

# Chorus Community Health Plans

Authorization Provider portal Submitting an Inpatient 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. Navigates to Home screen to start Authorization
3. Click on appropriate request button to submit authorization

Start New Inpatient Request

Start New Outpatient Request

Start New Pharmacy Request

Authorizations in Progress

5 Inpatient in Progress

9 Outpatient in Progress

0 Pharmacy in Progress

[View All Inpatient Authorizations](#)

[View All Outpatient Authorizations](#)

[View All Pharmacy Authorizations](#)

 [Request to withdraw a pending Authorization](#)

## Starting a New Inpatient authorization request

1. Click the Starting a New Inpatient 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
  - b. Maybe 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 (Inpatient type)

\* Authorization Type

Select

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**\* Auth Priority**

Select

b. Urgent concurrent or Urgent Concurrent Medicaid, Post service

c. Enter provider information

Referred By Provider Name

Provider Name

Click 'Down Arrow' after entering first 3 characters to enable search.

Begin typing name or code to select

- 1) Begin typing to choose from generated
- 2) Click down arrow after entering first 3 characters to enable search.  
OR
- 3) Search for provider by clicking on the Search glass.
- 4) Navigate to provider search
- 5) Enter Last Name in the left upper field
- 6) Search
- 7) Choose from list
- 8) Check Address
- 9) Line of business
- 10) Other identifiers-TIN/NPI

## Providers to document

- 1) Referred by Provider –PCP or ordering Physician

\* Referred By Provider Name

Provider Name

Begin typing name or code to select

Search

- a.

- 2) Servicing Provider-This would be the billing entity-Facility
  - a. Choose Servicing provider -This is the provider that will be billing provider for example -inpatient stay R/E Facility

Servicing Provider

Provider Name

Begin typing name or code to select

Search

- 3) Facility Provider Name-Facility

Facility Provider Name

Provider Name

Begin typing name or code to select

Search

- 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 and time to document

Treatment Type

Select

6. Fill in Treatment type from dropdown

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7. Fill in Place of service from dropdown

Place Of Service  
21 - Inpatient Hospital

8. Fill in Admission Type from dropdown

Admission Type  
Select

9. Fill in Diagnosis code

Diagnosis Description  
Begin typing at least 3 characters

Diagnosis Code  
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 the diagnosis 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

- Inpatient Physical health 0120 and Behavioral health 0124 REV codes only

Procedure Description  
Begin typing at least 3 characters

Procedure Code  
Begin typing code

From Date To Date Unit Type Req.  
MM/DD/YYYY MM/DD/YYYY Select

Primary Procedure

- Use arrow or enter to bring up the code dropdown list and choose
- Each REV 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 for first inpt stay request-use calendar
- Choose days from drop down for inpatient stay or Units as appropriate
- Req –number of days requested will auto fill for Inpt
- Check box to accept disclaimer.

1. Benefits will be determined in accordance with the provisions of eligibility and limitations of the benefit plan. Medicaid only 2. Please attach clinical documentation to support the medical necessity. Medicaid 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. Medicaid only 4. Receiving authorization does not verify eligibility, guarantee payment, or guarantee a waiver of member responsibility. Claims remain subject to copayments, deductible, coinsurance, maximum out of pocket costs and all other terms, conditions, limitations, and exclusions of the members plan at time of service. (Non-Medicaid/Commercial only) 5. Pending for medical necessity review. Clinical documentation sufficient to support the medical necessity of the service must be attached to this request in processing will be denied. Use the ATTACH FILE button on this screen to upload documents. (Non-Medicaid/Commercial only)

- Click Next button when the page is completed.

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

Please enter name  
Next

a. UM Name  
Next

b. UM Phone Number  
1111111111  
Next

c. UM Fax Number  
2222222222  
Next

d. UM Email  
djones@email.com  
Next

12. Navigates to next page to add Notes & Attachments

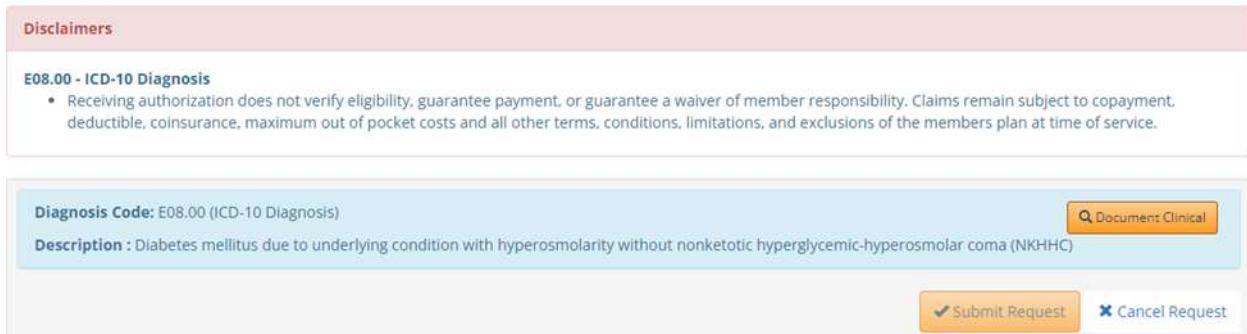
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- a. Add Note-Type notes in field
- b. Add attachments
- c. Click  **Add Attachments** to attach clinical documents.
- d. Submit

13. Launches MCG

14. 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)

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

**Submit Request**  **Cancel Request**

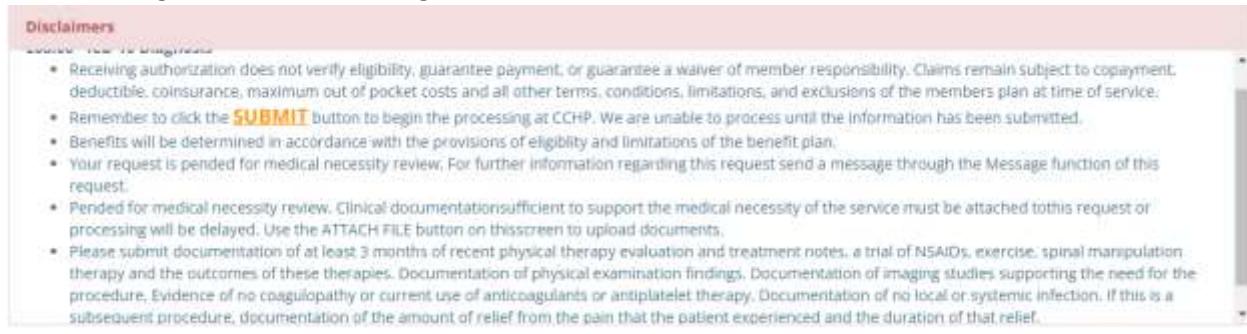
15. Prompted to document clinical information in MCG Guideline and will bring up MCG guideline choices.

16. Add guideline if applicable or choose No guideline applies (Add)

- a. If using No Guideline applies, Choose it first and Type NA in the box that opens

17. Document in guideline and Save

18. After Reading disclaimer, the Orange Submit button will become active



**Disclaimers**

- 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 pended for medical necessity review. For further information regarding this request send a message through the Message function of this request.
- Pended for medical necessity review. Clinical documentation is 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.

19.

20. **Must Click** the submit button to Submit authorization request. Do not close out of browser before submitting the authorization

- a. **Click submit** button even if the authorization is No Prior auth required.
- b. **Click submit** button even if you need to come back to Add clinical
- c. **Click submit** button to have an Authorization notification for Not a covered benefit code
- d. **Click submit** button to get a notification that the authorization is pended