Helpful Hints: Request an Auth Edit

Select Location

Select Location Window

Patient Selection

CareCentrix Intake ID

Patient Last Name

Earliest Authorization Request Start Date

Request an Auth Edit

Request an Auth Edit

Patient Details

Patient Details

Request Information

Request Information

Edit Service

Edit Service Search Results Edit auth start date Edit service code and/or uom Add to Edit Services

Add Attachments

Is there a physician's order to cover the auth edits you are requesting <u>Attachments</u>

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.

Select L	ocation					Close Window
You have	e multiple locations :	associated with your p	rofile. Please select the l	ocation you would	d like to service this referral	request.
State	Select	✓ Cit	y Select 🗸	Search	Clear	
			Cancel			

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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).

Patient Last Name

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Required: Enter patient's last name.

Earliest Authorization Request Start Date

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

≥ help ⊃ contact us ⊃ your account l	lello Abraham Chandy	ا Iogout
▶ Request an Initial Authorization D Add On Service D Request an Auth Edit D Request a Reauthorization D Find an Auth Status D Patient Admin Screen D E-Learning		
Request an Auth Edit Enter search ortentia (* Requires): Enter search ortentia (* Requires): Enter the CareCentrix Initale ID number and the patient's entire last name, then click continue. The Initale ID is the number that is located in the top left hand corner of the CareCentrix Service Authorization Form (under patient name). If you encounter any problems or have questions please contact your Regional Care Center at the phone number in your Provider Manual. Please complete the following information in order to get statisted with your Request an Auth Edit submission. Click <u>IEEE</u> (or their with these fields. Initiale ID: * Patient Last Name: * Earliest Authorization Request Start Date: * Earliest Authorization Request Start Date: *		
Copyright 2007 - 2013 CareCentrix v 7196.15376 v 5.0.24-RC4 The site is best compatible with Internet Explorer version 7.0, 8.0, 9.0 and Firefox	<u>Home Help </u>	Contact Us

Request an Auth Edit:

د _{help} الا _{help} ا	your account						Hello A	braham Chandy 🎽 logout
Request an Initial Authorization	Add On Service Request an Aut	h Edit 🕨 Request a Reauthorization	Find an Auth Status	Patient Admin So	reen ⊫E-Learn	ng		
Request an Auth Edit		•						
Request an Auth Edit for Ref	errals and Reauthorizations.	(^= Required Field)						
Patient Details								
Patient First Name: Patient Last Name: Patient DOB: Patient State:	TESTY TES 01/10/2013 FL	CareCentr Insurance Subscribe Patient Zip	ix Intake ID: Name: r ID: o Code:	3613800 HEALTHNET M 33635	EDICARE			
Request Information								
Referral Method * Last Name: Contact Phone:	Select 💌	First Name Contact Fa	e: IX:					
Edit Service								
Please search for the authoriz Auth Search Start Date: *	ations you would like to edit. Fields mark	ed with an [*] are required fields. Click <u>H</u> Auth Search End Date:	ERE for help with these fie	lds. OR	Authorization	d: *		Search
Requested Service								
HCPC Service UOM	CAT ID DESCRIPTION	MODIFIERS UN	ITS START EXP DATE DAT	ration _{time}	PROVIDER	Add Prov	Del Prov	Diagnosis Physician Delete
Others								
Is there a physician's order to	o cover the auth edits you are requesting	?*	🖲 Yes 🖲	No			Routing Priority*:	Select
Add Attachment								
Attachments	tom Eval						Browse	Upload
		Save & Ex	it Confirm & Submit R	equest Cancel				
© Copyright 200	7 - 2013 CareCentrix v 7196:15376	The site is best compati	v 5.0.24-RC4 ble with Internet Explorer v	ersion 7.0, 8.0, 9.0	and Firefox			Home Help Contact U

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 *	Online - Provider Portal 💌
Last Name:	First Name:
Contact Phone:	Contact Fax:

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 ye	ou would like to edit. Fields marke	d with an [*] are required fields. Click HEF	RE for help with these fields.						
Auth Search Start Date: *		Auth Search End Date:		OR	Authorization Id: *		Search		
						[Back to top]			

Search Results

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

Search F	Search Results							
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	Select	Select
T1030	1641	VI	RN VISIT	0	05/14/2012	05/14/2012	Select	Select
E0116	2024	PUR	CRUTCH UNDERARM, ALUM, ADJ OR FIX, EACH, COMPLETE	0	05/08/2012	05/08/2012	Select	Select

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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.

dit Auth Sta	art Date					Close Windo
CPC: G0154	CCX Code: 1641	CCX UOM: VI MC	DIFIERS: TD	CAT ID: THH	Units: 0 Time frame: 56 d	lays
Please Selec	t Start Date					
Aut	thorization Id	Serive Code	UOM	HCPC	Start Date *	End Date
	20	16	VI	G(
	Ad	d to Edit Services	Ca	ancel		
						[Back to

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

Auth Edit Reason	Close Window
What is the reason for your Service Code or UOM change request?	Select Select Service code authorized does not match service code requested Requested incorrect service code originally Other

The Services Search screen is displayed.

Services Search	Close Window
Please identify all services being requested with this new referral submission. Fields marked with an [*] are required fields.Click HERE for help with these	ields.
HCPC Search	

- 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.



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 re	questing? [*]	⊙ _{Yes}	, O	No

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Attachments:

Attachment Type

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

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

o Other

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

Attachments	Custom Eval	Browse Uplo	oad
	Custom Eval History & Physical		GO BACK CONFIRM & SUBMIT REQUEST
	History & Physical/Orders Combined		
oyright 2007 - 2012 Ca	Letter of Medical Necessity		Home
	Physician Prescription/Orders Sleen Study	The site is best compatible with Internet Explorer version 7.0, 8.0, 9.0 and Firefo	XL
	Other		

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? * 🔍 Yes 🔘 No										
Attachment Select	BrowseUpload									

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.

Final Auth Edit submission screen

Care	:	ent	rix®											
help \$	contac	ctus S	your accou	nt								Hello Abrahar	n Chandy	log لا
equest an li	nitial Auth	norization	Add On Sei	rvice 🕨 Request an Au	uth Edit ♦ Request a Rea	uthorization	Find an A	uth Status 🕨 Pa	tient Admin Screen	E-Learning				
Reque	st an Aut	h Edit	_			_	_						_	_
Request	t an Auth E	dit for Refe	rrals and Reaut	horizations.	(*= Required Field)									
Patient Det	ails													
Patient Firs Patient Las Patient DOI Patient Sta	ient First Name: TESTY ient Last Name: TES ient DOB: 01/10/2013 ient State: FL		CareCentrix Intake ID: Insurance Name: Subscriber ID: Patient Zip Code:		3613800 HEALTHNET MEDICARE 33635									
Request Inf	formation													
Referral Me Last Name: Contact Ph	ethod * : ione:		Emai			First Nam Contact F	e: ax:							
Edit Service	e													
Auth Searc	ch Start Da	e autnoriza	ations you woul	0 like to edit. Fields mar	ked with an are required i	ieids. Click <u>H</u>	D1/	With these fields.	OR AU	thorization ld: *	rt		Search	-
НСРС	SERVIC	ECODE	UOM	DESCRIPTION			UNITS	START DATE	DATE	Date/Exp Date	Edit Service Co	ode/UOM	Diagnosis	Physician
T1030	1641		VI	RN VISIT			1	01/07/2013	01/15/2013	Sele	ect	Select	Diagnosis	Physician
T1030	1641		VI	RN VISIT			1	01/07/2013	01/15/2013	Sele	ect	<u>Select</u>	<u>Show</u> Diagnosis	<u>Show</u> Physician
Requested	Service													
HCPC	Service Code	UOM	CAT ID	DESCRIPTION	MOD	FIERS UNI	TS START DATE	EXPIRATIO DATE	ON TIME PROV	VIDER Add P	Prov Del Prov	Diagnosis	Physiciar	Delete
T1030	1641	VI	THH	RN VISIT		3	<u>01/09/2013</u>	<u>01/10/2013</u>	APOLLO / HOME HE	ADVANCED Edit	Prov Del Prov	<u>Show</u> <u>Diagnosis</u>	Show Physician	<u>Delete</u>
Others														
Is there a p	physician's	s order to o	cover the auth e	edits you are requesting	?*			● Yes [©] No			Routing Pri-	ority*:	Select	•
Add Attach	ment													
Attachments	5	Custo	m Eval	•							Browse		Upload	
						Save & Exit	Confirm 8	Submit Reques	tCancel					
	© Copy	right 2007	- 2013 CareCer	ntrix v 7196:15376			v 5.0.2	4-RC4					Home He	elp Contac

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.