# Provider Portal Online Prior Authorization Process

Go to www.CustomDesignBenefits.com

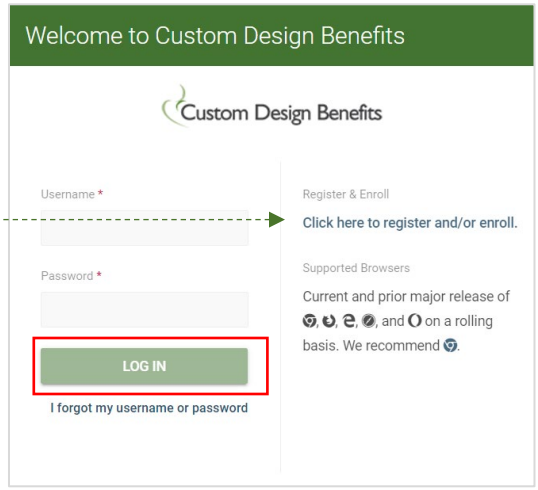
Click on **Providers**


Click on **Provider Portal**

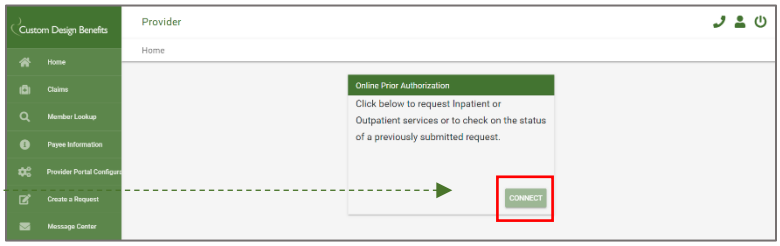

Log on to the Provider Portal. **If you do not have a username and password, call CDB at 800.598.2929 to request a Registration Code.** Then click here to register.

Note: When registering, select **Provider**, not Provider Enrollment, from the dropdown box.

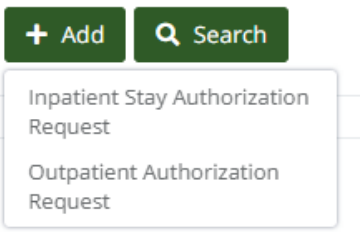
Once you register, you will need to wait 24 to 48 hours before submitting a prior authorization to allow the system time to process your registration.

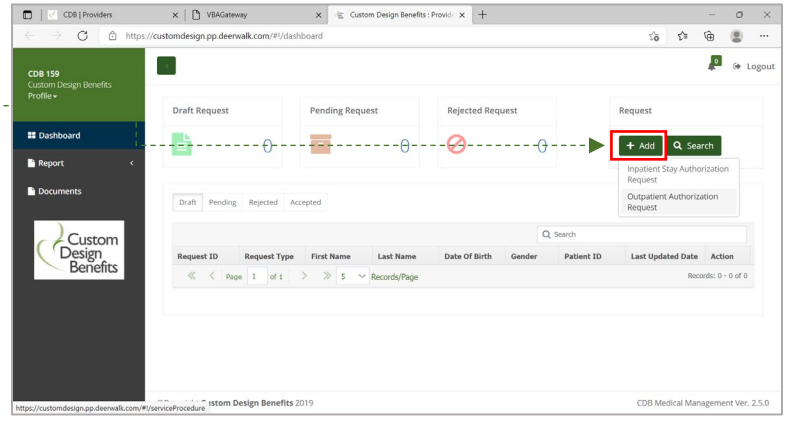



To initiate a Prior Authorization request, click **Connect**.




Click **+ Add** and select Inpatient Stay Authorization Request or Outpatient Authorization Request



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Complete the New Authorization Request

Required fields are noted with *

To enter Patient's Date of Birth, click on Calendar icon

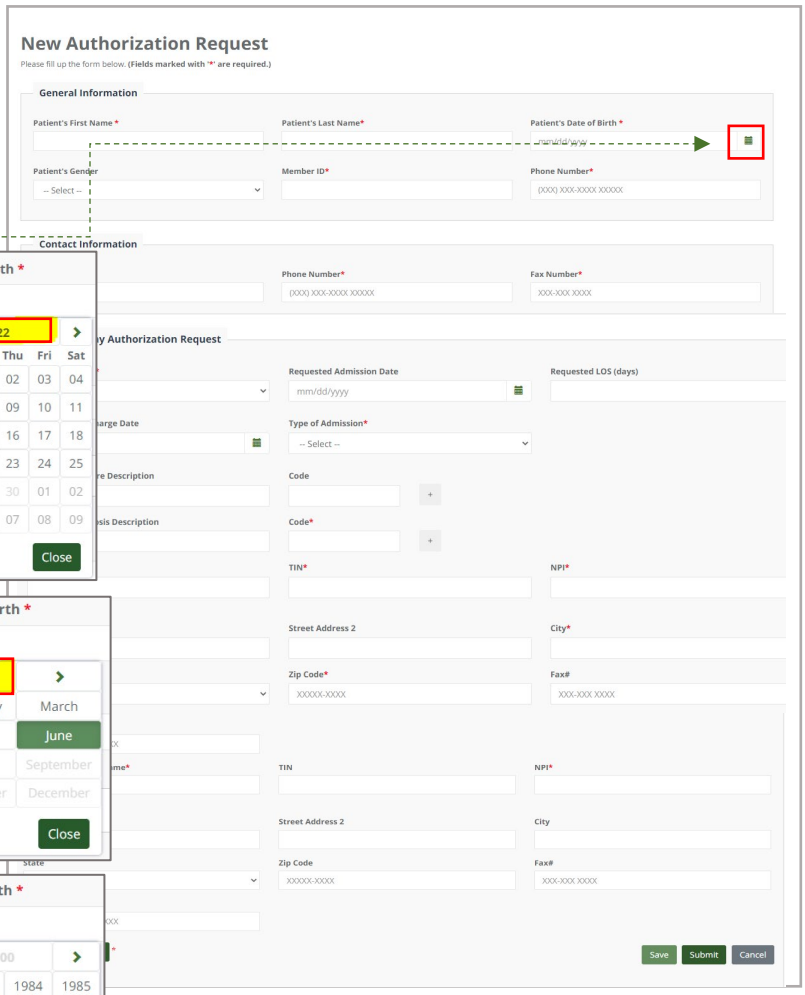
Click on current month/year

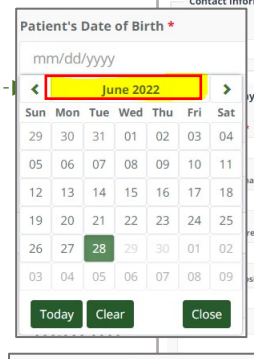
Click year

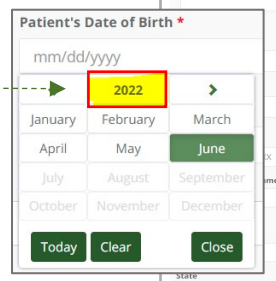
Click arrow to scroll to birth year, then click birth year

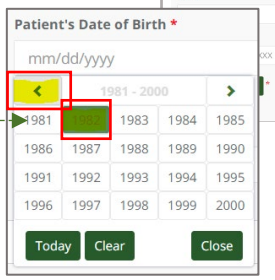
Click birth month

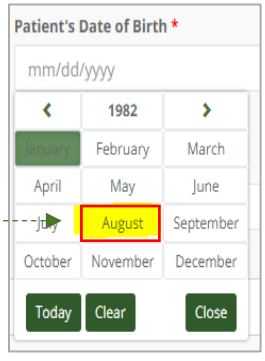
Click birth day

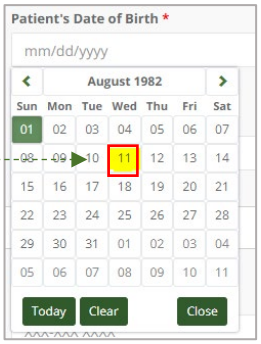


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List more service codes or specific instructions in the **Additional Notes** section for Outpatient Request

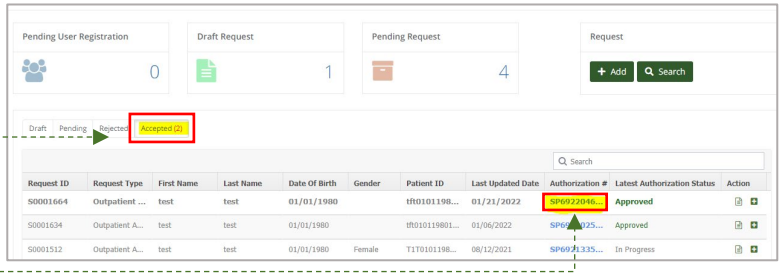

After entering the required fields, click **Attach Document** to attach clinicals


Click **Submit**

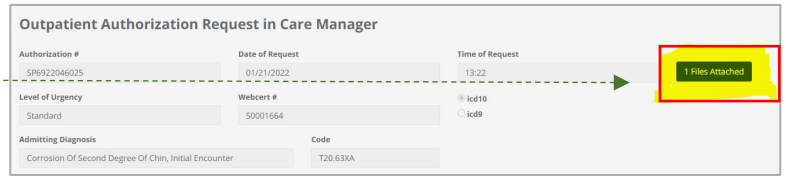
You will receive an email when the prior authorization request has been received by Custom Design Benefits and after a determination is made on the request.

Log on to the Provider Portal after you receive the email that the authorization has been reviewed. Click on **Accepted** to bring up your list of submitted prior authorizations.

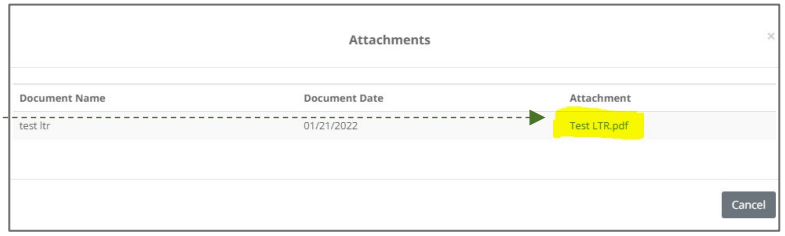
Click on **Authorization #** to see the determination.




Click on **File Attached**




Click on **attachment to download**



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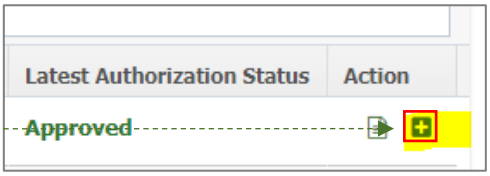
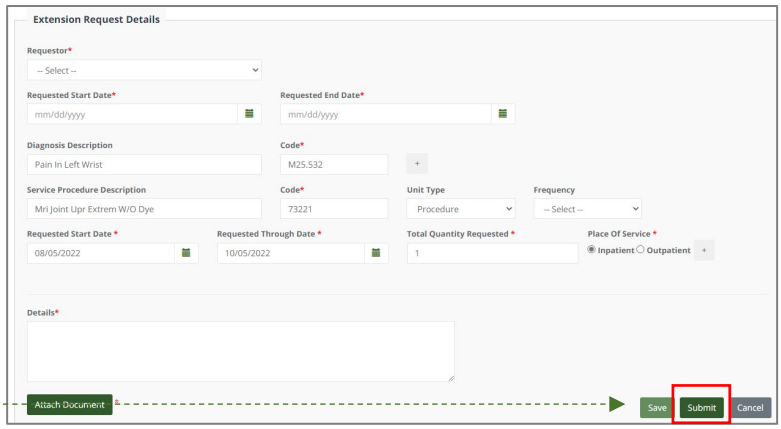
# How to Submit an Extension Request

Click on **Accepted** to locate your case


To extend services on the case, click the plus sign (+)




Complete the form, attach clinicals, then click **Submit**




If you need assistance with the online prior authorization process, please contact us at 800.598.2929.