

# Provider Portal Online Prior Authorization Process

Go to [www.CustomDesignBenefits.com](http://www.CustomDesignBenefits.com)

Click on **Providers**



Click on **Provider Portal**

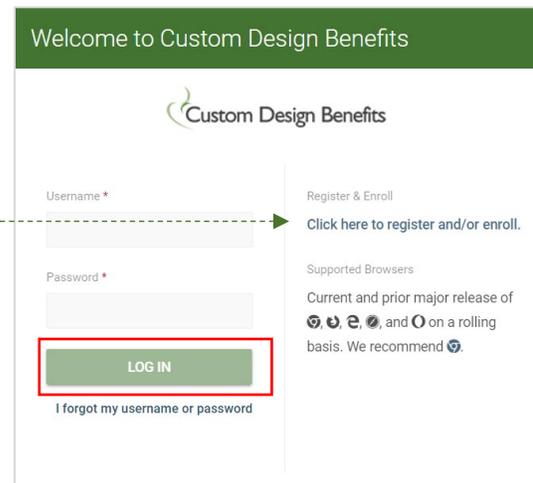


Log on to the Provider Portal. **If you do not have a username and password, call CDB at 800.598.2929 to request a Registration Code.** Then click here to register.

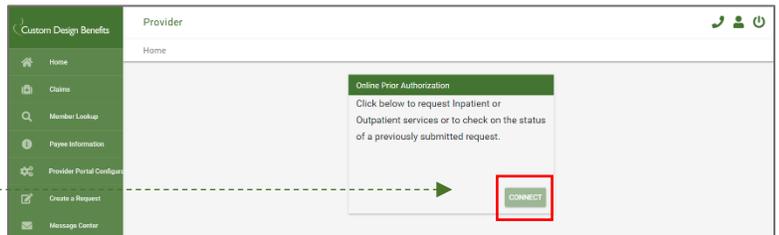
Note: When registering, select **Provider**, not Provider Enrollment, from the dropdown box.

**Username must be alphanumeric only, no special characters. Do not use your email as your username. Only enter your email address in the Email Address field.**

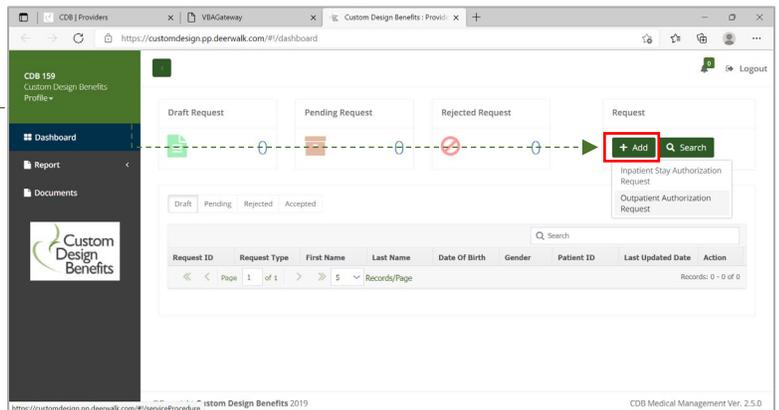
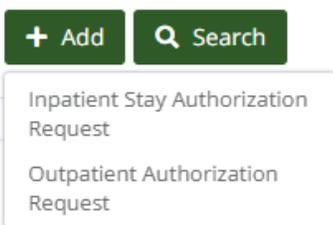
**Once you register, you will need to wait 24 to 48 hours before submitting a prior authorization to allow the system time to process your registration.**



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
1991	1992	1993	1994
1996	1997	1998	1999
2000			

Patient's Date of Birth \*

mm/dd/yyyy

1982

January	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	[Icons]
50001634	Outpatient A...	test	test	01/01/1980		HR010119801...	01/06/2022	SP6922046...	Approved	[Icons]
50001512	Outpatient A...	test	test	01/01/1980	Female	T10101198...	08/12/2021	SP6922046...	In Progress	[Icons]

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

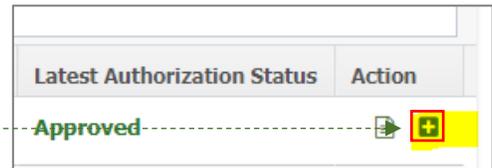
## How to Submit an Extension Request

Click on **Accepted** to locate your case



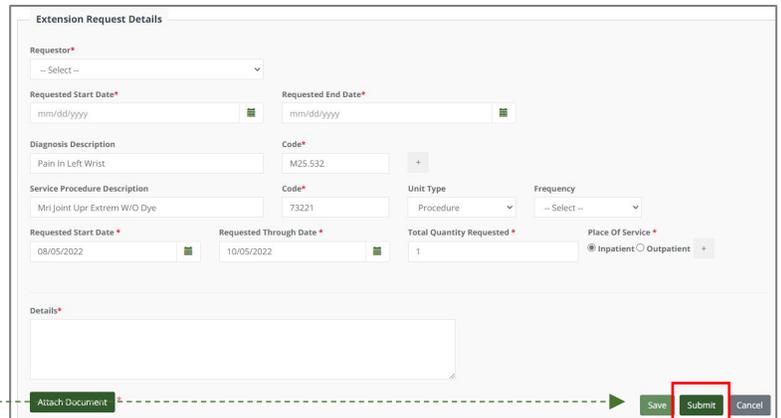
A screenshot of a web application's navigation menu. The menu items are 'Draft', 'Pending', 'Rejected', and 'Accepted (16)'. The 'Accepted (16)' item is highlighted with a red rectangular box. Below the menu is a search bar and a table with columns: Request ID, Request Type, First Name, Last Name, Date Of Birth, Gender, Patient ID, Last Updated Date, and Action. The table shows 'Page 1 of 1' and '5 Records/Page'.

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



A screenshot of a table row. The table has two columns: 'Latest Authorization Status' and 'Action'. The 'Latest Authorization Status' column contains the text 'Approved'. The 'Action' column contains a plus sign (+) icon, which is highlighted with a red rectangular box.

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



A screenshot of an 'Extension Request Details' form. The form contains several fields: 'Requestor\*' (dropdown), 'Requested Start Date\*' and 'Requested End Date\*' (date pickers), 'Diagnosis Description' (text area), 'Code\*' (M25.532), 'Service Procedure Description' (text area), 'Code\*' (73221), 'Unit Type' (Procedure), 'Frequency' (dropdown), 'Requested Start Date\*' (08/05/2022), 'Requested Through Date\*' (10/05/2022), 'Total Quantity Requested\*' (1), and 'Place Of Service\*' (Inpatient/Outpatient). At the bottom, there is an 'Attach Document' button, a 'Save' button, a 'Submit' button (highlighted with a red box), and a 'Cancel' button.

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