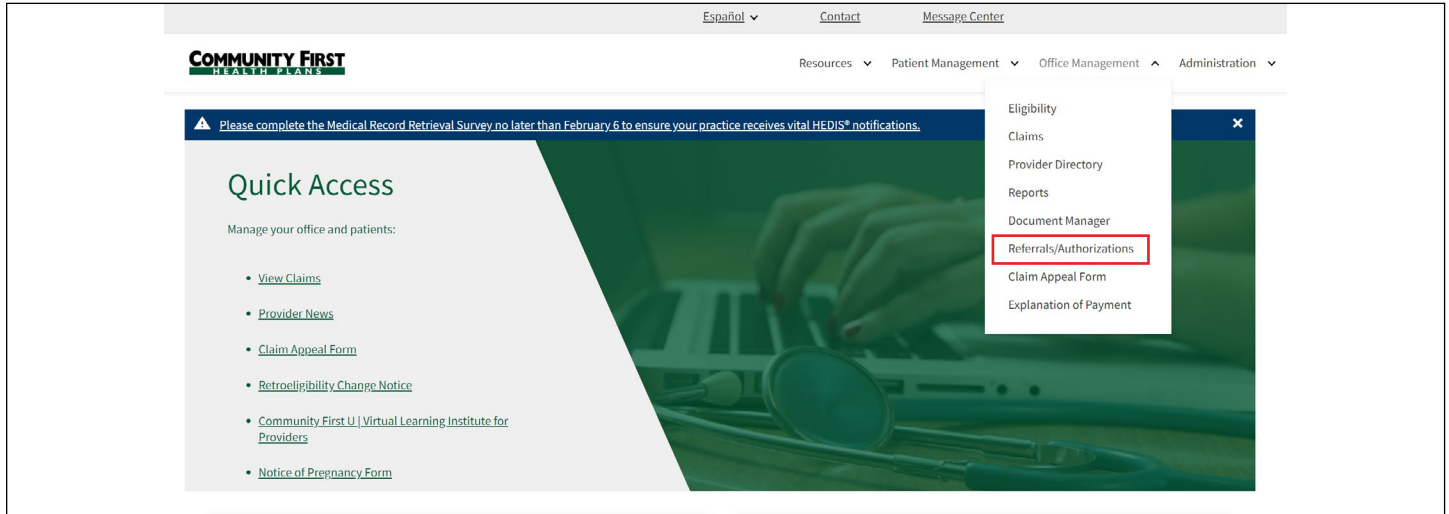




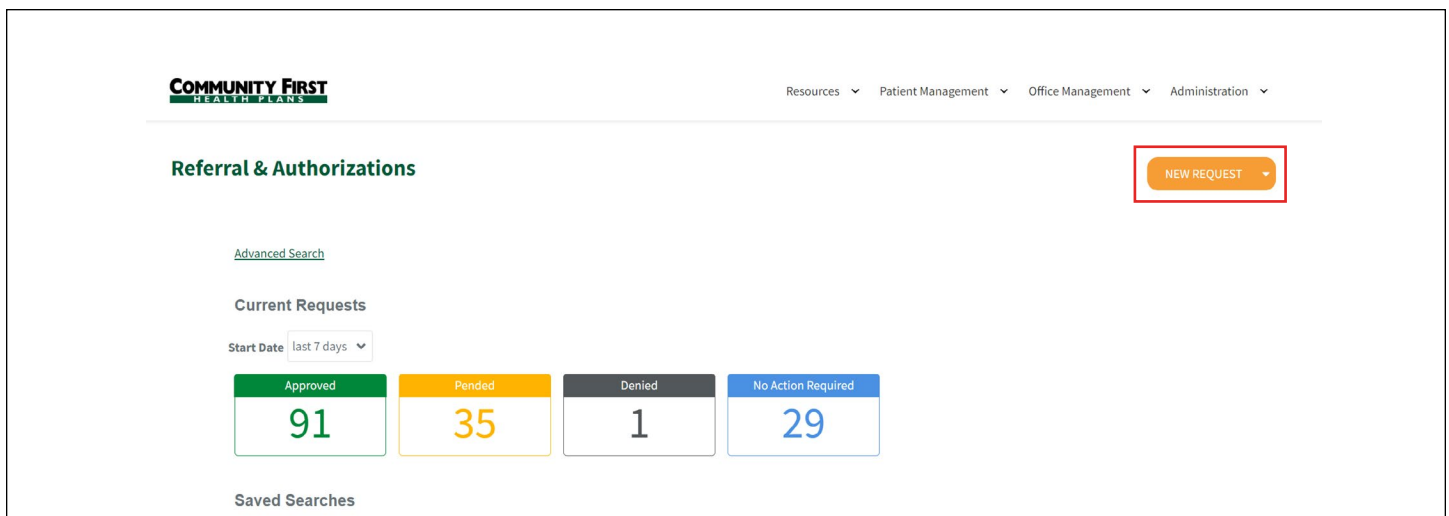
Submitting Authorization Requests

To submit an authorization request through the Community First Provider Portal, take the following steps:

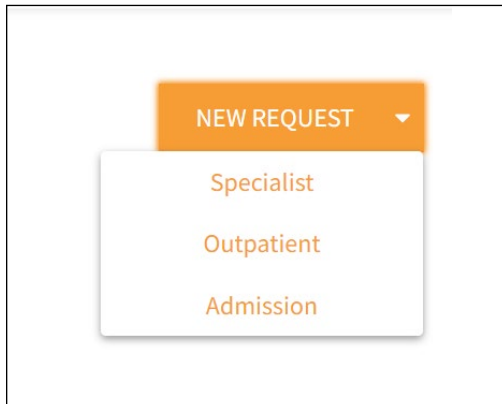
Navigate to **Office Management > Referrals/Authorizations**



To submit a new authorization request, click on **NEW REQUEST** on the Authorizations Dashboard.



Select the type of new request you would like to submit.



- **Specialist:** Services from a specialty provider for chiropractic, dental rehab/restoration, or oral surgery.
- **Admission:** Any type of inpatient admission, such as medical, surgical, or behavioral health.
- **Outpatient:** Outpatient services, as listed below:

Adaptive aids	Home Health Occupational Therapy
Ambulance one way	Home Health Physical Therapy
Applied Behavioral Analysis	Home Health Speech Therapy
Attendant Care & Habitation (CFC-HAB)	Home Health Visits
Behavioral Health - ECT	Hyperalimentation (TPN)
BH - Psych / Neuro testing	Hyperbaric Therapy
BH - Transcranial Magnetic Stimulation (TMS)	In Home Respite
BH - Intensive Outpatient	Meal Plan
BH - Intensive Outpatient - Chemical Dependency	Minor Home Modifications
BH - Partial Hospitalization Program	MRA
BH PHP - Substance Abuse Treatment	MRI
BH Substance Abuse Treatment - Ambulatory Detox	Non-Emergency Medical Transportation
CFC Attendant Care Only (CFC - PCS)	Occupational Therapy Outpatient
Clinician Administered Drugs (CAD)	Out of Home Respite
Computed Tomography Angiography (CTA)	Outpatient Surgery
Day Activities & Health Services	PBM
Diagnostic Lab	Personal Care Services (PCS)
Diagnostic Medical - Procedure	Physical Therapy Outpatient
Diagnostic Medical - Video EEG	Prescribed Pediatric Extended Care
Dialysis	Private Duty Nursing
DME Purchase	Prosthetic Device
DME Rental	Rehabilitation
Durable Medical Equipment - Medical Supplies	Sleep Studies
Emergency Response	SPECT (Cardiac Stress Test)
Employment Services	Speech Therapy Evaluation
Financial Management Services	Speech Therapy Outpatient
Flexible Family Support Services	Substance Abuse
Formula / Supplement	Transition Assistance Services
Home Health Aid	Transplant Services - Evaluation & Listing
Home Health Clinician Administered Drugs	Transplant Services - Post Services



Complete all fields for your request. Any fields marked with an * are required for your request to be submitted.

Outpatient Request Submission

Patient
*Search Current Patients
Select a patient

Diagnosis
*Search and select a diagnosis

Requesting Provider
*Requesting Provider *Contact Name *Contact Info Phone*

Servicing Providers
Servicing Providers Contact Name Contact Info Phone

Service Details
*Service *Level of Service
Service Units Days *Start Date *End Date

Requested Procedures
*Procedure Code

Additional Information
Remarks
characters remaining: 225 / 225

In the **Patient** field, click on the magnifying glass to search by Member ID, First Name, or Last Name.

Patient
*Search Current Patients
Select a patient

Search Current Patients ×

Member ID	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>



Enter the diagnosis code or click the magnifying glass to search for a code.

Diagnosis
*Search and select a diagnosis

The **Requesting Provider** is the Group or Provider Name belonging to the person creating the authorization request. Click on the dropdown arrow to select your Group or Provider Name. Enter your Name (Contact Name) and Phone Number (Contact Info) in the applicable fields. This allows Community First Health Plans to contact you if there are questions regarding your authorization request.

Requesting Provider
*Requesting Provider *Contact Name *Contact Info

 Phone ▾

The **Servicing Provider** is the Group performing the requested service(s). Click on the magnifying glass to search for the Servicing Provider.

Servicing Providers
*Servicing Providers Contact Name Contact Info

 Phone ▾

Servicing Providers ×

Name, Provider ID, Provider NPI Practice Name, Practice ID, Tax ID Address

Zip Code In Network ▾

SEARCH

CLOSE



Click the magnifying glass to search for the **Requested Procedure**.

Requested Procedures

*Procedure Code

Search for More

Procedure Code x

Description or Code

SEARCH

CLOSE

When you find the Procedure Code, click **ADD** and then **CLOSE**.

Procedure Code x

Modify Search v

Adaptive behavior treatment by protocol, by technician with 1 patient, each 15 mi

Code 97153 Code Set CPT + ADD

1 - 1 of 1

CLOSE



If you need to add additional Procedure Codes, repeat the steps above.

In the **Additional Information** box, enter any notes you wish to add (i.e., the name and NPI of the provider who requested the services).

Additional Information

Remarks

Characters remaining: 225 / 225

In the **Paperwork** section, add any documentation (i.e., prior auth form, clinical notes, evals, well-child checkup, physician orders, or previously requested information if a resubmission). The maximum file size of all attached documents is 200 MB total.

*** Paperwork**

*** Report Type**

Select...

*** File**

CHOOSE FILE TO ADD

DELETE

+ ADD PAPERWORK

When you are finished, click **SUBMIT**.

SUBMIT LOAD SAVE

After you submit your request, it will be added to the **Pended** box on the Authorization Dashboard.

Once your request has been worked by the Authorization Team, it will be added to either the **Approved, Denied, or No Further Action** box on the Authorization Dashboard.



To search for a previously submitted request, click on the **Advanced Search** feature on the Authorization Dashboard. Fill out the applicable search criteria, adjust the date range, and click **Search Requests**.

Referral & Authorizations

[Advanced Search](#)

Current Requests

Start Date: last 7 days ▾

Approved	Pended	Denied	No Action Required
91	35	1	29

Saved Searches

Referral & Authorizations

Search Requests

Patients: Requesting Provider: Servicing Provider:

Request Number:

Date Range:

Requested Service: Outpatient Specialist Admission

Status: Approved Denied Pended
 Modified Rejected No Action Required
 Contact Plan