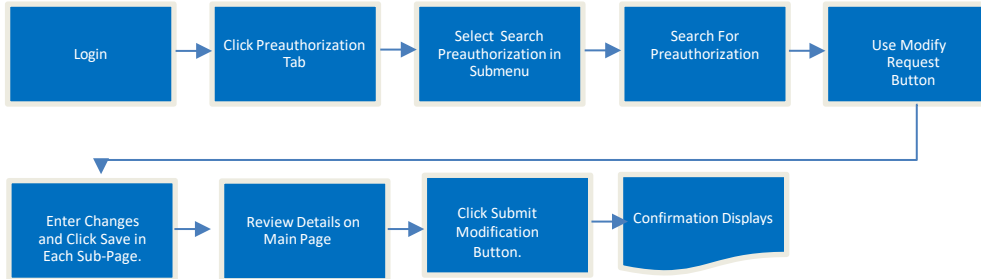




# Modify a Preauthorization Request

Quick Reference Guide

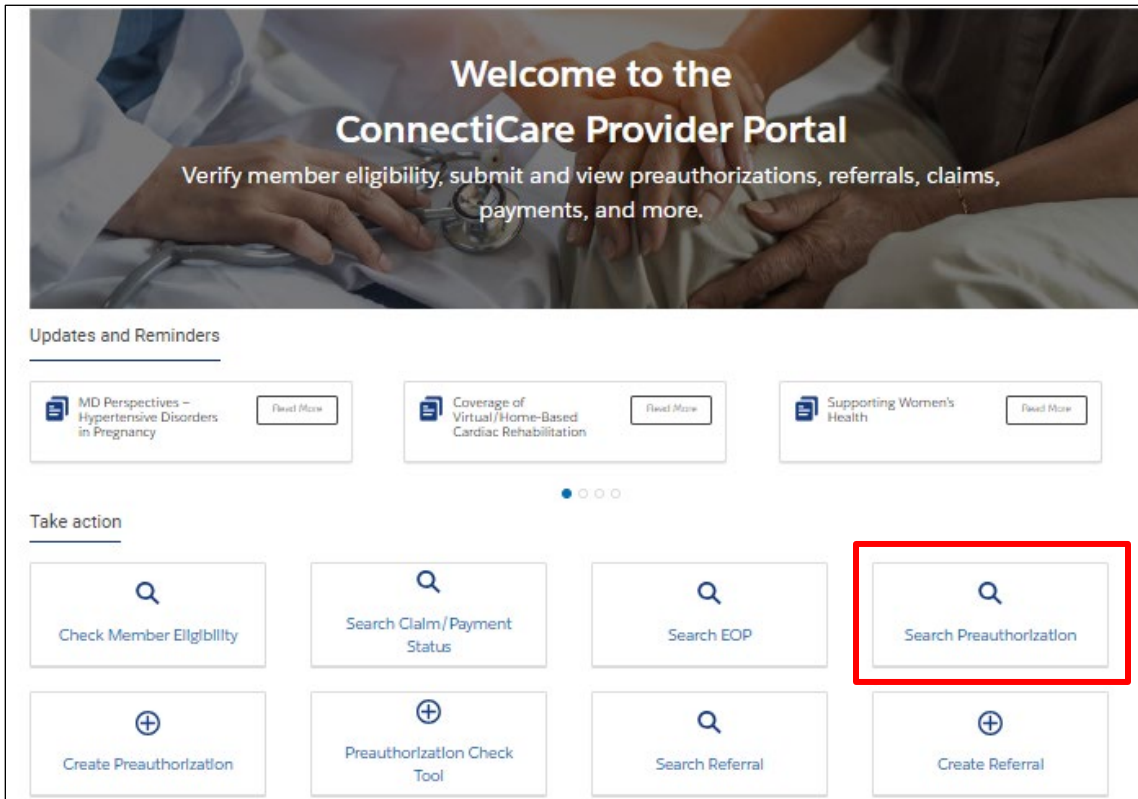
This quick reference Guide (QRG) will provide an overview of the process for modifying a preauthorization request on the provider portal.



Let us look at the steps in detail for modifying a preauthorization request.

**Purpose: Modify a preauthorization request.**

**Step 1:** On the ConnectiCare Home page, click the **Search Preauthorization** box in the **Take action** section.





**Step 2:**

In the **Preauthorization Requests** screen, you can search for a previously created preauthorization by **Reference ID**, **Member ID**, **Member Name**, **Requesting Provider Name**, and **Requesting Provider NPI**.

**Note:** For this example, we will use **Reference ID**.

1. In the **Search By** field, select **Reference ID**.
2. In the **Reference ID** field, enter the **Reference ID**.
3. Click **Search**.

### Preauthorization Requests

You can search for preauthorization requests that have been submitted within the last 24 months. Requests submitted by means other than portal, such as by fax, phone or EDI, will take some time to be seen in the portal.

Export To Excel Preauthorization Check Tool Create Preauthorization

Search By \*  
Reference ID ▼

---

Reference ID \*


Reset Search Search


## Modify a Preauthorization Request







### Step 3:

1. The search results display.
2. Click the **Reference ID** from the search result to view the Preauthorization Details.

 Below is the list of preauthorization requests that match your search. It may take up to 3 hours to see detailed information for recently submitted and updated requests.

Filter By 



Reference ID	Status	Preauthorization Type	Member ID	Member Name	Requesting Provider Name	Servicing Provider Name	Service s
	ully Approved	Inpatient			Brennan, Paige J.	Brennan, Paige J.	05/27/

Your search returned 1 results.

< Showing 1 - 1 >


## Modify a Preauthorization Request




### Step 4:

On the **Preauthorization Details** page, click the **Modify Preauthorization** button.

### Preauthorization Details



Reference ID	Status 	Preauthorization Type	Date Submitted
<input type="text"/>	Fully Approved	Inpatient	05/22/2024
Submission Source	Member Name	Member Date of Birth	Member ID
Web Portal	<input type="text"/>	02/05/1991	<input type="text"/>
Gender	Plan Name	Product Type	Coverage Start Date
Male	Choice Bronze Standard POS	Commercial POS	01/01/2023
Coverage End Date			
12/31/9999			

[Back to Search](#) [Print Preauthorization](#) [Ask a Question](#) [Add Supporting Documents](#) [Modify Preauthorization](#)



### Step 5:

Review the **Request To Modify Preauthorization Details**. Click **Edit** to update information in any of the sections.

**Note:** You can view, but not modify the member's details.

### Modify Preauthorization

#### Request to Modify Preauthorization Details

Each sub-page has a Save button that returns you to this page. It temporarily retains the changes you make but does not submit your modification request. To finalize this transaction and send us your request for review, you must click the Submit Modification Request button on this page.

[Edit](#)


Authorization Type	Preauthorization Type	Anticipated Admission/Service Date	Actual Admission Date	Actual Discharge Date
	Inpatient	2024-05-27	-	-

Member Details

Member ID	Name	Date of Birth
<input type="text"/>	<input type="text"/>	1991-02-05

Requesting/Ordering Provider

Name	Address	Tax ID	NPI
Brennan, Paige J.	112 Lafayette St Norwich CT 063602737	<input type="text"/>	1740365659

**Step 6:**

### Modifying Preauthorization Type and Dates of Service

1. In the Authorization Type section, click the **Edit** button.
2. To change the dates, enter the new **Service Date From** and **Service Date To**.
3. If applicable, indicate whether the member has been discharged.
4. Click **Save** to temporarily retain changes and return to the previous page.

**Note:** If you are unsure when service will be scheduled, enter a 90-day time period to allow maximum flexibility.

Authorization Type	Anticipated Admission/Service Date	Actual Admission Date	Actual Discharge Date
Inpatient	2024-05-27	-	-

Edit

MODIFY PREAUTHORIZATION

### Dates of Service

Enter the new dates in the fields below and click **Save** to temporarily retain the changes you make here and return to the previous page. Required fields are marked with an asterisk \*.


Anticipated Admission/Service Date * 2024-05-27	Actual Admission Date
--	-----------------------

Has the member been discharged?

**i** **IMPORTANT!**

The **Save** button does not submit your modification request. You must use the **Submit Modification Request** button on the main page (Request to Modify Preauthorization Details) to finalize this transaction and send us your changes. If you fail to do this, none of the changes you made above will be recorded.

Save



**Step 7:**

### Modify Servicing Provider

1. In the **Servicing Provider** section, click the **Edit** button.
2. To find a new servicing provider, in the **Search By** field, select **Provider Name** or **Provider NPI** from the drop-down menu.
3. To search by **Provider Name**, enter at least two characters of the provider's first or last name.

**Note:** You can enter the **Specialty**, **City**, **State**, and **ZIP Code** to further refine your search.

4. Click **Search**.

▼ Servicing Provider Edit

Name Brennan, Paige J.	Address 112 Lafayette St Norwich CT 063602737	Tax ID <div style="border: 1px solid #0070c0; width: 80px; height: 15px; margin: 0 auto;"></div>	NPI 1740365659
Type Practitioner			

MODIFY PREAUTHORIZATION

## Servicing Provider

Select a new **Servicing Provider** in the fields below and click **Save** to temporarily retain the changes you make here and return to the previous page.  
Required fields are marked with an asterisk \*

To search for providers by name, enter at least two characters of the first or last name. To refine your search, enter the specialty, city, state, and ZIP code.

Search By  
Provider Name ▼

---

Provider Name \* ① Specialty ①

---

City State ▼


---

Zip Code

---

Reset SearchSearch

## Modify a Preauthorization Request



**Step 8:**

The search results display.

1. Select the appropriate provider.
2. Click **Save**.

Filter By ⓘ

Name	Address	Tax ID	NPI	Type	Specialty	In-Network
<input checked="" type="radio"/> Dewar, James Baker	1970 Augusta Hwy, Lexington, SC, 29072	<input type="text"/>	1417913641	Allopathic Physician	General Practice	No

Total Records: 1 < Showing 1 - 1 >


**IMPORTANT!**

The **Save** button does not submit your modification request. You must use the **Submit Modification Request** button on the main page (Request to Modify Preauthorization Details) to finalize this transaction and send us your changes. If you fail to do this, none of the changes you made above will be recorded.

[Cancel](#)



## Modify a Preauthorization Request

**Step 9:**

### Modify Servicing Facility

1. In the **Servicing Facility** section, click the **Edit** button.
2. To find a new servicing facility, in the **Search By** field select **Facility Name** or **Facility NPI** from the drop-down menu.
3. To search by **Facility Name**, enter at least two characters of the provider's first or last name.

**Note:** You can enter the **Specialty**, **City**, **State**, and **ZIP Code** to further refine your search.

4. Click **Search**.

▼ Servicing Facility				Edit
Name	Address	Tax ID	NPI	
STAMFORD HOSPITAL	1 Hospital Plz Stamford CT 069023602		1538100136	

### MODIFY PREAUTHORIZATION

## Servicing Facility

Select a new **Servicing Facility** in the fields below and click **Save** to temporarily retain the changes you make here and return to the previous page.  
Required fields are marked with an asterisk \*

To search by facility name, enter at least two characters of the first or last name. To refine your search, enter the specialty, city, state, and ZIP code.

Search by  
Facility Name ▼

<input type="text" value="Enter Facility Name *"/>	<input type="text" value="Specialty"/>
<input type="text" value="City"/>	<input type="text" value="State"/>
<input type="text" value="Zip Code"/>	

## Modify a Preauthorization Request



### Step 10:

The search results display.

1. Select the appropriate facility.
2. Click **Save**.

Filter By ⓘ

Name	Address	Tax ID	NPI	In-Network
<input type="radio"/> WATERBURY HOSPITAL	64 Robbins St, Waterbury, CT, 06708	<input type="text"/>	1477902641	Yes
<input type="radio"/> Waterbury Hospital	64 Robbins St, Waterbury, CT, 06708	<input type="text"/>	1477902641	No
<input type="radio"/> Waterbury Hospital	64 Robbins St, Waterbury, CT, 06708	<input type="text"/>	1184615114	No
<input type="radio"/> Waterbury Hospital	88 Grandview Ave, Waterbury, CT, 06708	<input type="text"/>	1477902641	Yes

Total Records: 4 < Showing 1 - 4 >

### ⓘ IMPORTANT!

The **Save** button does not submit your modification request. You must use the **Submit Modification Request** button on the main page (Request to Modify Preauthorization Details) to finalize this transaction and send us your changes. If you fail to do this, none of the changes you made above will be recorded.

Save

Cancel

**Step 11:**

### Modify Diagnosis Code Information

1. In the **Diagnosis Code Information** section, click the **Edit** button.
2. On the **Modify Preauthorization Diagnosis Codes** screen, you may change the primary and secondary diagnosis codes, or add up to 11 secondary diagnosis codes.
3. Use the **Diagnosis/Description** fields, enter a code or description using at least three characters.
4. Click **Save**.

▼ Diagnosis Code Information Edit

Primary Diagnosis Information

ICD-10 Code	ICD-10 Code Description
I15	Secondary hypertension

### MODIFY PREAUTHORIZATION

## Diagnosis Codes

Update diagnosis codes in the fields below and click **Save** to temporarily retain the changes you make here and return to the previous page. Required fields are marked with an asterisk \*

You can add up to 11 secondary diagnosis codes. To find a diagnosis, enter a code or description using at least three characters. Do not use a period when entering the diagnosis code.

▼ Primary Diagnosis Information

Diagnosis Code/Description \*  
I15 Secondary hypertension Edit

▼ Secondary Diagnosis Codes Add

Diagnosis Code/Description Edit

**IMPORTANT!**

The **Save** button does not submit your modification request. You must use the **Submit Modification Request** button on the main page (Request to Modify Preauthorization Details) to finalize this transaction and send us your changes. If you fail to do this, none of the changes you made above will be recorded.

**Save**

**Step 12:**

### Diagnosis Information Search

1. Use the **Diagnosis/Description** field, enter a code or description using at least three characters.
2. Select the appropriate diagnosis code.
3. Click **OK**.

Diagnosis Information

Diagnosis Code/Description \*  
I10


Reset Search Search

Filter By ⓘ

Diagnosis Code	Code Description
<input type="radio"/> I10	Essential (primary) hypertension

Total Records: 1 < Showing 1 - 1 >

Cancel OK



**Step 13:**

### Modify Service Details

1. In the Service Line Details section, click the **Edit** button.
2. On the Modify Preauthorization Service Details screen, you may use the drop-down menus to select a new:
  - **Place of Service.**
  - **Service Type** (Options will change based on the **Place of Service** selection).
  - **Type of Care.**
3. You may add service lines. Enter codes as shown in the next steps. When all service lines are entered then click **Next**.

Service Line Details

Edit

Place of service Inpatient Hospital	Service Type Medical Care	Type of Care Elective	Admission Date -
--	------------------------------	--------------------------	---------------------

Procedure Code Type	Procedure Code / Description	Modifier
CPT	21244 Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	N/A

**MODIFY PREAUTHORIZATION**

## Service Details

Modify the **Type of Care** or the **Service Line(s)** in the fields below and click **Save** to temporarily retain the changes you make here and return to the previous page. Required fields are marked with an asterisk \*.

i Please add at least one service line to continue.

Place Of Service  
Home

Service Type  
Home Health Care

Type Of Care  
Elective

Bed Type  
-

Add Service Line


S.NO	Requested Units	Procedure Code/Description	Modifier 1	Action
1	1	S9123 NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED) (Not payable by Medicare)		▼

i **IMPORTANT!**

The **Save** button does not submit your modification request. You must use the **Submit Modification Request** button on the main page (Request to Modify Preauthorization Details) to finalize this transaction and send us your changes. If you fail to do this, none of the changes you made above will be recorded.

Save

Cancel

 **Step 14:** The **Add Service Line** pop-up box appears. Click the **Procedure Code/Description Information** field.

Procedure Code/Description Information

Procedure Code/Description \*

Reset Search Search

Cancel OK

## Modify a Preauthorization Request



### Step 15:

The **Procedure Code/Description Information** pop-up box appears.

1. Enter at least three numbers in the **Procedure Code** field.
2. Click **Search**.
3. Select the appropriate **Procedure Code** from the list.
4. Click **OK**.

### Procedure Code/Description Information

Procedure Code/Description \*  
95810

Reset Search Search

Filter By ⓘ

Procedure Code Code Description

<input type="radio"/> 95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
-----------------------------	--

Total Records: 1 < Showing 1 - 1 >

Cancel OK



**Step 16:**

If utilization management for an EmblemHealth member is handled by one of our Managing Entities or vendor partners, you will see a message letting you know whom you should contact instead.

Oops! Your preauthorization could not be submitted at this time.

Please review the error message and try again

Reference error message: This member is managed by SOMOS. Please contact SOMOS for assistance by calling 1-844-990-0255, faxing the request to 1-877-590-8003 or accessing the SOMOS

Provider Portal using the following link .

Reference error code:1080

Back

Cancel



## Modify a Preauthorization Request



### Step 17:

Once you are done making edits, you **MUST** return to the main Request to Modify Preauthorization Details screen and click the **Submit Modification Request** button.

If you do not do this, none of the changes you made will be available if you leave the transaction and your request will not be sent to us for review.

### Modify Preauthorization

#### Request to Modify Preauthorization Details

Each sub-page has a Save button that returns you to this page. It temporarily retains the changes you make but does not submit your modification request. To finalize this transaction and send us your request for review, you must click the Submit Modification Request button on this page.

Authorization Type			
Preauthorization Type Inpatient	Anticipated Admission/Service Date 2024-05-27	Actual Admission Date -	Actual Discharge Date -

Member Details		
Member ID <input type="text"/>	Name <input type="text"/>	Date of Birth 1991-02-05

(Additional sections omitted)

Requested Contact(s)	
Name <input type="text"/>	Phone 0000000000

You must use the Submit Modification Request button on this main page to finalize this transaction and send us your changes. If you do not do this, none of the changes you make will be available if you leave the transaction and try to continue later.



**Step 18:**

**Confirmation: Approval/Pend Screen**

For some requests, you may see a screen showing “Your changes are now reflected in the Preauthorization Details.” Otherwise, the screen will indicate that your case is pending further review.

**Confirmation**

**Preauthorization Modification Request**

Thank you for updating us on your care plan for this member. Your changes are now reflected in the Preauthorization Details. Click the **Done** button to see them.

Done