

Provider Portal Online Prior Authorization Process

Go to www.CustomDesignBenefits.com

Click on **Login**



Click on **Provider Portal Login**

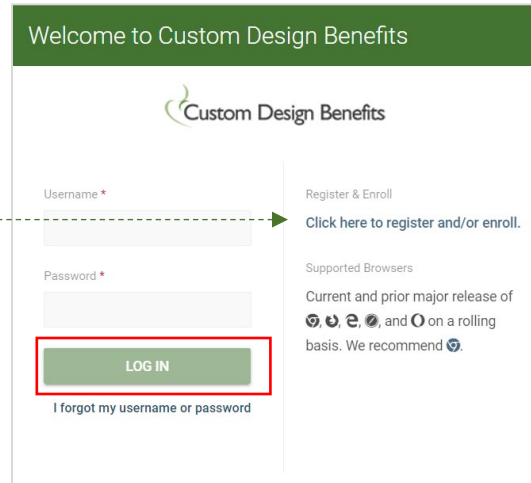
Provider Portal Login ➔

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.

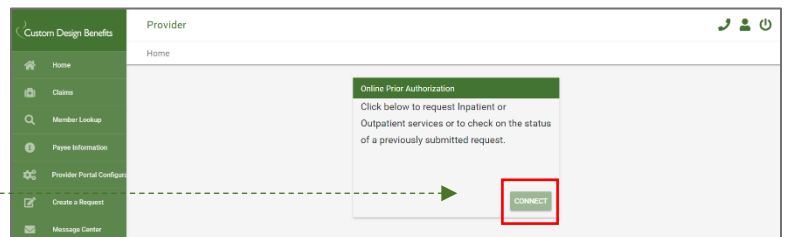
Note: When registering, select **Provider**, not Provider Enrollment, from the dropdown box.

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.

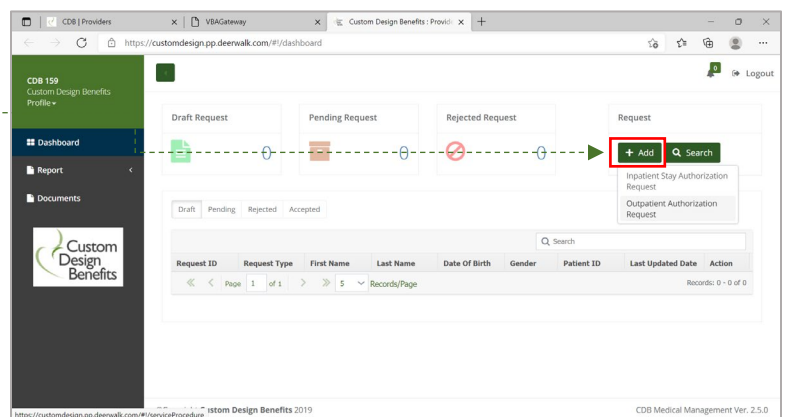
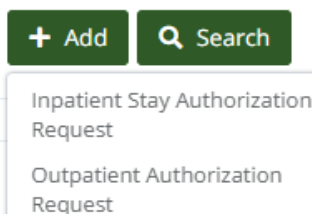
Once you register, you will need to wait 24 to 48 hours before submitting a prior authorization to allow the system time to process your registration.



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



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



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
-- Select --

Member ID *

Phone Number *
(000) XXX-XXX XXXXX

Contact Information

Phone Number *

Fax Number *

Requested Admission Date
mm/dd/yyyy

Requested LOS (days)

Admission Date

Type of Admission *
-- Select --

Code

Code *

TIN *

NPI *

Street Address 2

City *

Zip Code *

Fax#

TIN

NPI

Street Address 2

City

Zip Code

Fax#

Save

Submit

Cancel

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

Today Clear Close

Patient's Date of Birth *

mm/dd/yyyy

< 2022 >

January	February	March
April	May	June
July	August	September
October	November	December

Today Clear Close

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			

Today Clear Close

Patient's Date of Birth *

mm/dd/yyyy

< 1982 >

January	February	March
April	May	June
July	August	September
October	November	December

Today Clear Close

Patient's Date of Birth *

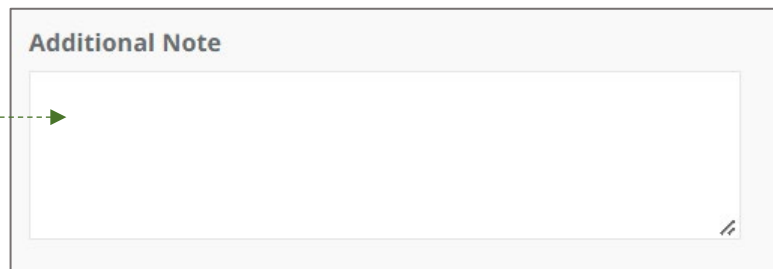
mm/dd/yyyy

< 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

Today Clear Close

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



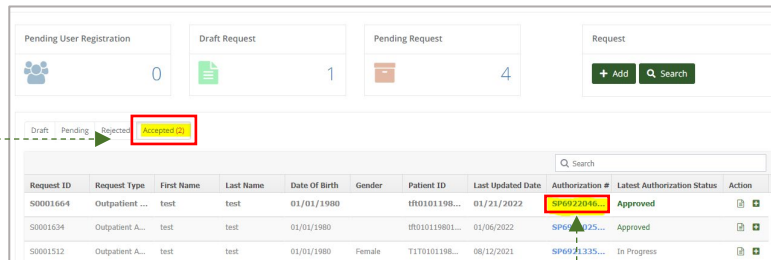
After entering the required fields, click **Attach Document** to attach clinicals



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.

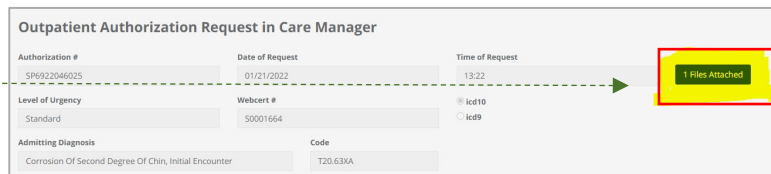
Log on to the Provider Portal after you receive the email that the authorization has been reviewed. Click on **Accepted** to bring up your list of submitted prior authorizations.



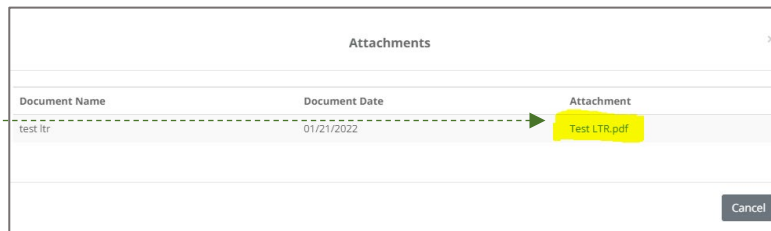
Request ID	Request Type	First Name	Last Name	Date Of Birth	Gender	Patient ID	Last Updated Date	Authorization #	Latest Authorization Status	Action
50001664	Outpatient ...	test	test	01/01/1980		TR0101198...	01/21/2022	SP6922046...	Approved	
50001634	Outpatient A...	test	test	01/01/1980		TR010119801...	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

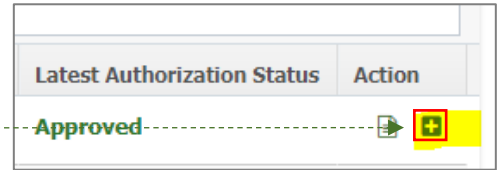
How to Submit an Extension Request

Click on **Accepted** to locate your case



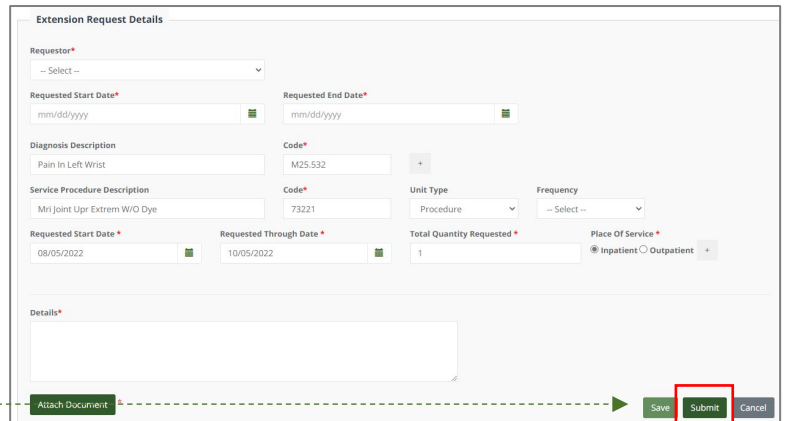
The screenshot shows a navigation bar with tabs: Draft, Pending, Rejected, and Accepted (16). The 'Accepted' tab is highlighted with a red box. Below the tabs is a table with columns: Request ID, Request Type, First Name, Last Name, Date Of Birth, Gender, Patient ID, Last Updated Date, and Action. The table is currently empty, and the 'Page 1 of 1' indicator is visible.

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



The screenshot shows a section titled 'Latest Authorization Status' with the status 'Approved'. To the right, under the 'Action' column, there is a plus sign (+) icon highlighted with a red box.

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



The screenshot shows the 'Extension Request Details' form. It includes fields for Requestor, Requested Start Date, Requested End Date, Diagnosis Description, Service Procedure Description, Code, Unit Type, Frequency, Requested Start Date, Requested Through Date, Total Quantity Requested, and Place Of Service. At the bottom, there is a 'Details' section with a text area. The 'Submit' button is highlighted with a red box.

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