

Helpful Hints: Request a Reauthorization

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Selecting patient

The screenshot shows the 'Request for Reauthorization' form in the CareCentrix Provider Portal. The page header includes the CareCentrix logo and 'SMS SLEEP MANAGEMENT SOLUTIONS'. The navigation bar contains links for help, contact us, your account, and a 'Hello CareCentrix Provider Portal Demonstration' message with a 'logout' link. A breadcrumb trail shows the path: Request an Initial Authorization > Add On Service > Request an Auth Edit > Request a Reauthorization > Find an Auth Status > Care Transitions > E-Learning.

The main form area is titled 'Request for Reauthorization' and contains the following instructions: 'Enter search criteria (* Required): Enter the CareCentrix Intake ID number and the patient's entire last name, then click continue. The Intake 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 started with your Request for Reauthorization submission. Click [HERE](#) for help with these fields.'

The form fields are:

- Intake ID: * (text input)
- Patient Last Name: * (text input)
- Earliest Authorization Request Start Date: * (calendar icon and text input with format '(MM/DD/YYYY)')

A 'CONTINUE' button is located below the date field. At the bottom of the page, there is a copyright notice: '© Copyright 2007 - 2013 CareCentrix v 7196-15213', a version number 'v 5.0.22-RC4', and a compatibility note: 'The site is best compatible with Internet Explorer version 7.0, 8.0, 9.0 and Firefox'. There are also links for 'Home', 'Help', and 'Contact Us'.

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 the patients last name.

Earliest Authorization Request Start Date

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

Patient Information:

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

The screenshot shows the 'Patient Information' section of the 'Request for Reauthorization' form. The section is titled 'Patient Information:' and contains the following pre-populated data:

Patient First Name:	ANTI	CareCentrix Intake ID:	3596
Patient Last Name:	ANNIE	Insurance Name:	FLORIDABLUE
Patient DOB:	03/31	Subscriber ID:	XJKHS1
Patient State:	FL		
Patient Zip Code:	346		

At the top right of the section, there is a link: [Unsure what to enter?](#)

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Current Authorizations:

Select 'Reauth' option located to the right of the service you would like to have reauthorized.

Current Authorizations:										
Identify the service description row you want to reauthorize, then click the Reauth button to the right to initiate the reauthorization process.										
Auth ID	HCPC Code	Service Description	Service Code	Modifiers	Start Date	End Date	UOM	Units		
22729842	E0100	CANE, ADJ OR FIX, W/ TIP	2020	NU	01/15/2013	01/15/2013	PUR	1.0	Reauth	Show Diagnosis Show Physician
22729828	A9276	CONT GLUCOSE MONITOR SENSOR	8730	NU	01/01/2013	01/01/2013	PUR	1.0	Reauth	Show Diagnosis Show Physician

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Show Diagnosis/Show Physician link

Clicking on the show diagnosis/physician link will expand the page to show the selected diagnosis/physician, the user can then modify this information by clicking on the edit link.

Clicking on the hide diagnosis/physician link will hide the details of the diagnosis/physician.

Current Authorizations:											
Identify the service description row you want to reauthorize, then click the Reauth button to the right to initiate the reauthorization process.											
Auth ID	HCPC Code	Service Description	Service Code	Modifiers	Start Date	End Date	UOM	Units	Provider		
22729824	T1030	RN VISIT	1641	TD	01/30/2013	01/30/2013	VI	25.0	PINNACLE HOME CARE HSTAR	Reauth Hide Diagnosis Hide Physician	
Modify Diagnosis											
Please review the Primary and Other Diagnosis for each service you have requested. If you need to make a modification please click the Edit button adjacent to applicable diagnosis.											
Diagnosis	Code	Description									Edit
Primary *	32723	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)									Edit
Other											Edit
Other											Edit
Other											Edit
Modify Physician											
Please review Ordering and/or Primary Physician for each service you have requested. If you need to make a modification please click the Edit button adjacent to applicable physician.											
Physician	First Name	Last Name	Address	City	State	Zip Code	Phone	NPI	Fax	Edit	
Ordering *	MOHAMED	MAKSOU	9191 R G SKINNER PKWY JACKSONVILLE #404	FL		32256	(904) 731-4347	1891707428		Edit	
Primary care	MOHAMED	MAKSOU	9191 R G SKINNER PKWY JACKSONVILLE #404	FL		32256	(904) 731-4347	1891707428		Edit	

Request Services:

Units

Required: Enter the number of units or amount of services you would like authorized (number of visits, hours, etc.) This needs to be calculated to include all units necessary for the authorization time period.

Requested Start Date

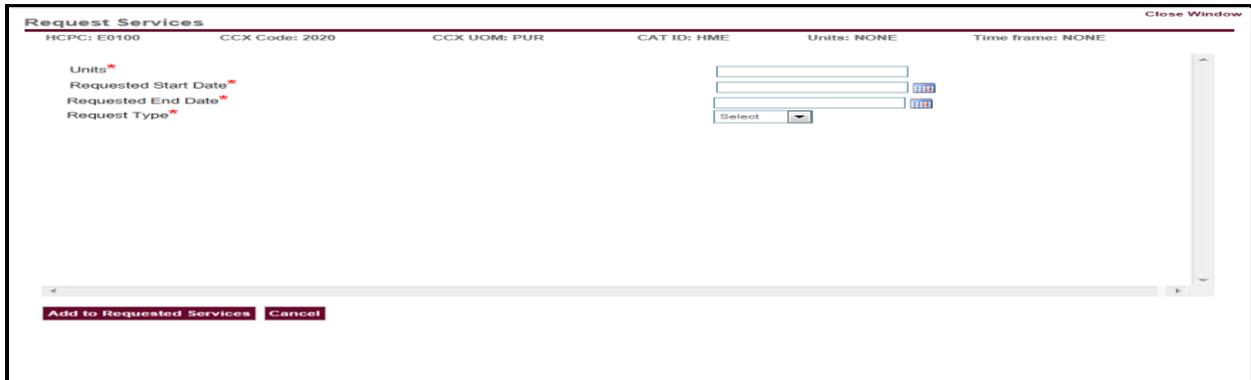
Required: Enter the authorized start date for care or equipment delivery.

Requested End Date

Required: Enter the authorized end date for care or equipment delivery.

Request Type*

Required: Select the request type of Routine, Expedited, or Urgent. Expedited is **only** used when the ordering physician has ordered the service to be delivered/provided as expedited.

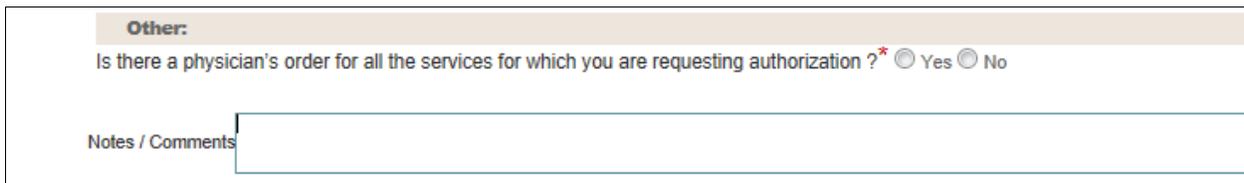


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Other Details:

Is there a physician's order for all the services for which you are requesting authorization?

Required: Select "Yes" or "No" radio buttons to specify if there are orders for all services being requested for authorization.



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Notes/comments: please enter notes or comments related to this request

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.



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

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 Screen before submission

CareCentrix[®] SMS
SLEEP MANAGEMENT SOLUTIONS

help contact us your account Hello Abraham Chandy logout

Request an Initial Authorization Add On Service Request an Auth Edit Request a Reauthorization Find an Auth Status Patient Admin Screen
E-Learning

Request for Reauthorization [Unsure what to enter?](#)

(* = Required Field)

Patient Information:

Patient First Name: TESTY CareCentrix Intake ID: 3613000
Patient Last Name: TES Insurance Name: HEALTHNET
Patient DOB: 01/10/2013 Subscriber ID:
Patient State: FL
Patient Zip Code: 33635

Provider

Provider Contact First Name: Provider Contact Last Name:
Provider Contact Phone: Reauth Request Method: *
Provider Contact Address:

Current Authorizations:

Identify the service description row you want to reauthorize, then click the Reauth button to the right to initiate the reauthorization process.

Auth ID	HCPC Code	Service Description	Service Code	Modifiers	Start Date	End Date	UOM	Units	Provider		
22730015 T1030	RN VISIT		1641	TD	01/09/2013	01/10/2013	V1	2.0	APOLLO ADVANCED HOME HEALTH CORP.	<input type="button" value="Show Diagnosis"/>	<input type="button" value="Show Physician"/>
					01/01/2013	01/03/2013	V1	1	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	

Other:

Is there a physician's order for all the services for which you are requesting authorization? * Yes No Routing Priority*:

Notes / Comments:

Attachments:

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Reauthorization Submission

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.

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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