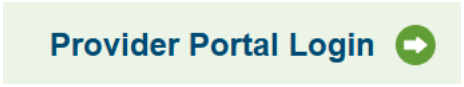
Custom Design Benefits

Provider Portal Online Prior Authorization Process

Go to www.CustomDesignBenefits.com

Click on **Login**

Click on **Provider Portal Login**

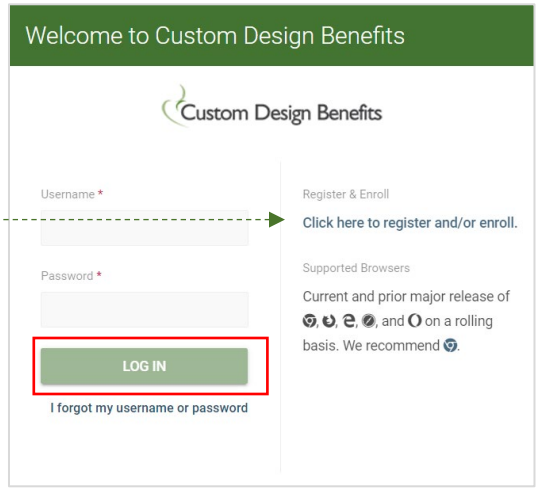


Log on to the Provider Portal. **If you do not have a username and password, call CDB at 800.598.2929 to request a Registration Code.** Then click here to register.

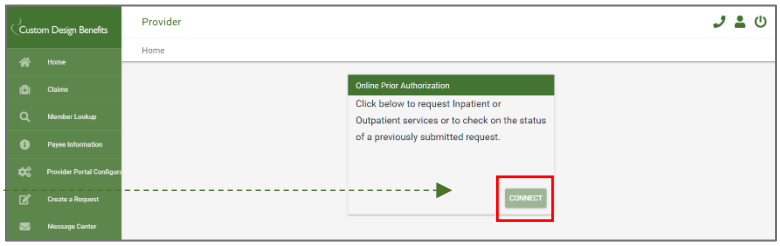
Note: When registering, select **Provider**, not Provider Enrollment, from the dropdown box.

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.

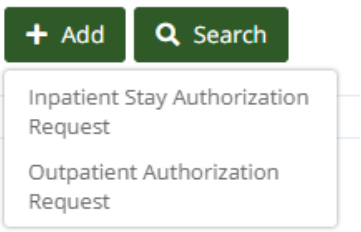
Once you register, you will need to wait 24 to 48 hours before submitting a prior authorization to allow the system time to process your registration.

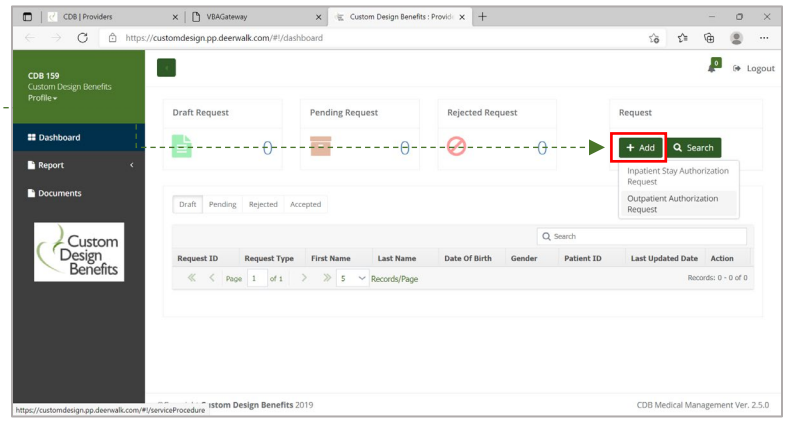


To initiate a Prior Authorization request, click **Connect**.



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





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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

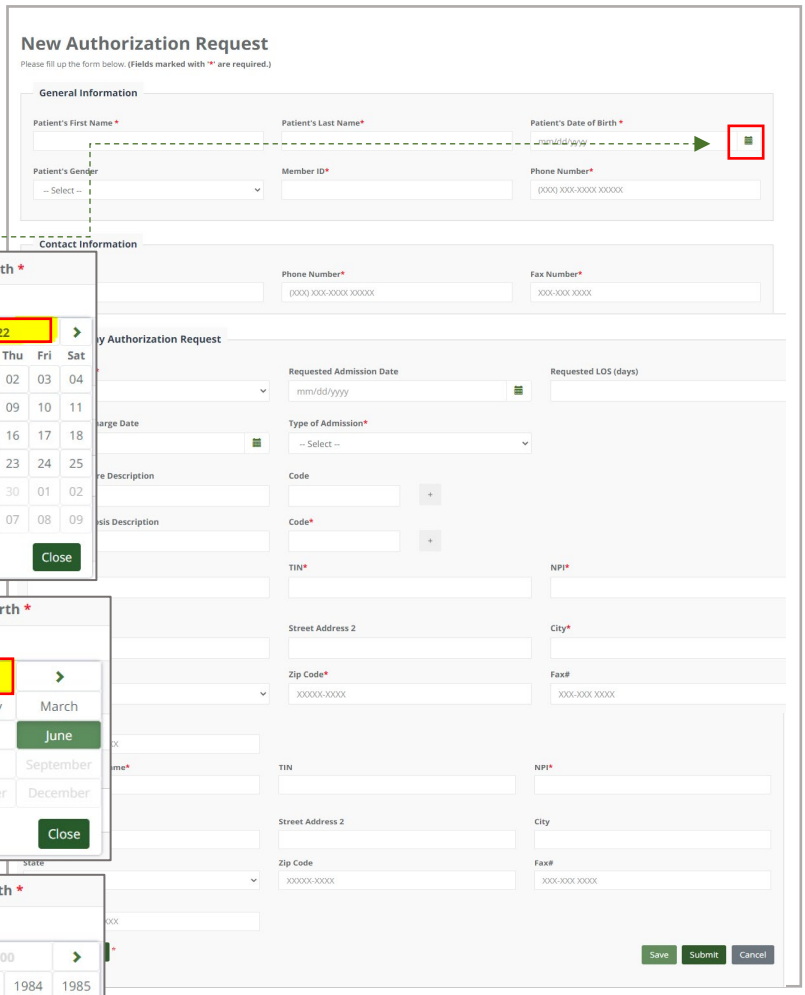
Click on current month/year

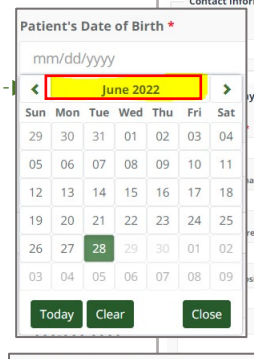
Click year

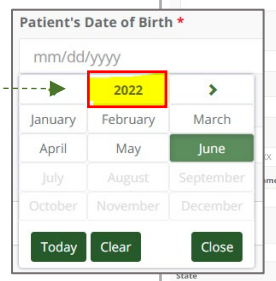
Click arrow to scroll to birth year, then click birth year

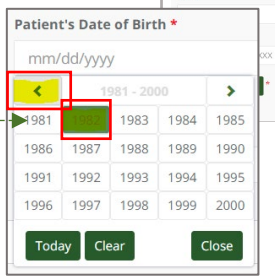
Click birth month

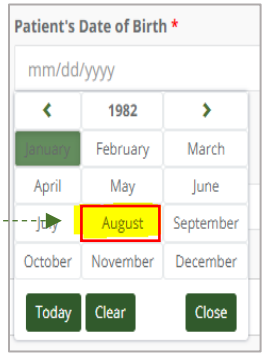
Click birth day

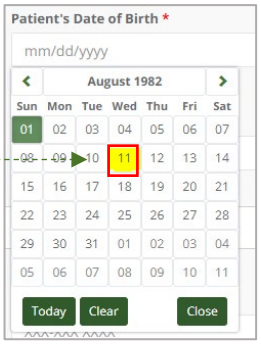












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List more service codes or specific instructions in the **Additional Notes** section for Outpatient Request

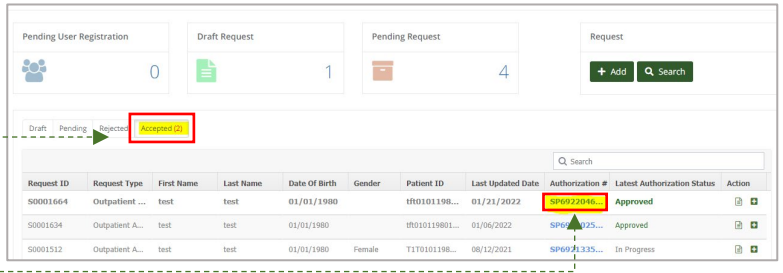
After entering the required fields, click **Attach Document** to attach clinicals

Click **Submit**

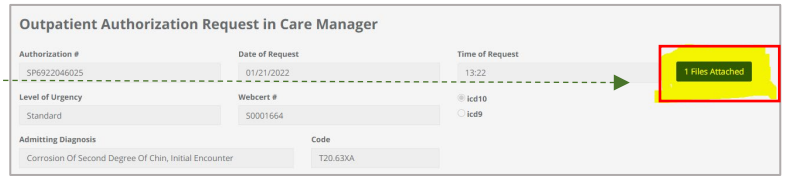
You will receive an email when the prior authorization request has been received by Custom Design Benefits and after a determination is made on the request.

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.

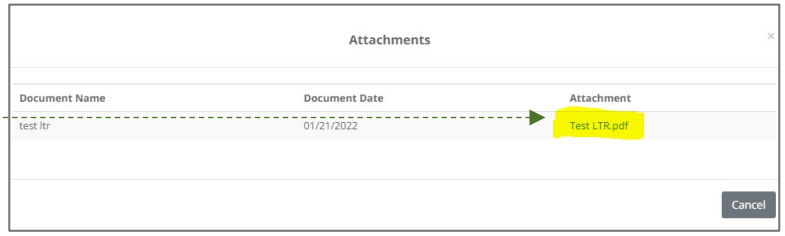
Click on **Authorization #** to see the determination.



Click on **File Attached**



Click on **attachment to download**



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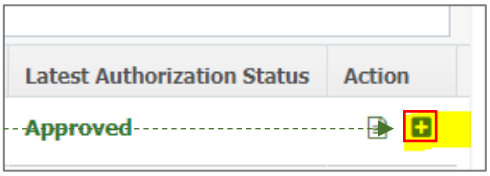
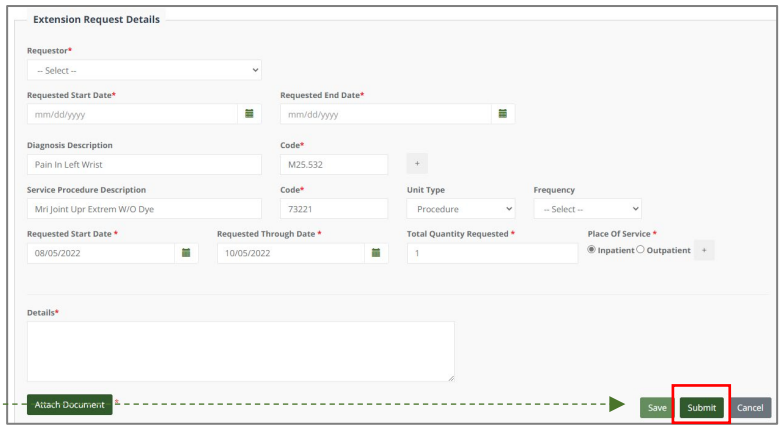
How to Submit an Extension Request

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.