

Provider Portal Resource Guide





Job Aid

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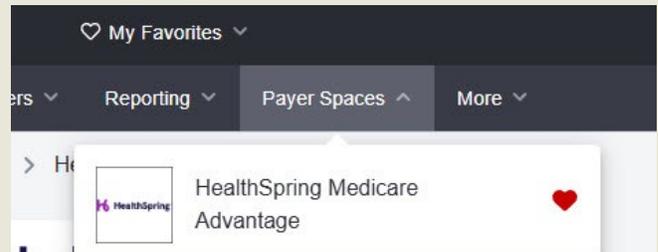
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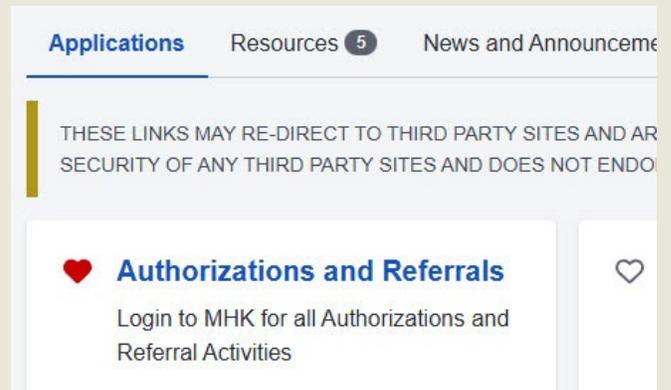
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Access the HealthSpring Payer Space

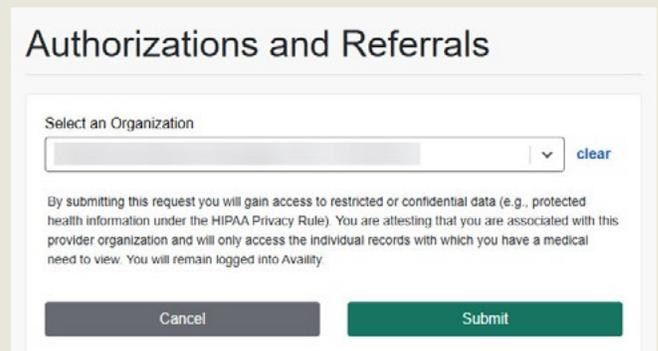
1. In **Availity® Essentials**, click the **Payer Spaces** tab.
2. Click the **HealthSpring Medicare Advantage payer space** (52192).



3. Click the **Applications** tab.
4. Click **Authorizations and Referrals**.
The Authorization and Referrals screen will display.



5. Choose the appropriate organization from the **Select an Organization** drop-down menu.
6. Click **Submit** to be routed to the authorization portal.





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Request Prior Authorization

1. Click **Prior Authorization** on the left navigation bar.
 - All fields are required and must be entered accurately.
 - No results will populate if any data is entered incorrectly.
 - Last name suffixes are required.
 - Any member ID with an asterisk must be removed.
2. Click **Search**. Search results will display.

Member Search Results

Show all Eligibility Records

Member Search Results

Show 10 entries Search:

ACTION	FIRST NAME	LAST NAME	DATE OF BIRTH	MEMBER ID	ADDRESS	STATUS	EFFECTIVE DATE	TERM DATE	COMPANY	LINE OF BUSINESS	PLAN CODE	PLAN DESCRIPTION	CONTRACT NUMBER	PBP NUMBER	PCP	PCP NAME	IPA CODE	IPA NAME
Select	FARAL	BAPTISTE	06-27-1940	10008621	10320 SW 99TH AVENUE PHILADELPHIA PA 19132	Eligible	01-01-2024		Medicare	MAPD HMO	HS_PREF+	HealthSpring Preferred Plus (HMO)	H3949	030			PA0040	LIBERTY IPA

3. Click **Select** on the appropriate record under the **Action** column. The member's details and authorization screen will display.



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Request Prior Authorization *continued*

Selecting the Requesting Provider

4. All HealthSpring Medicare Advantage providers have provider IDs with the following prefixes:

- G – Group
- F – Facility
- P – Practitioner

Requesting Provider

P00000514381		277 HUNTRESS ST STE 100,,WETUMPKA,AL
P00000514381		277 HUNTRESS ST STE 100,,WETUMPKA,AL
P00000514382		277 HUNTRESS ST,,WETUMPKA,AL
P00000514382		277 HUNTRESS ST STE 100,,WETUMPKA,AL

Search Box Example

Provider Search Results								
ACTION	NPI	PROVIDER ID	TAX ID	FIRST NAME	LAST NAME	FACILITY	ADDRESS	SOURCE
Select		F00000008219			RD STREET SURGERY CENTER LLC	RD STREET SURGERY CENTER LLC		
Select		F00000008219			RD STREET SURGERY CENTER LLC	RD STREET SURGERY CENTER LLC		
Select		F00000008219			RD STREET SURGERY CENTER LLC	RD STREET SURGERY CENTER LLC		



Job Aid

Request Prior Authorization *continued*

5. Complete the **prior authorization** screen. Fields with an asterisk are **required**.

	*Phone Number <input type="text"/>	*Fax Number <input type="text"/>
*Contact Name <input type="text"/>	Contact Phone <input type="text"/>	Contact Phone Ext <input type="text"/>
*Request Type <input type="text"/>	*Place Of Service <input type="text"/>	
Requesting Provider Same as Servicing Provider <input type="radio"/> YES <input checked="" type="radio"/> NO	Requesting Provider Same as Ordering Provider <input type="radio"/> YES <input checked="" type="radio"/> NO	Requesting Provider Same as Facility <input type="radio"/> YES <input checked="" type="radio"/> NO
*Review Type <input type="text"/>		



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Add a Servicing Provider (Referral or Prior Authorization)

1. Click **Add Servicing/Facility Provider**.
2. Complete the applicable fields.

ACTION	PROVIDER NAME	NPI#	DEAF	SPECIALITY	NETWORK	ADDRESS	FAX NUMBER	PROVIDER TYPE	PROVIDER STATUS
--------	---------------	------	------	------------	---------	---------	------------	---------------	-----------------

Previous provider IDs will still be visible but should not be selected unless processing an authorization request for an Employer Group Waiver Plan member.

The **Requesting Provider** selection should only be used for practitioners, facilities or ancillaries. The provider group record (**G**) should not be used as the requesting provider if that group's affiliate practitioner (**P**) records are present.

- Depending on the number of providers affiliated with the user, the Requesting Provider section will either be a drop-down (less than 20 providers) or a search box (more than 20 providers).
- The **Source** field has guided messaging to help users choose a provider record.
- The Source field will only have the search box option.



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Search for Servicing Provider or Facility

1. Search by **specialty** and **provider type** or select **show additional search fields** and search by one of the available fields.
 - Not all fields are required.
 - **NPI #** search is the most common.
 - The **Type** field requires selection from the drop-down menu.
2. After conducting a search for a servicing provider or facility, the Servicing Providers – Search Results screen will show an additional column labeled **Source**.

Search for Servicing Provider or Facility

Specialty: * Type:

NPI #: Fed Tax ID: First Name:

Last Name: State: Organization:

License: City: Zip:

Phone: Fax: Line of Business:

Gender: Language: DEA#:

Par: Yes No

If there is a date after which a provider record should not be used to submit specific information to HealthSpring, the following message will appear in the **Source** column: **“Do not use ON or AFTER X.X.XXXX.”** If this message appears, that provider record should not be used on or after that date to submit prior authorization and/or certain other requests.



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Search for Servicing Provider or Facility *continued*

If the **Source** field contains no information, there is not a date restriction for that provider.

Search for Servicing Provider or Facility

Par: Yes No

Servicing Providers - Search Results

Show entries Search:

ACTION	PROVIDER NAME	NPI#	PROVIDER ID	DEA#	SPECIALITY	ADDRESS	PROVIDER STATUS	SOURCE
<input type="button" value="Select"/>			P00000932917		PSYCHIATRY		Par	
<input type="button" value="Select"/>			P00000932921		PSYCHIATRY		Par	Effective AS OF 10.01.2024
<input type="button" value="Select"/>			P00000932921		PSYCHIATRY		Par	Effective AS OF 10.01.2024
<input type="button" value="Select"/>			P00000932921		PSYCHIATRY		Par	
<input type="button" value="Select"/>			P00000932922		PSYCHIATRY		Par	Effective AS OF 10.01.2024

Showing 1 to 5 of 16 entries Previous Next



Job Aid

Search for Servicing Provider or Facility *continued*

When searching for the “Servicing/Facility Provider,” the results will always show with the **Source** field column.

Previous provider IDs will still be visible but should not be selected unless processing a prior authorization request for an Employer Group Waiver Plan member.

All HealthSpring Medicare Advantage providers have new provider IDs with the following prefixes:

P – Practitioner

G – Group

F – Facility

Be sure to view the **Source** field as a guide for which record to choose

Servicing Providers - Search Results

Show entries Search:

ACTION	PROVIDER NAME	NPI#	PROVIDER ID	DEAF	SPECIALITY	ADDRESS	PROVIDER STATUS	SOURCE
Select			2874059MLIC				Non Par	Do not use ON or AFTER 1.1.2025
Select			CBH5185011045				Non Par	Do not use ON or AFTER 1.1.2025
Select			931236337NON				Non Par	Do not use ON or AFTER 1.1.2025
Select			1477052470NON				Non Par	Do not use ON or AFTER 1.1.2025
Select			1417915901				Non Par	



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Add a Diagnosis Code (Referral or Prior Authorization)

1. Click **Add Primary Diagnosis**.

*Diagnosis (*Denotes required field)

ICD - Search Results

Add Primary Diagnosis Add Diagnosis

ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE	STATUS	PRIMARY DIAGNOSIS
--------	------------	-------------	----------	--------	-------------------

2. Enter the appropriate code in the **ICD Codes field** or description in the **Diagnosis Description field**.
3. Click **Search**. ICD codes will display.
4. Click **Select** next to appropriate procedure under the **Action column**. The selected ICD information will then display.

ICD Search

ICD Codes:

Diagnosis Description:

Search

ICD - Search Results

ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE
Select	R69	Illness, unspecified	ICD10 DX

Cancel



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Add a Procedure Code (Referral or Prior Authorization)

Note: All previous fields must be completed before proceeding.

1. Click **Add Procedure**.
2. Enter the appropriate code in the **CPT/HCPCS Codes** field.
3. Click **Search**. Procedure codes will display.
4. Click **Select** next to appropriate procedure under the **Action** column. The CPT/HCPCS information will display.

*Procedure (*Denotes required field)

CPT/HCPCS - Search Results [Add Procedure](#)

ACTION	CPT/HCPCS#	PLANNED PROCEDURE	QUANTITY	UNIT TYPE	MODIFIER 2	START	END	STATUS	PRIMARY PROCEDURE
--------	------------	-------------------	----------	-----------	------------	-------	-----	--------	-------------------

CPT/HCPCS Search X

CPT/HCPCS Codes: Procedure Description:

[Search](#)

CPT/HCPCS - Search Results

ACTION	CPT/HCPCS#	PLANNED PROCEDURE
Select	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

[Cancel](#)



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Add a Procedure Code (Referral or Prior Authorization) *continued*

CPT/HCPCS Information X

CPT/HCPCS CODE:	Procedure Description:	
<input type="text" value="99214"/>	<input type="text" value="Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate hist"/>	
PA Status		
<input type="text" value="Referral - Authorization Required"/>		
Modifier 1 (if applicable):	Modifier 1 Description (if applicable):	
<input type="text" value=""/> <input type="button" value="Q"/>	<input type="text"/>	
Modifier 2 (if applicable):	Modifier 2 Description (if applicable):	
<input type="text" value=""/> <input type="button" value="Q"/>	<input type="text"/>	
*Quantity:	*Units:	Frequency
<input type="text" value="1"/>	<input type="text" value="Visits"/>	<input type="text"/>
Start Date	End Date	
<input type="text" value="01-14-2026"/>	<input type="text" value="01-14-2027"/>	
<input type="button" value="Cancel"/>	<input type="button" value="Submit"/>	

Example of prior authorization status messaging

CPT/HCPCS CODE:	Procedure Description:
<input type="text" value="L8695"/>	<input type="text" value="External recharging system for battery (external) for use with implantable neurostimulator, replacement only"/>
PA Status	
<input type="text" value="This Code is managed by eviCore. For more information or to submit an Authorization request - please visit www.evicore.com. You may fax requests to 888.693.3210 - or"/>	



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Submit a Request (Referral or Prior Authorization)

1. Click **Submit** once the prior authorization fields are complete.

*Procedure (*Denotes required field)

CPT/HCPCS - Search Results Add Procedure

ACTION	CPT/HCPCS#	PLANNED PROCEDURE	QUANTITY	UNIT TYPE	MODIFIER 2	START	END	STATUS	PRIMARY PROCEDURE
Remove	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	6	Visits		01-14-2026	01-14-2027	Referral - Authorization Required	NO

Cancel Submit





Job Aid

Submit a Request (Referral or Prior Authorization) *continued*

2. Click **Add Documents** to upload clinical documentation or click **Add Notes** to enter notes in the Notes field.

Please upload additional documentation supporting your request

The request needs further clinical review. Please provide symptoms, lab results with dates and/or justification for initial or ongoing therapy or increase dose and if patient has any contraindications for the health plan/insurer preferred drug. Please provide any additional clinical information or comments pertinent to this request for coverage (e.g. formulary tier exceptions) or required under state and federal laws. See below to upload documentation and add supporting notes related to the request.

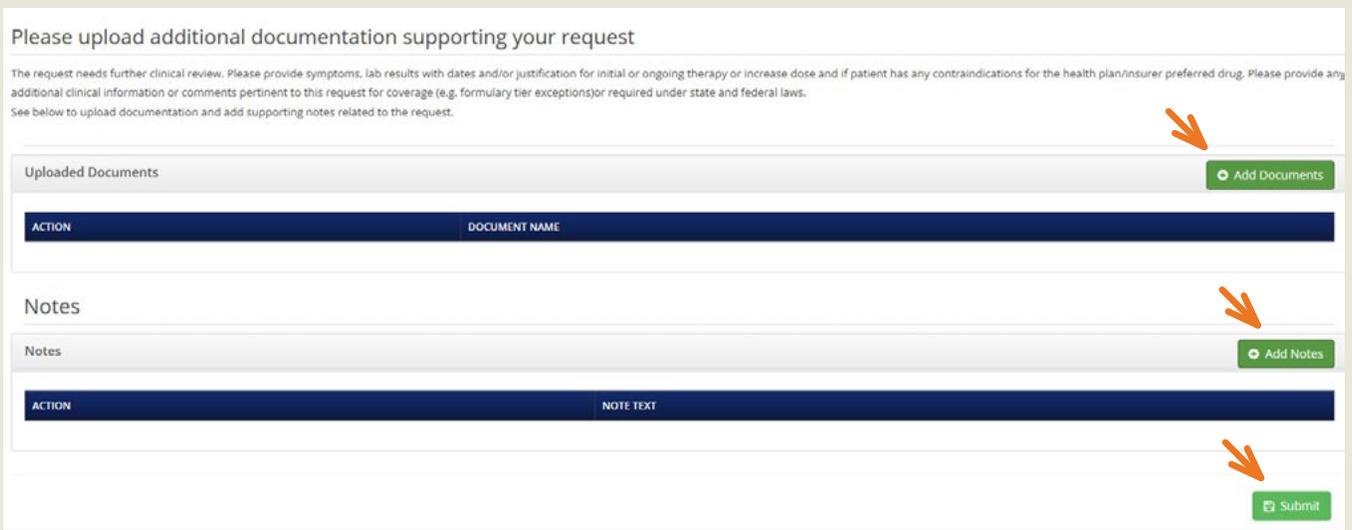
Uploaded Documents Add Documents

ACTION	DOCUMENT NAME
--------	---------------

Notes Add Notes

ACTION	NOTE TEXT
--------	-----------

Submit



3. Click **Submit**. Upon submission, the authorization ID, status, etc. will display.



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Submit a Request (Referral or Prior Authorization) *continued*

	Name: FARAL BAPTISTE	Member ID: 10008621	Plan Type/Group (HMO):
	Date Of Birth: 06-27-1940	Benefit String:	LOB: MAPD HMO
	Address: 10320 SW 99TH AVENUE PHILADELPHIA PA 19132	IPA/MG: PA0004:MERCY POD	
	Phone: 215-225-0469	Effective: 01-01-2024	Term:
	Special Programs:	Case Manager:	
	Contract Number: H3949	PBP Number: 030	

Authorization Status: In Progress	Reason: Coordinator Review
Decision:	Reference#: H26014583328
Procedure Status: 99214:Not Decided	

Create Auth for same member	Create Auth for different member
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View a Referral or Prior Authorization Request

1. Click **Prior Authorization** from the menu options.
2. Click **View Authorizations Medical**.

The screenshot displays the 'Medical Authorizations' interface. On the left is a navigation menu with options: 'Employment Search', 'Claims', 'Prior Authorization', 'Request Medical PA', 'View Authorizations Medical' (highlighted with an orange arrow), and 'Correspondence'. The main content area has a search bar for 'Requesting Provider' and a 'Search' button. Below this is a 'Show More Search Options' button and a 'Prior Authorization Request Status' indicator showing 57 items. A table lists the requests with columns for Date Submitted, Reference #, Alternate Auth ID, Member Name, Member ID, Member DOB, Request Type, Admission Date, Discharge Date, Requesting Provider, Servicing Provider, Facility Provider, Status, Decision, and Decision Reason.

DATE SUBMITTED	REFERENCE #	ALTERNATE AUTH ID	MEMBER NAME	MEMBER ID	MEMBER DOB	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICING PROVIDER	FACILITY PROVIDER	STATUS	DECISION	DECISION REASON
Date	Reference	Alternat	Mem	Mem	Mem	Requ	Admiss	Dischar	Requesting Pr	Servicing Pro	Facility	Stat	Decis	Decision
01-06-2026	H26006470958		DOROUGH GABEL		03-22-1939	Outpatient						In Progress		
12-19-2025	H2535333591		FARAL BAPTISTE		06-27-1940	Outpatient						In Progress		
12-19-2025	H25353844788		FARAL BAPTISTE		06-27-1940	Outpatient						In Progress		
12-08-2025	H25342214235		FARAL BAPTISTE		06-27-1940	Outpatient						Complete	Approved	Administrative
12-08-2025	H25342129450		KEOUGH BROWN		12-05-1947	Outpatient						In Progress		



Job Aid

Search for a Prior Authorization

1. Select the appropriate requesting provider from the **Requesting Provider** drop-down menu. All HealthSpring Medicare Advantage providers have new provider IDs with the following prefixes:
 - P – Practitioner
 - G – Group
 - F – Facility

Ensure you select the correct **Provider ID** when selecting the requesting provider.

2. Enter any further search criteria. You do not need to complete all fields to perform a search.

The screenshot shows a search form for Prior Authorization. At the top is a 'Requesting Provider' dropdown menu. Below it is a 'Hide Search Options' button. The form is organized into two columns of input fields. The left column includes: Member First Name, Member DOB (with a placeholder 'Member DOB (mm-dd-yyyy)'), Authorization Status (dropdown), Auth #, Request Type (dropdown), Requesting Provider Last Name, and Servicing Provider Last Name. The right column includes: Member Last Name, Member ID#, Decision, Alternative Auth ID, Requesting Provider First Name, and Servicing Provider First Name. At the bottom, there are three date-related fields: 'Search by Date (Date Type)' (dropdown), 'From Date' (with placeholder 'From Date (mm-dd-yyyy)'), and 'To Date' (with placeholder 'To Date (mm-dd-yyyy)'). At the very bottom center are two green buttons: 'Search' and 'Clear'.



Job Aid

Attaching Clinicals for Concurrent Review of SNF/LTAC/IRF Authorizations

1. Click **View Authorizations Medical** under the **Prior Authorization** section.
2. **Search** for the requesting provider to access the authorization. The authorization should populate.
3. Click **Add Attachment** under the **Action** column to add documents.

MEMBER NAME	MEMBER ID	MEMBER DOB	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICING PROVIDER	FACILITY PROVIDER	STATUS	DECISION	DECISION REASON	NOTE TYPES	PAYER	ACTION
DOROUGH GABEL		03-22-1939	Outpatient						In Progress				Medicare	Add Discharge Date Add Attachment
FARAL BAPTISTE		06-27-1940	Outpatient						In Progress				Medicare	Add Discharge Date Add Attachment

4. Click **Add Documents** within the **Member Auth Details** by selecting the **correct authorization**.
5. Click **Add Documents** within Member Auth Details.

DATE SUBMITTED	REFERENCE #	ALTERNATE AUTH ID
Date	Reference	Alternat
01-06-2026	H26006470958	



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Attaching Clinicals for Concurrent Review of SNF/LTAC/IRF Authorizations *continued*

Member Auth Details

Supporting Documents

Uploaded Documents

[Add Documents](#)

DOCUMENT NAME	TYPE
No data available in table	

6. **Upload Additional Documentation** by selecting **Choose File**. After the file appears in the field, select **Upload Document**.
 - The clinical team will receive notification that documentation has been added to this existing authorization.
7. Click **Choose File** to upload additional documentation.
8. Click **Upload document**. The clinical team will receive a notification that the documentation has been added to the existing authorization.

Upload Additional Documentation

Choose File No file chosen

[Upload Document](#) [Cancel](#)

DOCUMENT NAME	TYPE
No data available in table	



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Help Desk

If you have issues, contact the Help Desk at 1-866-952-7596, option 2.