

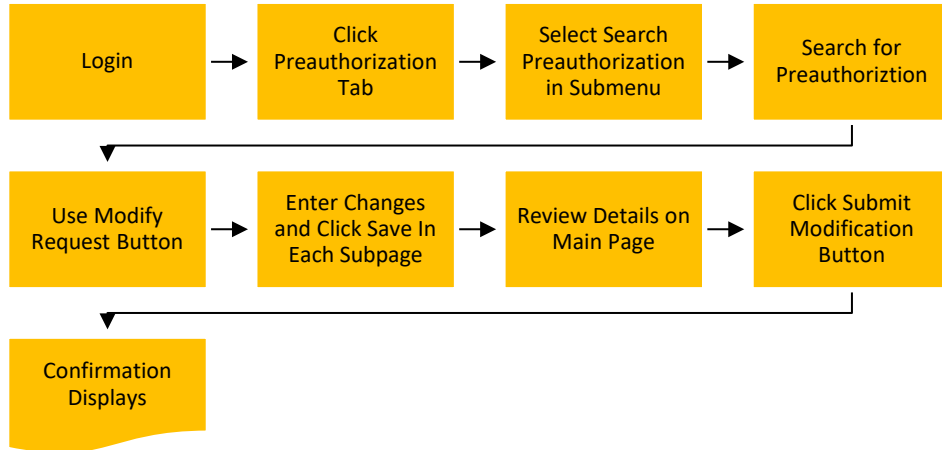


Modify a Preauthorization Request

Quick Reference Guide


PROVIDER PORTAL – MODIFY A PREAUTHORIZATION REQUEST

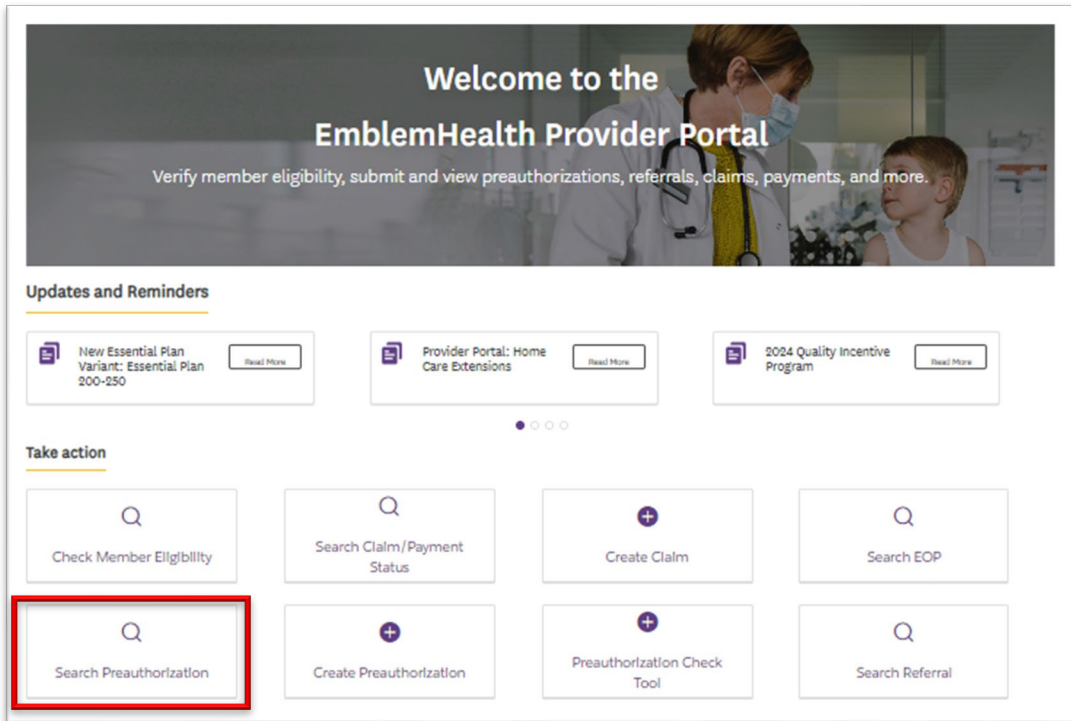
This quick reference guide (QRG) will provide an overview of the process for modifying a preauthorization request on the provider portal.




Let us look at the steps in detail for modifying a preauthorization request.

Purpose: Modify a preauthorization request.

 **Step 1:** On the EmblemHealth **Home** page, click the **Search Preauthorization** box in the **Take Action** section.



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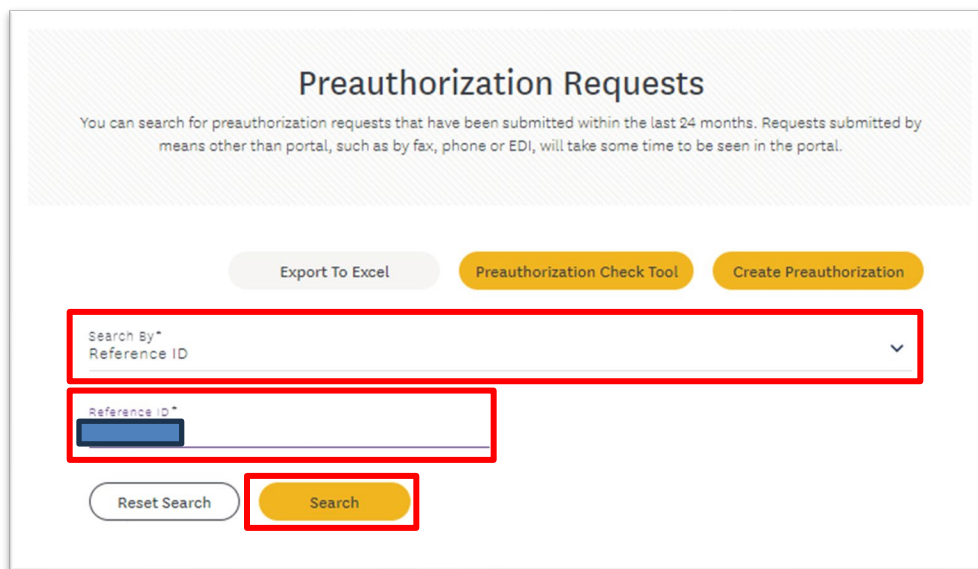
Step 2:

In the **Preauthorization Requests** screen, you can search for a previously created preauthorization by **Reference ID, Member ID, Member Name, Requesting Provider Name, and Requesting Provider NPI.**

Note: For this example, we will use **Reference ID.**

To search by Reference ID:

1. In the **Search By** field, select **Reference ID.**
2. In the **Reference ID** field, enter the Reference ID.
3. Click **Search.**



Preauthorization Requests


You can search for preauthorization requests that have been submitted within the last 24 months. Requests submitted by means other than portal, such as by fax, phone or EDI, will take some time to be seen in the portal.

[Export To Excel](#) [Preauthorization Check Tool](#) [Create Preauthorization](#)

Search By*
Reference ID


Reference ID*
[Redacted]


[Reset Search](#) [Search](#)



Step 3:

1. The search results display.
2. Click the **Reference ID** from the search result to view the Preauthorization Details.

 Below is the list of preauthorization requests that match your search. It may take up to 3 hours to see detailed information for recently submitted and updated requests.

Filter By 

Reference ID	Status	Preauthorization Type	Member ID	Member Name	Requesting Provider Name	Servicing Provider Name	Service start date	Service end
[Redacted]	Pending Decision	Inpatient	[Redacted]	[Redacted]	A Soomro, Afshan A.	A Soomro, Afshan A.	05/20/2024	05/21/20
[Redacted]	Fully Approved	Inpatient	[Redacted]	[Redacted]	WATERBURY HOSPITAL	Colwell, Michele L.	05/08/2024	05/28/20
[Redacted]	Fully Approved	Outpatient	[Redacted]	[Redacted]	Grant, Carol A.	Fisher, Jason C.	04/22/2024	06/03/20


Your search returned 3 results. < Showing 1 - 3 >



Step: 4

On the **Preauthorization Details** page, click the **Modify Preauthorization** button.

Preauthorization Details



Reference ID [Redacted]	Status ⓘ Fully Approved	Preauthorization Type Outpatient	Date Submitted 04/19/2024
Submission Source Web Portal	Member Name [Redacted]	Member Date of Birth 12/18/1980	Member ID [Redacted]
Gender Male	Plan Name InBalance PPO	Product Type Commercial PPO	Coverage Start Date 01/01/2023
Coverage End Date 12/31/9999			

Back to SearchPrint PreauthorizationAsk a QuestionAdd Supporting DocumentsModify Preauthorization

ⓘ Preauthorization approval is not a guarantee of payment. Payment is subject to a member's eligibility for benefits on the date of service. Emergency services do not require a preauthorization.

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Step 5:

Review the **Request To Modify Preauthorization Details**. Click **Edit** to update information in any of the sections.

Note: You can view, but not modify the member's details.

Modify Preauthorization
Request to Modify Preauthorization Details

Each sub-page has a Save button that returns you to this page. It temporarily retains the changes you make but does not submit your modification request. To finalize this transaction and send us your request for review, you must click the Submit Modification Request button on this page.

▼ Authorization Type Edit


Preauthorization Type Outpatient	Service Date From 2024-04-22	Service Date To 2024-06-03
-------------------------------------	---------------------------------	-------------------------------

▼ Member Details

Member ID [Redacted]	Name [Redacted]	Date of Birth 1980-12-18
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▼ Requesting Provider

Name Grant, Carol A.	Address 1250 Waters Pl, Ste 1201 Bronx NY 104612735	Tax ID [Redacted]	NPI 1245337062
Type Practitioner			



Step 6:

Modifying Preauthorization Type and Dates of Service

1. In the Authorization Type section, click the **Edit** button.
2. To change the dates, enter the new **Service Date From** and **Service Date To**.
3. Click **Save** to temporarily retain changes and return to the previous page.

If you are unsure when service will be scheduled, enter a 90-day time period to allow maximum flexibility.

Authorization Type Edit

Preauthorization Type Outpatient	Service Date From 2024-04-22	Service Date To 2024-06-03
-------------------------------------	---------------------------------	-------------------------------

MODIFY PREAUTHORIZATION
Dates of Service

Enter the new **Service Date From** and **Service Date To** information and click **Save** to temporarily retain the changes you make here and return to the previous page. (If you are unsure when service will be scheduled, enter a 90-day time period to allow maximum flexibility.) Required fields are marked with an asterisk *.


Service Date From * 2024-04-22	Service Date To * 2024-06-03
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IMPORTANT!

The **Save** button does not submit your modification request. You must use the **Submit Modification Request** button on the main page (Request to Modify Preauthorization Details) to finalize this transaction and send us your changes. If you fail to do this, none of the changes you made above will be recorded.

Save

Cancel



Step 7:

Modify Servicing Provider

1. In the **Servicing Provider** section, click the **Edit** button.
2. To find a new servicing provider, in the **Search By** field, select **Provider Name** or **Provider NPI** from the drop-down menu.
3. To search by **Provider Name**, 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.

4. Click **Search**.

▼ Servicing Provider				Edit
Name	Address	Tax ID	NPI	
Fisher, Jason C.	30 Prospect Ave Hackensack NJ 076011915	223376459	1306860663	
Type				
Practitioner				

MODIFY PREAUTHORIZATION

Servicing Provider

Select a new **Servicing Provider** in the fields below and click **Save** to temporarily retain the changes you make here and return to the previous page. Required fields are marked with an asterisk *

To search for providers by name, enter at least two characters of the first or last name. To refine your search, enter the specialty, city, state, and ZIP code.

Search By Provider Name	▼	
Provider Name *	●	
Specialty	●	
City	State	▼
Zip Code		

PROVIDER PORTAL – MODIFY A PREAUTHORIZATION REQUEST



- The search results display.
1. Select the appropriate provider.
 2. Click **Save**.

Filter By ?

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


Total Records: 2 < Showing 1 - 2 >

i IMPORTANT!

The **Save** button does not submit your modification request. You must use the **Submit Modification Request** button on the main page (Request to Modify Preauthorization Details) to finalize this transaction and send us your changes. If you fail to do this, none of the changes you made above will be recorded.

Save

Cancel



Step 9:

Modify Servicing Facility

1. In the **Servicing Facility** section, click the **Edit** button.
2. To find a new servicing facility, in the **Search By** field, select **Facility Name** or **Facility NPI** from the drop-down menu.
3. To search by **Facility Name**, 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.

4. Click **Search**.

Name	Address	Tax ID	NPI
WATERBURY HOSPITAL	64 Robbins St Waterbury CT 067082613	812181470	1477902641

Edit

MODIFY PREAUTHORIZATION

Servicing Facility

Select a new **Servicing Facility** in the fields below and click **Save** to temporarily retain the changes you make here and return to the previous page. Required fields are marked with an asterisk *

To search by facility name, enter at least two characters of the first or last name. To refine your search, enter the specialty, city, state, and ZIP code.

Search by
Facility Name ▼

Enter Facility Name * ●

City

Specialty ●

Zip Code

State ▼

Reset Search

Search

PROVIDER PORTAL – MODIFY A PREAUTHORIZATION REQUEST



Step 10:

The search results display.

1. Select the appropriate facility.
2. Click **Save**.

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 Center	23 South Lane, New York, NY, 10128	120000897832	1234446986	Hospital	Hospital	Yes


Total Records: 2 < Showing 1 - 2 >

i IMPORTANT!

The **Save** button does not submit your modification request. You must use the **Submit Modification Request** button on the main page (Request to Modify Preauthorization Details) to finalize this transaction and send us your changes. If you fail to do this, none of the changes you made above will be recorded.

Save

Cancel



Step 11:

Modify Diagnosis Code Information

1. In the **Diagnosis Code Information** section, click the **Edit** button.
2. On the **Modify Preauthorization Diagnosis Codes** screen, you may change the primary and secondary diagnosis codes, or add up to 11 secondary diagnosis codes.
3. Use the **Diagnosis/Description** fields, enter a code or description using at least three characters.
4. Click **Next**.

▼ Diagnosis Code Information Edit

Primary Diagnosis Information

ICD-10 Code	ICD-10 Code Description
I26.9	Pulmonary embolism without acute cor pulmonale

Diagnosis Codes

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

Please do not use a period while entering a diagnosis code. You can add up to 11 secondary diagnosis codes.

You can click into any diagnosis code to edit it.


▼ Primary Diagnosis Information

🔍 Diagnosis Code/Description *

▼ Secondary Diagnosis Codes Add

🔍 Diagnosis Code/Description

PreviousNext



Step 12:

Diagnosis Information Search

1. Use the **Diagnosis/Description** field, enter a code or description using at least three characters.
2. Select the appropriate diagnosis code.
3. Click **OK**.

Diagnosis Information

Diagnosis Code/Description *

Reset Search Search


Filter By 1

q

Diagnosis Code	Code Description
<input type="radio"/> R0683	Snoring

Total Records: 1 < Showing 1 - 1 >

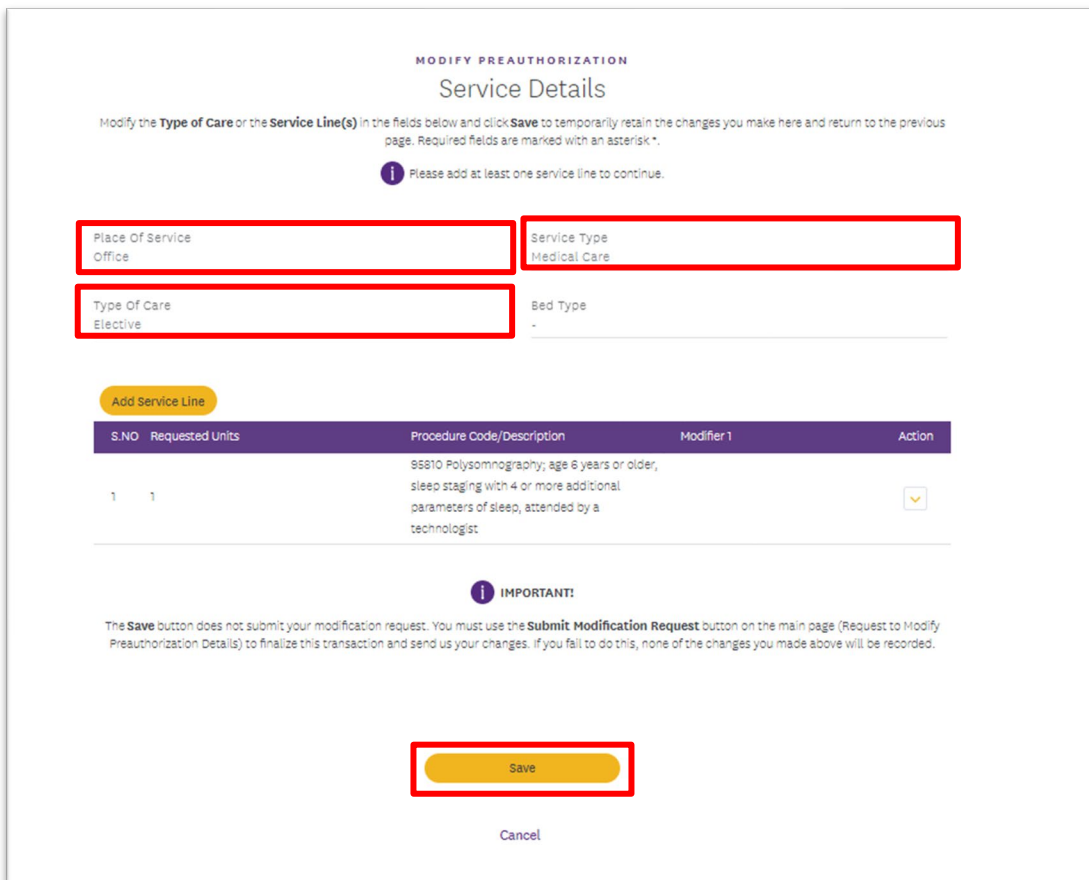
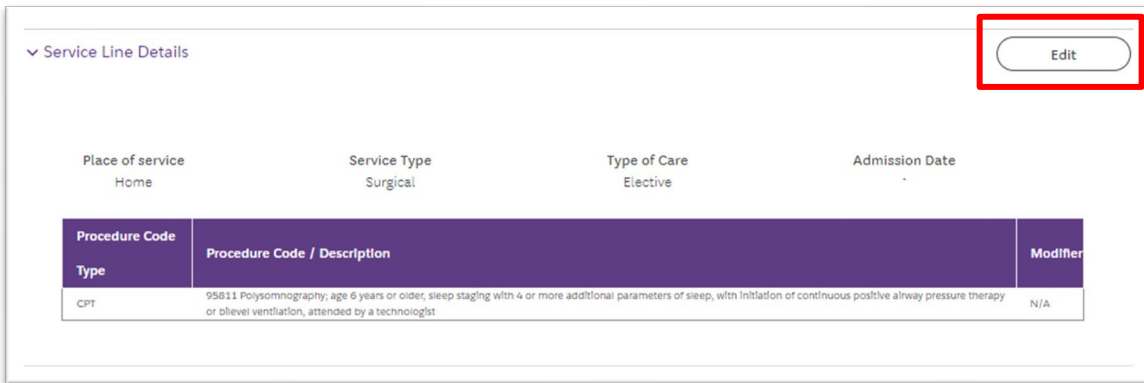
CancelOK



Step 13:

Modify Service Details

1. In the Service Line Details section, click the **Edit** button.
2. **On the** Modify Preauthorization Service Details screen, you may use the drop-down menus to select a new:
 - **Place of Service.**
 - **Service Type** (Options will change based on the **Place of Service** selection).
 - **Type of Care**
3. You may add service lines. Enter codes as shown in the next steps. When all service lines are entered then click **Next**.



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Step 14:

The **Add Service Line** pop-up box appears.
Click the **Procedure Code/Description Information** field.

Procedure Code/Description Information

Procedure Code/Description Information *

Reset Search Search

Cancel OK



Step 15:

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

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

Procedure Code/Description Information

Procedure Code/Description *

95810

Reset Search Search

Filter By

Procedure Code	Code Description
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

Total Records: 1

< Showing 1 - 1 >

Cancel OK

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Step 16:

If utilization management for the requested member is handled by one of our Managing Entities or vendor partners, you will see a message letting you know whom you should contact instead.


Oops! Your preauthorization could not be submitted at this time.

Please review the error message and try again

Reference error message: This member is managed by SOMOS. Please contact SOMOS for assistance by calling [1-844-990-0255](tel:1-844-990-0255), faxing the request to [1-877-590-8003](tel:1-877-590-8003) or accessing the SOMOS Provider Portal using the following link .
Reference error code:1080

[Back](#)

[Cancel](#)



Step 17:

Once you are done making edits, you **MUST** return to the main Request to Modify Preauthorization Details screen and click the **Submit Modification Request** button.

If you do not do this, none of the changes you made will be available if you leave the transaction and your request will not be sent to us for review.

Modify Preauthorization
Request to Modify Preauthorization Details

Each sub-page has a Save button that returns you to this page. It temporarily retains the changes you make but does not submit your modification request. To finalize this transaction and send us your request for review, you must click the Submit Modification Request button on this page.

▼ Authorization Type Edit

Preauthorization Type	Service Date From	Service Date To
Outpatient	2024-04-22	2024-06-03

▼ Member Details

Member ID	Name	Date of Birth
K6077755001	Pell Gabriel	1980-12-18

[Addition Sections Omitted.]


▼ Requested Contact(s)

Name	Phone
kathynwuatcciuser	*****

You must use the Submit Modification Request button on this main page to finalize this transaction and send us your changes. If you do not do this, none of the changes you make will be available if you leave the transaction and try to continue later.

Submit Modification Request

[Cancel](#)

 <p>Step 18:</p>	<p>Confirmation: Approval/Pend Screen</p> <p>If all clinical criteria are met, you may see a screen showing “Your changes are not reflected in the Preauthorization Details.” Otherwise, the screen will indicate that your case is pending further review.</p>
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