

# Preauth & Care Plan Tool

## Quick Guide: Submitting Inpatient Requests

1. Log in to the [Preauth & Care Plan Tool](#) using a compatible browser (Google Chrome recommended).
2. From the dashboard, click **Menu** on the top application bar and select **New Request**.
3. Enter member information in the search fields and click **Search**. The following fields are required:
  - Member Last Name
  - Member DOB
  - Subscriber ID
4. This will bring up a list of the member's Select Health plans. Verify the member information and check the **Coverage End Date** and **Is Primary** column to make sure the member has an active and in-network plan.
5. From the **Action** column, choose the type of request to submit.
6. Complete the request sections (see below for detailed instructions).

### Request Sections

#### EPISODE DETAILS

##### Admit Type:

- Behavioral Health
- Maternity
- Medical
- Newborn
- Surgical

##### Request Priority:

- Standard
- Expedited

#### COVERAGE DETAILS

Use this if the member has more than one plan and you want to submit for the other Select Health plan.

#### DIAGNOSIS

Type the diagnosis code or start typing the actual diagnosis. The system will pull a list to choose from. Make sure to click the diagnosis listed so that it will populate the field.

#### PROVIDER DETAILS

- i. Click **Attach Providers**. Because this is an inpatient request, you will need to select **both** a provider and a facility.

- ii. Enter the provider information in the fields (Last Name or NPIN are popular options). Make sure to click on the options to fill in the fields. Click **Search**.
- iii. Choose the appropriate provider by finding the correct address and ensuring they are in-network. Click the field in the **Provider Role** column and choose **Requesting**.
- iv. Click the cog icon and select **Multiple Attach**. This allows both the provider and facility to be added to the request.
- v. Go back to the left side of the screen and clear out the provider's information from the search fields. Enter the facility and click **Search**.
- vi. Click the field in the **Provider Role** column and choose **Servicing**.
- vii. Click the cog icon and select **Multiple Attach**. This allows both the provider and facility to be added to the request.
- viii. Click **Attach**.

**NOTE:** All requests require both a requesting and servicing provider role.

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# Quick Guide — Inpatient Requests, continued

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## STAY REQUEST

- i. Fill in the following fields:
  - **Service Type** (Select **Inpatient Hospital**. This field is required.)
  - **Place of Service** (Select **Inpatient Hospital**. This field is required.)
- ii. Enter the date in either the **Expected Admit Date** or **Actual Admit Date** field.
- iii. Click **Add**.

## SERVICE REQUEST

- i. Click **Add Services**. This is where CPT, CDT, HCPC, and UM service groups are added.
- ii. Fill in the following fields:
  - **Service Type** (Select **Inpatient Hospital**.)
  - **Place of Service** (Select **Inpatient Hospital**.)
  - **Code Type** (Choose from the dropdown menu.)
  - **Service Code** (Enter the code you would like reviewed.)
  - **Start Date** and **End Date**

- iii. If you need to enter units, click on **Optional Fields**.
- iv. Click **Add**. Repeat to add additional codes.
- v. See **Table 1** on [page 3](#) for details on completing this section for specialty requests.

## DOCUMENTS

- i. Add a **Document Title**. This is mandatory if you are adding documentation.
- ii. Click **Browse**. You can only attach one document before submitting the request, so combining documentation into one file is best practice. Additional clinical can be attached after the request is submitted and is pending review.
- iii. Choose documentation and click **Open**.

## NOTES

Enter your **contact information, name, and direct phone number or email** so the reviewer can contact you with questions if needed. Add any additional notes that would be helpful to the reviewer.

7. Once all the request fields have been completed, click **Submit**.
  - Information about your request will show and can be printed by clicking on the **Episode Abstract**.
  - You can use the **Cert Number** to check the status of the authorization.
  - **Decision** on the right of the **Stay Request** gives you the status of the authorization.

# Quick Guide — Inpatient Requests, continued

**Table 1. Service/Specialty Drug Request Section**

	Service	Service Type	Place of Service	Code Type	Service Code
OP	<b>Chiropractic</b>	Chiropractic	Office	UM Service Group	CHR2—Chiropractic
	<b>Occupational Therapy</b>	Occupational Therapy	Office	UM Service Group	OT02—Occupational Therapy
	<b>Physical Therapy</b>	Physical Therapy	Office	UM Service Group	PT02—Physical Therapy
	<b>Speech Therapy</b>	Speech Therapy	Office	UM Service Group	ST02—Speech Therapy
	<b>Dental Anesthesia</b>	Dental Anesthesia	Office	CPT	00170
					41899
	<b>Skilled Nursing Visits (SNV)</b>	Home Health Care	Home	UM Service Group	SN01—Skilled Nursing
	<b>Hospice</b>	Hospice	Home	UM Service Group	HOS1—Hospice
	<b>Private Duty Nursing (PDN) (Commercial only)</b>	Hospice	Home	UM Service Group	HOS1—Hospice
	<b>Hyperbaric Oxygen Therapy</b>	Hyperbaric Oxygen Therapy	*varies by case	HCPC	G0277
				CPT	99183
IP	<b>Behavioral Health Intensive Outpatient Program (IOP)</b>	Behavioral Health Intensive Outpatient	*varies by case	UM Service Group	IOP1
	<b>Behavioral Health Partial Hospitalization (PHP)</b>	Behavioral Health Partial Hospitalization	*varies by case	UM Service Group	PH01
	<b>Behavioral Health Social Detox</b>	Behavioral Health Social Detox	Inpatient Hospital	*varies by case	*varies by case
<b>Behavioral Health Residential Treatment (RTC)</b>	Behavioral Health Residential Treatment	*varies by case	*varies by case	*varies by case	*varies by case