



CareAffiliate® - Accessing Letters Instructions for Intermountain Caregivers

Users within the Intermountain network can save time by accessing preauthorization letters as soon as they are created. This allows the provider to quickly submit additional information (if requested) or appeal the denied request.

Follow the steps below to quickly access preauthorization letters:

1. Click on the **Authorizations** tab.

2. Enter desired information to locate the authorization. The simplest search option is by "Reference #" (if available), which is the same as the "Authorization #."

selecthealth. Home Authorizations Help

Welcome | Log Out

Authorizations Search Existing Records New Authorization Clear

Search Criteria ^

Member ID Q

Name

Requesting Provider ID Q e.g.: Last, First M.I.

Servicing Provider ID Q e.g.: Last, First M.I.

Servicing Facility ID Q

Reference #

Diagnosis Code Description Q

Procedure Q

Place of Service Q

Service

Service Dates From To

Submission Dates From To

Status

Reference #	Member ID	Policy ID	Member Name	Member DOB	Requesting Provider	Status	Diagnosis
221076415	0645008252	802101026-00	XZTEST, POWERTRAILONE D	10/10/1992	SPENCER, NEIL O	Modified	Z01.89 : Encntr preprocedural examinations

3. Click on **Search Existing Records** to generate a result.

4. Locate the search result in the lower section of the screen. Click on the **Reference #** (in blue), which takes you to the summary screen.

Continued...



CareAffiliate® Accessing Letters, Continued

5. In the summary screen, click on **Attachments**.

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XZTEST, POWERTRAILONE D • FEMALE • 29 years • Reference # 221076415 • (Modified) Print

[Return To Search](#)

Authorization Request

Service 1 - ((c) Denied - No Letter) Office/ Mental Health

Service 2 - ((k) Partial (Complete) - With Letter) Office/ Mental Health

Notes (0)

Attachments (1)

General Information

[Member ID](#) 0645008252

Name XZTEST, POWERTRAILONE D

Request Type BHT Specialty Clinic

Event Classification Elective

Case Type Behavioral Health

Requester

Contact Name TEST

Contact Phone 801

[Requesting Provider/Facility](#) 107007291101 - SPENCER, NEIL O

Diagnoses

[Diagnosis](#) ICD10 - Z01.89 - Encounter for other specified special examinations

6. Locate the letter (the blue link under “File Name”), and click on this link to view the letter.

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Authorization Request

Service 1 - ((c) Denied - No Letter) Office/ Mental Health

Service 2 - ((k) Partial (Complete) - With Letter) Office/ Mental Health

Notes (0)

Attachments (1)

File Name	COA Title	Date/Time Attached	File Size	Status
UMAPRDENMB		09/09/2022 10:16	N/A	Attached

Description:

Questions? Please contact CareAffiliate Information Services at 801-442-4566.