EmblemHealth

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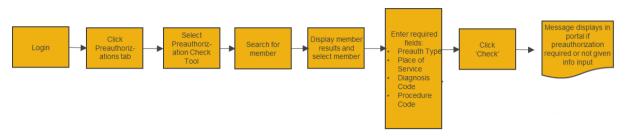
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Preauthorization Check Tool

Quick Reference Guide (QRG)



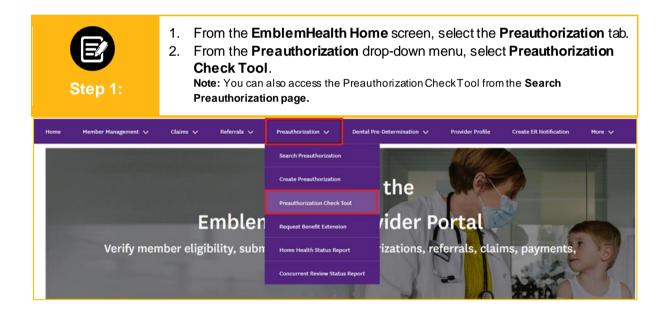
This Quick Reference Guide (QRG) will provide an overview of the Preauthorization Check Tool on the Provider Portal.



A Preauthorization Check will tell you if the member requires a preauthorization for the selected Diagnosis Code and Procedure Code BEFORE creating a preauthorization.

Let us look at the steps in detail for the Preauthorization Check Tool process.

Purpose: Check if a Preauthorization is required for a member for the selected Diagnosis and Procedure Code.





Provider Portal –	Preauthorization
Check Tool	

Step 2:	 The Preauthorization Check Tool 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 ID.
	Preauthorization Check Tool
	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.
	Emergency services do not require a preauthorization.
Search By*	~
Member ID Member Name	
Member ID	
Sear	ch

E Step 3:	 Select Member ID from the drop-down menu in the Search By field. Enter the Member ID. Click Search. 	
	Preauthorization Check Tool	
	Before you begin, please be sure that the service you are requesting is not managed by one of our partners. Check the <u>Provider Manual</u> for the most up to date information.	
	Emergency services do not require a preauthorization.	
Search By * Member ID	~	
Member ID*	0	
Se	arch	



Provider Portal – Preauthorization Check Tool

Reset

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1. The search results display. Select the required member.

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Olu	2	

The search results display. Select the required member
Note: You can use Filter By to narrow down the search results.

	Member ID	Member Name	Coverage Start Date	Coverage End Date	Status	Date of Birth	Gender	Coverage Type	
۲	K1000124801	Davis, John	11/01/2020	12/31/9999	Active	02/07/1987	Female	Medical	
0	K1000124801	Davis, John	11/01/2019	10/31/2020	Inactive	02/07/1987	Female	Medical	
		Preauthoriz	ation Type *	✓ P	lace of Servic	e *		~	

Check

	E Step 4:	1.	From the Pre Outpatient.	eauthorizatior	п Туре с	drop-dowr	n menu	, select Inp a	atient or
ilter B	^{ву} 🛛 Q]							
	Member ID	Member Name	Coverage Start Date	Coverage End Date	Status	Date of Birth	Gender	Coverage Type	Product Type
۲	K1000124801	Davis, John	11/01/2020	12/31/9999	Active	02/07/1987	Female	Medical	НМО
0	K1000124801	Davis, John	11/01/2019	10/31/2020	Inactive	02/07/1987	Female	Medical	НМО
		Preauthoriz Inpatien Outpatie		∨0 P	lace of Servic	<u>e</u> *		~	
		Q Procedu	ure Code *					4	
		Rese	t Chec	k					



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Provider Portal – Preauthorization Check Tool



1. Select the appropriate option from the **Place of Service** drop-down. **Note:** The options will vary depending on whether you have selected Inpatient or Outpatient in the **Preauthorization Type** drop-down.

Step 5:

• K1000124801 Davis, John 11/01/2020 12/31/9999 Active 02/07/1987 Female Medical HMO • K1000124801 Davis, John 11/01/2019 10/31/2020 Inactive 02/07/1987 Female Medical HMO • K1000124801 Davis, John 11/01/2019 10/31/2020 Inactive 02/07/1987 Female Medical HMO • Construction Type * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *		Member ID	Member Name	Coverage Start Date	Coverage End Date	Status	Date of Birth	Gender	Coverage Type	Product Type
Preauthorization Type * Place of Service * Q Diagnosis Code * 21 - Inpatient Hospital 31 - Skilled Nursing Facility 34 - Hospice 61 - Comprehensive Inpatient Rehabilitation Facility	۲	K1000124801	Davis, John	11/01/2020	12/31/9999	Active	02/07/1987	Female	Medical	HMO
Preauthorization Type * Inpatient Q Diagnosis Code * Q Diagnosis Code *	0	K1000124801	Davis, John	11/01/2019	10/31/2020	Inactive	02/07/1987	Female	Medical	нмо
Inpatient Place of Service * Q. Diagnosis Code * 21 - Inpatient Hospital 31 - Skilled Nursing Facility 34 - Hospice 61 - Comprehensive Inpatient Rehabilitation Facility	otal	Records: 2								< Showing 1 - 2
Q Diagnosis Code * 31 - Skilled Nursing Facility 34 - Hospice 61 - Comprehensive Inpatient Rehabilitation Facility				ation Type *	~	Place of Servic	e *		×.	
61 - Comprehensive Inpatient Rehabilitation Facility			Q Diagnos	is Code *		31 - Skilled N	lursing Facility			
			Q Procedu	re Code *	L			Rehabilitation	Facility	

E	2 p 6:		lick Diagnos o te : Diagnosis (ıl.				
	Member ID	Member Name	Coverage Start Date	Coverage End Date	Status	Date of Birth	Gender	Coverage Type	Product Type
۲	K1000124801	Davis, John	11/01/2020	12/31/9999	Active	02/07/1987	Female	Medical	HMO
0	K1000124801	Davis, John	11/01/2019	10/31/2020	Inactive	02/07/1987	Female	Medical	HMO
Total F	Records: 2								< Showing 1 - 2 >
		Preauthoriza Inpatient	ation Type *		ace of Servic - Inpatient H			~	
	Q Diagnosis Code							h	
		Q Procedu	ire Code					h	
		Reset	t Chec	k					



Provider Portal – Preauthorization Check Tool

and the second second		
Step 7:	 In the Direquired Click Sentement Note: You 	can use Filter By to narrow down the search results. The applicable Diagnosis Code from the search results.
	Filter By	Preauthorization Check Tool
	Q Diagnosis Code A04 A040	Code Description Other bacterial intestinal infections Enteropathogenic Escherichia coli infection
Filter By 💿	 A041 A042 A043 	Enterotoxigenic Escherichia coli infection Enteroinvasive Escherichia coli infection Enterohemorrhagic Escherichia coli infection
Mem		toduct Type

St	ep 9:			Code isrequire					
Filter	Ву 🕕		1	This Active/Inactive stat	us is as of to	day's date.			
	Q								
	Member ID	Member Name	Coverage Start Date	Coverage End Date	Status	Date of Birth	Gender	Coverage Type	Product Type
۲	K1000124801	Davis, John	11/01/2020	12/31/9999	Active	02/07/1987	Female	Medical	НМО
0	K1000124801	Davis, John	11/01/2019	10/31/2020	Inactive	02/07/1987	Female	Medical	нмо
Total	Records: 2								< Showing 1 - 2
		Preauthoriz Inpatient	ation Type *		ace of Servic I - Inpatient H			~	
		Q. Diagnosis Code * A04 Other bacterial infections							
		Q Procedu	ire Code *						

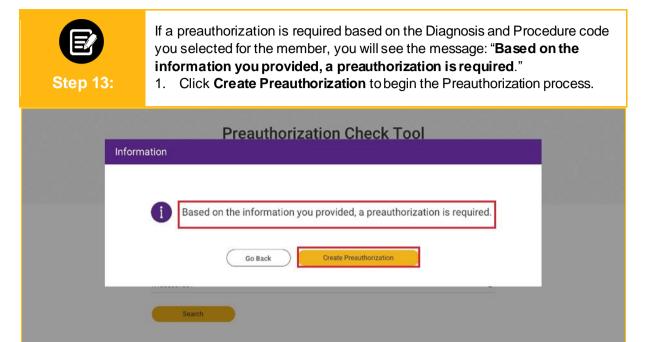


Provider Po Check Tool	ortal – Preauthorization
Step 10:	 The Procedure Code Information dialog box displays. In the Procedure Code/Description field, enter a few characters of the required Procedure Code or Description. Click Search. The search results for the Procedure Code display. Note: You can use Filter By to narrow down the search results. Select the applicable Procedure Code from the search results. Click Ok.
Proced \$5170	Preauthorization Check_Lool re Code Information ure Code/Description *
۲	Diagnosis Code Description SS170 Home delivered meals, including preparation; per meal ecords: 1 < Showing 1-1 > Cancel OK oduct Type
 K1000124801 Date 	

	Step 12	1. 2:	Click Check						
	Member ID	Member Name	Coverage Start Date	Coverage End Date	Status	Date of Birth	Gender	Coverage Type	Product Type
۲	K1000124801	Davis, John	11/01/2020	12/31/9999	Active	02/07/1987	Female	Medical	НМО
0	K1000124801	Davis, John	11/01/2019	10/31/2020	Inactive	02/07/1987	Female	Medical	HMO
Total	Records: 2								< Showing 1 - 2 >
		Inpatient Q Diagnos	r bacterial intestinal infections	~ 2	Place of Service * 21 - Inpatient Hospital			r h	
		S5170 Ho	S5170 Home delivered meals, including preparation; per meal						



Preauthorization Required

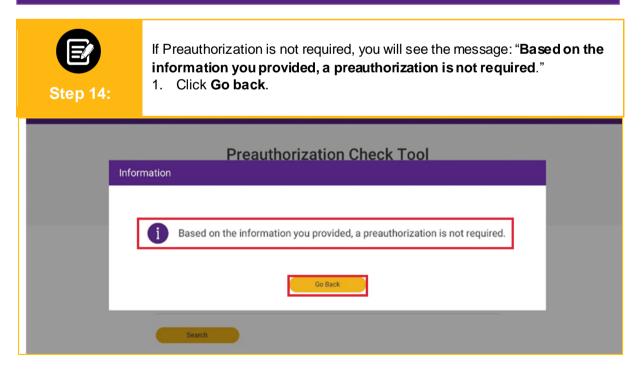


This Active/Inactive status is as of today's date.

1

Preauthorization Not Required

Filter By





Thank You