

CareAffiliate®

Quick Guide

FOLLOW THESE STEPS TO ENTER AN AUTHORIZATION REQUEST:

- Log in using compatible browser (Google Chrome recommended).
- **Authorizations** — View previous authorizations submitted for this member by clicking the one you need.
- Click on the **Look Up** button.
- Enter **Name** and **Date of Birth** OR **Identifier** and **Date of Birth**. Then click **Search**.
- Click on displayed record.
- Click on **Clear** to clear member search results.
- Click on **New** link to start a new authorization request.
- Under **Request Type**, begin typing to search favorites. If you click on the **Magnifying Glass** icon, a subsequent **Search box** appears. Choose from the available options.

NOTE: Be sure to select the appropriate request type as the assessment or survey questions are related (reference the current [Care Affiliate Request Type List](#)).

- Enter the **Contact Phone** number.
- Under **Requesting Provider/Facility**, enter the provider's name to search favorites, or click on the **Magnifying Glass** icon to enter **NPI** OR **Name**.
- Click on **Use for all Requested Services** if the Requesting Provider is also the Service Provider.
- Under **Diagnosis**, enter correct ICD-10 code(s) OR use the **Magnifying Glass** icon to search for the necessary code.

The table below highlights steps for entering a request for one versus two service lines. **NOTE:** All steps are the same for either scenario except for step 2.

Steps	For 1 Service Line	For 2 Service Lines
1	<ul style="list-style-type: none"> • Click on Service 1. • Enter Service From and To dates. 	
2	<ul style="list-style-type: none"> • Provider: Begin typing to search favorites, or click on the Magnifying Glass icon to enter NPI or name; OR • Facility: Begin typing to search favorites or click on the Magnifying Glass icon to enter NPI or name (If both the Provider and Facility fields display, only populate one of them). 	<ul style="list-style-type: none"> • Facility: Begin typing to search favorites, or click on the Magnifying Glass icon to enter NPI or name. • Procedure: If Site displays under Type, check to see if a value in the quantity field needs to be entered. • Click on Service 2. • Enter Service From and To dates. • Provider: Begin typing to search favorites, or click on the Magnifying Glass icon to enter NPI or name.
3	<ul style="list-style-type: none"> • Procedure: If Site displays under Type, check to see if a value in the quantity field needs to be entered. <ul style="list-style-type: none"> — Click on Edit. — Leave the check in the Primary box. — Procedure: Enter code or description. — Modifiers: Enter information in this field, if applicable — Quantity: Enter or change information in this field as needed. The Qualifier field defaults to Units and can be changed if needed. — Click OK. — Click on arrow to view or Edit to change above information. 	
4	<ul style="list-style-type: none"> • Click on Copy Service Line on the last service line to add more service lines for additional procedure codes. Fields display information from previous service line, so click on Edit to delete and enter desired information. 	
5	<ul style="list-style-type: none"> • Click on X to delete an unneeded service line. After 4 procedure codes are entered, the service lines move to another page. Click on the buttons to move between pages. 	

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To finish a request submission, click on the following (items in bold type):

- **Notes** to enter any additional information. This is not a substitute for submitting clinical information, but this field can be used to notify us of a potential date of service, facility changes, hardware details, or assistant surgeon and NPI#.
- Either **Survey** and **Launch Survey** OR **Assessment** and **Launch Assessment**. There is a question where you can indicate if a request is urgent/expedited. Other questions (if displayed) are specific to the requested service and must be completed to process the review. Click **Complete** or **Done**.
- **Attachments** to attach any clinical information needed for the review. Then, click on **Add File**, label the file in the **Description** field if needed, and then click on **Upload Files**. (**NOTE:** Clinical information is required to complete the review.)
- **Submit**.
- **Refresh icon** to update and review the summary screen.
- **Print** (if desired).

FOLLOW THESE STEPS TO CHECK THE STATUS OF A SUBMITTED AUTHORIZATION REQUEST:

- Click on **Authorizations**.
- Enter desired search parameter information.
- Click on **Search Existing Records**.

Most common search parameters include:

- **Reference #**
- **Member** and **Date of Birth**
- **Requesting Provider** plus either **Service Dates Range** or **Submission Dates Range**

Once you have search results, there are two ways that you can access authorization details and status (**see table below** for details of what each status means):

1. Click on the ► **by the Reference # link** to open an overview of authorization information (e.g., service line, requesting provider, codes, status, etc.).
2. Click on the **Reference # link itself** to view the original screens for submitted information and request status. In this view, you also have the option of printing these screens by clicking on the **Print button** in the upper right-hand corner of the screen.

Status	Meaning
(a) Approved (Complete)—No Letter	Authorization approved with no further review anticipated. No notification letter sent.
(b) Approved (In Progress)—No Letter	Authorization approved with further review needed as service is still in place. No notification letter sent.
(c) Denied—No Letter	Authorization denied. No notification letter sent.
(d) Partial (Complete)—No Letter	Part of the requested service approved and part denied. No further review anticipated. No notification letter sent.
(e) Partial (In Progress)—No Letter	Part of the requested service approved and part denied. Further review needed as service is still in place. No notification letter sent.
(f) Void—No Letter	Authorization voided. No notification letter sent.
(g) Pend	Authorization request pended for review.
(h) Approved (Complete)—With Letter	Authorization approved with no further review anticipated. Notification letter sent.
(i) Approved (In Progress)—With Letter	Authorization approved with further review needed as service is still in place. Notification letter sent.
(j) Denied—With Letter	Authorization denied. Notification letter sent.
(k) Partial (Complete)—With Letter	Part of the requested service approved and part denied. No further review anticipated. Notification letter sent.
(l) Partial (In Progress)—With Letter	Part of the requested service approved and part denied. Further review needed as service is still in place. Notification letter sent.
(m) Void—With Letter	Authorization voided. Notification letter sent (Medicare only).