select the 'Submit Request' button to proceed. You will receive your **authorization status** and **reference ID** after submitting this request. An authorization is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.
- REVIEW REQUIRED: This request requires review. Select the 'Document Clinical' button to continue.

 **Procedure Code:** 80324 (CPT/HCPCS) [▼ show more](#)  
**Requested Units:** 1

[✔ Submit Request](#) [✕ Cancel Request](#) [← Back](#)



# Prior Authorization Results Screen

Reference # and Authorization status will be displayed on the Provider Portal after submitting the request. Please note you are also able to attach additional clinical information.

**Results**

Prior Authorization request has been successfully submitted. If clinical information to support this request has not been submitted, please send (via e-mail, fax or telephone) clinical review to the Medical Management Department within one business day.

**Your reference ID for this submission request is: 006567083**

An authorization is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.

To submit another prior authorization request please return to the top of the page and enter the member's CareSource ID, Medicaid ID or Member info.

**Reference #: 006567083**

**Upload Attachments:**

If your authorization status is Pended, please attach member Clinical information in order to expedite your authorization process. If you are unable to attach Clinical information, please click on this link to access the appropriate [fax number](#).

Accepted file types: Word, Excel, PDF, Notepad, Image(tiff)

No file chosen

Files Uploaded:

**Line Number: 0**

<b>Procedure:</b>	*Permissions not met		
<b>From Date:</b>	8/21/2018	<b>To Date:</b>	8/21/2018
<b>Requested Units:</b>	365	<b>Requested Date:</b>	8/21/2018
<b>Authorized Units:</b>	365	<b>Authorized Date:</b>	8/21/2018
<b>Status:</b>	Approved		





*CareSource*<sup>TM</sup>