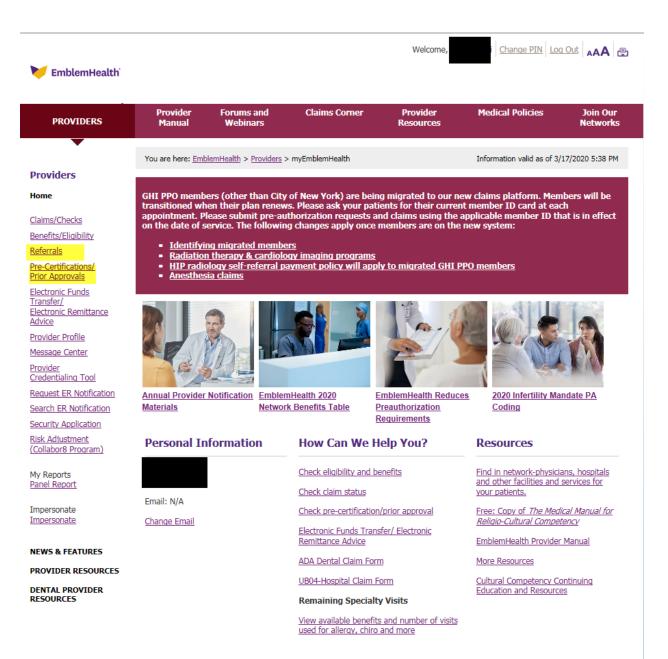
Provider logs into the web portal.

On Left navigational pane- Select Prior Approval

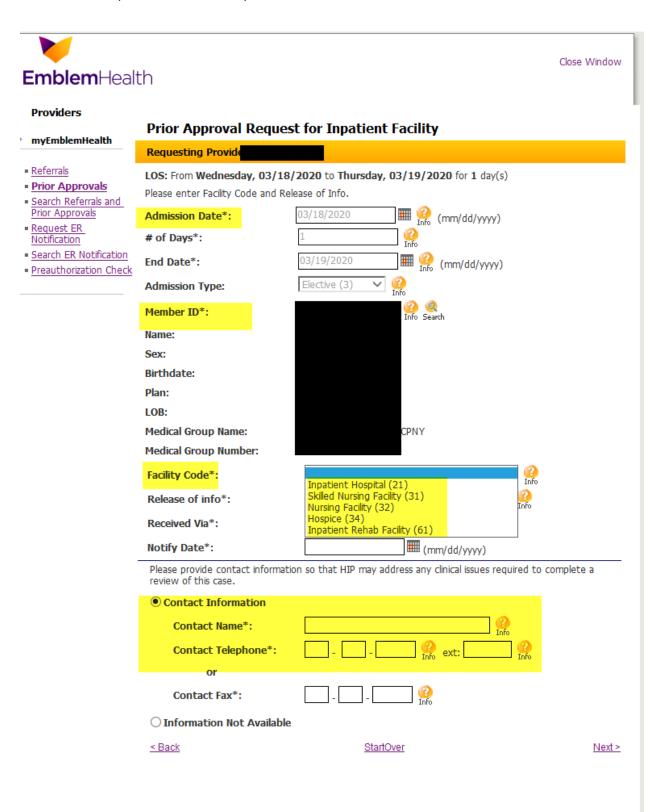
Click on the options to create a preauthorization. The screen will look for the provider when they login with their credentials. Click Next.



Privacy policies | Legal | Glossary | Site Map | News & Media | Careers



Enter Member ID and click search. The member details will be prepopulated. Click on the drop down for the Facility code and choose the Place of Service. Select place of service where services are going to be rendered.



Enter Received Via from the dropdown.

Enter the date Notified of the information.

Enter Contact information and click Next.



# Providers

# **Prior Approval Request for Inpatient Facility**

Close Window

myEmblemHealth								
	Requesting Provide							
<ul> <li>Referrals</li> </ul>	LOS: From Wednesday, 03/18/2020 to Thursday, 03/19/2020 for 1 day(s)							
Prior Approvals	Please enter Facility Code and Release of Info.							
Search Referrals and Prior Approvals     Provent ER	Admission Date*:	03/18/2020 III (mm/dd/yyyy)						
Request ER Notification	# of Days*:	1 (2)						
Search ER Notification     Preauthorization Check	End Date*:	03/19/2020 III (mm/dd/yyyy)						
	Admission Type:	Elective (3) V						
	Member ID*:	Info Search						
	Name:							
	Sex:							
	Birthdate:							
	Plan:							
	LOB:							
	Medical Group Name:							
	Medical Group Number:							
	Facility Code*:	Inpatient Hospital (21)						
	Release of info*:	Yes, Provider has a Signed Statement (Y)						
	Received Via*:	Phone  Phone						
	Notify Date*:	03/17/2020 (mm/dd/yyyy)						
	Please provide contact informati review of this case.	ion so that HIP may address any clinical issues required to complete a						

## Contact Information

Contact Name*:		
Contact Telephone*:	🙆 ext: 👔	
or		
Contact Fax*:		
O Information Not Available		
< Back	StartOver	<u>Next &gt;</u>

Select Type of Service needed

Location:



### Providers

Providers								
myEmblemHealth	Prior Approval Request for Inpatient Facility							
inytinbiennearti	Requesting Provid	er:						
<u>Referrals</u>	Certification Type:	1	Initial					
Prior Approvals     Search Referrals and	Service Type*:							
Prior Approvals	Enter the Facility PRIS	S # / NPI or Sea						
<ul> <li>Request ER Notification</li> </ul>	Facility PRIS # or N	PI*:	Newborn Care (65) Rehabilitation - Inpatient (AB)					
<ul> <li>Search ER Notification</li> </ul>	Name:		Respite Care (46) Surgical (2)					

Transplants (70)

- Search ER Notification Preauthorization Check
  - Diagnosis: Enter diagnosis code. To add more than one diagnosis, enter the code and click Add. To search for a diagnosis, click Search.To clear all codes, click Clear All.To delete a code, click Delete next to the description. Description Code

Close Window

Add

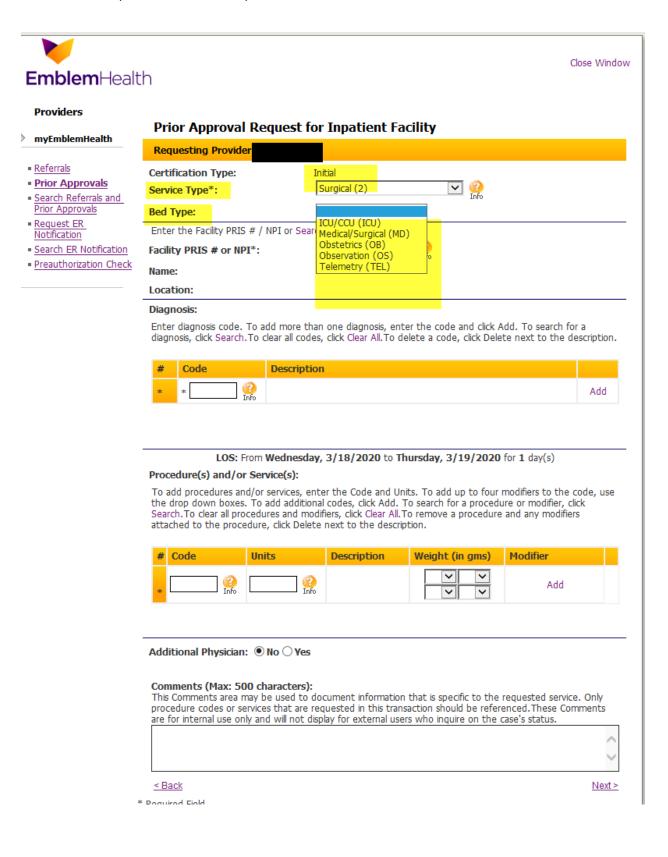
LOS: From Wednesday	, <b>3/18/2020</b> to <sup>•</sup>	Thursday, 3/1	19/2020 for 1	day(s)
---------------------	------------------------------------	---------------	---------------	--------

### Comments (Max: 500 characters):

This Comments area may be used to document information that is specific to the requested service. ( procedure codes or services that are requested in this transaction should be referenced. These Comm are for internal use only and will not display for external users who inquire on the case's status.	
	~
	$\sim$
< Back	<u>Next &gt;</u>
* Required Field	
Click on the Info for field information.	

Enter Bedtype. Enter members diagnosis code by ICD10 code.

Enter Procedure code and units. Dates of Service will auto fill. Enter notes in Comments section if any.



Enter who will be providing the services by Pris # or NPI number. If you use NPI number a screen will appear with the Facility name, address and pris #. Please select the appropriate provider location.

Search feature can be used.

### Providers

# **Prior Approval Request for Inpatient Facility**

Referrals

- Prior Approvals
- Search Referrals and Prior Approvals

myEmblemHealth

- Request ER Notification
- Search ER Notification
- Preauthorization Check

Requesting Provider:	
Certification Type: Service Type*:	Initial Surgical (2)
Bed Type:	Medical/Surgical (MD)
Enter the Facility PRIS # / NPI or Se	earch for a facility.
Facility PRIS # or NPI*:	
Name:	
Location:	

### Diagnosis:

Enter diagnosis code. To add more than one diagnosis, enter the code and click Add. To search for a diagnosis, click Search. To clear all codes, click Clear All. To delete a code, click Delete next to the description.

#	Code		Description	
1	M16.9		OSTEOARTHRITIS OF HIP UNSPECIFIED	Delete
*	*	] 🥝 Info		Add

### LOS: From Wednesday, 3/18/2020 to Thursday, 3/19/2020 for 1 day(s)

### Procedure(s) and/or Service(s):

To add procedures and/or services, enter the Code and Units. To add up to four modifiers to the code, use the drop down boxes. To add additional codes, click Add. To search for a procedure or modifier, click Search. To clear all procedures and modifiers, click Clear All. To remove a procedure and any modifiers attached to the procedure, click Delete next to the description.

#	Code	Units	Description	Weight (in gms)	Modifier
1	27130	1	TOTAL HIP ARTHROPLASTY		Delete
*	Info (2)	Contraction Info		<b>&gt; &gt; &gt;</b>	Add

### Procedure Detail(s) for 27130:

#	From Date	To Date	Requested Units		
1	* 3/18/2020	* 3/18/2020	* 1		

Additional Physician: 

No O Yes

### Comments (Max: 500 characters):

This Comments area may be used to document information that is specific to the requested service. Only procedure codes or services that are requested in this transaction should be referenced. These Comments are for internal use only and will not display for external users who inquire on the case's status.
Test note

A review screen will appear with all valued information. Review and hit edit if needed, if not select submit.

myEmblemHealth	Prior App	proval	Details Review					
Defermin				for Inpatient Facility has not n below and click the "Subn				
Referrals Prior Approvals	Review Type:		Inpatient Facility					
Search Referrals and	Category:		Admission Review					
Prior Approvals Request ER	Certification:		Initial					
Notification								
Search ER Notification	Member ID:			Member Plan:				
Preauthorization Check				Member PCP:				
	Member Name	2:		Member PCP Phon	e:			
	Member Sex:			Member Eligibility Date:				
	Member DOB:	(		Managing Entity:				
	Requesting Provider:			Facility:				
	Contact Name	e:						
	Contact Phone:							
	Contact Fax:							
	Service Type:	ę	Surgical (2)	Facility Code:	Inpatient Hospital (21)			
	BedType:	1	Medical/Surgical (MD)	Release of info:	Yes, Provider has a Signed Statement (Y)			
	Admission Da	te: 3	3/18/2020	Admission Type:	Elective (3)			
	Notify Date:	3	3/17/2020	Received Via:	Phone			
	Admission	Line	From Date	To Date	Requested Days			
			From Date 3/18/2020	To Date 3/19/2020	Requested Days 1			
	Admission Details:	Line						
	Admission Details: Diagnosis:	Line 1	3/18/2020	3/19/2020				
	Admission Details: Diagnosis:	Line 1 Code M16.9	3/18/2020 Description OSTEOARTHRITIS OF	3/19/2020 HIP UNSPECIFIED	1			
	Admission Details: Diagnosis:	Line 1 Code M16.9 Code	3/18/2020 Description	3/19/2020 HIP UNSPECIFIED Modifie	1 er Date Requested Units			
	Admission Details: Diagnosis:	Line 1 Code M16.9 Code	3/18/2020 Description OSTEOARTHRITIS OF Description	3/19/2020 HIP UNSPECIFIED ASTY	1 er Date Requested Units			

# How to create a preauthorization – Inpatient case

Comments:	Test note			^
Overrides:	None			~
		Edit	Submit	

Preauthorization information will be seen with the Trace number, Authorization # and Status as applicable.

<b>Emblem</b> Healt	th								Close Window
Providers	Prior App								
<ul> <li><u>Referrals</u></li> <li><u>Prior Approvals</u></li> <li>Search Referrals and</li> </ul>	Prior Approval entered via EmblemHealth.com on 03/17/2020 at 4:41:40 PM Your trace number is 36768705. This trace number is provided for your use in corresponding with Management Department in identifying this prior approval request. This Prior Approval does not g payment to the servicing provider/vendor. Payment is contingent on the member's continued eli contractual benefit limits.							ling with the HIP Care es not guarantee	
Prior Approvals	Review Type:		(I) Inpatier	nt Facility	Му	Trac	e #:		
<ul> <li>Request ER Notification</li> </ul>	Category:		(AR) Admis	sion Review	HIP	P Aut	horization#:		
<ul> <li>Search ER Notification</li> <li>Preauthorization Check</li> </ul>	Certification:		(I) Initial		Rev	view	Status:	Approved	
	Member ID:				Mei	mber	Plan:		
					Mei	mber	PCP:		
	Member Name	e:			Mei	mber	PCP Phone:		
	Member Sex:				Mei Dat		Eligibility		
	Member DOB:				Mai	nagir	ng Entity:		
-	Requesting Provider:				Fac	ility:			1
-	Contact Name	e:							
	Contact Phon	e:							
	Contact Fax:								
	Service Type:		(2) Surgica		Fac	ility (	Code:	(21) Inpat	tient Hospital
	Bed Type:		(MD) Media	cal/Surgical		-	Of Info:	(Y) Yes, P Statemen	Provider has a Signed t
	Admission Dat	te:	03/18/202	0	Adr	missio	on Type:	Elective	
	Notify Date:		03/17/202	0	Rec	ceive	d Via:	Phone	
-	Requested Days:		1		Ар	prove	ed Days (LOS)	: 1	
	Admission Details:	Line	From Date	To Date	Requested Days	d	Approved Days	Status	Date Modified
		1	03/18/2020	03/19/2020	1		1	APPROVED	03/17/2020 4:41:40 PM

Diagnosis:	Code	Descriptio	n						
	M16.9		OSTEOARTHRITIS OF HIP UNSPECIFIED						
Procedures:									
	Code	Descriptio	n	Modifie	r Date	Req	uested Units	Approved Units	
	2713	30 TOTAL HI ARTHROP			03/18/2	020	1	1	
27130									
Details:	Line	From Date	To Date	Requested	l Units	Status Date Mo		dified	
	1	03/18/2020	03/18/2020	1		APPROVED 03/17/2		2020 4:40:43 PM	
Comments:									
Overrides: Intered By:	None								