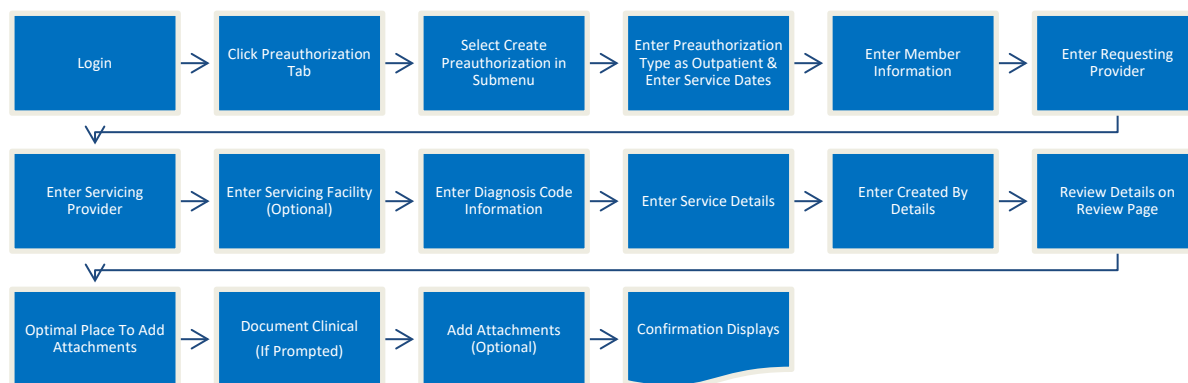




Create an Outpatient Preauthorization Request

Quick Reference Guide (QRG)

This Quick Reference Guide (QRG) will provide an overview of the process to create an Outpatient Preauthorization Request in the Provider Portal.



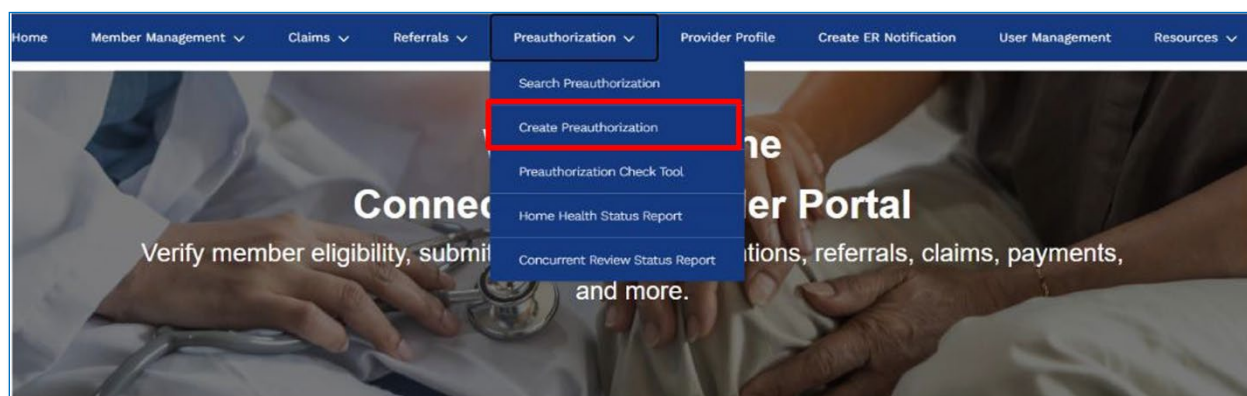
Purpose: Create a preauthorization request for an outpatient procedure.

Let us look at the steps in detail for creating an Outpatient Preauthorization Request.



Step 1:

1. From the **ConnectiCare Home** page, select the Preauthorization tab.
2. From the drop-down list, select **Create Preauthorization**.



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Step 2:

The Select **Preauthorization Type** screen displays.

1. Select **Outpatient** as the **Preauthorization Type**.
2. Enter the **Service Date From** and **Service Date To**. (If unsure when service will be scheduled, enter a 90-day time frame to allow for maximum flexibility.)
3. Click **Next**.

CREATE PREAUTHORIZATION

Select Preauthorization Type

Complete the details below and click Next to continue. All fields with an asterisk * are required.

Preauthorizations can't be saved or submitted until all the steps are completed. Be sure to have all necessary details available before you continue. If you refresh a page or leave at any point before submitting, you will have to begin your submission again.

Preauthorization Type *

Inpatient Outpatient

Service Date From * Service Date To *

Next



Step 3:

The **Member Information** screen displays.

In the **Search By** field, select **Member Name** or **Member ID** from the drop-down menu.

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

CREATE PREAUTHORIZATION

Member Information

Complete the details below and click Next to continue. All fields with an asterisk * are required.

Search By *

Member ID

Member Name
Member ID

Reset Search Search

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Step 4:

1. Enter the Member ID.
2. Click **Search**.

CREATE PREAUTHORIZATION
Member Information

Complete the details below and click Next to continue. All fields with an asterisk * are required.

Search By *
Member ID

Member ID *

Reset Search Search

Previous Next



Step 5:

- The search results display.
1. Select the appropriate member.
 2. Click **Next**.

This Active/Inactive status is as of today's date.

Filter By

Member ID	Member Name	Coverage Start Date	Coverage End Date	Status	Date of Birth	Gender	Coverage Type	Product Type
☒ K1000124801	Davis, John	11/01/2020	12/31/9999	Active	02/07/1987	Female	Medical	HMO
☐ K1000124801	Davis, John	11/01/2019	10/31/2020	Inactive	02/07/1987	Female	Medical	HMO

Total Records: 2 < Showing 1 - 2 >

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Step 6:

The **Requesting Provider** screen displays.

In the **Search By** field, select **Provider Name** or **Provider NPI** from the drop-down menu.

Note: For this example, we will use **Provider Name**.

CREATE PREAUTHORIZATION

Requesting Provider

Complete the details below and click Next to continue. All fields with an asterisk * are required.

Before you begin, please be sure that the service you are requesting is not managed by one of our partners. Check the [Provider Manual](#) for the most up to date information.

You can enter specialty, zip code, or city and state for better results.

Search By *
Provider Name

Provider Name
Provider NPI

City

State

Zip Code



Step 7:

1. 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.

2. Click **Search**.

CREATE PREAUTHORIZATION

Requesting Provider

Complete the details below and click Next to continue. All fields with an asterisk * are required.

Before you begin, please be sure that the service you are requesting is not managed by one of our partners. Check the [Provider Manual](#) for the most up to date information.

You can enter specialty, zip code, or city and state for better results.

Search By *
Provider Name

Provider Name * ⓘ

Specialty * ⓘ

City

State

Zip Code

Reset Search Search

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Step 8:

The search results display.

1. Select the appropriate provider.
2. You have the option to select a Servicing Provider. Choose **Yes** or **No**. In this example, we have selected **Yes**.
3. Click **Next**.

Filter By 

Name	Address	Tax ID	NPI	Type	Specialty	In-Network
☒ Baker, James	76 Dalton Rd, Milford, CT, 06460	120000897832	1234446986	Allopathic Physician	Internal Medicine	No
☐ Baker, James	755 Swamp Rd, Coventry, CT, 06238	120000897832	1234446986	Allopathic Physician	Internal Medicine	Yes

Total Records: 2 < Showing 1 - 2 >

Do you want to select a servicing provider? *

☐ Yes ☐ No



Step 9:

The **Servicing Provider or Facility** screen displays. You have the option to search by **Provider Name** or **Provider NPI**. To search by **Provider Name**:

1. 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.
2. Click **Search**.

CREATE PREAUTHORIZATION

Servicing Provider or Facility

Complete the details below and click Next to continue. All fields with an asterisk * are required.

You can enter specialty, zip code, or city and state for better results.

Search By
Provider Name 

Provider Name *  Specialty 

City State 

Zip Code

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Step 10:

The search results display.

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

Filter By ⓘ

Q

Name	Address	Tax ID	NPI	Type	Specialty	In-Network
☐ Carter, Jon	758 Woodin St, Hamden, CT, 06514	120000897832	1234446986	Allopathic Physician	General Surgery	No
☒ Carter, Jon	76 Baldwin Hill Rd, Litchfield, CT, 06759	120000897832	1234446986	Allopathic Physician	General Surgery	Yes
☐ Carter, Jon	76 Anthony Rd, Tolland, CT, 06084	120000897832	1234446986	Allopathic Physician	Colon & Rectal Surgery	Yes

Total Records: 2 < Showing 1 - 2 >

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Step 11:

1. You have the option to enter a Servicing Facility. Choose **Yes** or **No**. In this example, we have selected **Yes**.
2. Click **Next**.

Would you like to enter a Servicing Facility? *

Yes No

Previous Next

Cancel

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Step 12:

The **Servicing Facility** screen displays. You can search by **Facility Name** or **Facility NPI**. To search by **Facility Name**:

1. Enter at least two characters of the facility's name.
Note: You can enter the **Specialty**, **City**, **State**, and **ZIP Code** to further refine your search.
2. Click **Search**.

CREATE PREAUTHORIZATION
Servicing Facility

Complete the details below and click Next to continue. All fields with an asterisk * are required.
You can enter specialty, zip code, or city and state for better results.

Search by
Facility Name

Enter Facility Name *

Specialty

City

State

Zip Code

Reset Search

Search



Step 13:

The search results display.

1. Select the appropriate facility.
Click **Next**.

Filter By ⓘ

Name	Address	Tax ID	NPI	Type	Specialty	In-Network
☐ New York Regional Medical Center	1431 Riverbank Rd, Stamford, CT, 06903	120000897832	1234446986	Hospital	Hospital	No
☒ Orange Hospital Medical Centre	27 Long Lots Rd, Westport, CT, 06880	120000897832	1234446986	Hospital	Hospital	Yes

Total Records: 2 < Showing 1 - 2 >

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Next

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Step 14:

Click the **Diagnosis Code/Description** field.

Diagnosis Codes

Complete the details below and click Next to continue. All fields with an asterisk * are required.
You can click in to any diagnosis code to edit it. You can add up to 11 secondary diagnosis codes.

▼ Primary Diagnosis Information

Q Diagnosis Code/Description *

▼ Secondary Diagnosis Codes

Q Diagnosis Code/Description *

Add

Previous

Next



Step 15:

1. Enter a code or description using at least three characters.
2. Click **Search**.

Diagnosis Codes

Diagnosis Information

Diagnosis Code/Description *

Search for a code or description using at least 3 characters.

Reset Search

Search

Cancel

OK

Q Diagnosis Code/Description *

Create an Outpatient Preauthorization Request



Step 16:

1. Select the appropriate diagnosis code.
2. Click **OK**.

Diagnosis Code/Description
A04

Reset Search Search

Filter By ⓘ

Diagnosis Code	Code Description
☒ A04	Other bacterial intestinal infections
☐ A040	Enteropathogenic Escherichia coli infection
☐ A041	Enterotoxigenic Escherichia coli infection
☐ A042	Enteroinvasive Escherichia coli infection
☐ A043	Enterohemorrhagic Escherichia coli infection
☐ A044	Other intestinal Escherichia coli infections
☐ A045	Campylobacter enteritis
☐ A046	Enteritis due to Yersinia enterocolitica
☐ A047	Enterocolitis due to Clostridium difficile
☐ A0471	Enterocolitis due to Clostridium difficile, recurrent

Total Records: 37 < Showing 1-10 >

Cancel OK



Step 17:

To add a Secondary Diagnosis Code:

1. Click **Diagnosis Code/Description**.
2. Search for and select a Secondary Diagnosis.
Note: You can add up to 11 secondary diagnosis codes.
3. Click **Next**.

CREATE PREAUTHORIZATION

Diagnosis Codes

Complete the details below and click Next to continue. All fields with an asterisk * are required.

You can click in to any diagnosis code to edit it. You can add up to 11 secondary diagnosis codes.

▼ Primary Diagnosis Information

Q Diagnosis Code/Description *

A04 Other bacterial intestinal infections

▼ Secondary Diagnosis Codes

Add

Q Diagnosis Code/Description *

Previous

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Step 18:

The **Service Details** screen appears.

1. Select a **Place of Service** from the dropdown menu.
2. Select the **Service Type** from the drop-down menu.
Note: Options will change based on the **Place of Service** selection.
3. Select the **Type of Care** from the drop-down menu.
4. Click **Add Service Line**. Enter codes as shown in the next steps. When all service lines are entered then click **Next**.

Service Details

Complete the details below and click Next to continue. All fields with an asterisk * are required.

 Please add at least one service line to continue. The place of service must match the previously selected facility or servicing provider.

Place of Service*
41 - Ambulance - Land

Service Type*
41 - Licensed Ambulance

Type Of Care*
1- Elective Standard

Add Service Line

S.NO	Procedure Code/Description	Requested Units	Modifier 1	Action
------	----------------------------	-----------------	------------	--------

Previous

Next

Cancel



Step 19:

The **Add Service Line** pop-up box appears.

Click the **Procedure Code/Description Information** field.

Procedure Code/Description Information

Procedure Code/Description Information *

Reset Search

Search

Cancel

OK

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Step 20:

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 Information *
S5170

Filter By

Diagnosis Code	Code Description
☒ S5170	Home delivered meals, including preparation; per meal

Total Records: 23 < Showing 1-10 >

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Step 21:

If utilization management for the requested 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



Step 22:

The **Created By** screen displays.

Note: Your name will be automatically populated in the **Created By** field.

1. Enter your **Phone Number**.
2. Click **Next**.

CREATE PREAUTHORIZATION

Created By

Complete the details below and click Next to continue. All fields with an asterisk * are required.

Name *

Allison Richards

Phone *

(555) 555-5555

Previous

Next

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Step 23:

1. Review the **Preauthorization Details**. Click **Edit** to update information in any of the sections.
2. **Click Next.**

CREATE PREAUTHORIZATION

Review Preauthorization Details

Your preauthorization is not complete until you click submit. If you need to make any changes click edit next to the section you want to change.

▼ Authorization Type

Preauthorization Type	Service Date From	Service Date To	Edit
Inpatient	02/25/2021	02/25/2021	

▼ Member Information

Member ID	Member Name	Date of Birth	Edit
K1000124801	Davis, John	02/07/1987	

▼ Created By

Name	Phone	Edit
Lucy Livingston	(847) 656-1953	

By clicking Next, your preauthorization request will be submitted.

Previous

Next

Cancel



Step 24:

The **Add Supporting Documentation** screen displays.

To optimize the automated processing of this request, we ask you to add medical records or other supporting documentation at this point in the transaction.

Note: File size limits have been increased to 25 MB.

3. Click  and locate your file.
4. Click **Upload** to select your document. Once uploaded, you will see a "Congratulations!" message indicating the document has been added, and a prompt to add another document.
5. Once you have uploaded all supporting documents (up to five), click **Next**.

If you are not ready to upload your file(s) now, you can attach it later by searching for your preauthorization and uploading it then.

Attach Documents

1. Allowed file types are doc, docx, pdf, xls, ppt, jpg, jpeg, png, bmp, gif, txt
2. File limit of 25MB for each attachment
3. Maximum 5 attachments

Attachment 

Attaching clinicals test document.docx (14.16 KB)

Upload

Congratulations! Your File has been uploaded!

Attachment 

Upload

Next

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Step 25:

In some cases, no additional information is required.
Click **Submit Request**.

Authorization Request Request Form MCG Guideline Documentation Not Required Submit Request

Patient : 1147097 Name : Martin, Catherine DOB : 2/7/1941 Gender : Female [show more](#)

Authorization : V00006978 Type : Procedure Pre-authorization Status : NoDecisionYet [show more](#)

Diagnosis Codes : E66.01(ICD-10 Diagnosis) *primary* Procedure Codes : 43888(CPT/HCPCS) *primary*

Geographic Regions: All [Clear](#)

Procedure Code: 43888 (CPT/HCPCS) MCG Guideline Documentation Not Required

Description : Endovascular procedure, open; removal and replacement of subcutaneous port component only

Attachments [Attach File](#)

Submit Request

This system provides access to MCG evidence-based guidelines; however the determinations made using this system are directed by the health plan, based on a number of factors.



Step 26:

In some cases, you may be prompted to provide additional information.
Click the **Document Clinical** button.

Patient : [redacted] Name : [redacted] DOB : [redacted] Gender : Male [show more](#)

[Patient Details](#)

Authorization : [redacted] Type : Procedure Pre-authorization Status : NoDecisionYet [show more](#)

Diagnosis Codes : G47.33(ICD-10 Diagnosis) *primary* Procedure Codes : 95810(CPT/HCPCS) *primary*

Geographic Regions: All [Clear](#)

Procedure Code: 95810 (CPT/HCPCS)

Requested Units: 1

Description : Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

Attachments [Attach File](#)

File Name	Description	Date	
Attaching clinicals test document.docx	Attaching clinicals test document.docx	3/16/2023 2:56 PM	Open Remove

Document Clinical

Submit Request **Cancel Request** **Back**

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Step 27:

You will be shown criteria that could apply. In this example, we will look at a request for a procedure to treat Obstructive Sleep Apnea.

1. Click all the boxes that apply to your patient. When selected, you will see a white check mark in a blue box as shown below.
2. If you see this **Add Notes** symbol , it means you can click it to see a pop-up screen where you can add notes. See **Step 28** below.
3. Once all criteria have been selected and notes entered, click the **Save** button.

Authorization : [REDACTED] **Type :** Procedure Pre-authorization **Status :** NoDecisionYet ▼ show more

Diagnosis Codes : G47.33(ICD-10 Diagnosis) primary **Procedure Codes :** 95810(CPT/HCPCS) primary

Geographic Regions All Clear

Procedure Code: 95810 (CPT/HCPCS)
Requested Units: 1
Description : Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

MG.MM.ME.25 - Obstructive Sleep Apnea Diagnosis and Treatment - (AC)
This content has neither been reviewed nor approved by MCG Health.

The procedure is/was needed for appropriate care of the patient because of ...

- ☒ For members ≥ 19 years of age with a high pre-test probability of OSA who present with ...
 - ☒ Adults presenting with signs and symptoms that indicate an increased risk of moderate to severe OSA as indicated by ...
 - ☒ Presence of ...
 - ☒ Loud Snoring 
 - ☒ Excessive Daytime Fatigue 
 - ☒ Episodes of ... as observed by bed partner:
 - ☒ Apnea 
 - ☒ Choking 
 - ☒ Gasping 
 - ☒ Presence of ...
 - ☒ Loud snoring and ... 

✓ Save ✕ Cancel

Attachments Attach File

✓ Submit Request

Create an Outpatient Preauthorization Request



Step 28:

If you have clicked the **Add Notes** symbol , you will see a pop-up box where you can add your own notes. Once the notes are complete, click the **Add** button to attach them to the case.

Indication Note ✕

Please provide indication notes ...

250 characters left for notes

Add **Cancel**



Step 29:

Once the clinical information has been saved, you will return to this screen.

1. You will have the opportunity to attach additional medical records or supporting documentation using the **Attach File** button.
2. When you are done, click the **Submit Request** button.

Patient: Name: DOB: Gender: Male show more

Patient Details

Authorization: Type: Procedure Pre-authorization Status: NoDecisionYet show more

Diagnosis Codes: G47.33(ICD-10 Diagnosis) *primary* Procedure Codes: 95810(CPT/HCPCS) *primary*

Geographic Regions: All Clear

Procedure Code: 95810 (CPT/HCPCS) Document Clinical

Requested Units: 1

Description: Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

Attachments Attach File

File Name	Description	Date	
Attaching clinicals test document.docx	Attaching clinicals test document.docx	3/16/2023 2:56 PM	Open Remove

Submit Request **Cancel Request** **Back**



Step 30:

In some cases, your request will be approved. No additional information will be requested. Other cases will pend for further review.

Submission Confirmation

Your preauthorization request has been successfully submitted for review.

Your case has been approved

A preauthorization request from [REDACTED] to [REDACTED] has been submitted on 2023-03-16T09:31:01 and can be identified by reference ID: [REDACTED].

GOOD NEWS! There is no need for an additional phone call or fax notification for this request. You can use reference ID [REDACTED] to obtain updates on this request in the [preauthorization search page](#).

This preauthorization request does not guarantee payment to the servicing provider/vendor. Payment is contingent on the member's continued eligibility and contractual benefit limits.

Done