How to Submit Prior Authorizations and Referrals
SECTION 1
Log in

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
Section 1: Log in

1. Go to Availity at [www.availity.com](http://www.availity.com).

Questions?
Call 1-877-762-3515 or go to [www.devoted.com/providers](http://www.devoted.com/providers)
Section 1: Log in

Click the “Login” button on the top right to log into Availity with your User ID and Password.

If you do not have an Availity account, click “Register Now” and/or reach out to your internal team to set up your account.

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
Section 1: Log in

3. On the top bar, under “Patient Registration,” select “Authorizations & Referrals.”

Questions?
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Section 1: Log in

4 On the “Authorizations & Referrals” page, select “Authorizations.”

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
For “Payer,” select “DEVOTED HEALTH.” The Organization will automatically populate. Then click “Submit.”
Section 1: Log in

Welcome to Devoted Health Portal

If you have any questions please reach out to the Devoted Health team at 1-877-762-3515.

Dashboard
Review authorizations & referrals

New Authorization/Referral
Create new requests for service

Authorization Check
Which services require authorizations?

The Devoted Provider Portal will open in another tab in your browser.
Please make sure to always allow for pop-ups.

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
SECTION 2
Submit a referral

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
Click “New Authorization/Referral” in the center of the screen.

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
Section 2: Submit a referral

Search members by Devoted ID or last name and date of birth, then select the member.

The Devoted Health member ID is 6 digits, beginning with the letter “D.”

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
Avoid submitting duplicate requests by reviewing the members’ authorizations and referrals first.
Section 2: Submit a referral

Click “+ New Request” to start.

Referrals should only be used when a member’s PCP is referring them to an in-network specialist.

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
Select “No” for the question “Is this a notice of emergency admission or observation?” In the “Type of Service” dropdown select “Referral to Specialist (Visits & Consults).”
Complete the referral form.

Referrals to out-of-network providers or facilities must be faxed. If you do not find the provider in the provider search, that means they are not part of the Devoted Health network.
Section 2: Submit a referral

Review the summary of the request before submitting the request. Click “Submit” once you are done completing the form.

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
Your referral has been successfully submitted.

Referrals from the member’s PCP will be automatically approved. Devoted Health will reach out with a determination or to request additional information as applicable. **If you have any edits or changes to make, please contact Devoted Health.**
SECTION 3
Submit a prior authorization

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
Section 3: Submit a prior authorization

Welcome to Devoted Health Portal

If you have any questions please reach out to the Devoted Health team at 1-877-762-3515.

Dashboard
Review authorizations & referrals

New Authorization/Referral
Create new requests for service

Authorization Check
Which services require authorizations?

1 Click “Authorization Check” from the landing page.

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
Search by service name or CPT code to see which services require an authorization.

Once check is complete, click on the Devoted logo on the top navigation to go back to the landing page.

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
Section 3: Submit a prior authorization

Welcome to Devoted Health Portal

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Dashboard
Review authorizations & referrals

New Authorization/Referral
Create new requests for service

Authorization Check
Which services require authorizations?

Click “New Authorization/Referral” on the landing page.

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
Search members by Devoted ID or last name and date of birth, then select the member.

The Devoted Health member ID is 6 digits, beginning with the letter “D.”
Avoid submitting duplicate requests by reviewing the members’ authorizations and referrals first.
Section 3: Submit a prior authorization

New Request

Select Member  Member Details  Request Details

Grace Peterson 04/21/1943 (76 yo)

57 East Florida Street
Miami Beach, FL 33141

Devoted Health Prime Greater Houston
Devoted ID: XXXXXX
Eligible: 01/01/2020 - 01/01/2021
Medicare ID:

PCP
Deborah Jones
NPI: 5908583698
100 Main St
Miami, FL 33145
Phone:
Fax:

Inpatient Authorizations

<table>
<thead>
<tr>
<th>Authorization ID</th>
<th>Member</th>
<th>Type</th>
<th>Requesting Provider/Facility</th>
<th>Servicing Provider/Facility</th>
<th>Status</th>
<th>Submitted Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>IP-321341</td>
<td>Grace Peterson XXXXX</td>
<td>EMERGENCY</td>
<td>Anna White</td>
<td>Anna White</td>
<td>Approved</td>
<td>11/20/2019</td>
</tr>
</tbody>
</table>

Click “+New Request” to start.

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
Selecting Inpatient Elective or Outpatient Requests

If this is for an Inpatient Elective Authorization, select “No” to the question “Is this a notice of emergency admission or observation?” Then in the “Type of Service” dropdown, select “Inpatient Elective Authorization.”

If this is for Outpatient Services, select “No” to the question “Is this a notice of emergency admission or observation?” Then in the “Type of Service” dropdown, select “Outpatient Services.” (box around two questions on the left)
Select the type of service from the “Service Type” dropdown.
Section 3: Submit a prior authorization

Complete the authorization form.

Outpatient or Inpatient Authorization requests can be sent to out-of-network providers and facilities. If you do not find the provider or facility in the search, search out-of-network providers and facilities by NPI.

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
Review the summary of the request before submitting the request.

Click “Submit” once you are done completing the form.
### Section 3: Submit a prior authorization

Your authorization has been successfully submitted.

Devoted Health will reach out with a determination or to request additional information as applicable. **If you have any edits or changes to make, please contact Devoted Health.**

**Questions?**

Call 1-877-762-3515 or go to www.devoted.com/providers
SECTION 4
Submit an inpatient notification

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
Section 4: Submit an inpatient notification

Welcome to Devoted Health Portal

If you have any questions please reach out to the Devoted Health team at 1-877-762-3515.

Dashboard
Review authorizations & referrals

New Authorization/Referral
Create new requests for service

Authorization Check
Which services require authorizations?


Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
Section 4: Submit an inpatient notification

Search members by Devoted ID or last name and date of birth, then select the member.

The Devoted Health member ID is 6 digits, beginning with the letter “D.”

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
Avoid submitting duplicate requests by reviewing the members’ authorizations and referrals first.
Click “+ New Request” to start.
Section 4: Submit an inpatient notification

For an Inpatient Emergency Authorization, select “Yes” to the question “Is this a notice of emergency admission or observation?”
6 Complete the authorization form.

For observation, choose “Observation” from the Level Of Care dropdown.

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
Section 4: Submit an inpatient notification

Review the summary of the request before submitting the request.

Click “Submit” once you are done completing the form.

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
Your notification has been successfully submitted.

Observation and Emergency Admission Notifications will be automatically approved.

Devoted Health will reach out with a determination or to request additional information as applicable. **If you have any edits or changes to make, please contact Devoted Health.**
SECTION 5

Check the status of a request

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
Section 5: Check the status of a request

1. Click “Dashboard” from the landing page.

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers
Section 5: Check the status of a request

### Search the Dashboard by Authorization ID or Devoted Member ID.

If you need to update or edit a request, please contact Devoted Health.

Questions?
Call 1-877-762-3515 or go to www.devoted.com/providers

<table>
<thead>
<tr>
<th>Authorization ID</th>
<th>Member</th>
<th>Type</th>
<th>Requesting Provider/Facility</th>
<th>Servicing Provider/Facility</th>
<th>Status</th>
<th>Submitted Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEF-0003000146</td>
<td>MARY CRANBERRY DIOXXX</td>
<td>REFERRAL</td>
<td>Julia Long</td>
<td>Abdon Borges</td>
<td>Pending</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>NEF-0003000158</td>
<td>MARY CRANBERRY DIOXXX</td>
<td>REFERRAL</td>
<td>Julie Long</td>
<td>Mary Walker</td>
<td>Pending</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>OP-0003000156</td>
<td>THOMAS BRATE DZYMES</td>
<td>OUTPATIENT</td>
<td>WINTER HAVEN HEALTH AND REHABILITATION CENTER</td>
<td>WINTER HAVEN HEALTH AND REHABILITATION CENTER</td>
<td>Pending</td>
<td>09/24/2019</td>
</tr>
<tr>
<td>OP-0002000155</td>
<td>MARY CRANBERRY DIOXXX</td>
<td>OUTPATIENT</td>
<td>WINTER HAVEN HEALTH AND REHABILITATION CENTER</td>
<td>WINTER HAVEN HEALTH AND REHABILITATION CENTER</td>
<td>Denied</td>
<td>09/24/2019</td>
</tr>
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### Inpatient Authorizations

<table>
<thead>
<tr>
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<th>Status</th>
<th>Submitted Date</th>
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</thead>
<tbody>
<tr>
<td>IP-0003000157</td>
<td>MARY CRANBERRY DIOXXX</td>
<td>EMERGENCY</td>
<td>WINTER HAVEN HEALTH AND REHABILITATION CENTER</td>
<td>WINTER HAVEN HEALTH AND REHABILITATION CENTER</td>
<td>Approved</td>
<td>09/24/2019</td>
</tr>
</tbody>
</table>
To filter the results of “Type” and “Status,” click on the icon in the column.

### Outpatient Authorizations and Referrals

<table>
<thead>
<tr>
<th>Authorization ID</th>
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<th>Status</th>
<th>Submitted Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>REF: 0000000150</td>
<td>MARY CRANBERRY DXXXXX</td>
<td>OUTPATIENT REFERRAL</td>
<td>Julie Long</td>
<td>Abbas Borges</td>
<td>Pending</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>REF: 0000000158</td>
<td>MARY CRANBERRY DXXXXX</td>
<td>OK</td>
<td>Julie Long</td>
<td>Mary Walker</td>
<td>Pending</td>
<td>09/25/2019</td>
</tr>
</tbody>
</table>