



**HYUNDAI**  
**Technical Service Bulletin**

GROUP <b>AUTOMATIC TRANSMISSION</b>	NUMBER <b>19-AT-020H</b>
DATE <b>AUGUST 2019</b>	MODEL(S) <b>ALL MODELS</b>

**SUBJECT:** PRIOR APPROVAL TRANSMISSION  
WARRANTY HANDLING PROCESS GUIDELINES

**Description:** Prior Approval authorization is required when replacing an automatic transmission (ATM, DCT or IVT). This requirement extends to all different warranty types, including service part warranty repairs. Follow the guidelines outlined in this bulletin to facilitate the warranty transmission handling process.

**NOTICE**

When a vehicle arrives at the service department, access Hyundai Motor America's "warranty vehicle information" screen via WEBDCS to identify open campaigns and applicable warranty coverage.

❖ **If the VIN indicates any open campaigns related to the transmission, refer to the applicable Campaign Bulletin to complete all the necessary procedures in the bulletin.**

**Initial Vehicle Inspection:**

Document the customer concern completely and then perform the initial inspection along with the applicable diagnostic procedure according to the related TSB or shop manual to determine the severity of the transmission condition.

**Customer Accommodation:**

If the vehicle is within warranty parameters, advise the customer of potential vehicle down time and provide alternative transportation such as an SRC, Rideshare or a 3<sup>rd</sup> party rental as needed. **NOTE:** PA is not required for providing alternative transportation.

**Additional Transmission Diagnosis and Mandatory Documentation Preparation:**

Perform additional diagnosis of the transmission concern for claim documentation as below.

- Current Repair Order
  - Detailed description of the customer concern
  - All DTC(s) related to the transmission
- ATM Core Return Worksheet or DCT-MTM Core Return Worksheet
  - The form must be completely filled out if transmission replacement is necessary.
- Subsequent transmission replacements on the same VIN will require a Techline case.

**NOTICE**

Update the Current Owner Information in WebDCS as needed.

❖ **The Powertrain Limited Warranty Original Owner Verification Affidavit is required on all powertrain claims associated with the 10 years/100,000 miles Powertrain Limited Warranty.**

**WebDCS - Transmission Prior Authorization Approval Submission Process (EXAMPLE):**

**Required Repair Details:**

1. Repair group must be “Transmission Group”
2. DTC(s) recorded (only those DTC related to transmission concern)
3. Customer concern (same concern as the Repair Order)
4. Repair related details including installed transmission part number
5. Estimate: Include only the part and related LTS time at warranty rates.
  - o Do not include estimated taxes, rental, towing, core, or additional labor time charges.

PA Information			
* RO #	123456	PA #	
* RO Open Date	07/23/2019	* Mileage	95487
* VIN	5XYZT	Model	SANTA FE SPORT (AN) 2.4L THETA
Original Owner	JOHN DOE	* Current Owner	Last: DOE First: JOHN
* Repair Group	TRANSMISSION GROUP	DTC Code	P0732
DTC Code		DTC Code	
Case Number	54321543		
* Customer Concern	CUSTOMER STATES THE TRANSMISSION IS SLIPPING ON ACCELERATION IN SECOND GEAR <small>437 characters available</small>		
* PA Request Reason	INTERNAL TRANSMISSION FAILURE DETERMINED TO BE THE CAUSE OF THE CUSTOMER'S CONCERN. FOUND EXCESSIVE SHIFT TIMES USING GDS. CASE NUMBER LISTED IS FOR RELATED TECHLINE REPAIR RECOMMENDATION. NEED TO REPLACE TRANSMISSION ASSEMBLY WITH AVAILABLE REMAN UNIT. <small>256 characters available</small>		
Remark From PWA CTR			
* Goodwill	No	HMA %	
* Estimate	3500.00	* Requesting Rental	Yes
Status		Labor Hours	5.6
History			

**\*\*\* Additional Details \*\*\***

- **Goodwill Assistance** does not apply for transmissions that are still eligible for warranty coverage or if the repair is covered by a customer’s extended service contract.
  - o Check the part coverage in the Warranty Part Coverage Inquiry screen in WebDCS.
  - o Provide owner with a customer pay repair estimate if outside of warranty coverage.
  - o Select Goodwill “Yes” if this is for assistance out of warranty.
- Techline or CA case related to the concern (if applicable)

**\*\*\* Required Attachments for Transmission Requests \*\*\***

- PDF scanned documents are preferred.
- Worksheet(s) must be legible with all applicable fields completed accurately.
- Label the attachments with descriptions.

Attachments			Attach
Type	Attachment Name	Delete	
APPLICATION/PDF	REPAIR ORDER	✕	
APPLICATION/PDF	ATM CORE RETURN WORKSHEET	✕	