

## Helpful Hints: Request an Auth Edit

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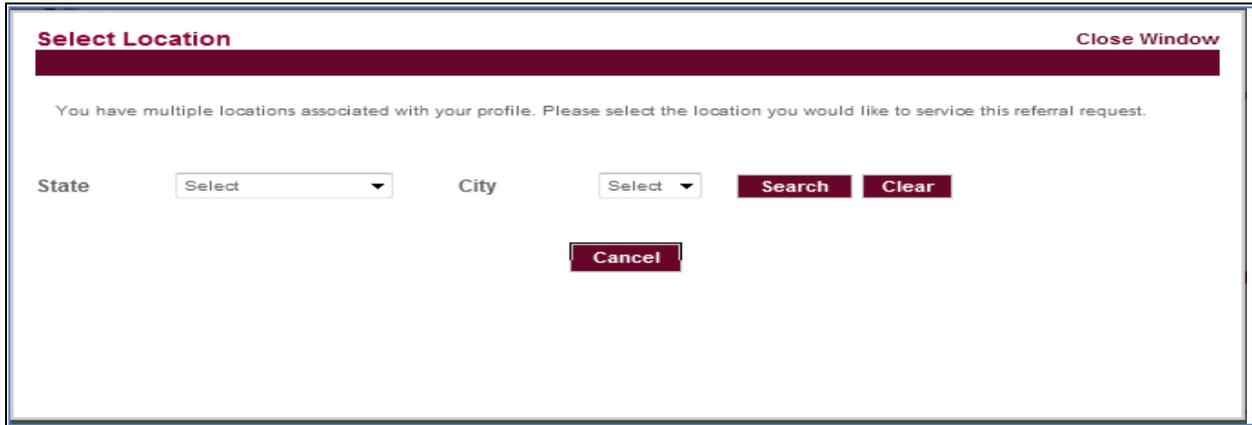
[Is there a physician's order to cover the auth edits you are requesting Attachments](#)

### Final Auth Edit Submission Screen

[Final Submission Screen](#)

## Select Location Window

**Required:** Select Location Window will be displayed if you have multiple locations associated with your profile. You are required to pick one location prior to continuing with your referral request. State dropdown shows all states associated with your profile. Once State is selected, City dropdown will be narrowed down based on the State you selected. Select City and click Search to see all provider locations that matched the search criteria entered. Click Select link to choose the location and continue with the referral request.



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## CareCentrix Intake ID

**Required:** Enter patient's Intake ID. The Intake ID is the number that is located in the top left hand corner of the CareCentrix Service Authorization Form (under patient name).

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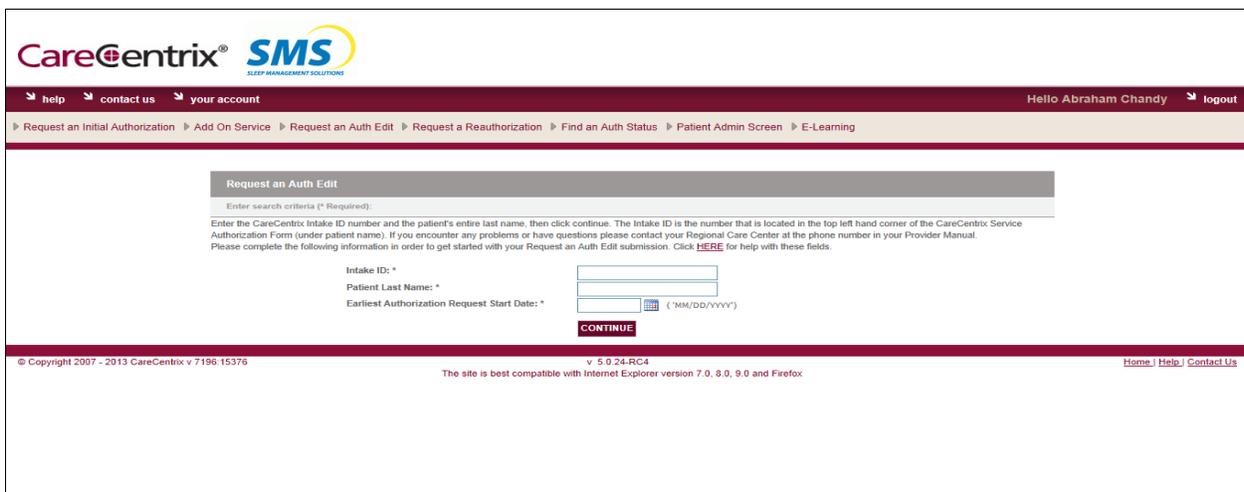
## Patient Last Name

**Required:** Enter patient's last name.

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## Earliest Authorization Request Start Date

**Required:** Select date from calendar or enter the earliest authorization request date manually.



## Request an Auth Edit:



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**Request an Auth Edit**

Request an Auth Edit for Referrals and Reauthorizations. \* = Required Field

**Patient Details**

Patient First Name:	TESTY	CareCentrix Intake ID:	3613800
Patient Last Name:	TES	Insurance Name:	HEALTHNET MEDICARE
Patient DOB:	01/10/2013	Subscriber ID:	
Patient State:	FL	Patient Zip Code:	33635

**Request Information**

Referral Method \*

Last Name:

Contact Phone:

First Name:

Contact Fax:

**Edit Service**

Please search for the authorizations you would like to edit. Fields marked with an \* are required fields. Click [HERE](#) for help with these fields.

Auth Search Start Date: \*      Auth Search End Date:      OR    Authorization Id: \*

**Requested Service**

HCCP	Service Code	UOM	CAT ID	DESCRIPTION	MODIFIERS	UNITS	START DATE	EXPIRATION DATE	TIME	PROVIDER	Add Prov	Del Prov	Diagnosis	Physician	Delete
Others															
Is there a physician's order to cover the auth edits you are requesting? <span style="color: red;">*</span>														<input checked="" type="radio"/> Yes <input type="radio"/> No	
														Routing Priority <span style="color: red;">*</span> : <input type="text" value="Select"/>	

**Add Attachment**

Attachments:

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## Patient Details:

*Non-Editable:* Patient Information is pre-populated as with patient details.

**Patient Details**

Patient First Name:	TESTY	CareCentrix Intake ID:	3613800
Patient Last Name:	TES	Insurance Name:	HEALTHNET MEDICARE
Patient DOB:	01/10/2013	Subscriber ID:	
Patient State:	FL	Patient Zip Code:	33635

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## Request Information

*Optional:* Enter the name, contact phone and fax number for the referral source selected.

**Request Information**

Referral Method \*

Last Name:

Contact Phone:

First Name:

Contact Fax:

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## Edit Service

**Required:** Search for the authorization you would like to edit by entering the authorization start date only, authorization start and end date (range) or authorization ID only in the Edit Service section (or use calendar icon). Fields marked with an asterisk are mandatory. Click the Search button.

Edit Service

Please search for the authorizations you would like to edit. Fields marked with an \* are required fields. Click [HERE](#) for help with these fields.

Auth Search Start Date: \*  Auth Search End Date:  OR Authorization Id: \*

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## Search Results

Review the list of authorizations displayed to locate the authorization(s) you would like to edit.

HCPC	SERVICE CODE	UOM	DESCRIPTION	UNITS	START DATE	EXPIRATION DATE	EDIT AUTH START DATE	EDIT SERVICE CODE AND/OR UOM
G0154	1641	VI	RN VISIT	0	05/14/2012	05/14/2012	<a href="#">Select</a>	<a href="#">Select</a>
T1030	1641	VI	RN VISIT	0	05/14/2012	05/14/2012	<a href="#">Select</a>	<a href="#">Select</a>
ED118	2024	PUR	CRUTCH UNDERARM, ALUM, ADJ OR FIX, EACH, COMPLETE	0	05/09/2012	05/09/2012	<a href="#">Select</a>	<a href="#">Select</a>

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## Edit Auth Start Date

### To request a change to the Authorization Start Date

1. Choose the *Select* link in the “Edit Auth Start Date” column for the authorization requiring a change of start date. The Auth Edit Reason screen displays the following message “*What is the reason for your auth date change request?*”
2. Select the reason for the authorization date change from the Authorization Date Change Request drop-down list box. Click the Continue button.
  - *Patient requested an alternate SOC date*
  - *Patient was not discharged from the facility until later than expected*
  - *Auth start date issued does not represent what was requested originally*
  - *Other*

**Auth Edit Reason** Close Window

What is the reason for your Auth Date change request?

Select

- Select
- Patient requested an alternate SOC date
- Patient was not discharged from the facility until later than expected
- Auth start date issued does not represent what was requested originally
- Other

### The Edit Auth Start Date screen is displayed.

- Enter the new start date for the authorization in the Start Date field. The end date will recalculate and auto populate in the End Date field based on the date span in the original authorization.

**Edit Auth Start Date** Close Window

HCPC: G0154 CCX Code: 1641 CCX UOM: VI MODIFIERS: TD CAT ID: THH Units: 0 Time frame: 56 days

Please Select Start Date

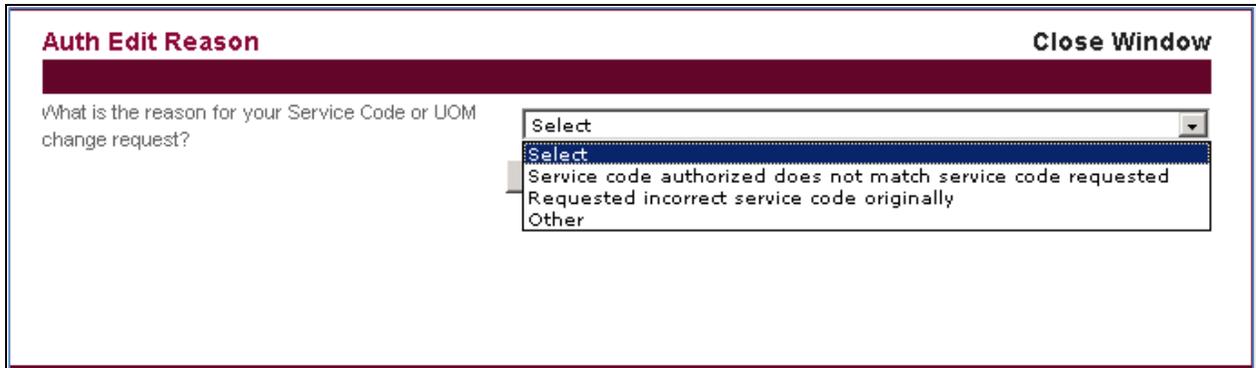
Authorization Id	Service Code	UOM	HCPC	Start Date *	End Date
2C	1E	VI	G	<input type="text"/>	<input type="text"/>

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## EDIT SERVICE CODE AND/OR UOM

### To Change the Service Code and/or Unit of Measure

1. Click the "Edit Service Code and/or UOM" link for the authorization requiring a change in service code and/or unit of measure. The Auth Edit Reason screen displays the following *message* "What is the reason for your Service Code or UOM change request?"
2. Select the reason for the authorization service code and/or UOM change from the Authorization Service Code/UOM Request drop-down list box. Click the Continue button.
  - Service code authorized does not match service code requested
  - Requested incorrect service code originally
  - Other



The Services Search screen is displayed.

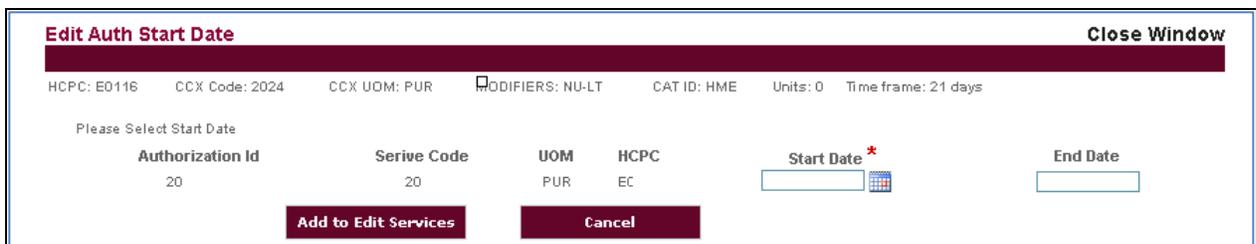


- Search by HCPC, service code and UOM, or description. Click the *Select* link next to the desired service.
- Complete the Request Services screen for the new service code added.
- Click the Add to Edit Services button. If the service code and/or UOM are incorrect, click the Cancel button to make the correction.
- The Requested Services section of the Edit Authorization screen displays the revised (updated) authorization details (i.e., new start and end dates, service code and/or UOM).

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### Add to Edit Services

Click the Add to Edit Services button. If the start date is incorrect, click the Cancel button to make the correction.



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### Is there a physician's order to cover the auth edits you are requesting?

Specify "Yes" or "No" to indicate if there is a physician's order for the auth edit you are requesting.

Is there a physician's order to cover the auth edits you are requesting? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	---

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### Attachments:

#### Attachment Type

Please specify attachment type by selecting one of the values from dropdown list:

- Custom Eval
- History & Physical
- History & Physical/Orders Combined
- Homecare Provider Notes
- Letter of Medical Necessity
- Physical Prescription/Orders
- Sleep Study
- Other

Note that you will be required to select attachment type for each file you are uploading.

Attachments	Custom Eval	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload"/>	<input type="button" value="GO BACK"/>	<input type="button" value="CONFIRM &amp; SUBMIT REQUEST"/>	<a href="#">Home</a>
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### Attaching the File

*Optional:* Upload supporting documentation for the services requested if required. Word, PDF and Image files may be uploaded Description.

Add Attachment	
Is there a physician's order for all the services for which you are requesting authorization? *	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
Attachment	<input type="text"/>
<input type="button" value="Select"/>	<input type="button" value="Browse"/>
<input type="button" value="Upload"/>	

### Uploaded Files

All uploaded files will be displayed at the bottom of the Services screen. You can click Delete link to remove uploaded documents.

### Attachment Size

Attachment file size limit is 5MB. You will receive an error message and will not be able to upload the file if its size exceeds allowed limit.

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## Final Auth Edit submission screen



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### Request an Auth Edit

Request an Auth Edit for Referrals and Reauthorizations. (\* = Required Field)

#### Patient Details

Patient First Name:	TESTY	CareCentrix Intake ID:	3613800
Patient Last Name:	TES	Insurance Name:	HEALTHNET MEDICARE
Patient DOB:	01/10/2013	Subscriber ID:	
Patient State:	FL	Patient Zip Code:	33635

#### Request Information

Referral Method *	Email	First Name:	
Last Name:		Contact Fax:	
Contact Phone:			

#### Edit Service

Please search for the authorizations you would like to edit. Fields marked with an \* are required fields. Click [HERE](#) for help with these fields.

Auth Search Start Date: *	01/01/2013	Auth Search End Date:	01/16/2013	OR	Authorization Id: *		<a href="#">Search</a>
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#### Search Results

HCPC	SERVICE CODE	UOM	DESCRIPTION	UNITS	START DATE	EXPIRATION DATE	Edit Units/Start Date/Exp Date	Edit Service Code/UOM	Diagnosis	Physician
T1030	1641	VI	RN VISIT	1	01/07/2013	01/15/2013	<a href="#">Select</a>	<a href="#">Select</a>	<a href="#">Show Diagnosis</a>	<a href="#">Show Physician</a>
T1030	1641	VI	RN VISIT	1	01/07/2013	01/15/2013	<a href="#">Select</a>	<a href="#">Select</a>	<a href="#">Show Diagnosis</a>	<a href="#">Show Physician</a>

#### Requested Service

HCPC	Service Code	UOM	CAT ID	DESCRIPTION	MODIFIERS	UNITS	START DATE	EXPIRATION DATE	TIME	PROVIDER	Add Prov	Del Prov	Diagnosis	Physician	Delete
T1030	1641	VI	THH	RN VISIT		3	01/09/2013	01/19/2013		APOLLO ADVANCED HOME HEALTH CORP.	<a href="#">Edit Prov</a>	<a href="#">Del Prov</a>	<a href="#">Show Diagnosis</a>	<a href="#">Show Physician</a>	<a href="#">Delete</a>

#### Others

Is there a physician's order to cover the auth edits you are requesting?\*

Yes  No
 Routing Priority\*:

#### Add Attachment

Attachments:   [Browse...](#) [Upload](#)

[Save & Exit](#) | [Confirm & Submit Request](#) | [Cancel](#)

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### Confirm & Submit Request Button

Clicking the **Confirm & Submit Request** button will bring you to the final step in processing the service request, where you can validate accuracy of information entered.

### Save and Exit

Clicking the **Save & Exit** button will allow user to save data entered and navigate them to Portal home page. The referral request will be saved and available to the logged in user for 7 days after initiation of the referral request.

### Submit Request

Click the **Submit Request** button to complete the reauthorization process. Click the **GO BACK** button to return to the Services screen.

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