

Chorus Community Health Plans

Authorization Provider portal Submitting a Pharmacy PA Authorization for Guiding care
03/07/2023 updated 07/07/2025

Purpose: Provider instruction to enter an authorization request in Guiding Care.

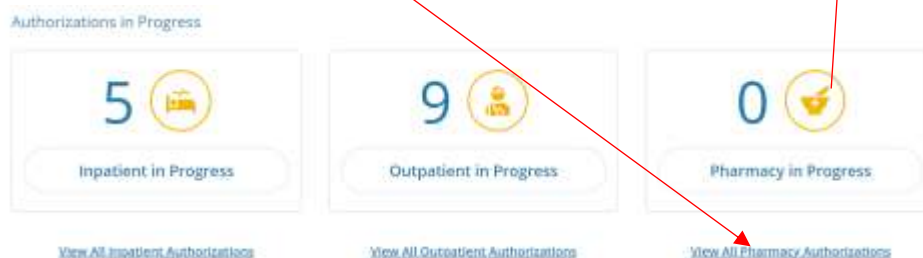
1. After registration, Sign in with SSO sign in instructions and Guiding care Production URL
2. Navigate to Home screen to start Authorization
3. Click on appropriate request button to submit authorization



a.

Pharmacy Authorization request for a code that requires Prior authorization

- b. Or open authorizations in progress



- c. Or request withdrawal of an authorization that has already submitted



Starting a New Pharmacy authorization request


1. Click the Starting a New Pharmacy Request button
2. Navigate to member search and Enter
 - a. First name
 - b. Last name
 - c. Date of Birth
 - d. Click find member button

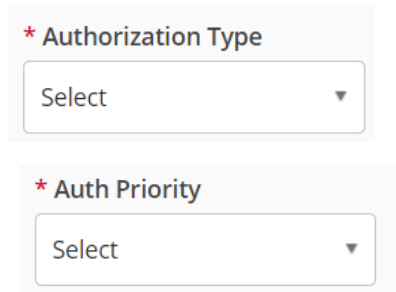
OR

- a. Member ID
 - b. Click find member button
3. Will be prompted to choose member from list
 - a. Choose active eligibility that will be used by clicking on the box with member information

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- b. Will be prompted to verify insurance and Click to continue
 - c.  Please verify primary insurance with member prior to submission. [Click to continue](#)
 - d. Click on Member information box to choose Active Eligibility
4. Start to document Authorization request-All mandatory fields are marked with a red *
- a. Choose Authorization Type from dropdown (Pharmacy-Medical)



The screenshot shows two dropdown menus. The first is labeled '* Authorization Type' and has a 'Select' option. The second is labeled '* Auth Priority' and also has a 'Select' option.

b.

Auth Priority: Post service (May be considered for review or an Appeal), Urgent preservice (Pharmacy will decision within 72 hours if meets urgent criteria), Preservice (Pharmacy)

- c. Enter provider information



The screenshot shows a search interface for providers. It includes a dropdown menu labeled 'Referred By Provider Name' with 'Provider Name' selected. To the right is a search box with the placeholder text 'Begin typing name or code to select' and a magnifying glass icon. Above the search box is a blue instruction: 'Click 'Down Arrow' after entering first 3 characters to enable search.'

- 1) Begin typing to choose from generated
- 2) Click down arrow after entering first 3 characters to enable search.

OR

- 1) Search for provider by clicking on the Search glass.
- 2) Navigate to provider search
- 3) Enter Provider Last Name or Facility in the left upper field
- 4) Search
- 5) Choose from list
- 6) Check Address
- 7) Line of business
- 8) Other identifiers-TIN/NPI

Providers to document

- 1) Referred by Provider –PCP or ordering Physician

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* Referred By Provider Name

Provider Name Begin typing name or code to select

a.

2) Servicing Provider-This would be the billing entity-Facility/ Company providing the medication

- a. Choose Servicing provider -This is the provider that will be billing provider for example – Pharmacy providing the medication, Off campus hospital providing medication

Servicing Provider

Provider Name Begin typing name or code to select

- b. Example: Facility Froedtert & MCW Community Physicians Inc, Facility Froedtert Home Infusion, Facility Columbia St Mary's Hospital – Milwaukee, Facility Infusion Associates, ect.

3) Facility Provider Name-Facility, Company, office(Building. 4 walls)

Facility Provider Name

Provider Name Begin typing name or code to select

a.

5. Fill in Actual admission Date and time field.

- a. Can use T with tab for current date and time. Use T+ or – to set days before or after today's date. Or use calendar to document

6. Expected Discharge Date

- a. Can use T with tab for current date and time. Use T+ or – to set days before or after today's date. Or use calendar to document

7. Fill in Treatment type from dropdown

Treatment Type

Select

8. Fill in Place of service from dropdown

* Place Of Service

Select

- a. 01 Pharmacy
b. 11 Office
c. 12 Home
d. 22-On campus Outpatient
e. 24-Ambulatory surgery
f. 99-Other Place of service

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9. Fill in Diagnosis Description or Diagnosis code

Diagnosis Description	Diagnosis Code
Begin typing at least 3 characters	Begin typing code

- type the first 3 characters in the Diagnosis Code box
- use the down arrow on your key board to search and accept diagnosis & the code
- Must Choose from dropdown choices to fill in field
- to add more than 1 ICD-10 code use the Plus sign to open a new line

10. Fill in procedure code

- Pharmacy –Drug CPT/HCPCS code, Procedure CPT/HCPCS code

Procedure Description	Procedure Code
Begin typing at least 3 characters	Begin typing code

From Date	To Date	Unit Type	Req.	
MM/DD/YYYY	MM/DD/YYYY	Select		<input checked="" type="radio"/> Primary Procedure

-

Each CPT/HCPCS code will have the radio button for each line to designate the Primary procedure.

- Fill in start date-use calendar
- Fill in anticipated end date-use calendar
- Choose days from drop down for inpatient stay or Units as appropriate
- Req –number of units for Pharmacy
- Check box to accept disclaimer.

1. Benefits will be determined in accordance with the provisions of eligibility and limitations of the benefit plan. (Member only) 2. Please attach clinical documentation to support the medical necessity. (Member only) 3. Your request is pending for medical necessity review. For further information regarding this request send a message through the Message function of this request. (Member only) 4. Receiving authorization does not verify eligibility, guarantee payment, or guarantee a waiver of member responsibility. Claims remain subject to co-payment, deductible, coinsurance, maximum out of pocket costs and all other terms, conditions, limitations, and exclusions of the members plan at time of service. (Member/plan/contractual only) 5. Pending for medical necessity review. Clinical documentation sufficient to support the medical necessity of the service must be attached to this request or processing will be delayed. Use the ATTACH FILE button on this screen to upload documents. (Member/plan/contractual only)

- Click Next button when the page is completed.

11. UM Contact Details (Must fill in all fields)

a. UM Name	<input type="text"/>	Next
b. UM Phone Number	<input type="text"/>	Next

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Please enter Fax number

c. UM Fax Number 2222222222 Next

Please enter Email

d. UM Email djones@email.com Next

12. Navigate to next page to add Notes & Attachments

- Add Note-Type notes in field
- Add attachments
- Click  **Add Attachments** to attach clinical documents.

13. MCG launches


- Date field to be filled in with date range-Next
- Disclaimer sample displays

Disclaimers


E08.00 - ICD-10 Diagnosis


- Receiving authorization does not verify eligibility, guarantee payment, or guarantee a waiver of member responsibility. Claims remain subject to copayment, deductible, coinsurance, maximum out of pocket costs and all other terms, conditions, limitations, and exclusions of the members plan at time of service.

Diagnosis Code: E08.00 (ICD-10 Diagnosis)

 Document Clinical

Description : Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)

 Submit Request

 Cancel Request

- Prompted to document clinical information in MCG Guideline and will bring up MCG guideline choices.
- Add guideline if applicable. If no guideline applies click add & type NA in the box
- Document in guideline and After Reading disclaimer, the Orange Submit button will become active

Disclaimers

E08.00 - ICD-10 Diagnosis

- Receiving authorization does not verify eligibility, guarantee payment, or guarantee a waiver of member responsibility. Claims remain subject to copayment, deductible, coinsurance, maximum out of pocket costs and all other terms, conditions, limitations, and exclusions of the members plan at time of service.
- Remember to click the **SUBMIT** button to begin the processing at CCHP. We are unable to process until the information has been submitted.
- Benefits will be determined in accordance with the provisions of eligibility and limitations of the benefit plan.
- Your request is pending for medical necessity review. For further information regarding this request send a message through the Message function of this request.
- Pending for medical necessity review. Clinical documentation sufficient to support the medical necessity of the service must be attached to this request or processing will be delayed. Use the ATTACH FILE button on this screen to upload documents.
- Please submit documentation of at least 3 months of recent physical therapy evaluation and treatment notes, a trial of NSAIDs, exercise, spinal manipulation therapy and the outcomes of these therapies. Documentation of physical examination findings. Documentation of imaging studies supporting the need for the procedure. Evidence of no coagulopathy or current use of anticoagulants or antiplatelet therapy. Documentation of no local or systemic infection. If this is a subsequent procedure, documentation of the amount of relief from the pain that the patient experienced and the duration of that relief.

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- f. **Must Click** the submit button to Submit authorization request. Do not close out of browser before submitting the authorization
- 1) **Click submit** button even if the authorization is No Prior auth required.
 - 2) **Click submit** button even if you need to come back to Add clinical
 - 3) **Click submit** button to have an Authorization notification for Not a covered benefit code
 - 4) **Click submit** button to get a notification that the authorization is pending