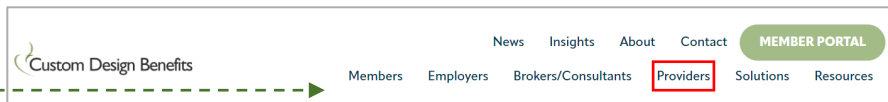


Provider Portal Online Prior Authorization Process

Go to www.CustomDesignBenefits.com

Click on **Providers**



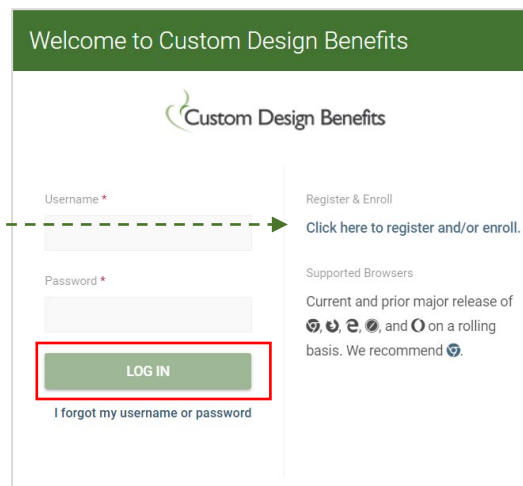
Click on **Provider Portal**



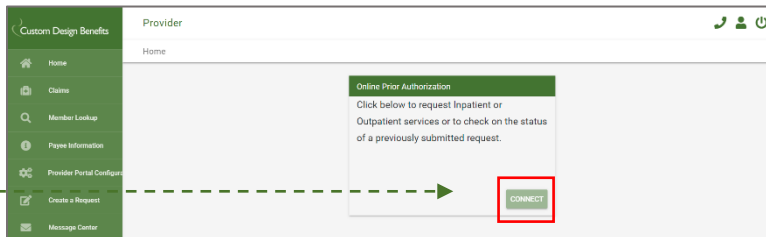
Log on to the Provider Portal. **If you do not have a username and password, call CDB at 800.598.2929 to request a Registration Code.** Then click here to register.

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

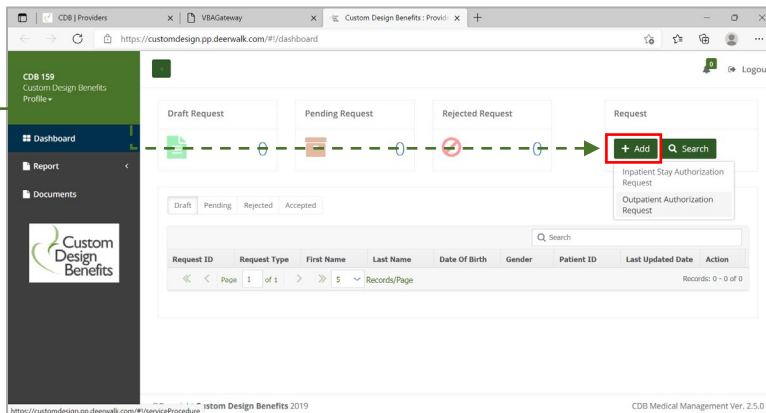
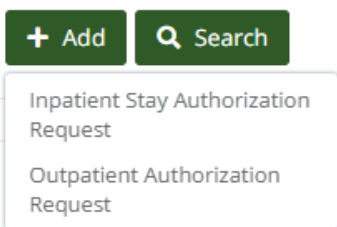
Once you register, you will need to wait 24 to 48 hours before submitting a prior authorization to allow the system time to process your registration.



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



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



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

New Authorization Request

Please fill up the form below. (Fields marked with * are required.)

General Information

Patient's First Name* Patient's Last Name* Patient's Date of Birth*

Patient's Gender Member ID* Phone Number*

Contact Information

Phone Number* Fax Number*

Authorization Request

Requested Admission Date Requested LOS (days)

Admission Description Code

Diagnosis Description Code*

TIN* NPI*

Street Address 2 City*

Zip Code* Fax#

TIN NPI*

Street Address 2 City

Zip Code Fax#

Patient's Date of Birth *

mm/dd/yyyy

< June 2022 >

Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	31	01	02	03	04
05	06	07	08	09	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	01	02
03	04	05	06	07	08	09

Patient's Date of Birth *

mm/dd/yyyy

2022 >

January February March

April May June

July August September

October November December

Patient's Date of Birth *

mm/dd/yyyy

< 1981 - 2000 >

1981 1983 1984 1985

1986 1987 1988 1989 1990

1991 1992 1993 1994 1995

1996 1997 1998 1999 2000

Patient's Date of Birth *

mm/dd/yyyy

< 1982 >

February March

April May June

July August September

October November December

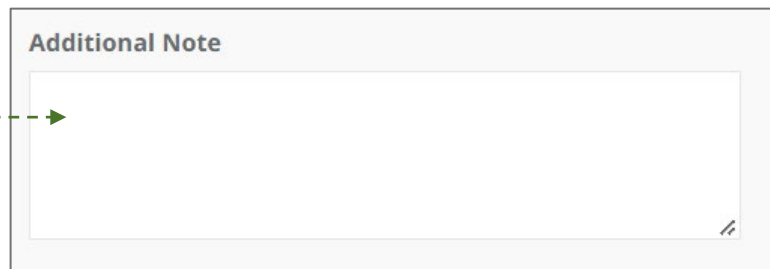
Patient's Date of Birth *

mm/dd/yyyy

< August 1982 >

Sun	Mon	Tue	Wed	Thu	Fri	Sat
01	02	03	04	05	06	07
08	09	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	01	02	03	04
05	06	07	08	09	10	11

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



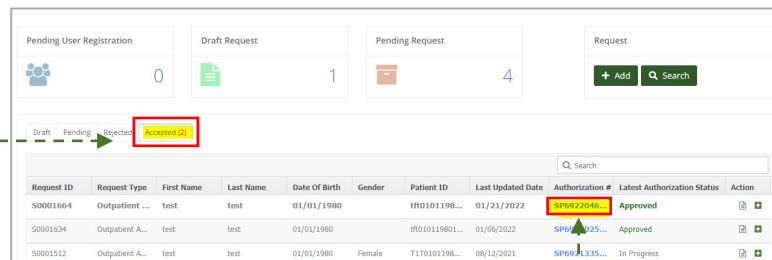
After entering the required fields, click **Attach Document** to attach clinicals



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.



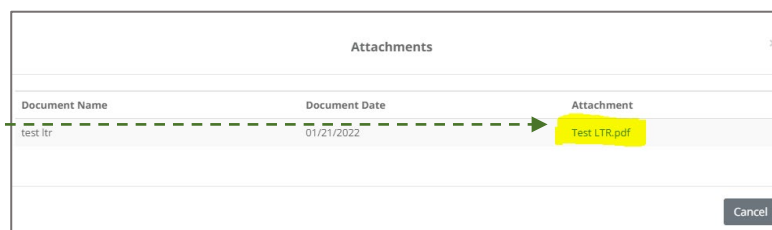
Request ID	Request Type	First Name	Last Name	Date Of Birth	Gender	Patient ID	Last Updated Date	Authorization #	Latest Authorization Status	Action
50001664	Outpatient ...	test	test	01/01/1980		HR0101198...	01/21/2022	SP6922046...	Approved	
50001634	Outpatient A...	test	test	01/01/1980		HR010119801...	01/06/2022	SP6922046...	Approved	
50001512	Outpatient A...	test	test	01/01/1980	Female	T10101198...	08/12/2021	SP6922046...	In Progress	

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

Click on **File Attached**



Click on **attachment to download**



Document Name	Document Date	Attachment
test ltr	01/21/2022	Test LTR.pdf