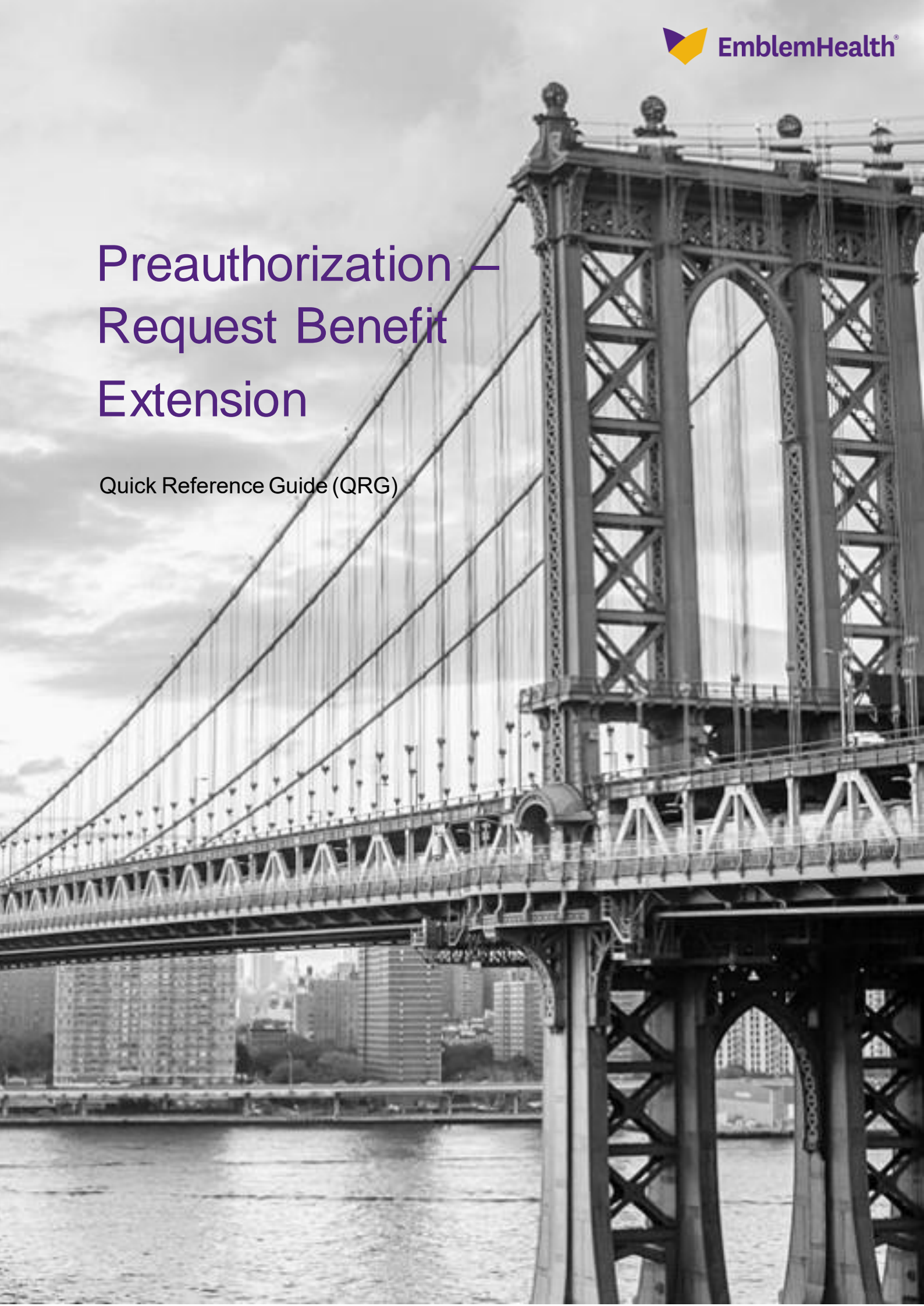


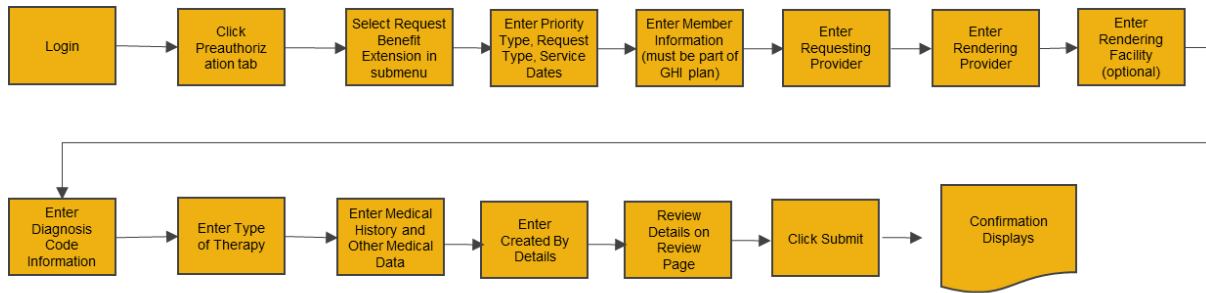
Preauthorization – Request Benefit Extension

Quick Reference Guide (QRG)



Provider Portal – Preauthorization – Request Benefit Extension

This Quick Reference Guide (QRG) will provide an overview of the process of requesting a benefit extension in the Provider Portal.



Let us look at the steps in detail for the process of requesting a benefit extension.

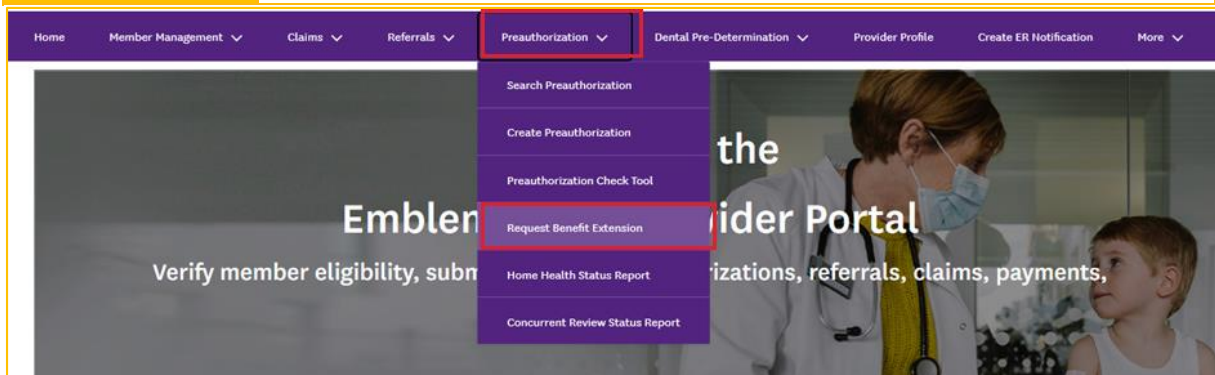
Purpose: To Request a Benefit Extension.

1. Benefit Extension Details



Step 1:

1. From the Provider portal home screen, select the **Preauthorization** tab.
2. Select **Request Benefits Extension**.



Provider Portal – Preauthorization – Request Benefit Extension



Step 2:

The **Benefit Extension Details** page displays.

Note: The **Date of Request** will be auto-populated.

1. Select the **Request Type**.
2. Enter the **Service Start Date** and **Service End Date**.
3. Click **Next**.

REQUEST BENEFIT EXTENSION
Benefit Extension Details

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

Date of Request
12/17/2020

Request Type *

Initial Request Subsequent Request

Service Start Date * Service End Date *

Next

Cancel



Step 3:

The **Member Information** screen displays.

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

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

REQUEST BENEFIT EXTENSION
Member Information

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

i This is applicable for GHI PLANS ONLY. The member should be eligible for coverage at the time of the actual services are rendered.

Search By *
Member Id
Member Name
Member Id
Member Id

Reset Search Search

Provider Portal – Preauthorization – Request Benefit Extension



Step 4:

1. Enter the **First Name**, **Last Name**, and **Date of Birth**.
Note: For the first and last name, enter at least two characters.
2. Click **Search**.

REQUEST BENEFIT EXTENSION
Member Information

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

i This is applicable for GHI PLANS ONLY. The member should be eligible for coverage at the time of the actual services are rendered.

Search By*
Member Name ▼

First Name* Last Name*

Date of Birth*



Step 5:

1. The search results display.
2. Select the appropriate member.
3. Click **Next**.
Note: After clicking **Next**, the **Benefit Extension Requests** will either be available or unavailable.

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

Filter By **i**

	Member ID	Member Name	Coverage Start Date	Coverage End Date	Status	Date of Birth	Gender	Coverage Type	Plan Type
<input checked="" type="radio"/>	K1000023318	Davis, John	01/01/2020	12/31/9999	Active	09/09/1989	Male	Medical	PPO
<input type="radio"/>	K1000023318	Davis, John	01/01/2019	12/31/2019	Inactive	09/09/1989	Male	Medical	HMO

Total Records: 1 < Showing 1-2 >

Cancel

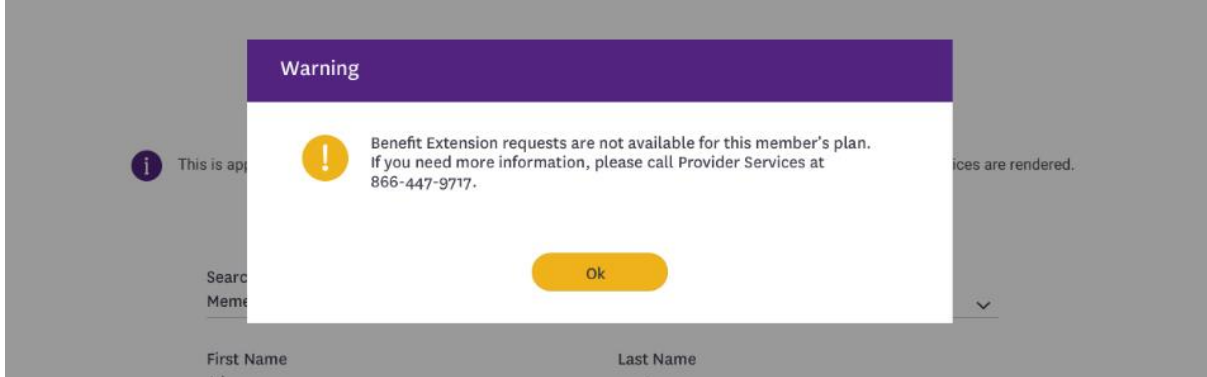


Benefit Extension Requests Not Available



Step 5a:

If Benefits Extension requests are not available for a member, a pop-up box will appear with the following message: “Benefit Extension requests are not available for this member’s plan. If you need more information, please call Provider Services at 866-447-9717.”



Benefits Extension Requests Available



Step 6:

The **Requesting Provider Information** screen displays.

1. 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**.

Provider Portal – Preauthorization – Request Benefit Extension



Step 7:

1. Enter the **Provider 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**.

REQUEST BENEFIT EXTENSION
Requesting Provider Information

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

Provider Name*
Martinez, Claudia

Specialty
Pediatrics

City _____ State _____

Zip Code _____



Step 8:

1. The search results display.
2. **Select** the required row from the results.
Note: You can choose either an **In-Network** or **Out-of-Network** provider.
3. Click **Next**.

Filter By

	Name	Address	Tax ID	NPI	Type	Specialty	In-Network
<input checked="" type="radio"/>	Martinez, Claudia	475 Seaview Ave, Staten Island, NY, 10305	061137531	1528745623	Allopathic Physician	Pediatrics	Yes
<input type="radio"/>	Martinez, Claudia	1800 Rockaway Ave, Ste 102, Hewlett, NY, 11557	061137531	1528745623	Allopathic Physician	Pediatrics	No

Total Records: 1 < Showing 1-2 >

[Cancel](#)



Step 9:

The **Rendering Provider Information** screen displays.

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

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

REQUEST BENEFIT EXTENSION

Rendering Provider Information

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
Provider NPI

Provider Name * Specialty

City State

Zip Code

Reset Search Search



Step 10:

1. Enter the **Provider 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**.

REQUEST BENEFIT EXTENSION

Rendering Provider Information

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

Provider Name * Specialty
Martinez, Claudia Pediatrics

City State

Zip Code

Reset Search Search

Filter By

Provider Portal – Preauthorization – Request Benefit Extension



Step 11:

1. The search results display.
2. Select the required provider row from the results.
Note: You can choose either an **In-Network** or **Out-of-Network** provider as required.

Filter By

Name	Address	Tax ID	NPI	Type	Specialty	In-Network
<input type="radio"/> Martinez, Claudia	475 Seaview Ave, Staten Island, NY, 10305	061137531	1528745623	Allopathic Physician	Pediatrics	Yes
<input checked="" type="radio"/> Martinez, Claudia	1800 Rockaway Ave, Ste 102, Hewlett, NY, 11557	061137531	1528745623	Allopathic Physician	Pediatrics	No

Total Records: 1 < Showing 1-2 >



Step 12:

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

REQUEST BENEFIT EXTENSION

Rendering Facility Information

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
- Facility NPI

Enter Facility Name* Specialty

City State

Zip Code

Provider Portal – Preauthorization – Request Benefit Extension



Step 13:

1. Enter the **Facility 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**.

REQUEST BENEFIT EXTENSION

Rendering Facility Information

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 *
Albany Medical Center

Specialty ⓘ

City

State

Zip Code

Reset SearchSearch



Step 14:

- The search results display.
1. Select the required provider row from the results.
 2. **Note:** You can choose either an **In-Network** or **Out-of-Network** provider, as required.

Filter By ⓘ

Name	Address	Tax ID	NPI	In-Network
<input checked="" type="radio"/> Albany Medical Center	43 New Scotland Ave, Albany, NY, 12208	100001175771	1184878274	No
<input type="radio"/> Albany Medical Center Hospital	1357 Washington Ave, Albany, NY, 12206	100001263524	1287465395	No

Total Records: 1 < Showing 1-2 >

PreviousNext

Cancel

Provider Portal – Preauthorization – Request Benefit Extension



Step 15:

- The **Diagnosis Codes** screen displays.
1. Click the **Diagnosis Code/Description** field.

REQUEST BENEFIT EXTENSION

Diagnosis Codes

Complete the details below and click Next to continue. All fields with an asterisk * are required.
You can click in to any field to Edit any diagnosis code. You can add up to 2 secondary diagnosis codes.

Primary Diagnosis Information

Q Diagnosis Code/Description *

Secondary Diagnosis Codes Add

Q Diagnosis Code/Description *

Previous **Next**

Cancel



Step 16:

1. Enter a code or description using at least 3 characters.
2. Click **Search**.

Diagnosis Codes

Diagnosis Information

Diagnosis Code/Description *

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

Reset Search **Search**

Cancel **OK**

Provider Portal – Preauthorization – Request Benefit Extension



Step 17:

- The search results display.
1. Select the appropriate diagnosis.
 2. Click **OK**.

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 >



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.
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 *

Cancel

Provider Portal – Preauthorization – Request Benefit Extension



Step 19:

The **Type of Therapy Request** screen displays.

1. Select the therapy that corresponds to the request.
2. Complete all the mandatory fields.
3. Click **Next**.

REQUEST BENEFIT EXTENSION

Type of Therapy Request

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

Please select the therapy that corresponds to your request *

Physical Therapy (97110) v

Details of the Request:

Contractual Visits ?	Date of Last Visit ?
Start of Care This Year	Number of Visits Being Requested * 2
Number of Visits Used on Previous Request ?	Authorization Number of Previous Request ?
Total Visits This Year ?	

Previous Next



Step 20:

The **Medical History And Other Medical Data** screen displays.

1. Complete all the mandatory fields.
2. Click **Next**.

REQUEST BENEFIT EXTENSION

Medical History And Other Medical Data

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

Date of Illness ? Has therapy been continuous? *

Yes No

Reason *

Current Prognosis v % of Improvement v ?

Is this request relating to post-surgical care? *

Yes No

Date of Surgery * Type of Surgery *

Positive Objective Findings & Comorbidities

Assessment of change in patient condition since last visit

Previous Next

Provider Portal – Preauthorization – Request Benefit Extension



Step 21:

- The Created By screen displays.
Note: Your name will be automatically populated in the Name field.
1. Enter your **Phone** number.
 2. Click **Next**.

REQUEST BENEFIT EXTENSION

Created By

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

Name Lucy Livingston	Phone (847) 233-5445
-------------------------	-------------------------

[Cancel](#)



Step 22:

- The Review Details screen displays.
1. Review the Preauthorization Details. Click **Edit** to update information in any of the sections.
 2. Click **Next**.

REQUEST BENEFIT EXTENSION

Review Details

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

Please refer to your browser functionality to print & download this page.

▼ Request Summary Edit

Date of Request 02/17/2021	Priority Type Elective	Request Type Initial	Service Start Date 03/10/2021
Service End Date 03/10/2021			

▼ Member Information Edit

Member ID K100023456	Member Name John Davis	Date of Birth 11/11/1979	Contact Phone Number (773)664-3220
--------------------------------	----------------------------------	------------------------------------	--

▼ Requesting Provider Edit

Name Martinez, Claudia	Address 475 Seaview Ave, Staten Island, NY, 10305	Tax ID 061137531	Fax Number 768-876-8786
Telephone Number (276)376-3768	NPI 1528745623	Type Allopathic Physician	Specialty Pediatrics

Provider Portal – Preauthorization – Request Benefit Extension



Step 23:

1. When you have finished reviewing or updating the information, click **Submit**.

Assessment of change in patient condition since last visit

Positive Objective Findings & Comorbidities

Created By

Name	Phone
Lucy Livingston	(847) 656-1953

Edit

Previous Submit

Cancel



Step 24:

- If there is an error in your submission, you will see the following message.
1. Review the error message to understand the issue and click **Back**.

Oops! Your benefit extension request could not be submitted at this time.

Please Review the error message and try again

Reference error message: Invalid Diagnosis Code : M54

Reference error code:1029

Back



Step 25:

If the request is submitted successfully, the **Submission Confirmation** screen will be displayed.

1. Note the reference ID for future reference.
2. Click **Done**.

Submission Confirmation

A benefit extension request for member John Davis has been submitted on 03/10/2021 at 02:20 PM and may be identified by reference ID: 009283746

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

Done

Thank
You

