# Chorus Community Health Plans
Authorization Provider portal Submitting an Outpatient 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.
      Outpatient request for a code that requires Prior authorization
   b. Or open authorizations in progress
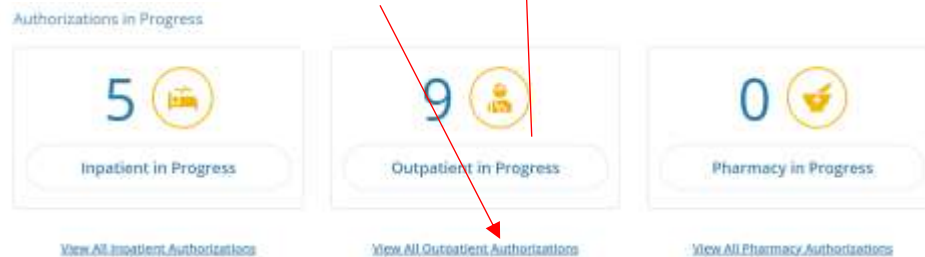
   c. Or request withdrawal of an authorization that has already submitted

Starting a New Outpatient or pharmacy authorization request

1. Click the Starting a New Outpatient 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. 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 *
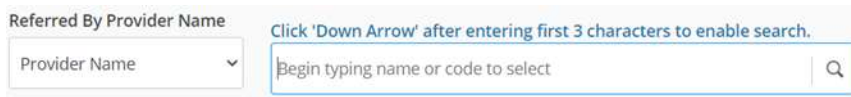   a. Choose Authorization Type from dropdown (Outpatient)

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b.

Auth Priority: Post service(all types), Urgent preservice (Outpt will decision within 72 hours if meets urgent criteria), Preservice (Outpt)

c. Enter provider information

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 Provider Last Name or Facility 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

   a.

2) Servicing Provider-This would be the billing entity-Facility, Dr or Company
   a. Choose Servicing provider -This is the provider that will be billing provider for example – HHC agency, DME company, Off campus hospital

   b.

3) Facility Provider Name-Facility, Company, office (Place with 4 walls)

   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

Treatment Type

Select ▼

7.   Fill in Treatment type from dropdown

Place Of Service

Select ▼

8.   Fill in Place of service from dropdown

9.   Fill in Diagnosis code

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

    a.   type the first 3 characters in the Diagnosis code box

    b.   use the down arrow on your key board to search and accept diagnosis & the code

    c.   Must Choose from dropdown choices to fill in field

    d.   to add more than 1 ICD-10 code use the Plus sign to open a new line

10. Fill in procedure code

    a.   Outpatient CPT or 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 ▼		➕ ◉ Primary Procedure

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

    c.   Fill in start date-use calendar

    d.   Fill in anticipated end date-use calendar

    e.   Choose units from drop down for Units as appropriate

    f.   Req –number of units for Outpatient

    g.   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 pended 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 copayment, deductible, coinsurance, maximum out of pocket costs and all other terms, conditions, limitations, and exclusions of the members plan at time of service. (Marketplace/Commercial only) 5. Pended 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. (Marketplace/Commercial only)

    h.   Click Next button when the page is completed.

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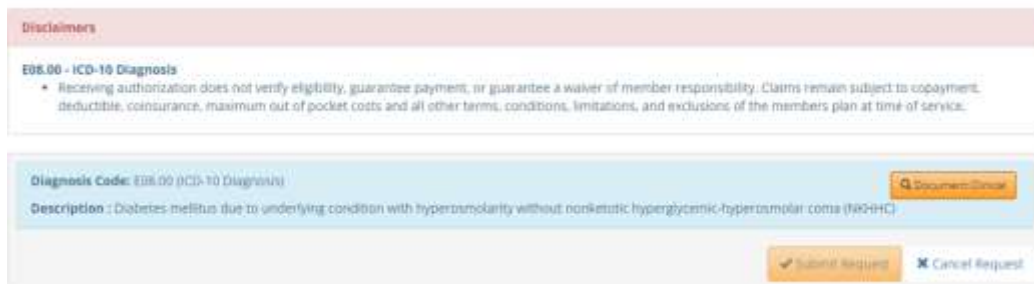
Please enter name

    a.   UM Name   Deli   Next

Please enter Phone Number

    b.   UM Phone Number   1111111111   Next

Please enter Fax number

    c.   UM Fax Number   2222222222   Next

Please enter Email

djones@email.com

   d. UM Email [_____] Next

12. Navigate to next page to add Notes & Attachments
   a. Add Note-Type notes in field
   b. Add attachments
   c. Click 🔗 Add Attachments to attach clinical documents.

13. Launches MCG
   a. Date field to be filled in with date range-Next
   b. Disclaimer sample displays

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

   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 in pending