

# Provider Portal

## Tips for Requesting an Authorization



## Automation at Your Fingertips

Sentara Health Plans has created this how-to guide for your office to use to make requesting an authorization efficient and simple. It includes helpful tips to keep in mind when using the provider portal for day-to-day activities. As always, please contact provider services if you have additional questions or experience difficulties.

## Important To Remember

1. **Use the member ID and number** to start the authorization request process. Use the member ID and number from the member's ID card to start the authorization request process.
2. **It is important** to select the correct **Service Type** from the drop-down menu. All prompts thereafter will align to the type of service. The most common service types for are:

### Medicaid/Medicare:

#### **Inpatient**

INPT-IM-GENERAL MEDICINE – Inpatient  
LTC-REHAB Skilled Nursing – Facility  
INPT-PSYCHIATRY – Mental Health Inpatient

#### **Outpatient**

DURABLE MED EQUIPT – Equipment  
HOME HEALTH SVCS – Home Health  
LABORATORY – Lab Tests  
AMSG-GENERAL SURGERY – Outpatient Surgery  
DIAGNOSTIC IMAGING – CT/MRI/PET  
OTPT-PHYS THERAPY – Physical Therapy  
OTPT-SPEECH THERAPY – Speech Therapy  
OTPT-OCCUPA THERAPY – Occupational Therapy  
MD-IM-GEN MEDICINE – In-office Services  
Mental Health Support – Svcs Mental Health Services

### Commercial:

#### Inpatient Stay Request:

Service Type – I  
Place of Service – Inpatient Hospital

#### Outpatient Service Request:

Service Type – O  
Place of Service – Outpatient Hospital



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3. **When adding lines** or codes, each must be a separate line. Unit and frequency must also be added to each line for Medicaid authorizations. Be sure to click the **blue ADD button** after adding each line. After all lines or codes have been entered, click on the **green ADD button** prior to adding the providers.
4. **After attaching providers** to the service code, you must add the **Treating Provider** (usually the facility) and **Requesting Provider** (physician or provider type).
5. **Requester must include** their name and contact phone number in case the authorization staff has questions.
6. **After clicking submit**, pop-up alerts will appear to remind you to enter **all** service codes.
  - Click **OK** and then scroll up to the code line.
  - Click on the box above the code.
  - Click on the green **Review** button to get to the criteria.

This will take a few seconds to load. After completing the criteria review, click **Save**, then **Submit**.

7. **If there are no available criteria**, type **No Criteria** in the box and click **Save**, then **Submit**. After a few seconds, you will return to the main screen.
8. **After returning to the main screen**, go to the bottom and click **Submit**. A review screen of your entries will appear. Your authorization has now been submitted. You may return to the Dashboard. **Refresh** your screen.



9. **Attach documents** in the provider portal after you have completed the criteria review and prior to the second submit of your request. You may attach PDF or Word documents.
10. **You will then be able to view** all the requests you have submitted. Click on the **My Requests** folder to view statuses of your requests. If the status shows as **Processed**, please click on the widget to open to view the decision of the request.

Here is an example:

Service Request							
	Service Type	Service Code	Due Date	Decision	Auth Start Date	Auth End Date	
<input type="checkbox"/>	Initial	ORP	70496 (CPT)	04/26/2022 23:59	Approved	04/ 5/2022	07/18/2022

11. **The Cert Number** is the authorization number:



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