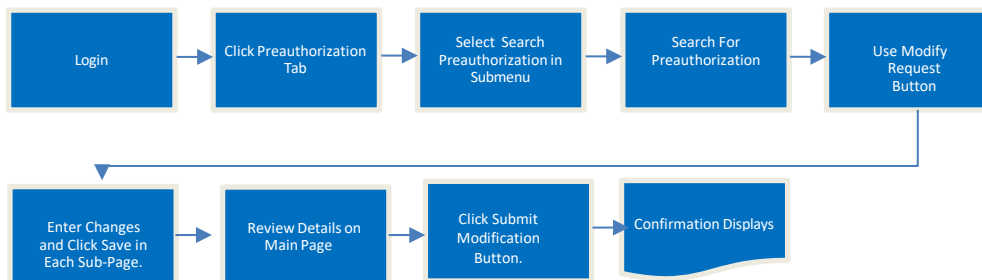




# Modify a Preauthorization Request

Quick Reference Guide

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



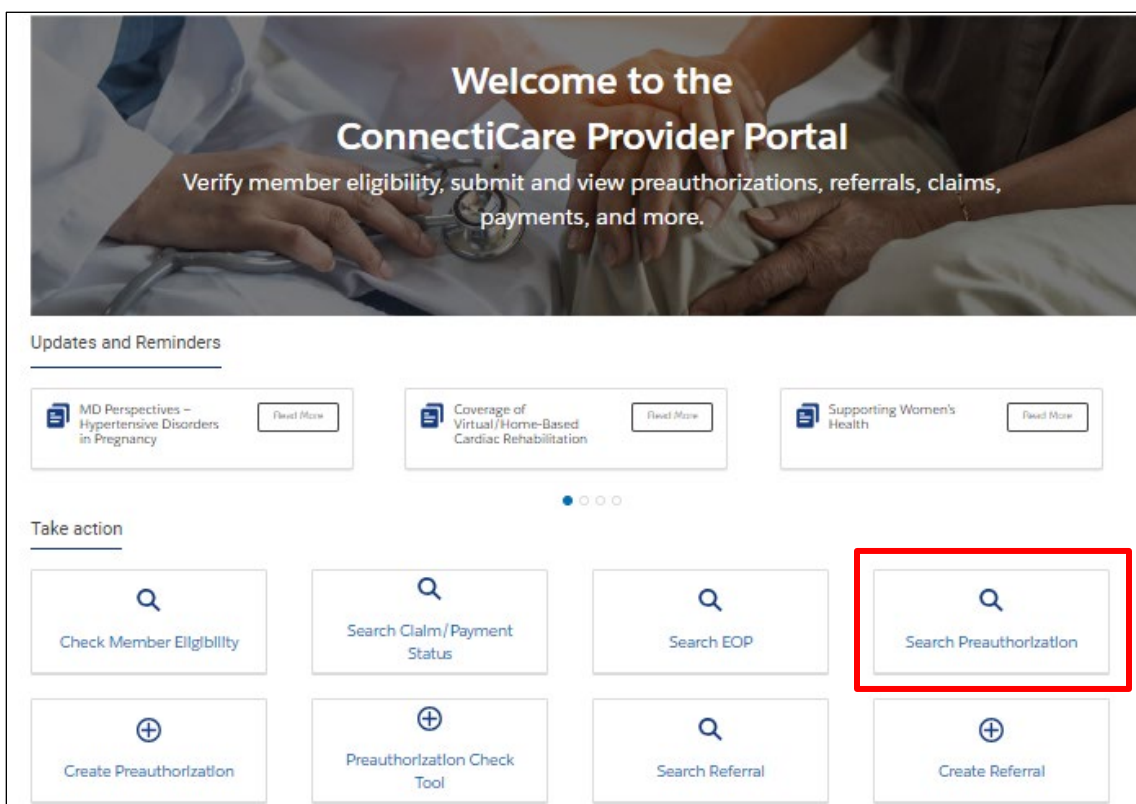
Let us look at the steps in detail for modifying a preauthorization request.

**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 [Redacted]	Status ⓘ Fully Approved	Preauthorization Type Inpatient	Date Submitted 05/22/2024
Submission Source Web Portal	Member Name [Redacted]	Member Date of Birth 02/05/1991	Member ID [Redacted]
Gender Male	Plan Name Choice Bronze Standard POS	Product Type Commercial POS	Coverage Start Date 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.

▼ Authorization Type

Preauthorization Type  
Inpatient

Anticipated Admission/Service Date  
2024-05-27

Actual Admission Date  
-

Actual Discharge Date  
-

Edit

▼ Member Details

Member ID  
[Redacted]

Name  
[Redacted]

Date of Birth  
1991-02-05


▼ Requesting/Ordering Provider

Name  
Brennan, Paige J.

Address  
112 Lafayette St Norwich CT 063602737

Tax ID  
[Redacted]

NPI  
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				<div>Edit</div>
Preauthorization Type Inpatient	Anticipated Admission/Service Date 2024-05-27	Actual Admission Date -	Actual Discharge Date -	

**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 *	Actual Admission Date
2024-05-27	

☐ Has the member been discharged?

 **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

Name

Brennan, Paige J.

Address

112 Lafayette St Norwich CT 063602737

Tax ID

NPI

1740365659

Type

Practitioner

Edit

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 \*

Specialty ⓘ

City

State ▼

Zip Code

Reset Search

Search

## 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.

Save

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

Enter Facility Name \*

Specialty

City

State

Zip Code

Reset Search

Search

## Modify a Preauthorization Request




### Step 10:

The search results display.

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

Filter By ⓘ




### ⓘ 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

✎

▼ Secondary Diagnosis Codes


Diagnosis Code/Description

Add

 **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

- In the Service Line Details section, click the **Edit** button.
- 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.**
- 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

Type Of Care  
Elective

Service Type  
Home Health Care

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



**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

-

Edit

Member Details

Member ID

Name

Date of Birth

1991-02-05

(Additional sections omitted)

Requested Contact(s)

Name

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.

Submit Modification Request

Cancel



**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