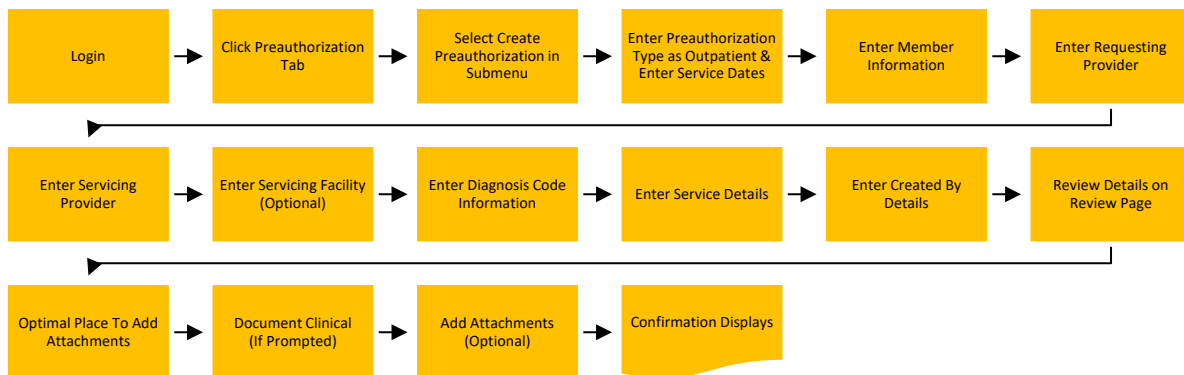


PROVIDER PORTAL – CREATE AN OUTPATIENT PREAUTHORIZATION REQUEST

This Quick Reference Guide (QRG) will provide an overview of the process for creating an Outpatient Preauthorization Request on the Provider Portal.



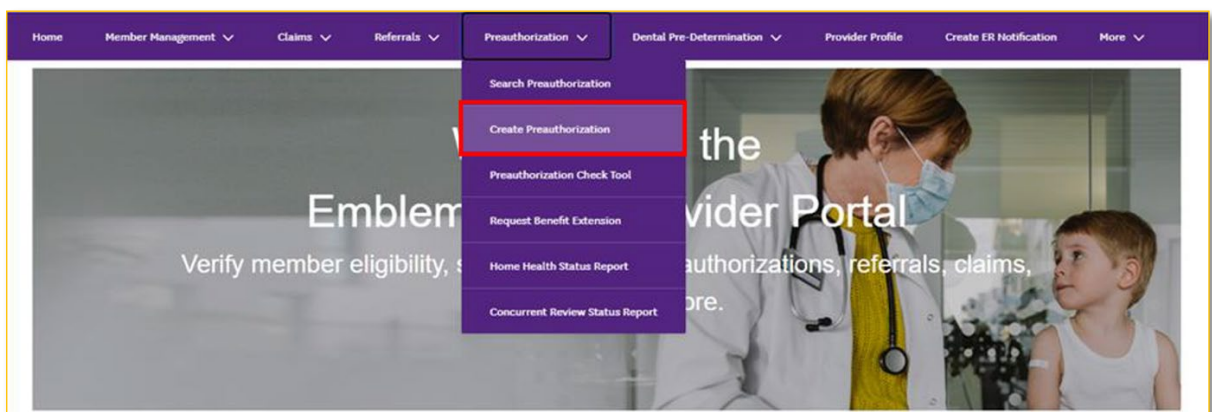
Let us look at the steps in detail for creating an Outpatient Preauthorization Request.


Purpose: Create a preauthorization request for an outpatient procedure.



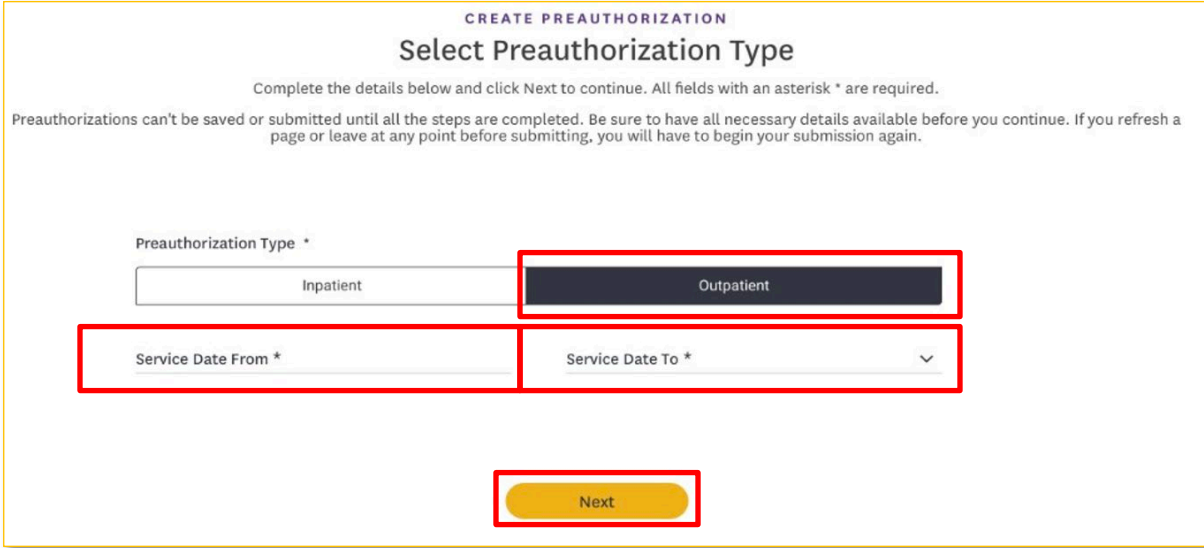
Step 1:


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



 **Step 2:** The **Select Preauthorization Type** screen displays.

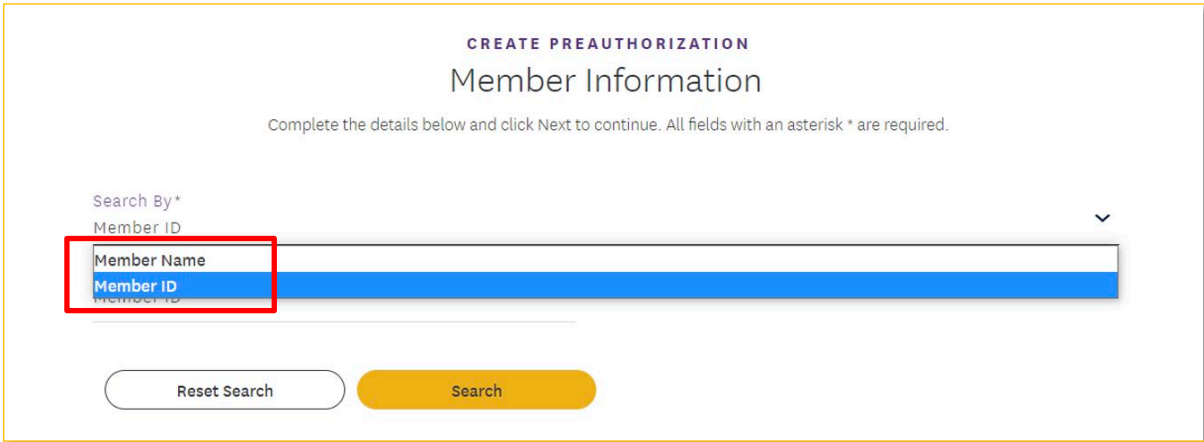
1. Select **Outpatient** as the **Preauthorization Type**.
2. Enter the **Service Date From** and **Service Date To**. (If unsure when service will be scheduled, enter a 90-day time frame to allow for maximum flexibility.)
3. Click **Next**.



 **Step 3:** The **Member Information** screen displays.

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**.



PROVIDER PORTAL – CREATE AN OUTPATIENT PREAUTHORIZATION REQUEST

 **Step 4**

1. Enter the Member ID.
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 ID

Member ID *

Reset Search Search


Previous Next


Cancel

 **Step 5**

The search results display.

1. Select the appropriate 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 >

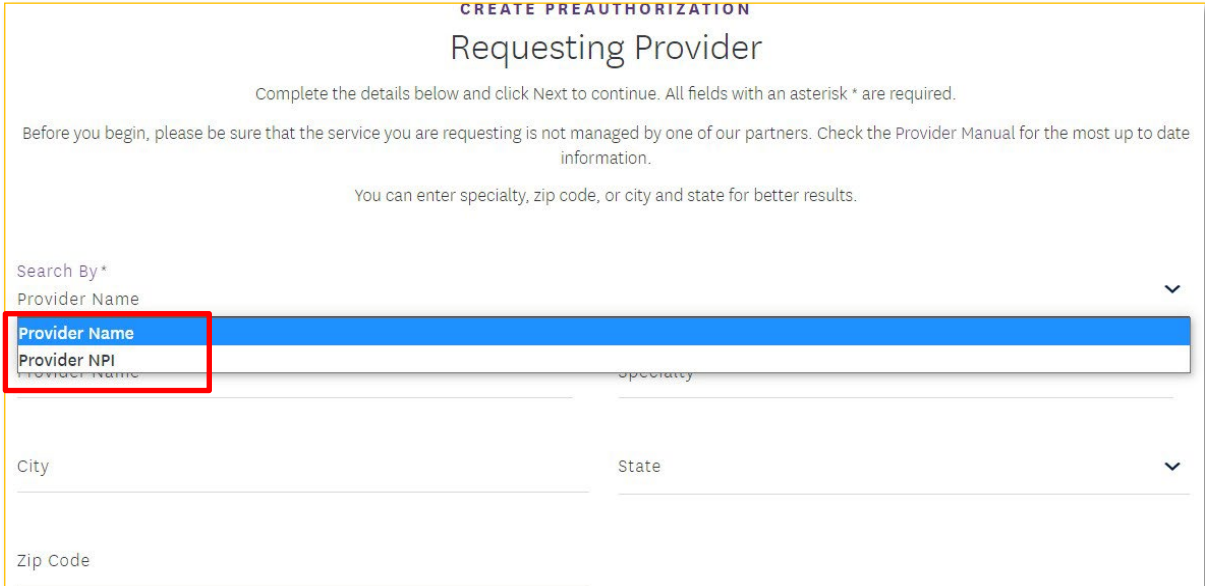
Previous Next

Cancel

PROVIDER PORTAL – CREATE AN OUTPATIENT PREAUTHORIZATION REQUEST

 **Step 6**

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

Specialty

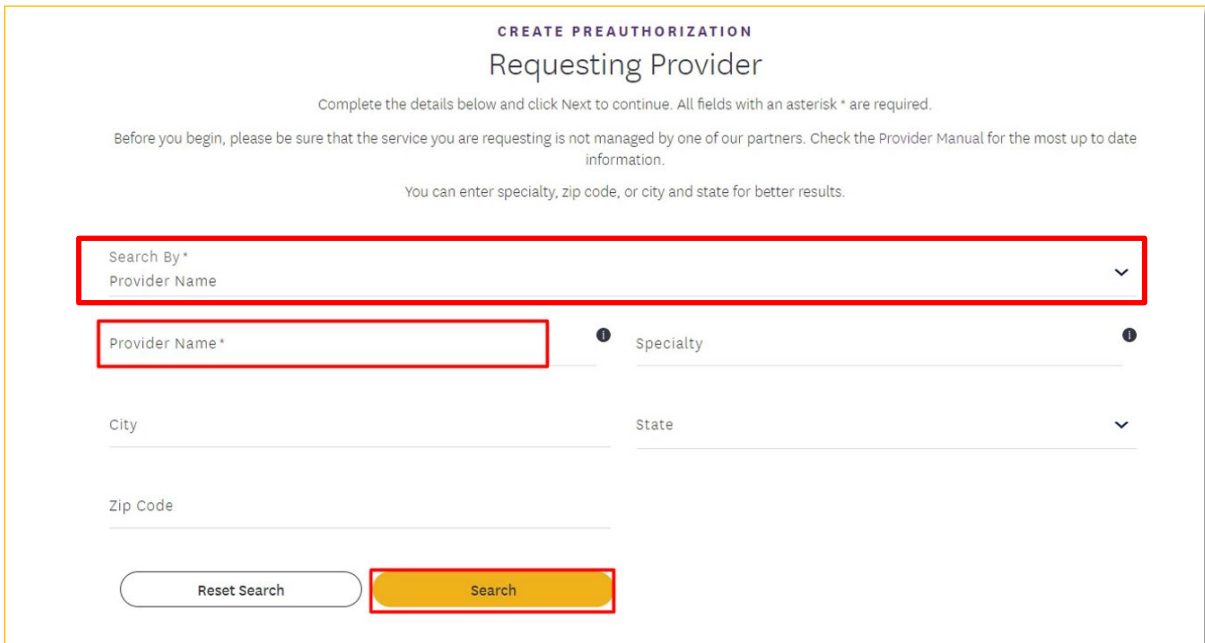
City State

Zip Code

 **Step 7**

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.

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

City State

Zip Code

Reset Search Search

PROVIDER PORTAL – CREATE AN OUTPATIENT PREAUTHORIZATION REQUEST


Step 8

The search results display.

1. Select the appropriate provider.
2. You have the option to select a **Servicing Provider**. Choose **Yes** or **No**. In this example, we have selected **Yes**.
3. Click **Next**.

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	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

PreviousNextCancel


Step 9

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.

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 SearchSearch

PROVIDER PORTAL – CREATE AN OUTPATIENT PREAUTHORIZATION REQUEST

 **Step 10**

The search results display.


1. Select the appropriate 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 >

Cancel

 **Step 11**


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

Would you like to enter a Servicing Facility?*

Yes No

Cancel

PROVIDER PORTAL – CREATE AN OUTPATIENT PREAUTHORIZATION REQUEST



Step 12

The **Servicing Facility** screen displays. You can search by **Facility Name** or **Facility NPI**. To search by **Facility Name**:

1. Enter at least two characters of the facility's name.

Note: You can enter the **Specialty, City, State, and ZIP Code** to further refine your search.

2. 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 SearchSearch



Step 13

The search results display.

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

Filter By 1

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 >

PreviousNext

Cancel

 **Step 14**

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


Q Diagnosis Code/Description *

▼ Secondary Diagnosis Codes Add

Q Diagnosis Code/Description *

Previous Next

Cancel

 **Step 15**

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

PROVIDER PORTAL – CREATE AN OUTPATIENT PREAUTHORIZATION REQUEST

 **Step 16**


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

Diagnosis Code/Description
m54

Filter By

Diagnosis Code	Code Description
<input type="radio"/> M54	Dorsalgia
<input type="radio"/> M540	Panniculitis affecting regions of neck and back
<input checked="" 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 >

 <p>Step 17</p>	<p>To add a Secondary Diagnosis Code:</p> <ol style="list-style-type: none">1. Click Diagnosis Code/Description.2. Search for and select a Secondary Diagnosis. <p>Note: You can add up to 11 secondary diagnosis codes.</p> <ol style="list-style-type: none">3. Click Next.
---	--

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 *

PreviousNext

Cancel

PROVIDER PORTAL – CREATE AN OUTPATIENT PREAUTHORIZATION REQUEST

**Step 18**

The **Service Details** screen appears.

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.

Click **Add Service Line**. Enter codes as shown in the next steps. When all service lines are entered then click **Next**.

CREATE PREAUTHORIZATION
Service Details

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

 Please add at least one service line to continue. The place of service must match the previously selected facility or servicing provider.

Place of Service*
41 - Ambulance - Land

Service Type*
41 - Licensed Ambulance


Type Of Care*
1- Elective Standard

Add Service Line

S.NO	Procedure Code/Description	Requested Units	Modifier 1	Action

PreviousNext

Cancel

**Step 19**

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


Click the **Procedure Code/Description Information** field.

Procedure Code/Description Information

Procedure Code/Description Information *

Reset SearchSearch

CancelOK

 **Step 20**

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

Procedure Code/Description Information *
S5170

Reset Search Search

Filter By

Procedure Code	Code Description
<input type="radio"/> S5170	Home delivered meals, including preparation; per meal

Total Records: 1 < Showing 1-10 >

Cancel OK

PROVIDER PORTAL – CREATE AN OUTPATIENT PREAUTHORIZATION REQUEST



Step 21

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, faxing the request to 1-877-590-8003 or accessing the SOMOS Provider Portal using the following link .
Reference error code:1080

Back

Cancel



Step 22

The **Created By** screen displays.

Note: Your name will be automatically populated in the **Created By** 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*


Allison Richards

Phone*

Previous

Next

Cancel

 **Step 23**

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

CREATE PREAUTHORIZATION

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			Edit
Preauthorization Type	Service Date From	Service Date To	
Inpatient	02/25/2021	02/25/2021	

Member Information			Edit
Member ID	Member Name	Date of Birth	
K1000124801	Davis, John	02/07/1987	

Created By		Edit
Name	Phone	
Lucy Livingston	(847) 656-1953	

By clicking Next, your preauthorization request will be submitted.




Step 24

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 indicating the document has been 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 uploading 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

Attachment 

Attaching clinicals test document.docx (14.16 KB)

Congratulations! Your File has been uploaded!

Attachment 

PROVIDER PORTAL – CREATE AN OUTPATIENT PREAUTHORIZATION REQUEST



Step 25

In some cases, no additional information is required.
Click **Submit Request**.

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

Patient: 1147097 Name: Martin, Catherine DOB: 2/7/1941 Gender: Female [show more](#)

Authorization: V00006978 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: Contains 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 26

In some cases, you may be prompted to provide additional information.
Click the **Document Clinical** button.

Patient: [Redacted] Name: [Redacted] DOB: [Redacted] Gender: Male [show more](#)

[Patient Details](#)

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

Diagnosis Codes: G47.33(ICD-10 Diagnosis) *primary* Procedure Codes: 95810(CPT/HCPCS) *primary*

Geographic Regions: All [Clear](#)

Procedure Code: 95810 (CPT/HCPCS) **Document Clinical**

Requested Units: 1

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

Attachments [Attach File](#)

File Name	Description	Date	
Attaching clinicals test document.docx	Attaching clinicals test document.docx	3/16/2023 2:56 PM	Open Remove


Submit Request **Cancel Request** [Back](#)

PROVIDER PORTAL – CREATE AN OUTPATIENT PREAUTHORIZATION REQUEST



Step 27

You will be shown criteria that could apply. In this example, we will look at a request for a procedure to treat Obstructive Sleep Apnea.

1. Click all the boxes that apply to your patient. When selected, you will see a white check mark in a blue box as shown below.
2. If you see this **Add Notes** symbol , it means you can click it to see a pop-up screen where you can add notes. See **Step 28** below.
3. Once all criteria have been selected and notes entered, click the **Save** button.

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







Diagnosis Codes : G47.33(ICD-10 Diagnosis) primary Procedure Codes : 95810(CPT/HCPCS) primary

Geographic Regions : All Clear

Procedure Code: 95810 (CPT/HCPCS)
Requested Units: 1
Description : Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

MG.MM.ME.25 - Obstructive Sleep Apnea Diagnosis and Treatment - (AC)
This content has neither been reviewed nor approved by MCG Health.

The procedure is/was needed for appropriate care of the patient because of ...


- For members ≥ 19 years of age with a high pre-test probability of OSA who present with ...
 - Adults presenting with signs and symptoms that indicate an increased risk of moderate to severe OSA as indicated by ...
 - Presence of ...
 - Loud Snoring 
 - Excessive Daytime Fatigue 
 - Episodes of ... as observed by bed partner:
 - Apnea 
 - Choking 
 - Gasping 
 - Presence of ...
 - Loud snoring and ... 


✔ Save ✕ Cancel

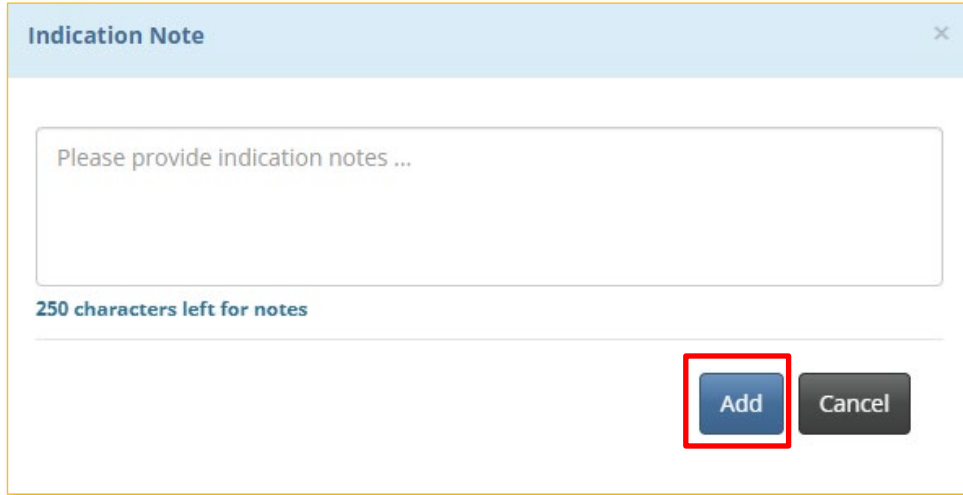
Attachments Attach File

✔ Submit Request


PROVIDER PORTAL – CREATE AN OUTPATIENT PREAUTHORIZATION REQUEST

 **Step 28**

If you have clicked the **Add Notes** symbol , you will see a pop-up box where you can add your own notes. Once the notes are complete, click the **Add** button to attach them to the case.

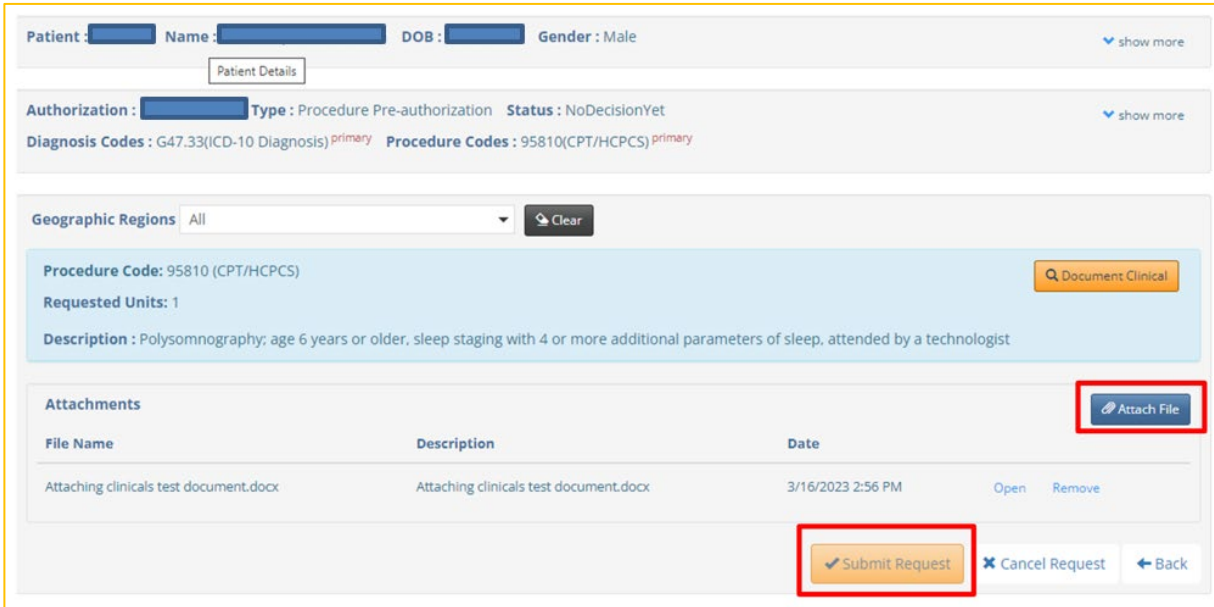


The image shows a pop-up window titled "Indication Note" with a close button (X) in the top right corner. Inside the window is a large text area with the placeholder text "Please provide indication notes ...". Below the text area, it says "250 characters left for notes". At the bottom right of the window, there are two buttons: "Add" (highlighted with a red box) and "Cancel".

 **Step 29**

Once the clinical information has been saved, you will return to this screen.

1. You will have the opportunity to attach additional medical records or supporting documentation using the **Attach File** button.
2. When you are done, click the **Submit Request** button.



The image shows the main preauthorization request screen. At the top, there is a patient information section with fields for Patient Name, DOB, and Gender (Male). Below this is a "Patient Details" button. The next section shows "Authorization" information, including Type (Procedure Pre-authorization) and Status (NoDecisionYet). There are also "Diagnosis Codes" and "Procedure Codes" listed. A "Geographic Regions" dropdown menu is set to "All". The main section displays the "Procedure Code: 95810 (CPT/HCPCS)" and "Requested Units: 1". A "Description" field contains the text: "Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist". There is a "Document Clinical" button. Below this is an "Attachments" table with columns for File Name, Description, and Date. The table contains one entry: "Attaching clinicals test document.docx" with a date of "3/16/2023 2:56 PM". There are "Open" and "Remove" buttons for this attachment. At the bottom right, there is an "Attach File" button (highlighted with a red box) and a "Submit Request" button (highlighted with a red box). Other buttons at the bottom include "Cancel Request" and "Back".



Step 30

In some cases, your request will be approved. No additional information will be requested. Other cases will pend 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