



# Provider Portal User Guide

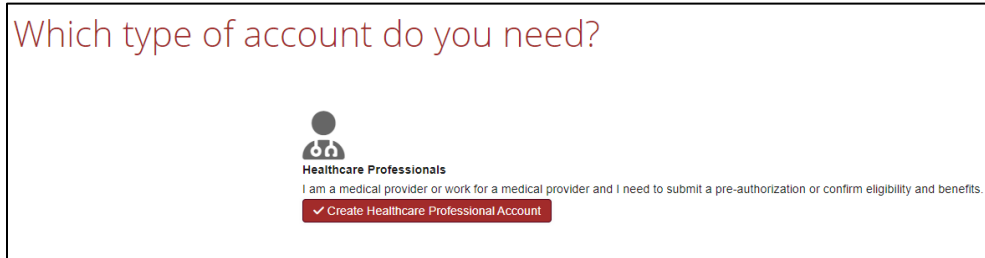
## - Table of Contents -

<b>REGISTRATION .....</b>	<b>2</b>	<b>PRIOR AUTHORIZATIONS.....</b>	<b>12</b>
Account Creation .....	2	Best Practices .....	12
Creating a Password.....	4	New Authorizations.....	13
Forgot Password .....	4	Confirm Member.....	14
Forgot Username .....	5	Requestor Information.....	14
Verification Code .....	5	Authorization Details .....	16
<b>HOME PAGE .....</b>	<b>5</b>	Durable Medical Equipment (DME).....	16
Gray Banner.....	5	Surgery (i.e., Bariatric, Mammoplasty, Panniculectomy, Gender Affirmation Surgery).....	18
White Banner.....	6	Medical Pharmacy (J Code, Q Code) .....	21
Claims Search .....	6	Home Health .....	23
Member Eligibility Verification.....	7	Office & Outpatient .....	25
<b>MANAGE W9.....</b>	<b>7</b>	Molecular and Genetic Testing .....	27
<b>BENEFITS .....</b>	<b>8</b>	View Authorizations .....	29
<b>PATIENT ID CARD.....</b>	<b>10</b>	<b>HELP &amp; SUPPORT .....</b>	<b>31</b>
<b>CLAIMS.....</b>	<b>10</b>		

# REGISTRATION

## Account Creation

Navigate to <https://assist.uphp.com/> and select “Create a new account” under New User Login on the right-hand side of the page. From here select “Healthcare Professionals” located on the right-hand side.



**Note: Fields marked with an asterisk (\*) throughout the portal are required fields.**

The first page will have users enter and confirm their email address. This will be the username for the account.

A screenshot of a registration page titled "Username". It contains two input fields: "Email\*" and "Confirm Email\*". Below the "Email\*" field, there is a small note: "The email address entered will be used as your username to log into your UPHP Assist Account".

On the next page, enter user information and security questions/answers. The time zone, country, and language can also be changed here. Once the user information and security questions have been entered, click next.

A screenshot of a registration page titled "Contact Name". It includes several input fields: "Account Holder Name", "Prefix", "First Name\*", "Middle Name", "Last Name\*", and "Suffix". Below these is a "Security Questions" section with two rows, each containing a "Security Question" dropdown menu and a "Secret Answer" input field.

Security Question 2\*  
--Select One--

Secret Answer 2\*

Preferences

Select Time Zone\*  
(UTC-05:00) Eastern Time (US & Canada)

Select Language/Culture\*  
English

Country\*  
United States

Enter the following information:

1. Provider Type – Select either a single provider or practice with multiple.
2. Facility Name
3. Provider Specialty
4. Facility NPI
5. Facility Address
6. Phone Number
7. Fax Number (Optional)

**Address**

This is your Primary Facility that you work with the most; if you work with many facilities and are not sure which to use, any will do. If you have more than one Facility/NPI, you will be able to add more Facilities/NPIs for on the next screen.

**Provider Type\***  
 Single Provider  
 Practice with several providers

**Facility Name\*** **Facility NPI\*** **Provider Specialty\***

**Address**  
 Line 1\*  
  
 Line 2

**City\*** **State / Province\*** **Postal Code\***

**Primary Phone\*** **Secondary Phone**  
  Ext:    Ext:

**Primary Fax Number** **Secondary Fax Number**

The next page will show a window to enter the Tax ID or TIN as well as the NPI and facility name for your facility. Users can request multiple TIN/NPI combinations to their account by selecting the “Add Additional Facility” button. When requesting access, please request access to the billing NPI.

**Facility TIN/NPI Entry**

Please enter the Tax Identification Number (TIN) and the **billing** National Provider Identifier (NPI) to match your self-defined Primary Facility from the previous step, and then add as many additional facilities as needed. Each facility you add will grant you permission to see data associated with that facility. You may request additional facilities to be added under your user account after your account is created.

If you have many facilities to add, you can add one facility now to quickly create your account and then upload a spreadsheet with the list of all your facilities to a message after you login to the portal.

**Facilities Added: 0**

**+ Add Additional Facility**

TIN	NPI	Facility Name	Verified
No records			

Page size: 10 0 items in 1 pages

Add or Edit a Facility

Facility Name

TIN\* Tax ID number

NPI\*

Insert Cancel

The end user agreement is shown on the next page. Check the checkbox once this has been read to agreed. Once this is done, click “Create Login Account” to proceed.

Once registration has been completed, the account will take 2 to 3 days for verification and approval. Once approved, an email with a link to create a password will be sent to the email address on the account. Please contact the UPHP Help Desk at 906-225-6811 or [helpdesk@uphp.com](mailto:helpdesk@uphp.com) with any registration questions.

## Creating a Password

When creating a password, the following criteria must be met:

- A minimum of eight characters
- Contains at least one numeric character
- Contains at least one upper case and one lower case letter
- Include at least one special character
- Must not be easily guessable
- Must not be the same as the last five passwords
- Must not contain a repeating pattern of characters or words

## Forgot Password

Go to the login page and select “Forgot Password?” above the Password textbox.

Returning User Login

Username

This is typically your email address.

Password

Forgot Password?

Show Password

Login

The next page shows the username on the account and gives different options to reset the password.

Users can either:

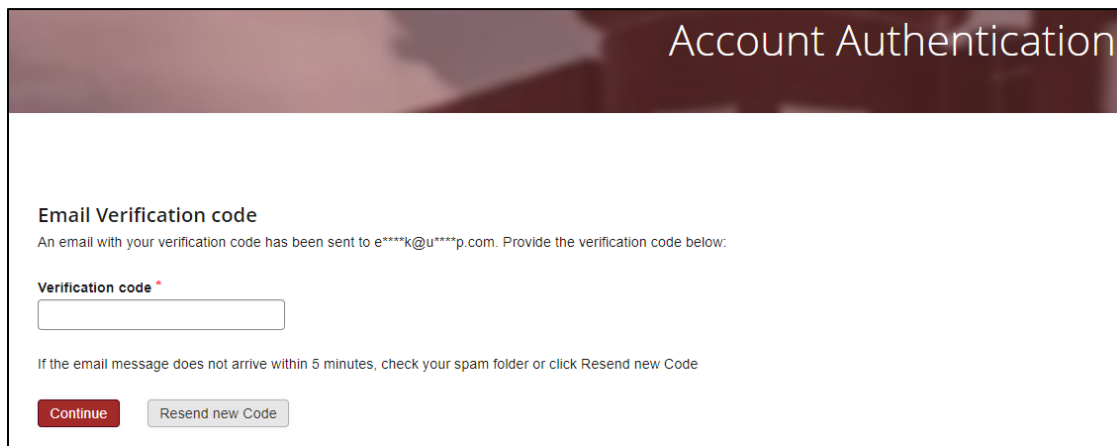
- Get a password reset link sent to the email tied to the account or,
- Answer the security questions created for the account

## Forgot Username

If a user has forgotten their username, please contact the UPHP Help Desk at 1-906-225-6811.

## Verification Code

For every login, a verification code will be sent to the registered email address. The code can be copied and pasted into the field shown here:



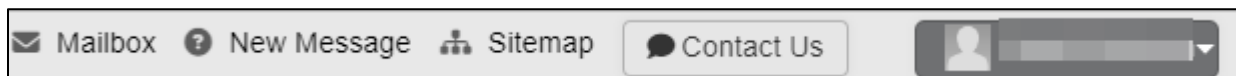
The screenshot shows a web form titled "Account Authentication". Below the title, it says "Email Verification code" and "An email with your verification code has been sent to e\*\*\*\*k@u\*\*\*\*p.com. Provide the verification code below:". There is a text input field labeled "Verification code \*". Below the field, it says "If the email message does not arrive within 5 minutes, check your spam folder or click Resend new Code". At the bottom, there are two buttons: "Continue" (in red) and "Resend new Code" (in gray).

If the verification code does not appear in the user's inbox, check the spam, or junk folder.

## HOME PAGE

### Gray Banner

Here users can access their mailbox, send a new message, view the sitemap, contact us, and view and edit profile settings.



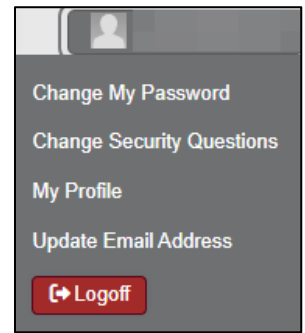
**Mailbox:** Mailbox for inbound and sent messages with UPHP. The New Message button will bring you to the “New Message’ section from the mailbox.

**New Message:** Submit questions to UPHP regarding claims, eligibility, TIN/NPI access requests, W9s, or general questions about the portal (UPHP Help Desk).

**Sitemap:** Lays out the various pages on the provider portal.

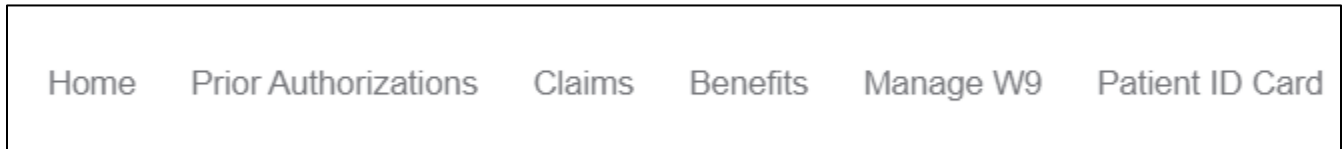
**Contact Us:** Brings users to the Contact Us page on the UPHP website.

**Profile Settings:** Here users can change their password or security questions, update their email address, and view their profile.



## White Banner

View and submit prior authorizations, view member claims and benefits, manage W9s, and view patient ID cards. Within the banner at the top left, the UPHP Assist logo can be used to bring users back to the homepage, as well as the Home tab.



## Claims Search

Conduct a claim search on members who have utilized their facilities (based on registered TIN/NPI combinations). Users can search using the following fields:

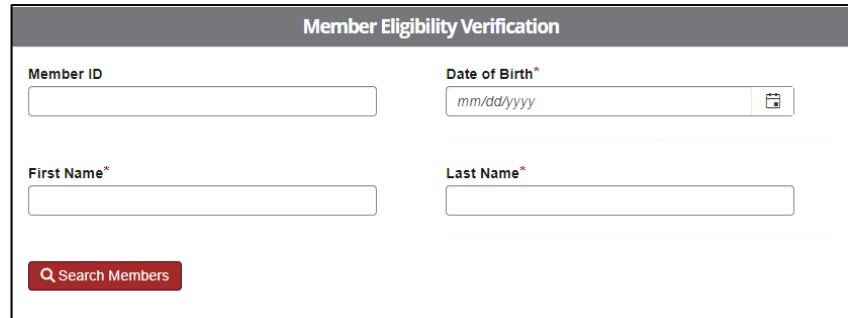
- Member ID
- Date of Birth
- First Name
- Last Name
- Service From Date (Required)
- Service To Date (Required)
- Claim Number
- Check Number

A screenshot of a web form titled "Claims Search". The form has a dark gray header with the title. Below the header, there are two columns of input fields. The left column contains: Member ID, First Name, Service From Date\* (with a calendar icon), Claim #. The right column contains: Date of Birth (with a calendar icon and placeholder "mm/dd/yyyy"), Last Name, Service To Date\* (with a calendar icon and placeholder "mm/dd/yyyy"), Check #. At the bottom left of the form is a red button with a magnifying glass icon and the text "Search Claims".

## Member Eligibility Verification

Verify patients UPHP eligibility. Search using the following fields:

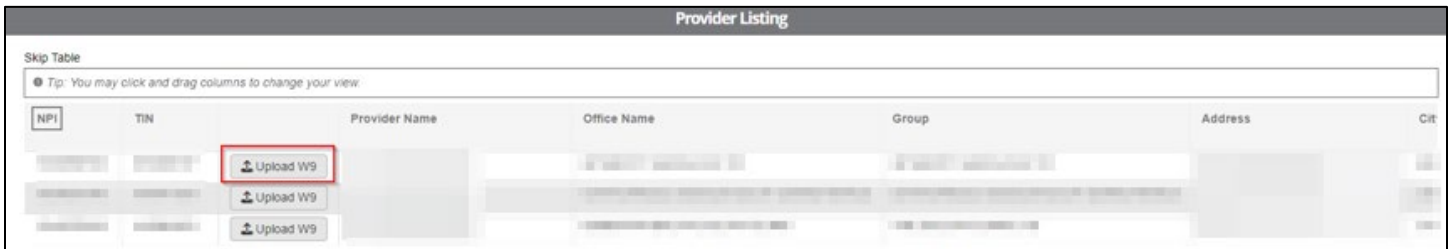
- Member ID
- Date of Birth
- First Name
- Last Name



The screenshot shows a web form titled "Member Eligibility Verification". It contains four input fields: "Member ID", "Date of Birth\*" (with a calendar icon and a placeholder "mm/dd/yyyy"), "First Name\*", and "Last Name\*". A red "Search Members" button is located at the bottom left of the form.

## MANAGE W9

Upload W9s to UPHP Provider Relations within the portal. This can be done by navigating to “Manage W9” at the top right of the page.



The screenshot shows a table titled "Provider Listing". The table has columns for NPI, TIN, Provider Name, Office Name, Group, Address, and City. A red box highlights the "Upload W9" button in the right-hand side of the NPI and TIN columns for the first row.

NPI	TIN	Provider Name	Office Name	Group	Address	City

On the Manage W9 page a list of the users NPI and TIN combinations that they have access to will show. To upload a W9 for a specific NPI/TIN combo, click the “Upload W9” button on the right-hand side of the NPI and TIN columns. Clicking this will bring the user to another page where it shows the office information and an area to drag or upload a completed W9.

Uploaded W9s will display under W9 Listing on the Manage W9 page at the bottom, alongside a button to download the submitted W9.

Description	Date of Service
W9 for [redacted] 2/24/2023 1:32:44 PM	2/24/2023

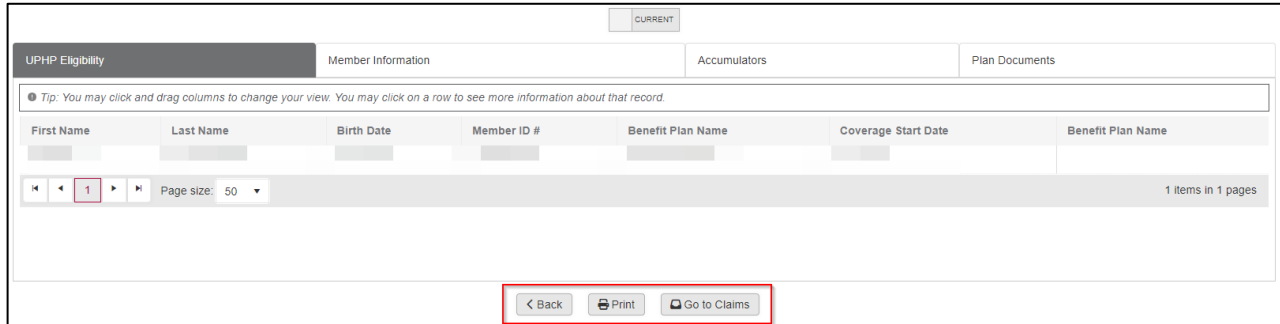
**BENEFITS**

UPHP member benefits can be viewed by entering the required information on the home page via the Member Eligibility Verification or by clicking the Benefits tab at the top right of the page.

Search results will display the member’s first and last name, member ID, birth date, UPHP eligibility status and redetermination date. Clicking on the View Details button on the left-hand side will provide additional details on the members UPHP benefits.

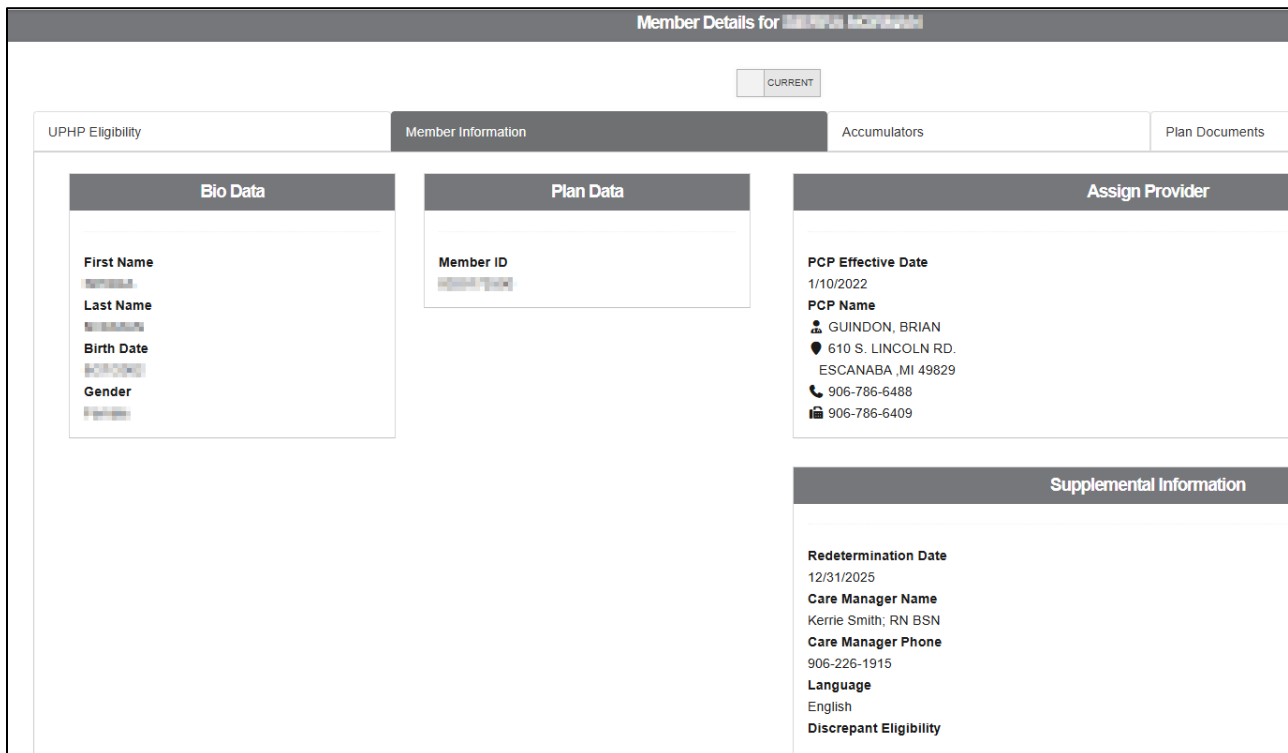
Last Name	First Name	Member ID	Birth Date	UPHP Eligibility	Redetermination Date
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

View UPHP member eligibility, member information, accumulators, and plan documents by using the four tabs located on the Member Details page. Toggle between the member’s current enrollment (labeled CURRENT) and historical enrollment (labeled ALL).



Click Print to print the benefit page and navigate to the members claims using the “Go to Claims” button at the bottom of the page.

The member information tab shows their first and last name, date of birth, and Member ID. It also shows their current Primary Care Physician (PCP) information as well as their Care Manager.



## PATIENT ID CARD

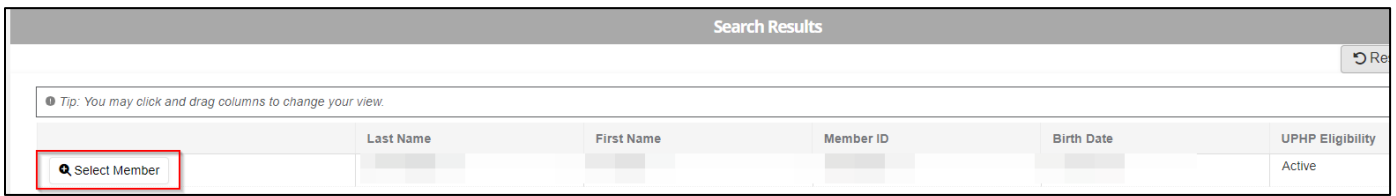
View, print, and download members' ID cards. On the "Patient ID Card" page enter the following:

- First Name
- Last Name
- Date of Birth
- Member ID (Optional)



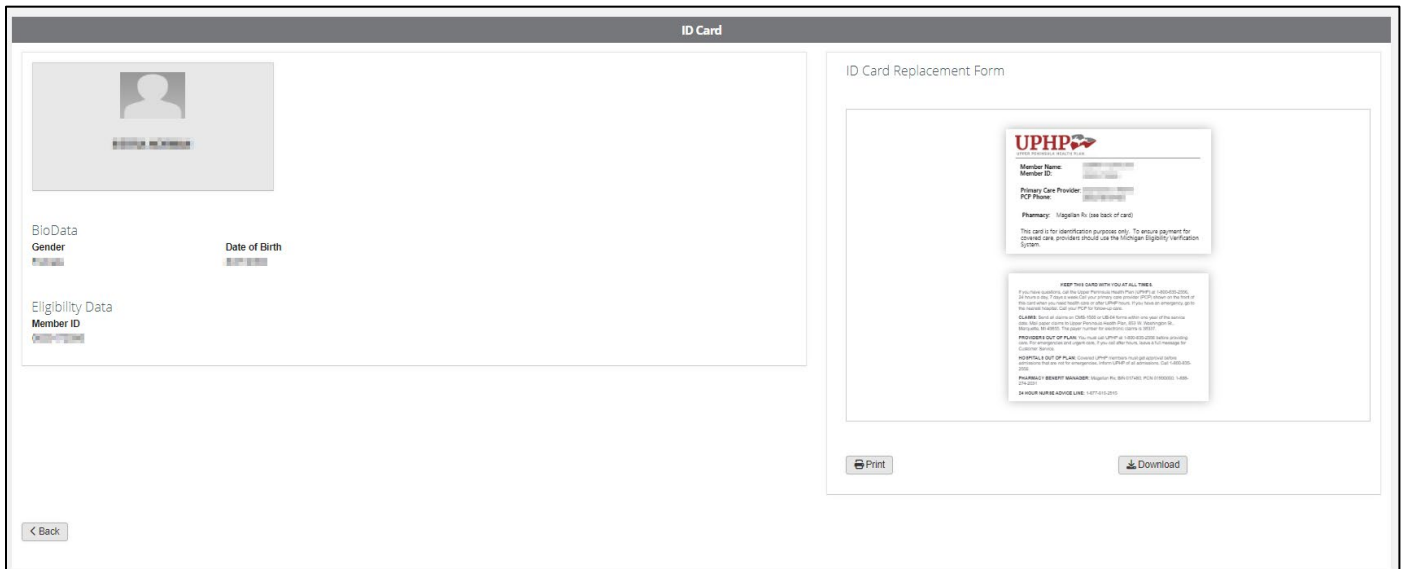
A search form with four input fields: "First Name\*" (with a red asterisk and a red "x" icon), "Last Name\*", "Date of Birth\*" (with a red asterisk and a calendar icon), and "Member ID". Below the fields are two buttons: "Search" (with a magnifying glass icon) and "Clear Search" (with a circular arrow icon).

Click "Select Member" on the left-hand side to retrieve the member's UPHP ID card. Print or download the UPHP ID Card by clicking on the respective buttons.



A table titled "Search Results" with a search bar and a refresh button. Below the search bar is a tip: "Tip: You may click and drag columns to change your view." The table has columns: "Last Name", "First Name", "Member ID", "Birth Date", and "UPHP Eligibility". A "Select Member" button is located on the left side of the table.

Last Name	First Name	Member ID	Birth Date	UPHP Eligibility
[Redacted]	[Redacted]	[Redacted]	[Redacted]	Active



The "ID Card" page displays a placeholder for the member's photo and a "BioData" section with fields for "Gender" and "Date of Birth". Below this is the "Eligibility Data" section with a "Member ID" field. To the right is the "ID Card Replacement Form" which shows a preview of the UPHP ID card with fields for "Member Name", "Member ID", "Primary Care Provider", and "PCP Phone". Below the preview are "Print" and "Download" buttons.

## CLAIMS

Claims can be viewed by entering the required information on the home page via the Claim Search or by selecting the Claims tab at the top right of the page.

Narrow down search results by using various required and optional fields:

The search form contains the following fields and controls:

- Claim Number: Text input field
- Paid Date From: Date input field (format: mm/dd/yyyy)
- Paid Date To: Date input field (format: mm/dd/yyyy)
- Service From Date\*: Date input field (format: mm/dd/yyyy)
- Service To Date\*: Date input field (format: mm/dd/yyyy)
- Check Number: Text input field
- First Name: Text input field
- Last Name: Text input field
- Date of Birth: Date input field (format: mm/dd/yyyy)
- Member ID: Text input field
- Limit Search Results: Text input field with value 500
- Show All: Checkbox
- Search: Red button with magnifying glass icon
- Clear Search: Button with trash can icon

- Claim Number
- Paid From and To Date
- Service From and To Date
- Service From and To Date
- Check Number
- First Name and Last Name
- Date of Birth
- Member ID

Click search to return all claims within the entered service date range to display claim information. EOPs are available to download for claims in CLOSED status (shown by the “Download EOP” button on the left-hand side of the claim information).

Search Results

Tip: You may click and drag columns to change your view. You may click on a row to see more information about that record.

EOP	Claim #	Group Number	Member ID	Paid Amount	Deductible	Status	Service Date From	Service To Date	Member Name	Check Amount	Check #	Date Paid	Provider
No Claims available at this time													

Page size: 10 | 0 items in 1 pages

Click on a claim to view additional details:

Claims Details for **Claim #02180030UPP0407**

Service Start Date: [Date] | Charged Amount: [Amount]

Service End Date: [Date] | UPHP Paid Amount: [Amount]

Date Paid: [Date]

Tip: You may click and drag columns to change your view.

Procedure Code	Procedure Name	Amount Charged	Coinsurance	Copay	Status
1 items in 1 pages					

There are buttons located at the bottom of the page that allow users to:

Navigation buttons:

- 1. Back
- 2. Print
- 3. Contact Claim Services
- 4. Go to Eligibility
- 5. Download EOP

- 1. Back:** Return to the Claims page.
- 2. Print:** Print the current claim.
- 3. Contact Claim Services:** Message UPHP Claim Services regarding claims questions.

4. **Go to Eligibility:** Brings the user to the Benefits page where they can look up the eligibility of a member.
5. **Download EOP:** If the claim is closed, this button will allow the user to download the EOP, like the red button displayed on the Claims page.

## PRIOR AUTHORIZATIONS

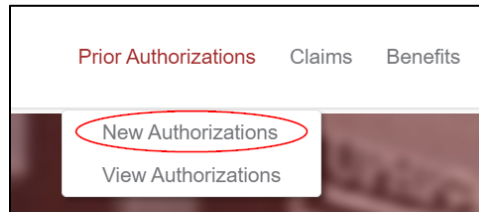
### Best Practices

Below is a list of best practices to follow when submitting Prior Authorizations in UPHP Assist:

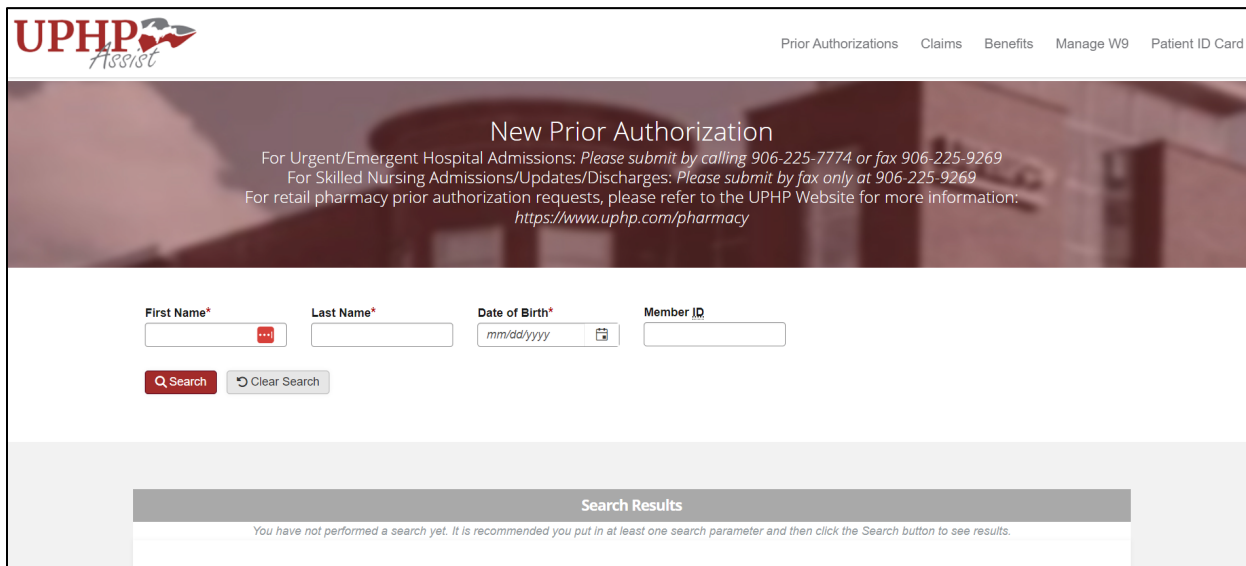
- Before submitting a prior authorization request, please confirm an authorization has not already been submitted. Please see **View Authorizations** below for guidance to on how to view submitted authorization requests.
- Continue to fax scheduled or emergent inpatient admission notifications to the UM fax line at 906-225-9269 (except for inpatient surgeries that require prior authorization per UPHP Prior Authorization Grid and criteria: Reduction Mammoplasty, Panniculectomy, Bariatric Surgery, and Gender Affirmation Surgery – see grid [here](#)).
- Medical pharmacy drug specific criteria are available on our website, please review for most up to date criteria prior to submitting to ensure all necessary information is submitted: <https://www.uphp.com/pharmacy/medicaldrugbenefitjcode/>
- Enter the Rendering Provider and/or Rendering Facility on the Rendering Provider Details page for all prior authorization requests. If you are unable to find the provider or facility, please select DEFAULT DEFAULT and enter the following information into the Additional information to support request free text area:
  - Provider: Provider Name, Specialty, NPI, Address, Phone, Fax
  - Facility: Facility Name, NPI, Address, Phone, and Fax
- For DME authorizations, only one combination of the same code and same modifier can be entered. For multiple descriptions of the same code/modifier, please enter the total quantity into the Quantity Box and then in the Product Description box, list each item description with the associated quantity. See DME section below for details and refer to screen text for guidance within portal.

## New Authorizations

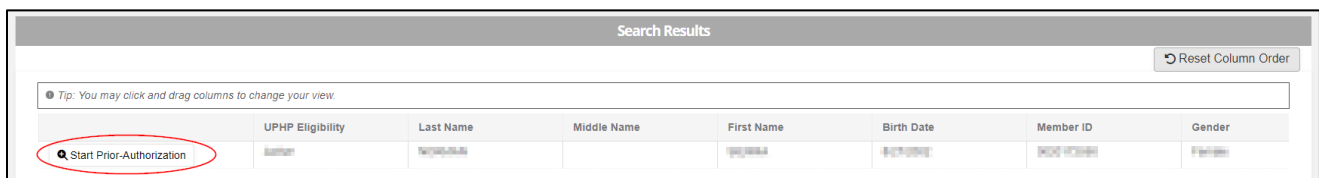
Prior Authorizations can be submitted to UPHP by selecting **Prior Authorizations > New Authorizations** in the dropdown.



Search for a member by entering the member's first name, last name, and date of birth and click Search. Information on the member will display under the Search Results. If no member is returned and the member identifiers were entered correctly, the member is not currently enrolled with UPHP.

A screenshot of the UPHP website's 'New Prior Authorization' page. The page features the UPHP Assist logo and navigation links for 'Prior Authorizations', 'Claims', 'Benefits', 'Manage W9', and 'Patient ID Card'. Below the header, there is a section for 'New Prior Authorization' with instructions for submitting requests. The main part of the page is a search form with fields for 'First Name\*', 'Last Name\*', 'Date of Birth\*' (with a date picker icon), and 'Member ID'. There are 'Search' and 'Clear Search' buttons. Below the form is a 'Search Results' section with a message: 'You have not performed a search yet. It is recommended you put in at least one search parameter and then click the Search button to see results.'

Click “Start Prior-Authorization” to start the process to submit a new prior authorization.

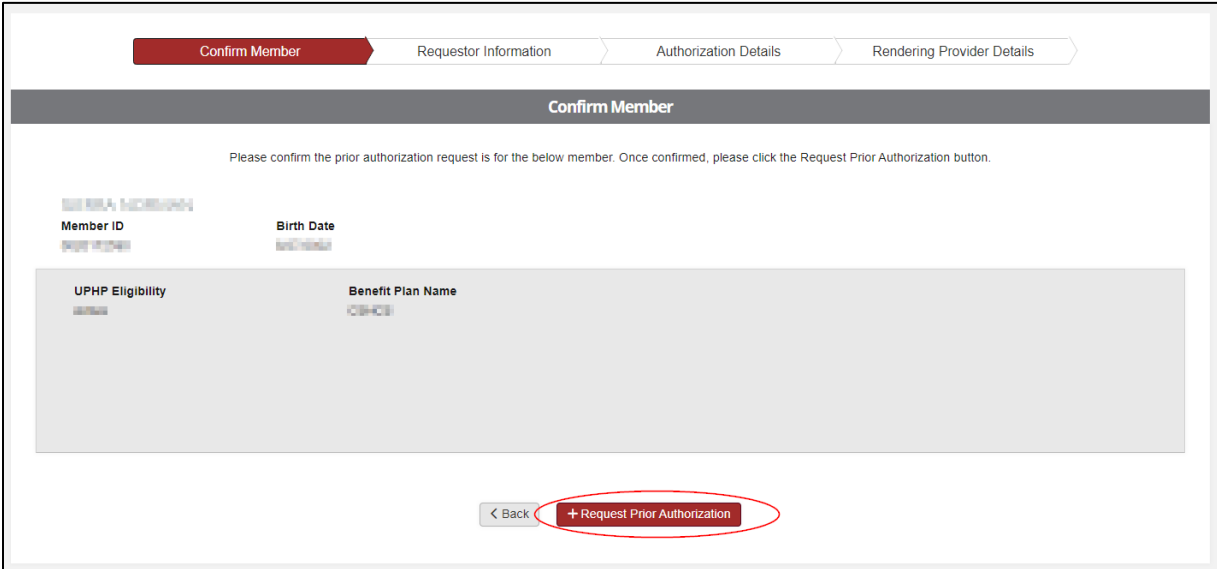
A screenshot of a search results table. The table has a header row with columns: 'UPHP Eligibility', 'Last Name', 'Middle Name', 'First Name', 'Birth Date', 'Member ID', and 'Gender'. A 'Start Prior-Authorization' button is located in the first row of the table, circled in red. A 'Reset Column Order' button is in the top right corner. A tip message says: 'Tip: You may click and drag columns to change your view.'

There are four steps for submitting a prior authorization:

1. Confirm Member
2. Requestor Information
3. Authorization Details
4. Rendering Provider Details

## Confirm Member

The Confirm Member page shows the selected member's information. Confirm the member details shown are for the prior authorization request you are submitting. If the incorrect member appears, click the 'Back' button to start a new member search. Once confirmed, click the "Request Prior Authorization" button to proceed.



Confirm Member

Requestor Information

Authorization Details

Rendering Provider Details

**Confirm Member**

Please confirm the prior authorization request is for the below member. Once confirmed, please click the Request Prior Authorization button.

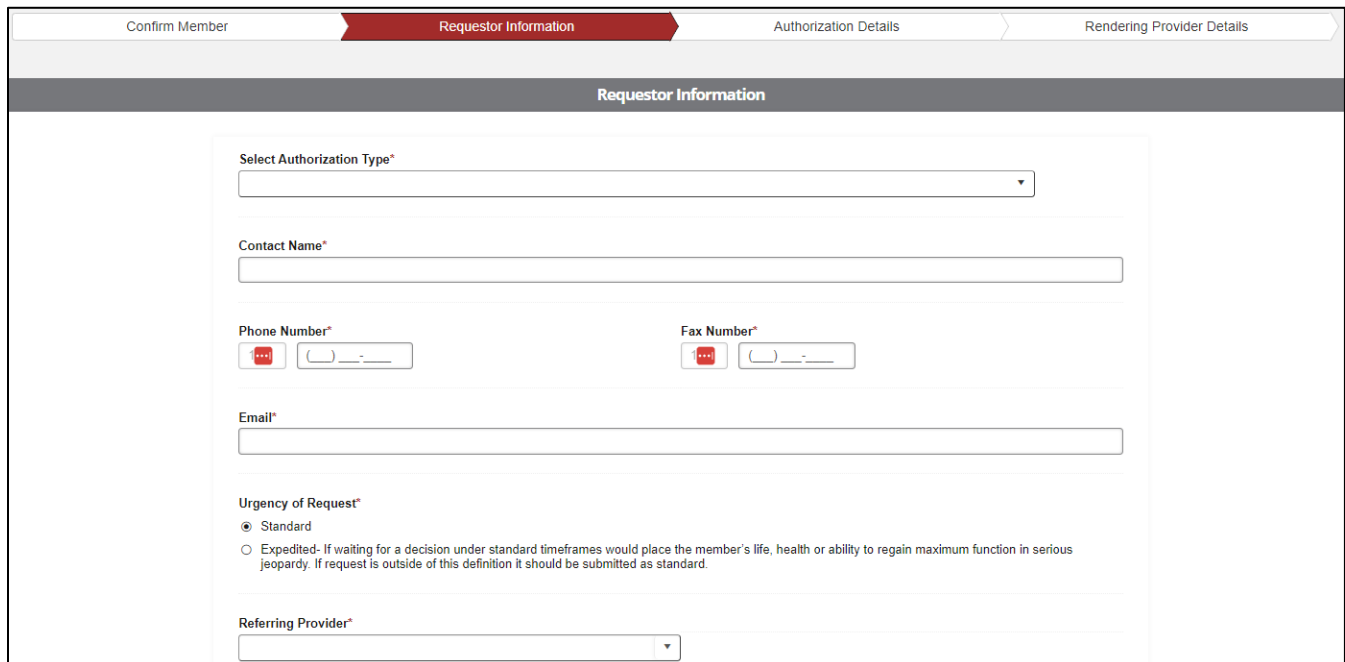
<b>Member ID</b> 987654321	<b>Birth Date</b> MM/DD/YYYY
-------------------------------	---------------------------------

<b>UPHP Eligibility</b> Y	<b>Benefit Plan Name</b> COPCO
------------------------------	-----------------------------------

< Back

+ Request Prior Authorization

## Requestor Information



Confirm Member

**Requestor Information**

Authorization Details

Rendering Provider Details

**Requestor Information**

Select Authorization Type\*

Contact Name\*

Phone Number\*

Fax Number\*

Email\*

Urgency of Request\*

Standard

Expedited- If waiting for a decision under standard timeframes would place the member's life, health or ability to regain maximum function in serious jeopardy. If request is outside of this definition it should be submitted as standard.

Referring Provider\*

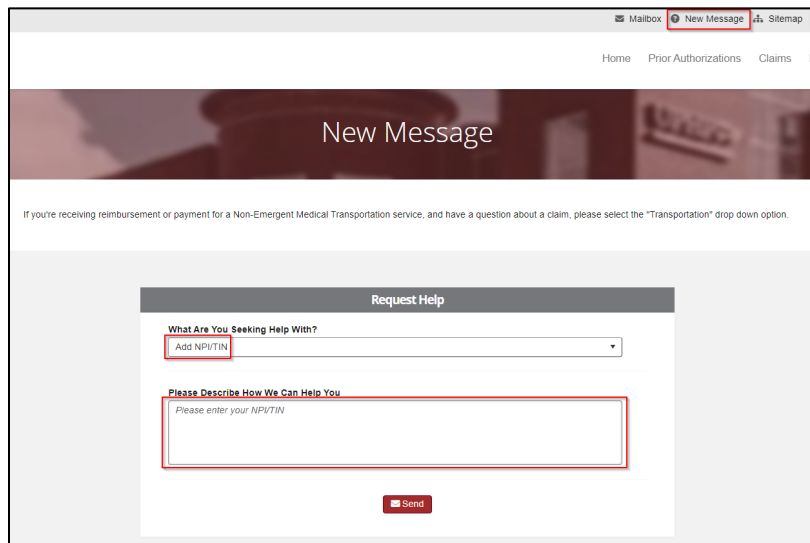
Click the dropdown under "Select Authorization Type" to select the type of authorization you are submitting. The types include:

- Medical Pharmacy (J Code, Q Code)
  - Note: A separate authorization would be needed for any out-of-network locations/services and must be approved **prior** to making medical pharmacy requests.
- Durable Medical Equipment
- Surgery (i.e., Bariatric, Mammoplasty, Gender Affirmation Surgeries, Panniculectomy)
- Home Health
- Office & Outpatient
- Molecular and Genetic Testing

Enter your name, phone number, fax number, and email address. The fax number can be entered with all zeros if not available.

The Urgency of Request field has two options: Standard or Expedited. Expedited should only be used if the time it takes to make a decision would place the member’s life, health, or ability to regain maximum function in serious jeopardy.

The Referring Provider field will display a drop-down of all the TIN/NPIs you are currently registered to have access to. Select appropriate provider and click Next. If you do not see a Referring Provider listed, please go to the New Message area at the very top of the page.



Here providers can submit their TIN and NPIs they would like access to in the textbox beneath the “Please Describe How We Can Help You” text. UPHP will receive the request for additional TIN/NPIs and process within 2-3 business days. Please contact the UPHP Help Desk at 1-906-225-6811 or [helpdesk@uphp.com](mailto:helpdesk@uphp.com) with any urgent requests.

## Authorization Details

### Durable Medical Equipment (DME)

DME Dealers will enter prior authorization requests for DME using appropriate HCPCS codes for equipment ordered by provider. For assistance with requirements/criteria please review DME items that require prior authorization at: [Prior Authorization and Notification Grid \(uphp.com\)](http://uphp.com)

When selecting the DME authorization type the page shown below will display. Click on +Add Procedure Code to enter a code (this is where HCPCS codes will be entered).

The screenshot shows a web form titled "Authorization Details". At the top, it says "Selected Authorization Type: Durable Medical Equipment". Below this is a section for "Procedures\*" which contains a table with the following columns: Procedure, Procedure Code, ICD Code, ICD Name, ICD Type, Initial Date or Expected Delivery Date, Product Description, Quantity, Frequency Requested, and Modifier Code. The table is currently empty, and a message in the center says "No Procedure Codes added." Below the table is a button labeled "+ Add Procedure Code" which is circled in red. Underneath the table is a section for "Reason for Prior Authorization(Select all that apply)\*" with four checkboxes: "Diagnosis Does Not Meet", "Purchase of Capped Rental", "Over Quantity Limit", and "Other". At the bottom of the form is a text input field labeled "Ordering Provider\*".

The following fields will display:

- Procedure Code (enter HCPCS codes here)
- Diagnosis Code
- Product Description
- Initial or Estimated Delivery Date (Actual or Expected)
- Quantity
- Modifier
- Frequency

All required fields are marked with a red asterisk. After all required fields are entered, click Save.

Note: Only one combination of the same code and same modifier can be entered. For multiple descriptions of the same code/modifier, enter the total number of codes/modifiers needed into the Quantity Box. Then in the Product Description box, list each item description with the associated quantity.

Procedures\*

Procedure	Procedure Code	ICD Code	ICD Name	ICD Type	Initial Date or Expected Delivery Date	Product Description	Quantity	Frequency Requested	Modifier Code
No Procedure Codes added.									

*Enter each HCPCS code and modifier combination only once. For multiple descriptions of same code/same modifier, please enter the total quantity into Quantity Box and then in Product Description, list each item description with associated quantity.*

Procedure Code\*  or  Search  
Please enter at least 3 characters to search

Diagnosis Code\*  or  Search  
Please enter at least 3 characters to search

Product Description\*

Initial or Estimated Delivery Date\* (Actual or Expected)


Quantity\*

Modifier\*  Left  Right  New  Rental

Frequency\*

Incorrect codes can be removed by clicking on the trash can icon. Additional codes can be entered by clicking on +Add Procedure Code.

Procedures\*

Procedure	Procedure Code	ICD Code	ICD Name	ICD Type	Initial Date or Expected Delivery Date	Product Description	Quantity	Frequency Requested	Modifier Code	
										

After all codes are entered, select a Reason for Prior Authorization. Multiple reasons can be selected. When selecting Other, a text box will display to describe the reason. Enter the Ordering Provider and click Next.

Reason for Prior Authorization(Select all that apply)\*

Diagnosis Does Not Meet

Purchase of Capped Rental

Over Quantity Limit

Other

Ordering Provider\*

On the Rendering Provider Details page, enter the following:

- Rendering DME Provider – Type into the search bar to find the provider by name or NPI
- Rendering Provider Specialty (Optional)
- Additional information to support request (Optional)
- Clinical Documentation

After clinical documentation has been uploaded, click Next. The Authorization Confirmation page will display and provides a Request Number to save or print for your records.

### **Surgery (i.e., Bariatric, Mammoplasty, Panniculectomy, Gender Affirmation Surgery)**

Please review procedures that require prior authorization here: [Prior Authorization and Notification Grid \(uphp.com\)](#)

Please review the criteria for each of the above listed surgeries on the [Utilization Management information page \(uphp.com\)](#).

When selecting the Surgery authorization type the page shown below will display. Enter the following fields and click on +Add Diagnosis Code to enter a code.

- Type of Surgery
- Surgery Date (if known)
- If the Surgery will be outpatient
- If the services are Out of Network

The screenshot shows the 'Authorization Details' form. At the top, there are four tabs: 'Confirm Member', 'Requestor Information', 'Authorization Details' (which is highlighted in red), and 'Rendering Provider Details'. Below the tabs, the form title is 'Authorization Details'. Underneath, it says 'Selected Authorization Type: Surgery (i.e. Bariatric, Mammoplasty)'. The form contains several fields: 'Type of Surgery\*' with a dropdown menu showing 'Bariatric'; 'Surgery Date (if known)' with a date input field; 'Will surgery be outpatient?' with a dropdown menu showing 'Yes'; and 'Are these services Out Of Network?' with a dropdown menu showing 'No'. Below these fields is a table for 'Diagnosis Code\*' with columns for 'ICDCode', 'ICD Name', 'ICD Type', and 'Product Description'. The table is currently empty and contains the text 'No Diagnosis Code Added'. At the bottom of the table area, there is a button labeled '+ Add Diagnosis Code' which is circled in red.

Enter the required diagnosis code. Description of the surgery is not required but can be provided. Click Save when complete.

The screenshot shows the 'Diagnosis Code\*' form. It has a table header with columns for 'ICDCode', 'ICD Name', 'ICD Type', and 'Product Description'. Below the table, it says 'No Diagnosis Code Added'. There are three main input areas: 'Diagnosis Code\*' with a text input field; 'Surgery Description' with a text input field and the placeholder text 'Enter the Surgery Description'; and a 'Search' field with a text input and the placeholder text 'Please enter at least 3 characters to search'. At the bottom of the form, there are two buttons: 'Save' and 'Cancel'.

Incorrect codes can be removed by clicking on the trash can icon. Additional codes can be entered by clicking +Add Procedure Code. After all codes have been entered, click Next.

Diagnosis Code*			
ICDCode	ICD Name	ICD Type	Product Description
+ Add Diagnosis Code			

On the Rendering Provider Details page, enter the following:

**Rendering Provider Details**

Selected Authorization Type: Surgery (i.e. Bariatric, Mammoplasty)

Please enter the Rendering Provider and/or Rendering Facility by using the NPI search below. If you are unable to find the provider or facility, please select DEFAULT DEFAULT and enter the following information into the Additional information to support request free text area below:

Provider: Provider Name, Specialty, NPI, Address, Phone, Fax  
 Facility: Facility Name, NPI, Address, Phone, and Fax

**Rendering Provider\***

Search

Please enter NPI or at least 3 characters of Provider name to search

**Rendering Facility\***

Search

Please enter NPI or at least 3 characters of Facility name to search

**Rendering Provider Specialty**

**Additional information to support request**(Enter provider specialty below if not entering provider name above)

**Clinical Documentation\***

Supporting Documents

- Rendering Provider – Type into the search bar to find the provider by name or NPI
- Rendering Facility – Type into the search bar to find the facility by name or NPI
- Rendering Provider Specialty (Optional)
- Additional information to support request
- Clinical Documentation

After clinical documentation has been uploaded, click Next. The Authorization Confirmation page will display and provides a Request Number to save or print for your records.

**Authorization Confirmation**

**Request #** XXXXXXXXXXXX

Thank you for submitting your Prior Authorization.

Your Prior Authorization has been received and is pending approval.

Please note that standard requests are processed within 14 calendar days and expedited requests are processed within 72 hours.

## Medical Pharmacy (J Code, Q Code)

Please review drug specific prior authorization criteria for applicable ICD10 codes here:

<https://www.uphp.com/pharmacy/medicaldrugbenefitjcode/>

Note: A separate authorization would be needed for any out-of-network locations/services and be approved prior to making medical pharmacy requests.

When selecting the Medical Pharmacy authorization type the page shown below will display. Click on +Add Diagnosis Code to enter a code.

Drug Name	Drug Code	ICD Code	ICD Name Short	ICD Type	Drug Quantity	Units	Route of Administration	Frequency Quantity	Frequency	Weight	Height	Date of requested start of authorization
No Diagnosis added.												

[+ Add Diagnosis Code](#)

[< Back](#)

[Next >](#)

The below fields will display. All required fields are marked with a red asterisk. After all required fields are entered, click Save.

- Diagnosis Code
- Drug Name
- Dose
- Frequency
- Authorization Start Date (Per UPHP policy authorizations cannot be retroactively dated)
- Weight (kg)
- Height (cm)
- Route of Administration

**Diagnosis Code\***  or   
Please enter at least 3 characters to search

**Drug Name\***  **Dose\***

Tip: Use the Alt + down arrow on your keyboard to open the selection options for keyboard-only users.

**Authorization Start Date (Per UPHP policy authorizations cannot be retroactively dated)\***  
 (Actual or Expected)  **Frequency\***

**Weight (kg)\***  **Height (cm)\***

**Route of Administration\***

Incorrect codes can be removed by clicking on the trash can icon. Medical Pharmacy prior authorizations are limited to one code only.

**Diagnosis**

Drug Name	Drug Code	ICD Code	ICD Name Short	ICD Type	Drug Quantity	Units	Route of Administration	Frequency Quantity	Frequency	Weight	Height	Date of requested start of authorization	
ORIN 500mg (Orlistat/Atenolol)	3084	268	ORIN 500mg (ORLISTAT)	268-01-001	1	mg	Orlistat	1	1mg	120	160	08/01/2022	

On the Rendering Provider Details page, enter the following:

**Rendering Provider Details**

Selected Authorization Type: Medical Pharmacy (J Code, Q Code)

Please enter the Rendering Provider and/or Rendering Facility by using the NPI search below. If you are unable to find the provider or facility, please select DEFAULT DEFAULT and enter the following information into the Additional information to support request free text area below:

Provider: Provider Name, Specialty, NPI, Address, Phone, Fax  
 Facility: Facility Name, NPI, Address, Phone, and Fax

Please note that if the ancillary/service provider is not in the UPHP provider network and there is no current out-of-network authorization, this request will be denied. To verify if a provider is in the UPHP network, please review the website at [www.uphp.com](http://www.uphp.com). To verify if an out-of-network authorization is current please call UPHP Customer Service at: 800-835-2556.

**Rendering Provider**  
  
Please enter NPI or at least 3 characters of Provider name to search

**Rendering Facility**  
  
Please enter NPI or at least 3 characters of Facility name to search

**Rendering Provider Specialty**

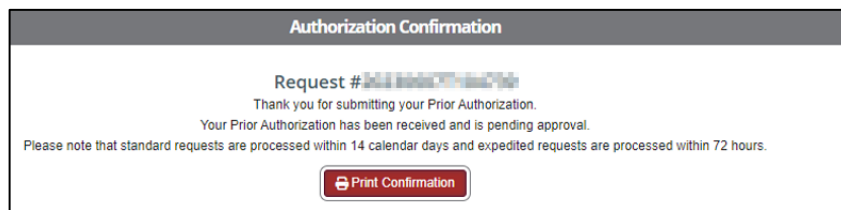
**Additional information to support request (optional)**

**Clinical Documentation\***  
  
 Supporting Documents

Please note that if the ancillary/service provider is not in the UPHP provider network and there is no current out-of-network authorization, this request will be denied. To verify if a provider is in the UPHP network, please review the website at [www.uphp.com](http://www.uphp.com). To verify if an out-of-network authorization is current please call UPHP Customer Service at: 800-835-2556.

- Rendering Provider – Type into the search bar to find the provider by name or NPI
- Rendering Facility – Type into the search bar to find the facility by name or NPI
- Rendering Provider Specialty (Optional)
- Additional information to support request
  - Please enter any additional diagnosis codes that may be relevant to the drug requested.
- Clinical Documentation

After clinical documentation has been uploaded, click Next. The Authorization Confirmation page will display and provides a Request Number to save or print for your records.



## Home Health

Home Health Care Agencies will enter prior authorization requests for home health care services ordered by member's provider. When selecting the Home Health authorization type the page shown below will display. Enter the Ordering Provider Name and Start of Care date. Click on +Add Procedure Code to add the required diagnosis code.

Enter the required diagnosis code. Click Save when complete.

Diagnosis Code\*

ICDCode	ICD Name	ICD Type
No Diagnosis Code Added		

Diagnosis Code\*

or   
Please enter at least 3 characters to search

Incorrect codes can be removed by clicking on the trash can icon. Additional diagnosis codes can be entered by clicking + Add Diagnosis Code.

Diagnosis Code\*

ICDCode	ICD Name	ICD Type
		<input type="button" value="🗑"/>

After all diagnosis codes have been added complete the remaining fields on the form. All required fields are marked with a red asterisk. After all required fields are entered, click Next.

- Type of Service Requested (can select multiple)
- Reason for Home Health
- Whether the member is homebound or not
- Assistive Devices Used
- Estimated Duration of Home Health Needs

**Type of Service Requested (Select all that apply)\***

Skilled Nursing  
 Physical Therapy  
 Occupational Therapy  
 Speech Therapy  
 Social Services  
 Home Health Aide

**Reason for Home Health**

**Is Member Homebound?**  
No

**Assistive Devices Used**

**Estimated Duration of Home Health Needs**

On the Rendering Provider Details page, enter the following:



- If the services are Out of Network
- Type of Service

Confirm Member    Requestor Information    **Authorization Details**    Rendering Provider Details

**Authorization Details**

Selected Authorization Type: Office & Outpatient

Appointment Date (if known)

Are these services Out Of Network?  
No

Type of Service\*  
Behavioral Health

Diagnosis Code\*

ICDCode	ICD Name	ICD Type	
110	ESSENTIAL PRIMARY HYPERTENSION	ICD-10-CM	

**+ Add Diagnosis Code**

Enter the required diagnosis code. Click Save when complete.

Diagnosis Code\*

ICDCode	ICD Name	ICD Type	
No Diagnosis Code Added			

**+ Add Diagnosis Code**

Incorrect codes can be removed by clicking on the trash can icon. Additional diagnosis codes can be entered by clicking + Add Diagnosis Code.

Diagnosis Code\*

ICDCode	ICD Name	ICD Type	
110	ESSENTIAL PRIMARY HYPERTENSION	ICD-10-CM	

**+ Add Diagnosis Code**

On the Rendering Provider Details page, enter the following:

Rendering Provider Details

Selected Authorization Type: Office & Outpatient

Please enter the Rendering Provider and/or Rendering Facility by using the NPI search below. If you are unable to find the provider or facility, please select DEFAULT DEFAULT and enter the following information into the Additional information to support request free text area below:

Provider: Provider Name, Specialty, NPI, Address, Phone, Fax  
Facility: Facility Name, NPI, Address, Phone, and Fax

Rendering Provider\*

Search

Please enter NPI or at least 3 characters of Provider name to search

Rendering Facility\*

Search

Please enter NPI or at least 3 characters of Facility name to search

Rendering Provider Specialty\*

Additional information to support request (Enter provider specialty below if not entering provider name above)

Clinical Documentation\*

Upload Supporting Documents

Drag and drop files here (or click) to attach.

- Rendering Provider – Type into the search bar to find the provider by name or NPI
- Rendering Facility – Type into the search bar to find the facility by name or NPI
- Rendering Provider Specialty
- Additional information to support request
- Clinical Documentation

After clinical documentation has been uploaded, click Next. The Authorization Confirmation page will display and provides a Request Number to save or print for your records.

Authorization Confirmation

Request # [blurred]

Thank you for submitting your Prior Authorization.  
Your Prior Authorization has been received and is pending approval.  
Please note that standard requests are processed within 14 calendar days and expedited requests are processed within 72 hours.

Print Confirmation

## Molecular and Genetic Testing

Please review Molecular and Genetic testing codes that require prior authorization here: [Prior Authorization and Notification Grid \(uphp.com\)](#)

When selecting the Molecular and Genetic Testing authorization type the page shown below will display. Please enter the Date Lab Drawn (if applicable). Click on + Add Procedure Code to enter a code.

The screenshot shows the 'Authorization Details' page with the 'Selected Authorization Type' set to 'Molecular and Genetic Testing'. A 'Date Lab Drawn (if applicable)' field is present. Below it is a table titled 'Procedures\*' with columns for Procedure, Procedure Code, ICD Code, ICD Name, ICD Type, and Quantity. The table is currently empty, displaying 'No Procedure Codes added.' A red circle highlights the '+ Add Procedure Code' button at the bottom of the table.

The following fields will display:

- Procedure Code
- Diagnosis Code
- Quantity

All required fields are marked with a red asterisk. After all required fields are entered, click Save.

This screenshot shows the 'Procedures\*' form with input fields for 'Procedure Code\*', 'Diagnosis Code\*', and 'Quantity'. To the right of these fields are two search boxes, each with a 'Search' label and a note 'Please enter at least 3 characters to search'. At the bottom of the form are 'Save' and 'Cancel' buttons.

On the Rendering Provider Details page, enter the following:

- Rendering Lab Facility – Type into the search bar to find the lab by name or NPI
- Rendering Provider Specialty (Optional)
- Additional information to support request (Optional)
- Clinical Documentation

After clinical documentation has been uploaded, click Next. The Authorization Confirmation page will display and provides a Request Number to save or print for your records.

## View Authorizations

When a decision has been made on a prior authorization an email will be sent notifying the requestor to log into UPHP Assist to review. To status prior authorizations you have submitted go to Prior Authorizations > View Authorizations.

Search for submitted prior authorization requests:

Fields available to search by include:

- Authorization number/Request #
- Member ID
- First Name
- Last Name
- Date of Birth
- Status
- Received Date
- Closed Date

All submitted prior authorizations for the member will display under the Search Results:

Search Results									
Tip: You may click a column header to sort your search results									
	Authorization Number	Authorization Description	Member ID	Member Name	Effective Date	Thru Date	Status	Date Completed	Request Number
<a href="#">View Details</a>	XXXXXXXXXX	XXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
<a href="#">View Details</a>	XXXXXXXXXX	XXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX

The following fields will be available at quick glance:

- View Details
  - Clicking this button will display all authorization details that were submitted to UPHP. Additionally, pertinent information for providers on decision details and UPHP decision comments are available here.
- Authorization #
  - This field will return the UPHP authorization number after the prior authorization has been fully processed and decision made.
- Authorization Description
- Member ID
- Member Name
- Begin Date – This field will return the effective date provided by UPHP
- End Date – This field will return the end date provided by UPHP
- Status
  - All Authorizations will default to ENTERED status until a final decision is made by UPHP. After a decision is made ENTERED will update to one of the following statuses:

- ENTERED – Received by UPHP and in processed
  - VOID – Request has been withdrawn or cancelled
  - APPROVED – Request has been completed
  - DISMISSED – Request has been withdrawn or cancelled
  - PARTIAL DENIAL – Request has been completed
  - DENIED – Request has been completed
- Date Completed – The date UPHP provided a final decision
  - Request Number

## View Details

Click View Details to all the information that was submitted on the prior authorization request. In addition to the original request details, you will find the UPHP approved quantities and UPHP decision comments.

Search Results							
Tip: You may click a column header to sort your search results							
Authorization #	Authorization Description	Member ID	Member Name	Begin Date	End Date	Status	Temp Auth Nbr
<a href="#">View Details</a>	...	...	...	...	...	...	...
<a href="#">View Details</a>	...	...	...	...	...	...	...

## Decision Comment

Scroll down to the bottom of the View Details page to view the UPHP staff Decision comments for any additional details on the decision.

Additional information to support request

---

Decision Comment

## HELP & SUPPORT

For registration assistance or technical questions please contact the UPHP Help Desk at 906-225-6811 or [helpdesk@uphp.com](mailto:helpdesk@uphp.com).

For questions on submitting DME, Surgery, Home Health, Office & Outpatient, or Molecular and Genetic Testing prior authorizations please contact UPHP Utilization Management at 906-225-7774.

For questions on submitting Medical Pharmacy prior authorizations please contact UPHP Pharmacy at 906-232-1628.