

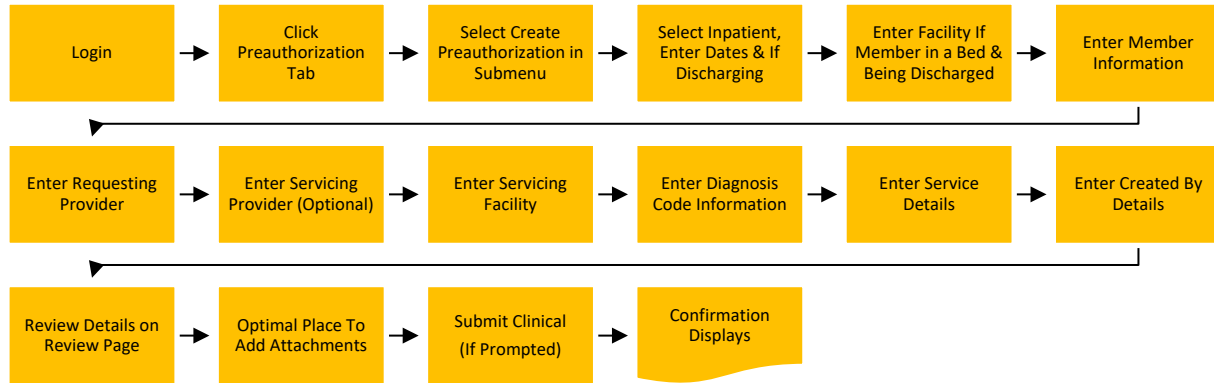


Create an Inpatient Preauthorization Request

Quick Reference Guide (QRG)

CREATE AN INPATIENT PREAUTHORIZATION REQUEST

This Quick Reference Guide (QRG) will provide an overview of the process for creating an Inpatient Preauthorization Request.



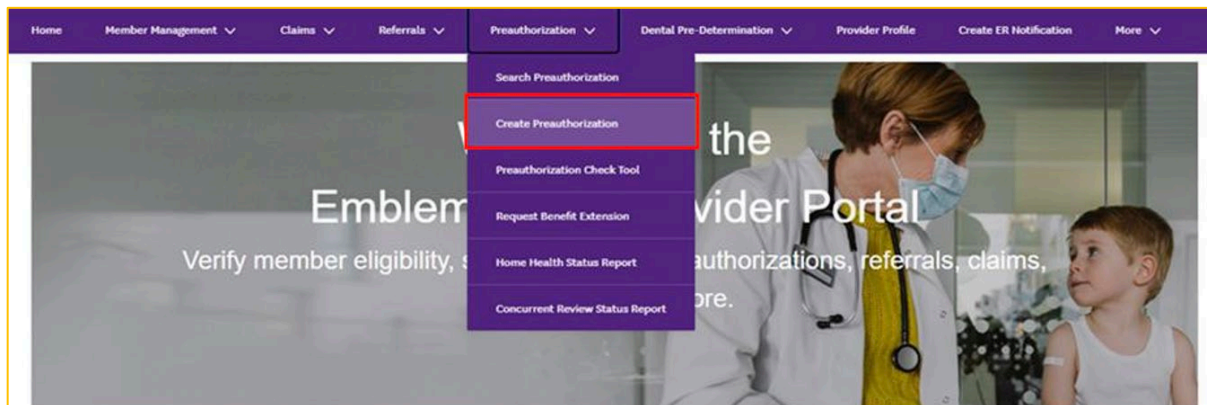
Let us look at the steps in detail for the creating an Inpatient Preauthorization Request.

Purpose: Create a preauthorization request for an inpatient procedure.




Step 1:

1. From the EmblemHealth **Home** page, select the **Preauthorization** tab.
2. From the drop-down list, select **Create Preauthorization**.



CREATE AN INPATIENT PREAUTHORIZATION REQUEST

**Step 2:**

1. Select **Inpatient** as the **Preauthorization Type**.
2. Enter the **Service Date From** and **Service Date To**.
3. Answer **Yes** or **No** to identify if this request on behalf of a physician *who is not part of your organization* to assist with discharging a patient to:
 - Inpatient rehabilitation facility (IRF)
 - Long-term acute care facility (LTAC)
 - Skilled nursing facility (SNF)
4. Click **Next**.

CREATE PREAUTHORIZATION

Select Preauthorization Type

Complete the details below and click Next to continue. All fields with an asterisk * are required.

For ASO members Preauthorization is determined by ASO client, please check member's benefit summary.
Preauthorizations can't be saved or submitted until all the steps are completed. Be sure to have all necessary details available before you continue. If you refresh a page or leave at any point before submitting, you will have to begin your submission again.

Preauthorization type*

Inpatient

Outpatient

Service Date From* Service Date To*

03/30/2023 03/30/2023


Are you requesting services on behalf of a physician to assist a member with discharge planning needs from an inpatient setting or for other services that will be rendered by your agency on behalf of a physician?*

Yes

No

Next

CREATE AN INPATIENT PREAUTHORIZATION REQUEST



Step 3:

If **Inpatient** and **Yes** are selected above, you will be asked to identify the acute care hospital where the member is currently.

If request is not for discharge planning, you may skip this page by clicking **Next**, otherwise, enter the facility where the member is located.

To search by **Facility Name**:

1. Enter at least two characters of the provider's first or last name.

Note: You can enter the **Specialty**, **City**, **State**, and **ZIP Code** to further refine your search. Fields marked with an asterisk are mandatory.

2. Click **Search**.
3. In the table that displays, select the hospital
4. Click **Next**.

CREATE PREAUTHORIZATION

Requesting Facility

For any post-acute care request, please also enter the facility name where the member is currently in the bed (acute care hospital) to assist with timely review of request.

Complete the details below and click Next to continue. All fields with an asterisk * are required.

To refine your search, enter specialty, zip code or city and state.

Search by Facility Name ▼

Reset SearchSearch

Filter By ⓘ

🔍

Name	Address	Tax ID	NPI	In-Network
<input type="radio"/> A.O. Fox Memorial Hospital	1 Norton Ave, Oneonta, NY, 13820	150539039	1578329954	Yes
<input type="radio"/> A.O. FOX MEMORIAL HOSPITAL - TRI-TOWN CAMPUS	43 Pearl St West, Sidney, NY, 13838	150539039	1225226962	Yes

Total Records: 2 < Showing 1 - 2 >

PreviousNext

Cancel

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Step 4: The **Member Information** screen displays.

In the **Search By** field, select the **Member Name** or **Member ID** from the drop-down menu.

Note: For this example, we will use **Member Name**.

CREATE PREAUTHORIZATION
Member Information

Complete the details below and click Next to continue. All fields with an asterisk * are required.

Search By*
Member ID

Member Name
Member ID

Reset Search Search

Step 5:

1. Enter the **First Name**, **Last Name**, and **Date of Birth** of the member.
Note: Fields marked in asterisk are mandatory.
2. Click **Search**.

CREATE PREAUTHORIZATION
Member Information

Complete the details below and click Next to continue. All fields with an asterisk * are required.

Search By*
Member Name

First Name* Last Name*

Date of Birth*

Reset Search Search

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Cancel

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Step 6:

1. Select the member from the search results table.
Note: You can use **Filter By** to narrow the search results and find the desired member.
2. Click **Next**

This Active/Inactive status is as of today's date.

Filter By

Member ID	Member Name	Coverage Start Date	Coverage End Date	Status	Date of Birth	Gender	Coverage Type	Product Type
<input checked="" type="radio"/> K1000124801	Davis, John	11/01/2020	12/31/9999	Active	02/07/1987	Female	Medical	HMO
<input type="radio"/> K1000124801	Davis, John	11/01/2019	10/31/2020	Inactive	02/07/1987	Female	Medical	HMO

Total Records: 2 < Showing 1 - 2 >



Step 7:

- The **Requesting Provider** screen displays.
In the **Search By** field, select **Provider Name** or **Provider NPI** from the drop-down menu.
Note: For this example, we will use **Provider Name**.

CREATE PREAUTHORIZATION
Requesting Provider

Complete the details below and click Next to continue. All fields with an asterisk * are required.

Before you begin, please be sure that the service you are requesting is not managed by one of our partners. Check the Provider Manual for the most up to date information.

You can enter specialty, zip code, or city and state for better results.

Search By* ▼

Provider Name


Provider Name

Provider NPI

City State ▼

Zip Code

CREATE AN INPATIENT PREAUTHORIZATION REQUEST


Step 8:

1. Enter at least two characters of the provider's first or last name.
Note: You can enter the **Specialty**, **City**, **State**, and **ZIP Code** to further refine your search. Fields marked in asterisk are mandatory.
2. Click **Search**.

CREATE PREAUTHORIZATION

Requesting Provider

Complete the details below and click Next to continue. All fields with an asterisk * are required.

Before you begin, please be sure that the service you are requesting is not managed by one of our partners. Check the Provider Manual for the most up to date information.

You can enter specialty, zip code, or city and state for better results.

Search By*
Provider Name ▼

Provider Name*

Specialty i


City

State ▼

Zip Code

Reset Search

Search


Step 9:

1. Select the appropriate provider from the search results.
Note: You can use **Filter By** to filter the search results and find the desired provider.
2. You have the option to select a servicing provider. Choose **Yes** or **No**. In this example, **Yes** has been selected.
3. Click **Next**.

Filter By i

Name	Address	Tax ID	NPI	Type	Specialty	In-Network
<input checked="" type="radio"/> Baker, James	730 Victoria Dr., Brooklyn, NY, 11213	120000897832	1234446986	Allopathic Physician	Internal Medicine	No
<input type="radio"/> Baker, James	23 South Lane, New York, NY, 10128	120000897832	1234446986	Allopathic Physician	Internal Medicine	Yes

Total Records: 2 < Showing 1 - 2 >

Do you want to select a servicing provider? *


YesNo

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Next

Cancel

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**Step 10:**

The **Servicing Provider or Facility** screen displays. You have the option to search by **Provider Name** or **Provider NPI**.

To search by Provider Name:

1. Enter at least two characters of the provider's first or last name.

Note: You can enter the **Specialty, City, State,** and **ZIP Code** to further refine your search. Fields marked with an asterisk * are mandatory.

2. Click **Search**.

CREATE PREAUTHORIZATION

Servicing Provider or Facility

Complete the details below and click next to continue. All fields with an asterisk * are required.


You can enter specialty, zip code, or city and state for better results.

Search By
Provider Name ▼

▼

Reset Search

Search

**Step 11:**

1. Select the appropriate provider from the search results.

Note: You can use **Filter By** to filter the search results to find the desired provider.

2. Click **Next**.

Filter By ❗

Name	Address	Tax ID	NPI	Type	Specialty	In-Network
<input type="radio"/> Carter, Jon	227 Madison St, New York, NY, 10002	120000897832	1234446986	Allopathic Physician	General Surgery	No
<input checked="" type="radio"/> Carter, Jon	1275 York Ave, New York, NY, 10065	120000897832	1234446986	Allopathic Physician	General Surgery	Yes
<input type="radio"/> Carter, Jon	100 E 77th St, New York, NY, 10075	120000897832	1234446986	Allopathic Physician	Colon & Rectal Surgery	Yes

Total Records: 2 < Showing 1 - 2 >

Previous

Next

Cancel

CREATE AN INPATIENT PREAUTHORIZATION REQUEST



Step 12:

You have the option to enter a **Servicing Facility**. Choose **Yes** or **No**. In this example, **Yes** has been selected. Click **Next**.

Would you like to enter a Servicing Facility?*

Yes	No
-----	----

Previous Next

Cancel



Step 13:

The **Servicing Facility** screen displays.

1. In the **Search By** field, select the **Facility Name** or **Facility NPI** from the drop-down menu.

Note: For this example, we will use **Facility Name**.

2. Enter a **Facility Name** using at least two characters.

Note: You can enter the **Specialty**, **City**, **State**, and **ZIP Code** to further refine your search. Fields marked with an asterisk are mandatory.

Click **Search**.

CREATE PREAUTHORIZATION

Servicing Facility

Complete the details below and click Next to continue. All fields with an asterisk * are required.

You can enter specialty, zip code, or city and state for better results.

Search by
Facility Name

Enter Facility Name *

Specialty

City State

Zip Code


Reset Search Search

CREATE AN INPATIENT PREAUTHORIZATION REQUEST



Step 14:

1. Select the appropriate facility from the search results.
Note: You can use **Filter By** to filter the search results and find the desired facility.
2. Click Next.

Filter By 

Name	Address	Tax ID	NPI	Type	Specialty	In-Network
<input type="radio"/> New York Regional Medical Center	730 Victoria Dr., Brooklyn, NY, 11213	120000897832	1234446986	Hospital	Hospital	No
<input checked="" type="radio"/> Orange Hospital Medical Cente	23 South Lane, New York, NY, 10128	120000897832	1234446986	Hospital	Hospital	Yes

Total Records: 2 < Showing 1 - 2 >



Step 15:

- The **Diagnosis Codes** page appears.
- Click the **Diagnosis Code/Description** field.

CREATE PREAUTHORIZATION
Diagnosis Codes

Complete the details below and click Next to continue. All fields with an asterisk * are required.
You can click in to any diagnosis code to edit it. You can add up to 11 secondary diagnosis codes.

▼ Primary Diagnosis Information

▼ Secondary Diagnosis Codes Add

CREATE AN INPATIENT PREAUTHORIZATION REQUEST



Step 16:

1. Enter a code or description using at least three characters.
2. Click **Search**.

Diagnosis Information

Diagnosis Code/Description *

Search for a code or description using at least 3 characters.

Reset Search Search

Cancel OK



Step 17:

1. Select the appropriate diagnosis.
2. Click **OK**.

Diagnosis Code/Description
m54

Reset Search Search

Filter By

Diagnosis Code	Code Description
<input checked="" type="radio"/> M54	Dorsalgia
<input type="radio"/> M540	Panniculitis affecting regions of neck and back
<input type="radio"/> M5400	Panniculitis affecting regions of neck and back, site unspecified
<input type="radio"/> M5401	Panniculitis affecting regions of neck and back, occipito-atlanto-axial region
<input type="radio"/> M5402	Panniculitis affecting regions of neck and back, cervical region
<input type="radio"/> M5403	Panniculitis affecting regions of neck and back, cervicothoracic region
<input type="radio"/> M5404	Panniculitis affecting regions of neck and back, thoracic region
<input type="radio"/> M5405	Panniculitis affecting regions of neck and back, thoracolumbar region
<input type="radio"/> M5406	Panniculitis affecting regions of neck and back, lumbar region
<input type="radio"/> M5407	Panniculitis affecting regions of neck and back, lumbosacral region

Total Records: 37 < Showing 1-10 >

Cancel OK

CREATE AN INPATIENT PREAUTHORIZATION REQUEST



Step 18:

To add a **Secondary Diagnosis Code**:

1. Click **Diagnosis Code/Description**.
2. Search for and select a Secondary Diagnosis.
Note: You can add up to 11 secondary diagnosis codes.
3. Click **Next**.

CREATE REFERRAL

Diagnosis Codes

Complete the details below and click Next to continue. All fields with an asterisk * are required.
You can click in to any diagnosis code to edit it. You can add up to 11 secondary diagnosis codes.

▼ Primary Diagnosis Information

Q Diagnosis Code/Description *
M54 Dorsalgia


▼ Secondary Diagnosis Codes Add

Q Diagnosis Code/Description *

Previous **Next**

Cancel

CREATE AN INPATIENT PREAUTHORIZATION REQUEST




Step 19:

The **Service Details** screen displays.

1. Select a **Place of Service** from the drop-down menu.
2. Select the **Service Type** from the drop-down menu.
Note: Options will change based on the **Place of Service** selection.
3. Select the **Type of Care** from the drop-down menu.
4. Select the **Bed Type** from the drop-down menu.
5. Select the **Admission Date**.
6. Click **Add Service Line**.

CREATE PREAUTHORIZATION
Service Details

Complete the details below and click Next to continue. All fields with an asterisk * are required.

 This Active/Inactive status is as of today's date.

Place of Service ▼

Service Type ▼


Type of Care
1 - Elective

Bed Type ▼

Admission Date *

Add Service Line

S.NO	Procedure Code/Description	Modifier 1	Action
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Step 20:

The **Add Service Line** pop-up box appears.

Click the **CDT Procedure Code** field.

Add Service Line

Procedure Information

🔍 CDT Procedure Code *

Modifier ❗

Cancel Save

CREATE AN INPATIENT PREAUTHORIZATION REQUEST



Step 21:

The **Procedure Code/Description Information** pop-up box appears.

1. Enter at least three numbers in the **Procedure Code** field.
2. Click **Search**.
3. Select the appropriate **Procedure Code** from the list.
4. Click **OK**.

Procedure Code/Description Information

QCDT Procedure Code *
99288

Reset Search Search

Filter By

Procedure Code	Code Description
<input checked="" type="radio"/> 99288	Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support

Cancel OK



Step 22:

1. Click **Add Service Line** to add any additional service lines.
2. When you are finished, click **Next**.

CREATE PREAUTHORIZATION

Service Details

Complete the details below and click Next to continue. All fields with an asterisk * are required.

i This Active/Inactive status is as of today's date.

Place of Service: 21 - Inpatient Hospital

Service Type: 1 - Medical Care

Type of Care: 1 - Elective

Bed Type: 15 - Intensive Care

Admission Date *: 03/09/2021

Add Service Line

S.NO	Procedure Code/Description	Modifier 1	Action
1	99288 Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support	1	

Previous Next

Cancel

CREATE AN INPATIENT PREAUTHORIZATION REQUEST



Step 23:

The **Created By** screen displays.

Note: Your name will be automatically populated in the **Name** field.

1. Enter your **Phone** number.
2. Click **Next**.

CREATE PREAUTHORIZATION
Created By

Complete the details below and click Next to continue. All fields with an asterisk * are required.

Name*	Phone*
Allison Richards	



Step 24:

The **Review Preauthorization Details** screen displays.

1. Review the preauthorization details. Click **Edit** to update information in any of the sections.
2. When you have finished reviewing the information, click **Next**.

Review Preauthorization Details

Your preauthorization is not complete until you click submit. If you need to make any changes click edit next to the section you want to change.


Authorization Type			<input type="button" value="Edit"/>
Preauthorization Type	Service Date From	Service Date To	
Inpatient	02/25/2021	02/25/2021	

Member Information			<input type="button" value="Edit"/>
Member ID	Member Name	Date of Birth	
K1000124801	Davis, John	02/07/1987	

Created By		<input type="button" value="Edit"/>
Name	Phone	
Lucy Livingston	(847) 656-1953	

By clicking Next, your preauthorization request will be submitted.


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**Step 25:**

The **Add Supporting Documentation** screen displays.

To optimize the automated processing of this request, we ask you to add medical records or other supporting documentation at this point in the transaction.


Note: File size limits have been increased to 25 MB.

1. Click  and locate your file.
2. Click **Upload** to select your document. Once uploaded, you will see a “Congratulations!” message, the document added, and a prompt to add another document.
3. Once you have uploaded all supporting documents (up to five), click **Next**

If you are not ready to upload your file(s) now, you can attach it later by searching for your preauthorization and upload it then.


Attach Documents

1. Allowed file types are doc, docx, pdf, xls, ppt, jpg, jpeg, png, bmp, gif, txt
2. File limit of 25MB for each attachment
3. Maximum 5 attachments

AttachmentUpload

Attaching clinicals test document.docx (14.16 KB)

Congratulations! Your File has been uploaded!

AttachmentUpload

Next

CREATE AN INPATIENT PREAUTHORIZATION REQUEST



Step 26:

Over time, we will be adding new screens at this point to collect additional clinical information. If no additional information is requested, you will see this screen indicating “**MCG Guideline Documentation Not Required**”.

Click **Submit Request**.

Authorization Request Request Form MCG Guideline Documentation Not Required 3 Submit Request

Patient: [Redacted] Name: [Redacted] DOB: [Redacted] Gender: Female show more

Authorization: [Redacted] Type: Procedure Pre-authorization Status: NoDecisionYet show more

Diagnosis Codes: E66.01(ICD-10 Diagnosis) *primary* Procedure Codes: 43888(CPT/HCPCS) *primary*

Geographic Regions: All Clear

✓ Procedure Code: 43888 (CPT/HCPCS) MCG Guideline Documentation Not Required

Description: Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only

Attachments Attach File

Submit Request

This system provides access to MCG evidence-based guidelines; however the determinations made using this system are directed by the health plan, based on a number of factors.



Step 27:

Click **Done** to confirm your submission.

Note: You may want to take note of your **Reference ID**. In some cases, your request will be approved. No additional information will be requested. Other cases will be pended for further review.

Submission Confirmation

Your preauthorization request has been successfully submitted for review.

Your case has been approved

A preauthorization request from [Redacted] to [Redacted] has been submitted on 2023-03-16T09:31:01 and can be identified by reference ID: [Redacted]

GOOD NEWS! There is no need for an additional phone call or fax notification for this request. You can use reference ID [Redacted] to obtain updates on this request in the [preauthorization search page](#).

This preauthorization request does not guarantee payment to the servicing provider/vendor. Payment is contingent on the member's continued eligibility and contractual benefit limits.

Done