Preauth & Care Plan Tool
Quick Guide: Submitting Outpatient 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
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 outpatient request, the scenario for requesting and servicing providers may vary, but both are required.

ii. Enter the **requesting provider information** in the fields (Last Name or NPIN are popular options). Make sure to click on the blue options to populate the fields. Click **Search**. Choose the appropriate provider by finding the correct address and ensuring they are in-network.

Office:
— **If the requesting provider will also be the servicing provider,** click the field in the **Provider Role** column and choose **Requesting and Servicing**.
— Click the cog icon and select **Single Attach**. This will add the provider information to the request.

Outpatient Facility:
— **If the requesting provider is different than the servicing provider,** click the field in the **Provider Role** column and choose **Requesting**.
— Click the cog icon and click **Multiple Attach**. This allows both the provider and facility to be added to the request.
— Clear the requesting provider's information from the search fields and enter the servicing facility's name or NPIN.
— Click the field in the **Provider Role** column and choose **Servicing**.
— Click the cog icon and select **Multiple Attach**.

iii. Click **Attach**.

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

simplified benefits ADMINISTRATORS

Note: The Preauth and Care Plan tool registration process and maintenance is administered by Select Health. Presence of Select Health logos and information is normal.

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SERVICE/SPECIALTY DRUG REQUEST

i.   Fill in the following fields:

— **Service Type** (Choose from the dropdown.)

— **Place of Service** (Choose from the dropdown.)

— **Code Type** (Choose from the dropdown.)

a.   CDT

b.   CPT

c.   HCPC

d.   UM Service Group

— **Service Code** (For UM Service Group codes, you can view the list by entering 3 dashes (___) in this field.)

— **Start Date**

— **End Date**

— **Requested**

ii. If you need to enter units, click on **Optional Fields**.

iii. Click **Add**.

iv. See **Table 1** on 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.

Table 1. Service/Specialty Drug Request Section

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