# CareAffiliate Quick Guide: How to Check Authorization Status

This guide will take you step by step through the process of checking the status of a preauthorization in CareAffiliate, including examples of different status types you might encounter.



- Request Type List: This list of request types guides you on selecting those that are specific to the service requested.
- Quick Reference Guide: This resource offers step-by-step instructions on how to enter a request.
- FAQs: This document addresses the questions we receive most frequently from users.

The balance of this Quick Guide covers how to search by either member ID or reference/authorization number as well as examples of the various authorization types and how the status view will appear for each.



# How to Check Authorization Status, Continued

### **Checking Authorization Status**

Once you select the "Authorizations" link, the search menu gives you a variety of options to look up authorization information. The most common search options are by Member ID or Reference # (which is the same as the Authorization #)

#### Search by Member ID

- Select the magnifying glass to the right of the Member ID field.
- 2. Enter information in the Member Search screen that opens. (CareAffiliate requires a minimum of two identifiers not exclusive to last name; the date of birth is always required).
- 3. After entering the identifiers, click "Search."

The returned record will appear at the bottom of the Member Search screen. Select this record for authorization details.

See **page 4** for common samples of authorization detail views.



orizations				Search Existi	ing Records	New Authorization	Cle
Search Criteria 🔨							
Member ID		Q	Reference #				
Name							
Requesting Provider ID		Q	Diagnosis	Code Descrip	otion	Q	
Name	Format: Last, First M.I.		Place of Service	(Any)	~		
Servicing Provider ID Name	Format: Last_First M I	Q	Service	<b>~</b>			
Servicing Facility ID	r onnut. Edot, r not min	Q	Service Dates From	То			
Name		Su	bmission Dates From	То			
			Status	(4.00)			
			Status	(Any)		<b>•</b>	
Reference # Member ere are no records to displa	<mark>er ID Policy ID</mark> ay	<u>Member Name</u>	Member DOB	Requesting Provider	<u>Statu</u> Technology Solu	s Diagnos	is ghts reser
Reference # Member ere are no records to displa Member	er ID Policy ID ay Search Last Name	Member Name	Member DOB Copy	Requesting Provider	: <u>Statu</u> Technology Solu	s Diagnos	is ghts reser
Reference # Member ere are no records to disple Member	er ID Policy ID ay Search Last Name First Name	Member Name	Member DOB Copy	Requesting Provider	Technology Solt	s Diagnos	is ghts reser
Reference # Member ere are no records to displa Member	er ID Policy ID ay: Search Last Name First Name Date of Birth*	Member Name          xztest         01/01/1999	Member DOB Copy	Requesting Provider	Technology Sole	s Diagnos	is ghts reser
Reference # Member ere are no records to disple Member	er ID Policy ID ay Search Last Name First Name Date of Birth*	Member Name	Member DOB	Requesting Provider	Technology Solt	s Diagnos	ghts reser
Reference # Member ere are no records to displa	er ID Policy ID ay: Search Last Name First Name Date of Birth* Neptifier Type Idoptifier	Member Name           xztest           01/01/1999           (None)	Member DOB Copy	Requesting Provider	Technology Solu	s Diagnos	is ghts reser
Reference # Member ere are no records to disple Member	er ID Policy ID ay Search Last Name First Name Date of Birth* Nentifier Type Iduntifier	Member Name          xztest         01/01/1999         (None)         Search	Member DOB	Requesting Provider	Technology Solt	s Diagnos	is ghts reser
Reference # Member ere are no records to displa	er ID Policy ID ay: Search Last Name First Name Date of Birth* Neptifier Type Identifier	Member Name	Member DOB Copy	Requesting Provider	Technology Sole	s Diagnos	is ghts reser
Reference # Member ere are no records to disple Member 1 records m	er ID Policy ID ay Search Last Name First Name Date of Birth* Contifier Type Iduatifier	Member Name          xztest         01/01/1999         (None)         Search         a. Please choose	Member DOB	Requesting Provider right © 2024 ExtService Cancel	Technology Solt	s Diagnos	is ghts reser

## How to Check Authorization Status, Continued

4. You will again see the Authorizations Search Criteria Screen, but now the returned record will appear at the bottom of the screen. Click on the black arrow to view authorization details rather than selecting the authorization number.

Select Health CareAffilia	te <sup>®</sup> UAT02-4.5.1.0_01		Home	Authorizations
				<u>Log Out</u>
Authorizations		Sear	ch Existing Records New Authorization	Clear
Search Criteria 🔨				
<u>Member ID</u> Name	0123456789 Q XZTEST, POWERTRAILOI	Reference #		
Requesting Provider ID Name	Format: Last, First M.I.	Diagnosis Code Description Q Procedure Place of Service (Any)	٩	
Servicing Provider ID Name Servicing Facility ID	Format: Last, First M.I.	Service V		
Name		Submission Dates From To		
Reference # Member	ID Policy ID Member Name	Member DOB Requesting Provider Status		
240125893 0123456	789 100000000-00 XZTEST, POWERTI	RAILONE D 01/01/1999 JONES, HENRY Certified in Total	Z01.89 : Encntr preprocedural examin	ations

#### Search by Reference/Authorization Number

1. Enter reference/authorization number in the Reference # field.

	Authorizations Search Criteria A	UAT02-4.5.1.0_1	Search Existing Records Reference # 240125893	Home Authorizations	<ol> <li>Click on Search Existing Records to get results.</li> </ol>
3. Click on the black arrow to view authorization details rather than the authorization number.	Requesting Provider ID	Clast, First M.I. Clast, First	Diagnosis Code Description Q Procedure Place of Service (Any) Service Dates From To Status (Any)  Cervice Dates From Status (Any)  Cervice Diagnosis Diagnos	procedural examinations	



### **Understanding Typical Authorization Detail Views**

Based on the authorization type, the authorization detail view you see will differ. Below and on the following pages are six common views you may encounter. **Note that authorization views for other services will be very similar to the examples below.** 

1. **Pended**—This indicates that the authorization is pending review. The status for the complete authorization is the one found on the member stripe.

Reference # Mem	nber ID Policy ID	<u>Member Name</u>	Member DOB	Requesting Provider	<u>Status</u>	<u>Diagnosis</u>
<b>240126122</b> 01234	156789 100000000-00	XZTEST, POWERTRAILONE D	01/01/1999	JONES, HENRY	Pended	Z01.89 : Encntr preprocedural examinations
Service Reference #	Service Details					
0240126122-001	Service From/To Place of Service Service Service Status: Procedure: Servicing Facili Servicing Provi	<ul> <li>04/17/2024 - 04/17/2024</li> <li>On Campus - Outpatient Ho Sumical</li> <li>(g) Pend</li> <li>SU02 - SUIGICAL ON TAIN MEDICAL der: (None)</li> </ul>	spital tpatient ⊾=NTER	The overall	status	of this request is Pended
0240126122-002	Service From/Tr Place of Service Service: Service Status: Procedure: Total Qty: Servicing Facili Servicing Provi	<ul> <li>04/17/2024 - 04/17/2024</li> <li>On Campus - Outpatient Ho Surgical (g) Pend 27130 : TOTAL HIP ARTHR( 1.0 Units</li> <li>ty: (None)</li> <li>der: JONES, HENRY</li> </ul>	spital OPLASTY	The overall	Status	s of this request is rended.

#### 2. Certified in Total—This indicates that the authorization has been approved.

Reference #	<u>Member ID</u>	Policy ID	Member Name	Member DOB	Requesting Provider	<u>Status</u>	Diagnosis
<sup>□</sup> <u>240125893</u>	0123456789	10000000-00	XZTEST, POWERTRAILONE D	01/01/1999	JONES, HENRY	Certified in Total	Z01.89 : Encntr preprocedural examinations
Service Refere	nce #	Service Details					
<u>0240125893-00</u>	<u>1</u>	Service From/T Place of Service Service: Service Status: Procedure: Total Qty: Servicing Facili Servicing Provi	<ul> <li>o: 05/01/2024 - 05/01/2024</li> <li>e: Office Surgical</li> <li>(h) Approved (Complete) - W 15822 : REVISION OF UPPI 1.0 Units</li> <li>ity: (None)</li> <li>ider: JONES, HENRY</li> </ul>	/ith Letter ER EYELID			



#### 3. Not Certified—This indicates that the authorization has been denied.

Reference #	Member ID	Policy ID	Member Name	Member DOB	Requesting Provider	<u>Status</u>	Diagnosis
≥ 231060009	0123456789	10000000-00	XZTEST, POWERTRAILONE D	01/01/1999	JONES, HENRY	Not Certified	Z01.89 : Encntr preprocedural examinations
Service Refere	nce #	Service Details					
<u>0231060009-00</u>	1	Service From/T Place of Servic Service: Service Status: Procedure: Total Qty: Servicing Facil Servicing Provi	<ul> <li>o: 07/03/2023 - 12/31/2023</li> <li>e: Home Private Duty Nursing</li> <li>(j) Denied - With Letter PD01 : Private Duty Nurse 2050.0 Units</li> <li>ity: ABC PEDIATRICS</li> <li>ider: (None)</li> </ul>				

#### 4. Modified—This indicates multiple determinations such as approved and denied services within the same request.

Reference #	Member ID	Policy ID	Member Name	Member DOB	Requesting Provider	<u>Status</u>	<u>Diagnosis</u>		
	0123456789	10000000-00	XZTEST, POWERTRAILONE D	01/01/1999	JONES, HENRY	Modified	Z01.89 : Encnt	r preprocedural examinations	
Service Refere	ence #	Service Details					K,		
<u>0231119235-00</u>	<u>11</u>	Place of Service: Service: Service Status: Procedure: Servicing Facility Servicing Provide Inpatient Details:	Inpatient Hospital Hospital - Inpatient Approved (In Progress) - With L SOUT : Surgical services inpati : ABC PEDIATRICS r: (None) Admit Date: (None) Discharg Status: Denied 12/06/2023-12	.etter ent e Date: (None) L/ /09/2023 Days: 4	<b>OS:</b> 0 4 <b>Reason:</b> SA - Out of Ser	vice Area (Advo	icates)	This request sho status as not all s requested were a Viewing the deta	ws a "Modified" services approved. ils of the request
<u>0231119235-00</u>	<u>11</u>	Place of Service: Service: Service Status: Procedure: Servicing Facility Servicing Provide Inpatient Details:	Inpatient Hospital Hospital - Inpatient (I) Partial (In Progress) - With L SU01 : Surgical services inpati : ABC PEDIATRICS r: (None) Admit Date: (None) Discharg Status: Denied 12/06/2023-12	A "Partial' the specif e Date: (None) Li /09/2023 Days: 4	" status on a service fied procedure was a <b>OS</b> : 0 4 <b>Reason</b> : SA - Out of Ser	line represe approved. vice Area (Advo	ents icates)	will show which s approved and wh	ervices were hich were denied.
<u>0231119235-00</u>	<u>11</u>	Place of Service: Service: Service Status: Procedure: Servicing Facility Servicing Provide Inpatient Details:	Inpatient Hospital Hospital - Inpatient Denied With Letter SU01: Surgical Servic : ABC PEDIATRICS r: (None) Admit Date: (None) Discharg Status: Denied 12/06/2023-12	enied" status procedure wa e Date: (None) Li /09/2023 Days: 4	on a service line rep as denied. Os: 0 4 <b>Reason</b> : SA - Out of Ser	presents vice Area (Advo	icates)		

