

How to create a preauthorization – Outpatient case

Provider logs into the web portal.

On Left navigational pane- Select Prior Approval

Click on the options to create a preauthorization. The screen will look for the provider when they login with their credentials. Click Next.

The screenshot shows the EmblemHealth provider portal. At the top right, it says "Welcome, [Redacted]" with links for "Change PIN", "Log Out", and "AAA". The main navigation bar includes "PROVIDERS", "Provider Manual", "Forums and Webinars", "Claims Corner", "Provider Resources", "Medical Policies", and "Join Our Networks". The "PROVIDERS" menu is expanded, showing a list of links: Home, Claims/Checks, Benefits/Eligibility, Referrals (highlighted), Pre-Certifications/Prior Approvals (highlighted), Electronic Funds Transfer/Electronic Remittance Advice, Provider Profile, Message Center, Provider Credentialing Tool, Request ER Notification, Search ER Notification, Security Application, Risk Adjustment (Collabor8 Program), My Reports Panel Report, Impersonate, and Impersonate.

Below the navigation, a breadcrumb trail reads "You are here: EmblemHealth > Providers > myEmblemHealth" and the date "Information valid as of 3/17/2020 5:38 PM". A prominent red banner contains a migration notice: "GHI PPO members (other than City of New York) are being migrated to our new claims platform. Members will be transitioned when their plan renews. Please ask your patients for their current member ID card at each appointment. Please submit pre-authorization requests and claims using the applicable member ID that is in effect on the date of service. The following changes apply once members are on the new system:"

- Identifying migrated members
- Radiation therapy & cardiology imaging programs
- HIP radiology self-referral payment policy will apply to migrated GHI PPO members
- Anesthesia claims

Below the banner are four featured articles with images: "Annual Provider Notification Materials", "EmblemHealth 2020 Network Benefits Table", "EmblemHealth Reduces Preauthorization Requirements", and "2020 Infertility Mandate PA Coding".

The page is divided into three columns: "Personal Information" (with a redacted name and "Email: N/A", "Change Email"), "How Can We Help You?" (with links for eligibility, claim status, pre-certification, ERMA, ADA form, and UB04 form), and "Resources" (with links for patient facilities, medical manual, provider manual, and continuing education).

At the bottom, there are sections for "NEWS & FEATURES", "PROVIDER RESOURCES", and "DENTAL PROVIDER RESOURCES". A footer contains links for "Privacy policies", "Legal", "Glossary", "Site Map", "News & Media", and "Careers".



EmblemHealth

Close Window

Providers

myEmblemHealth

- [Referrals](#)
- **[Prior Approvals](#)**
- [Search Referrals and Prior Approvals](#)
- [Request ER Notification](#)
- [Search ER Notification](#)
- [Preauthorization Check](#)

Please select the Requesting Provider.

Prior Approval Request

Emblem Us [REDACTED] I

For **Physical/Occupational Therapy** for members delegated to Palladian, requiring Prior Approval after the initial evaluation, please contact Palladian at www.palladianhealth.com/providers or call 1-877-774-7693 for questions. **Speech Therapy** requests for restorative services do not require a referral or prior approval for claim payment.

- Inpatient Services: For all Admission Types including Medical, Surgical, Rehab SNF and Mental Health.
- Outpatient Services**: For all Outpatient Services including but not limited to Outpatient Clinics, Surgery and Ambulatory Surgical Centers.
- Office Services: For services requiring Prior Approval to be performed by a physician or other health care professional in an office setting. Routine services with an authorized referral from the requesting provider do not require a prior approval. Simply use the authorization number of the referral issued by the requesting provider on your claim submission.
- Home Care: To request Home Health Care Services.
- Durable Medical Equipment: To request Durable Medical Equipment.
- Transportation: To request Transportation.

Select your entity: Entity: H/CAREMGR/ ▾

Requesting Provider: Enter Pris # or NPI: 1723586P X Next

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Enter Member ID and click search. The member details will be prepopulated. Click on the drop down for the Facility code and choose the Place of Service. Select place of service where services are going to be rendered.

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Providers

myEmblemHealth

- Referrals
- Prior Approvals**
- Search Referrals and Prior Approvals
- Request ER Notification
- Search ER Notification
- Preauthorization Check

Prior Approval Request for Outpatient Facility

Requesting Provider: [REDACTED]

Please enter Facility Code and Release of Info.

Service Date*:  (mm/dd/yyyy)

Member ID*: [REDACTED]  

Name: [REDACTED]

Sex: [REDACTED]

Birthdate: [REDACTED]

Plan: [REDACTED]

LOB: [REDACTED]

Medical Group Name: [REDACTED] MSO NYU

Medical Group Number: 14US

Facility Code*: 

Release of info*: 

Received Via*:

Notify Date*:

Please provide contact information so that HIP may address any clinical issues required to complete a review of this case.

Contact Information

Contact Name*: 

Contact Telephone*: - -  ext: 

or

Contact Fax*: - - 

Information Not Available

[< Back](#) [StartOver](#) [Next >](#)

* Required Field

Click on the  for field information.



Providers

myEmblemHealth

- Referrals
- **Prior Approvals**
- Search Referrals and Prior Approvals
- Request ER Notification
- Search ER Notification
- Preauthorization Check

Prior Approval Request for Outpatient Facility

Requesting Provider: [Redacted]

Please enter Facility Code and Release of Info.

Service Date*: (mm/dd/yyyy)

Member ID*:

Name:

Sex:

Birthdate:

Plan:

LOB:

Medical Group Name:

Medical Group Number: 14US

Facility Code*:

Release of info*:

Received Via*:

Notify Date*: (mm/dd/yyyy)

Please provide contact information so that HIP may address any clinical issues required to complete a review of this case.

Contact Information

Contact Name*:

Contact Telephone*: ext:

or

Contact Fax*: - -

Information Not Available

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* Required Field

Click on the for field information.

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Select Type of Service needed

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Prior Approval Request for Outpatient Facility

Requesting Provide [REDACTED]

Certification Type: Initial

Service Type*: Info

- Chemotherapy (78)
- Dialysis (76)
- Medical Care (1)
- Radiation Therapy (6)
- Speech Therapy (AF)
- Surgical (2)
- Transplants (70)

Service Level:

Enter the Facility PRIS # / NPI or [Search](#) for

Facility PRIS # or NPI*:

Name:

Location:

Diagnosis:

Enter diagnosis code. To add more than one diagnosis, enter the code and click Add. To search for a diagnosis, click [Search](#). To clear all codes, click [Clear All](#). To delete a code, click Delete next to the description.

#	Code	Description	
*	<input type="text"/> Info		Add

Comments (Max: 500 characters):

This Comments area may be used to document information that is specific to the requested service. Only procedure codes or services that are requested in this transaction should be referenced. These Comments are for internal use only and will not display for external users who inquire on the case's status.

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* Required Field

Click on the Info for field information.

Enter who will be providing the services by Pris # or NPI number. If you use NPI number a screen will appear with the Facility name, address and pris #. Please select the appropriate provider location.

Search feature can be used.

Enter members diagnosis code by ICD10 code.

Enter Procedure code and units. Dates of Service will auto fill. Enter notes in Comments section if any.


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Prior Approval Request for Outpatient Facility

Requesting Provider: [REDACTED]

Certification Type: Initial

Service Type*: Surgical (2) Info

Service Level: Elective (01) Info

Enter the Facility PRIS # / NPI or [Search](#) for a facility.

Facility PRIS # or NPI*: [REDACTED] Info

Name: [REDACTED] Info ersity Medical

Location: [REDACTED] Info 11794

Diagnosis:

Enter diagnosis code. To add more than one diagnosis, enter the code and click Add. To search for a diagnosis, click [Search](#). To clear all codes, click [Clear All](#). To delete a code, click Delete next to the description.

#	Code	Description	
1	K21.9	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Delete
*	<input style="width: 50px;" type="text"/>	Info	Add

Procedure(s) and/or Service(s):

To add procedures and/or services, enter the Code and Units. To add up to four modifiers to the code, use the drop down boxes. To add additional codes, click Add. To search for a procedure or modifier, click [Search](#). To clear all procedures and modifiers, click [Clear All](#). To remove a procedure and any modifiers attached to the procedure, click Delete next to the description.

Click on the Procedure to modify the details

#	Code	Units	Description	Modifier	
1	64553	1	IMPLANT NEUROELECTRODES	--	Delete
*	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Info	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid #ccc; padding: 2px; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">▼</div> <div style="border: 1px solid #ccc; padding: 2px; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">▼</div> <div style="border: 1px solid #ccc; padding: 2px; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">▼</div> </div> <div style="margin-top: 5px; text-align: center;"> <div style="border: 1px solid #ccc; padding: 2px; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">▼</div> </div>	Add

Procedure Detail(s) for 64553:

#	From Date	To Date	Requested Units	
1	* 3/20/2020	* 3/20/2020	* 1	

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Additional Physician: No Yes

Comments (Max: 500 characters):

This Comments area may be used to document information that is specific to the requested service. Only procedure codes or services that are requested in this transaction should be referenced. These Comments are for internal use only and will not display for external users who inquire on the case's status.

Test Note

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* Required Field

Click on the  for field information.

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A review screen will appear with all valued information. Review and hit edit if needed, if not select submit.

Providers

> myEmblemHealth

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Prior Approval Details Review

Your Prior Approval Request for Outpatient Facility has not yet been submitted. Please review the information below and click the "Submit" button to send.

Review Type: Outpatient Facility

Category: Health Services Review

Certification: Initial

Member ID:		Member Plan:	
Member Name:		Member PCP:	
Member Sex:		Member PCP Phone:	
Member DOB:		Member Eligibility Date:	
		Managing Entity:	

Requesting Provider:	Facility:
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Contact Name:

Contact Phone:

Contact Fax:

Service Type: Surgical (2)	Facility Code: On Campus - Outpatient Hospital (22)
Service Level: Elective (01)	Release of info: Yes, Provider has a Signed Statement (Y)
Service Date: 3/20/2020	
Notify Date: 3/17/2020	Received Via: Phone

Diagnosis:

Code	Description
K21.9	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS

Procedures:

Code	Description	Modifier	Date	Requested Units
64553	IMPLANT NEUROELECTRODES	--	3/20/2020	1

64553 Details:

Line	From Date	To Date	Requested Units
1	3/20/2020	3/20/2020	1

Comments: Test Note

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Preauthorization information will be seen with the Trace number, Authorization # and Status as applicable.


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Prior Approval Details Submitted

Prior Approval entered via EmblemHealth.com on 03/17/2020 at 4:23:14 PM

Your trace number is 36768704. This trace number is provided for your use in corresponding with the HIP Care Management Department in identifying this prior approval request. This Prior Approval does not guarantee payment to the servicing provider/vendor. Payment is contingent on the member's continued eligibility and contractual benefit limits.

Review Type:	(O) Outpatient Facility	My Trace #:	
Category:	(HS) Health Services Review	HIP Authorization#:	
Certification:	(I) Initial	Review Status:	Approved

Member ID:		Member Plan:	
Member Name:		Member PCP:	
Member Sex:		Member PCP Phone:	
Member DOB:		Member Eligibility Date:	
		Managing Entity:	

Requesting Provider:		Facility:	
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Contact Name:

Contact Phone:

Contact Fax:

Service Type:	(2) Surgical	Facility Code:	(22) On Campus - Outpatient Hospital
Service Level:	(01) Elective	Release Of Info:	(Y) Yes, Provider has a Signed Statement
Service Date:	03/20/2020	Received Via:	Phone
Notify Date:	03/17/2020		

Diagnosis:

Code	Description
K21.9	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS

Procedures:

Code	Description	Modifier	Date	Requested Units	Approved Units
64553	IMPLANT NEUROELECTRODES	--	03/20/2020	1	1

64553