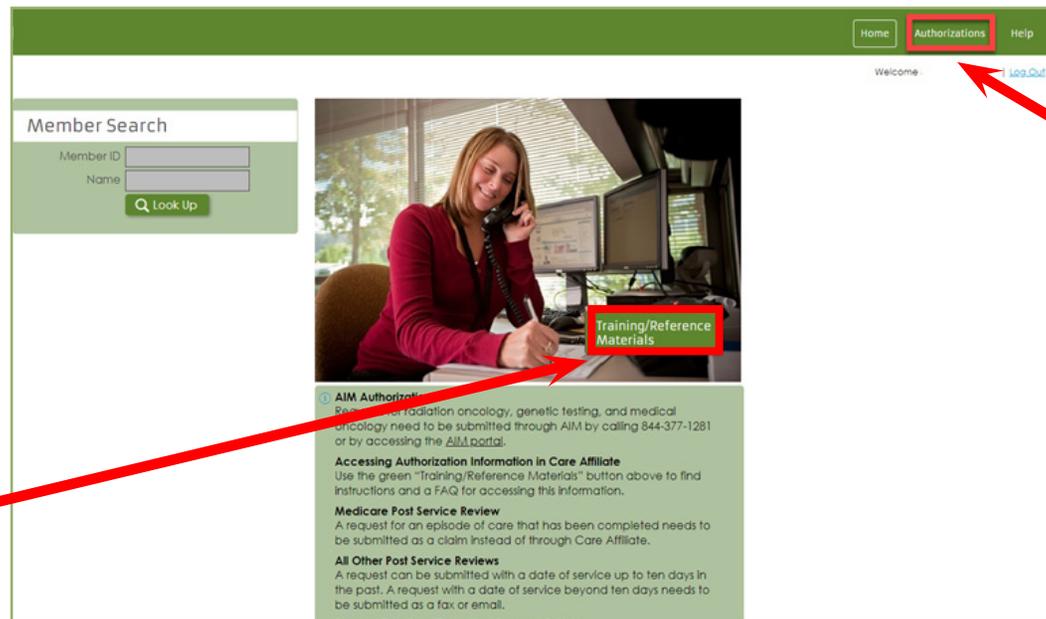




CareAffiliate® Quick Guide: How to Check Authorization Status

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.

Let's get started. Access the [CareAffiliate home page](#). Here you will find these two key links:



1. Authorizations.
Select this link to begin the process of checking authorization status.

2. Reference Materials.

This link lets you access other online services and tools, such as:

- > **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.



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- 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.

Authorizations Search Existing Records

Search Criteria

Member ID: 0645008252
Name: XZTEST, POWERTRAILONE D

Requesting Provider ID:
Servicing Provider ID:
Servicing Facility ID:

Reference #:
Diagnosis: Code Description
Procedure:
Place of Service: (Any)
Service:
Service Dates From: To:
Submission Dates From: To:
Status: (Any)

Reference #	Member ID	Policy ID	Member Name	Member DOB	Requesting Provider	Status	Diagnosis
221037587	0645008252	802101026-00	XZTEST, POWERTRAILONE D	10/10/1992	SPENCER, NEIL O	Certified In Total	Z01.89 : Encntr preprocedural examination

Search by Reference/Authorization Number

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

Authorizations Search Existing Records

Search Criteria

Member ID:
Name:
Requesting Provider ID:
Servicing Provider ID:
Servicing Facility ID:

Reference #: 221000889

Diagnosis: Code Description
Procedure:
Place of Service: (Any)
Service:
Service Dates From: To:
Submission Dates From: To:
Status: (Any)

Reference #	Member ID	Policy ID	Member Name	Member DOB	Requesting Provider	Status	Diagnosis
221000889	0645008252	802101026-00	XZTEST, POWERTRAILONE D	10/10/1992	SPENCER, NEIL O	Certified In Total	Z01.89 : Encntr preprocedural examination

- 3 Click on the black arrow to view authorization details rather than the authorization number.

- 2 Click on Search Existing Records to get results.



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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 for inpatient situations you may encounter. **Note that authorization views for other services will be very similar to the examples below.**

1 Inpatient Procedure: Pended

Pended—This indicates that the authorization is pending review. The status for the complete authorization is the one found on the member stripe. In this case, it says “Pended” despite what might appear on facility information.

Reference #	Member ID	Policy ID	Member Name	Member DOB	Requesting Provider	Status	Diagnosis
0221000891	0645008252	802101026-00	XZTEST, POWERTRAILONE D	10/10/1992	TRAWICK, ROY H	Pended	Z01.89 : Encntr preprocedural examinations
Service Reference #	Service Details						
0221000891-001	Place of Service: Inpatient Hospital Service: Hospital - Inpatient Service Status: (b) Approved (In Progress) - No Letter Procedure: SU01 : Surgical services inpatient Servicing Facility: INTERMOUNTAIN MEDICAL CENTER Servicing Provider: (None) Inpatient Details: Admit Date: (None) Discharge Date: (None) LOS: Status: Approved 03/14/2022-03/16/2022 Days: 3 Reason: M						
0221000891-002	Service From/To: 03/14/2022 - 03/16/2022 Place of Service: Inpatient Hospital Service: Hospital - Inpatient Service Status: (g) Pend Procedure: 27130 : TOTAL HIP ARTHROPLASTY Total Qty: 1.0 Units Servicing Facility: (None) Servicing Provider: TRAWICK, ROY H						

The overall status of this request is Pended. Please note the facility line may show as Approved and should not be confused with the overall status of the request.

2 Inpatient Stay with Procedure: Certified in Total

Reference #	Member ID	Policy ID	Member Name	Member DOB	Requesting Provider	Status	Diagnosis
0221000890	0645008252	802101026-00	XZTEST, POWERTRAILONE D	10/10/1992	SPENCER, NEIL O	Certified in Total	Z01.89 : Encntr preprocedu
Service Reference #	Service Details						
0221000890-001	Place of Service: Inpatient Hospital Service: Hospital - Inpatient Service Status: (b) Approved (In Progress) - No Letter Procedure: SU01 : Surgical services inpatient Servicing Facility: LDS HOSPITAL Servicing Provider: (None) Inpatient Details: Admit Date: (None) Discharge Date: (None) LOS: 0 Status: Approved 03/08/2022-03/10/2022 Days: 3 Reason: Meets Defined Criteria						
0221000890-002	Service From/To: 03/08/2022 - 03/10/2022 Place of Service: Inpatient Hospital Service: Hospital - Inpatient Service Status: (h) Approved (Complete) - With Letter Procedure: 27130 : TOTAL HIP ARTHROPLASTY Total Qty: 1.0 Units Servicing Facility: (None) Servicing Provider: SPENCER, NEIL O						



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3 **Inpatient Stay Only: Certified in Total**—This also indicates approval.

Reference #	Member ID	Policy ID	Member Name	Member DOB	Requesting Provider	Status	Diagnosis
221000890	0645008252	802101026-00	XZTEST, POWERTRAILONE D	10/10/1992	SPENCER, NEIL O	Certified in Total	Z01.89 : Encntr preproc
Service Reference #		Service Details					
0221000890-001		Place of Service: Inpatient Hospital Service: Hospital - Inpatient Service Status: (b) Approved (In Progress) - No Letter Procedure: SU01 : Surgical services inpatient Servicing Facility: LDS HOSPITAL Servicing Provider: (None) Inpatient Details: Admit Date: (None) Discharge Date: (None) LOS: 0 Status: Approved 03/08/2022-03/10/2022 Days: 3 Reason: Meets Defined Criteria					

4 **Inpatient Procedure: Not Certified**—This indicates that the authorization has been denied.

Reference #	Member ID	Policy ID	Member Name	Member DOB	Requesting Provider	Status	Diagnosis
221000890	0645008252	802101026-00	XZTEST, POWERTRAILONE D	10/10/1992	SPENCER, NEIL O	Not Certified	Z01.89 : Encntr preproc
Service Reference #		Service Details					
0221000890-001		Place of Service: Inpatient Hospital Service: Hospital - Inpatient Service Status: (c) Denied - No Letter Procedure: SU01 : Surgical services inpatient Servicing Facility: LDS HOSPITAL Servicing Provider: (None) Inpatient Details: Admit Date: (None) Discharge Date: (None) LOS: 0 Status: Denied 03/08/2022-03/10/2022 Days: 3 Reason: Criteria Not Met					
0221000890-002		Service From/To: 03/08/2022 - 03/09/2022 Place of Service: Inpatient Hospital Service: Hospital - Inpatient Service Status: (j) Denied - With Letter Procedure: 27130 : TOTAL HIP ARTHROPLASTY Total Qty: 1.0 Units Servicing Facility: (None) Servicing Provider: SPENCER, NEIL O					



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5 Inpatient Procedure: 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	Status	Diagnosis
221000892	0645008252	802101026-00	XZTEST, POWERTRAILONE D	10/10/1992	TRAWICK, ROY H	Modified	Z01.89 : Encntr preprocedural examinations
Service Reference #	Service Details						
0221000892-001	Place of Service: Inpatient Hospital Service: Hospital - Inpatient Service Status: (b) Approved (In Progress) - No Letter Procedure: SU01 : Surgical services inpatient Servicing Facility: LOGAN REGIONAL HOSPITAL Servicing Provider: (None) Inpatient Details: Admit Date: (None) Discharge Date: (None) LOS: 0 Status: Approved 03/21/2022-03/23/2022 Days: 3 Reason: Meets Defined Criteria						
0221000892-002	Service From/To: 03/21/2022 - 03/21/2022 Place of Service: Inpatient Hospital Service: Hospital - Inpatient Service Status: (k) Partial (Complete) - With Letter Procedure: 21742 : REPAIR STERN/NUSS W/O SCOPE Total Qty: 1.0 Units Servicing Facility: (None) Servicing Provider: TRAWICK, ROY H						
0221000892-003	Service From/To: 03/21/2022 - 03/22/2022 Place of Service: Inpatient Hospital Service: Hospital - Inpatient Service Status: (c) Denied - No Letter Procedure: 21743 : REPAIR STERNUM/NUSS W/SCOPE Total Qty: 1.0 Units Servicing Facility: (None)						

This request shows a "Modified" status as not all services requested were approved. Viewing the details of the request will show which services were approved and which were denied.

A "Partial" status on a service line represents the specified procedure was approved.

A "Denied" status on a service line represents this procedure was denied.

6 Inpatient Concurrent: Certified in Total—This view appears when a provider/facility makes a secondary request to the initial authorization (applicable to certain situations). This sample demonstrates an authorization with additional dates of service approved.

Reference #	Member ID	Policy ID	Member Name	Member DOB	Requesting Provider	Status	Diagnosis
221000855	0645008252	802101026-00	XZTEST, POWERTRAILONE D	10/10/1992	RIVERTON HOSPITAL	Certified in Total	Z01.89 : Encntr preprocedural e
Service Reference #	Service Details						
0221000855-001	Place of Service: Inpatient Hospital Service: Hospital - Inpatient Service Status: (l) Approved (In Progress) - With Letter Procedure: SU01 : Surgical services inpatient Servicing Facility: RIVERTON HOSPITAL Servicing Provider: (None) Inpatient Details: Admit Date: (None) Discharge Date: (None) LOS: 0 Status: Approved 03/04/2022-03/06/2022 Days: 3 Reason: Meets Defined Criteria Status: Approved 03/07/2022-03/08/2022 Days: 2 Reason: Meets Defined Criteria						

Initial approval
Additional dates approved