How to create a preauthorization for a SOS code with Clinical criteria

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.

EmblemHealth

Providers

▶ **myEmblemHealth**

- Referrals
- **Prior Approvals**
- Search Referrals and Prior Approvals
- Request ER Notification
- Search ER Notification
- Preauthorization Check

Please select the Requesting Provider.

Prior Approval Request

Emblem Use ███████████

For **Physical/Occupational Therapy** for members delegated to Palladian, requiring Prior Approval after the initial evaluation, please contact Palladian at www.palladianhealth.com/providers or call 1-877-774-7693 for questions. **Speech Therapy** requests for restorative services do not require a referral or prior approval for claim payment.

Inpatient Services	For all Admission Types including Medical, Surgical, Rehab SNF and Mental Health.
Outpatient Services	For all Outpatient Services including but not limited to Outpatient Clinics, Surgery and Ambulatory Surgical Centers.
Office Services	For services requiring Prior Approval to be performed by a physician or other health care professional in an office setting. Routine services with an authorized referral from the requesting provider do not require a prior approval. Simply use the authorization number of the referral issued by the requesting provider on your claim submission.
Home Care	To request Home Health Care Services.
Durable Medical Equipment	To request Durable Medical Equipment.
Transportation	To request Transportation.

Select your entity: Entity: H/CAREMGR/ ⌄

Requesting Provider: Enter Pris # or NPI: ████ ✕   Next

How to create a preauthorization for a SOS code with Clinical criteria

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.

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Providers

> **myEmblemHealth**

- Referrals
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Prior Approval Request for Outpatient Facility

Requesting Provider

Please enter Facility Code and Release of Info.

Service Date*:	03/19/2020 Info (mm/dd/yyyy)
Member ID*:	rch
Name:	
Sex:	
Birthdate:	
Plan:	Plus
LOB:	
Medical Group Name:	
Medical Group Number:	14

Off Campus - Outpatient Hospital (19)
On Campus - Outpatient Hospital (22)
Ambulatory Surgical Center (24)
Birthing Center (25)
Outpatient Rehab Facility (62)
Dialysis Center (65)
Other Facility (99)

Facility Code*:   Info

Release of info*:   Info

Received Via*:

Notify Date*:   (mm/dd/yyyy)

Please provide contact information so that HIP may address any clinical issues required to complete a review of this case.

⦿ **Contact Information**

Contact Name*:	Info
Contact Telephone*:	- - Info ext: Info
or	
Contact Fax*:	- - Info

○ **Information Not Available**

< Back   StartOver   Next >

* Required Field

Click on the Info for field information.

How to create a preauthorization for a SOS code with Clinical criteria

Enter Received Via from the dropdown.

Enter the date Notified of the information.

Enter Contact information and click Next.

How to create a preauthorization for a SOS code with Clinical criteria

Select Type of Service needed

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.

How to create a preauthorization for a SOS code with Clinical criteria

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.

Prior Approval Request for Outpatient Facility

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Requesting Provid█████████████

- Referrals
- **Prior Approvals**
- Search Referrals and Prior Approvals
- Request ER Notification
- Search ER Notification
- Preauthorization Check

Certification Type:	Initial
Service Type*:	Surgical (2) ⊟ ? Info
Service Level:	Elective (01) ⊟ ? Info

Enter the Facility PRIS # / NPI or Search for a facility.

Facility PRIS # or NPI*:   ██████████

Name: ███████cal

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	Z80.0	FAMILY HX MALIGNANT NEOPLASM DIGESTIVE ORGANS	Delete
*	* [ ] ? Info		Add

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.

Click on the Procedure to modify the details

#	Code	Units	Description	Modifier	
1	45384	1	COLONOSCOPY W/LESION REMOVAL	--	Delete
*	* [ ] ? Info	* [ ] ? Info		⊟ ⊟ ⊟ ⊟	Add

Procedure Detail(s) for 45384:

#	From Date	To Date	Requested Units	
1	* 3/19/2020	* 6/17/2020	* 1	

Additional Physician: ⦿ No ○ 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

How to create a preauthorization for a SOS code with Clinical criteria

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

Prior Approval Details Review

myEmblemHealth

- Referrals
- **Prior Approvals**
- Search Referrals and Prior Approvals
- Request ER Notification
- Search ER Notification
- Preauthorization Check

Your Prior Approval Request for Outpatient Facility has not yet been submitted. Please review the information below and click the "Next" button to continue.

Review Type:	Outpatient Facility
Category:	Health Services Review
Certification:	Initial

Member ID:		**Member Plan:**	
		Member PCP:	
Member Name:		**Member PCP Phone:**	
Member Sex:		**Member Eligibility Date:**	
Member DOB:		**Managing Entity:**	

Requesting Provider:		**Facility:**	

Contact Name:	
Contact Phone:	
Contact Fax:	

Service Type:	Surgical (2)	**Facility Code:**	On Campus - Outpatient Hospital (22)
Service Level:	Elective (01)	**Release of info:**	Yes, Provider has a Signed Statement (Y)
Service Date:	3/19/2020		
Notify Date:	3/17/2020	**Received Via:**	Phone

Diagnosis:

Code	Description
Z80.0	FAMILY HX MALIGNANT NEOPLASM DIGESTIVE ORGANS

Procedures:

Code	Description	Modifier	Date	Requested Units
45384	COLONOSCOPY W/LESION REMOVAL	--	3/19/2020	1

45384 Details:

Line	From Date	To Date	Requested Units
1	3/19/2020	6/17/2020	1

Comments: test note

How to create a preauthorization for a SOS code with Clinical criteria

The Clinical Criteria page will be displayed. Please click yes if you want to proceed with the questionaries or No if you wish to bypass.

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Close Window

Providers

myEmblemHealth

- Referrals
- **Prior Approvals**
- Search Referrals and Prior Approvals
- Request ER Notification
- Search ER Notification
- Preauthorization Check

Clinical Criteria

Requesting Provider: [redacted]

For the procedure(s) requested (45384) you may provide us with clinical details to expedite the review process. This may result in an approval, or a pended prior approval for HIP review. Any clinical information provided to the health plan in support of medical necessity determinations must reproduce information already documented in the patient's medical records. This applies equally to correspondence, telephone calls, and electronic transactions. Presentation of information other than that which can be audited from medical records may constitute fraud.

Would you like to continue?

Yes No

The request is being made in response to an order/request from the member's physician. Information relating to medical necessity was obtained from the member's physician and is true, accurate, and complete to the best of the requestor's knowledge.

* Required Field

Click on the Info for field information.

How to create a preauthorization for a SOS code with Clinical criteria

Next page displays the Clinical criteria questions. Please read and respond as required and Submit.

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Providers

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- Referrals
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- Search ER Notification
- Preauthorization Check

Clinical Criteria

Requesting Provider: Dr. Deepak Vadada

☐ Allergy to Anesthesia.

☐ Any Bleeding disorder.

☐ Failed office-based procedure attempt due to body habitus, abnormal anatomy, or technical difficulties.

☐ Is the member 18 or less than 18 years or 75 years or older.

☐ Patient is unable to cooperate with procedure due to mental status, severe anxiety, or extreme pain sensitivity.

The individual has clinical conditions which may compromise the safety of an office-based procedure, select any /all of the below if applicable.

History past 90 days:

☐ Asthma

☐ CVA

☐ Diabetes

☐ Hypertension Cardiovascular Disease

☐ MI

☐ Pregnancy

☐ Seizure Disorder

☐ No Ambulatory Surgical Center (ASC) credentialed and access.

Submit

The request is being made in response to an order/request from the member's physician. Information relating to medical necessity was obtained from the member's physician and is true, accurate, and complete to the best of the requestor's knowledge.

* Required Field

Click on the ❓ Info for field information.

How to create a preauthorization for a SOS code with Clinical criteria

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

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Providers

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- Referrals
- **Prior Approvals**
- Search Referrals and Prior Approvals
- Request ER Notification
- Search ER Notification
- Preauthorization Check

Prior Approval Details Submitted

Prior Approval entered via EmblemHealth.com on 03/17/2020 at 4:58:36 PM

Your trace number is 36768706. This trace number is provided for your use in corresponding with the HIP Care Management Department in identifying this prior approval request. This Prior Approval does not guarantee payment to the servicing provider/vendor. Payment is contingent on the member's continued eligibility and contractual benefit limits.

Review Type:	(O) Outpatient Facility	**My Trace #:**	
Category:	(HS) Health Services Review	**HIP Authorization#:**	
Certification:	(I) Initial	**Review Status:**	

Member ID:		**Member Plan:**	Care
		Member PCP:	
Member Name:		**Member PCP Phone:**	
Member Sex:		**Member Eligibility Date:**	
Member DOB:		**Managing Entity:**	

Requesting Provider:		**Facility:**	

Contact Name:	
Contact Phone:	
Contact Fax:	

Service Type:	(2) Surgical	**Facility Code:**	(22) On Campus - Outpatient Hospital
Service Level:	(01) Elective	**Release Of Info:**	(Y) Yes, Provider has a Signed Statement
Service Date:	03/19/2020		
Notify Date:	03/17/2020	**Received Via:**	Phone

Diagnosis:

Code	Description
Z80.0	FAMILY HX MALIGNANT NEOPLASM DIGESTIVE ORGANS

Procedures:

Code	Description	Modifier	Date	Requested Units	Approved Units
45384	COLONOSCOPY W/LESION REMOVAL	--	03/19/2020	1	1

Procedures:

Code	Description	Modifier	Date	Requested Units	Approved Units
45384	COLONOSCOPY W/LESION REMOVAL	--	03/19/2020	1	1

45384 Details:

Line	From Date	To Date	Requested Units	Status	Date Modified
1	03/19/2020	06/17/2020	1	APPROVED	03/17/2020 4:56:07 PM

Comments: ██████████████████

Overrides: None

Entered B ███████████████

Print Summary Only   Fax Request   Create Another Case   Display QCare Data