



AUTHORIZATIONS

QUICK REFERENCE GUIDE

WEB AUTHORIZATION

Logon with **User ID** and **password** on [CareCoreNational.com](https://www.carecorenational.com) | Select **Request a Clinical Certification** to start the process

1 Patient Selection

Select Payor

Enter **Member ID, Group Number, Name, and DOB**

Select **Eligibility Lookup**

Click **Select** to locate patient

Verify the test has not already been ordered

Select **Continue**

2 Referring Physician Selection

Select the referring physician from the list provided

Select the physician's **Location**

Enter the **Contact** name, verify **Physician's phone** and **fax numbers**, enter extension if applicable, and select **Continue**

Select the **Program** for Certification

Select **Continue**

3 Procedure Selection

Enter the **Expected Procedure Date, Service, and ICD-9 Code** (code or description)

Select **Lookup** then select the ICD-9 code from the list

Verify the information and select **Continue**

4 Site Selection

Enter the **Site Name, City, or TIN** and select **Lookup Site**

Select appropriate site from the list

Verify the selected site and select **Continue**

For existing cases on file call 1-855-252-1115

More information on existing cases

The following **Therapy services** require providers to call/go on the web to start a prior authorization:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Massage Therapy
- Acupuncture
- Chiropractic

PHONE AUTHORIZATION

Call the specific health plan number on the members ID card or call 855-252-1115 and select the appropriate prompt to start a new request, medical necessity, or notification request.

CLINICAL COLLECTION PHASE

The clinical collection is completed by answering a set of questions prompted by the requested therapy service or "Spine Surgery" selection. Answer each question as completely as possible by selecting the button next to the appropriate choice. The answer to each question will prompt another question in an effort to collect complete clinical information.

Check the **Acknowledgement box** stating that the information that has been provided is accurate and all information known has been supplied.

Select **Submit Case**.

DETERMINATION PROVIDED

If medical necessity has been determined, an **Authorization/Notification number** will be provided along with the expiration date. The authorization information may be printed for your records.

If not enough information was supplied to determine medical necessity, the case may be required to go to clinical review. There is a text field for providers to enter additional information to be considered for the clinical review. A **Case number** is assigned for reference and the information may be printed for your records.

Modifications to cases may be made by calling CareCore National and supplying either the **Authorization/Notification number** or the **Case number** for reference.

The ordering physician/clinician*** may speak with a Medical Director/Case Manager at any point during the case management process by calling CareCore National.

****Only the following may speak to a Medical Director/Case Manager: Physician, Physician's Assistant, Nurse Practitioner, Physical/Occupational/Speech/Massage Therapist, Chiropractor or Acupuncturist.*