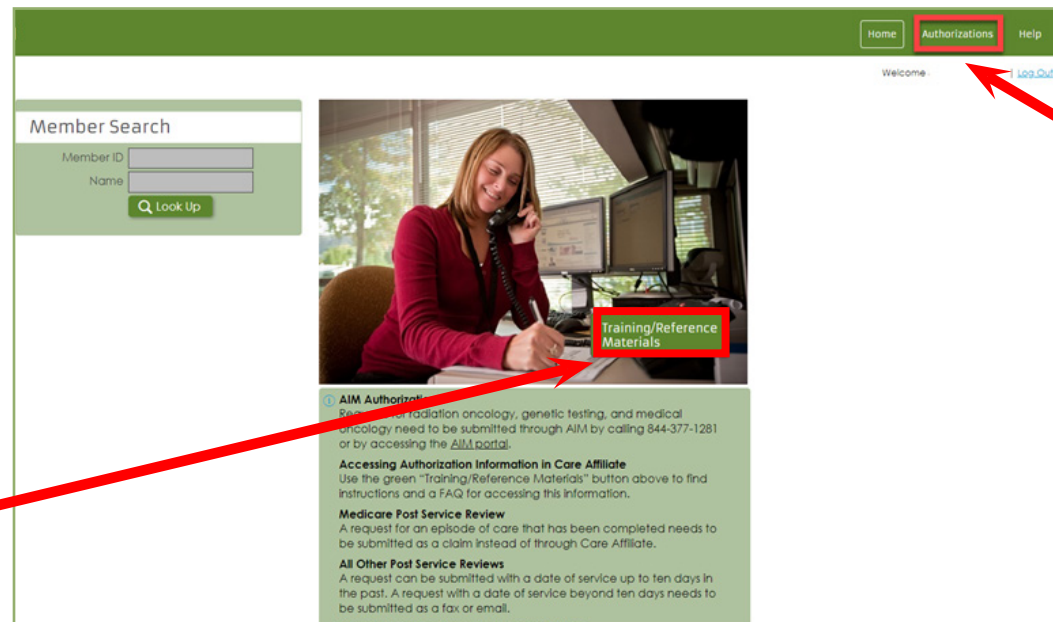




# CareAffiliate® Quick Guide: How to Check Authorization Status

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:



## 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.

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

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.



# CareAffiliate® Quick Guide:

## 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

- 1 **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.

selecthealth PROD 4.3.0.0\_01

Home Authorizations Help

Welcome | Log Out

Authorizations

Search Existing Records New Authorization Clear

Search by:

Member ID

Name

Reference #

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

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

Servicing Facility ID

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
There are no records to display.							

Member Search

Last Name

First Name

Date of Birth\*

Identifier Type

Identifier

1 records matched your criteria. Please choose a record from the grid below.

Member ID	Policy ID	Name	Date of Birth
0645008252	802101026-00	XZTEST, POWERTRAILONE D	10/10/1992



## CareAffiliate® Quick Guide:

### 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.

Authorizations Search Existing Records

Search Criteria

Member ID: 0645008252  
Name: XZTEST, POWERTRAILONE D  
Requesting Provider ID:   
Serving Provider ID:   
Serving 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.

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

Authorizations Search Existing Records

Search Criteria

Member ID:   
Name:   
Requesting Provider ID:   
Serving Provider ID:   
Serving 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

- 2 Click on Search Existing Records to get results.



# CareAffiliate® Quick Guide:

## How to Check Authorization Status, Continued

### 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**—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
<a href="#">221000891</a>	0645008252	802101026-00	XZTEST, POWERTRAILONE D	10/10/1992	TRAWICK, ROY H	Pended	Z01.89 : Encntr preprocedural examinations
Service Reference #	Service Details						
<a href="#">0221000891-001</a>	<b>Place of Service:</b> Inpatient Hospital <b>Service:</b> Hospital - Inpatient <b>Service Status:</b> (b) Approved (In Progress) - No Letter <b>Procedure:</b> SU01 : Surgical services inpatient <b>Servicing Facility:</b> INTERMOUNTAIN MEDICAL CENTER <b>Servicing Provider:</b> (None) <b>Inpatient Details:</b> <b>Admit Date:</b> (None) <b>Discharge Date:</b> (None) <b>LOS:</b> Status: Approved 03/14/2022-03/16/2022 <b>Days:</b> 3 <b>Reason:</b> M						
<a href="#">0221000891-002</a>	<b>Service From/To:</b> 03/14/2022 - 03/16/2022 <b>Place of Service:</b> Inpatient Hospital <b>Service:</b> Hospital - Inpatient <b>Service Status:</b> (g) Pend <b>Procedure:</b> 27130 : TOTAL HIP ARTHROPLASTY <b>Total Qty:</b> 1.0 Units <b>Servicing Facility:</b> (None) <b>Servicing Provider:</b> 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—This indicates that the authorization has been approved.

Reference #	Member ID	Policy ID	Member Name	Member DOB	Requesting Provider	Status	Diagnosis
<a href="#">221000890</a>	0645008252	802101026-00	XZTEST, POWERTRAILONE D	10/10/1992	SPENCER, NEIL O	Certified in Total	Z01.89 : Encntr preprocedu
Service Reference #	Service Details						
<a href="#">0221000890-001</a>	<b>Place of Service:</b> Inpatient Hospital <b>Service:</b> Hospital - Inpatient <b>Service Status:</b> (b) Approved (In Progress) - No Letter <b>Procedure:</b> SU01 : Surgical services inpatient <b>Servicing Facility:</b> LDS HOSPITAL <b>Servicing Provider:</b> (None) <b>Inpatient Details:</b> <b>Admit Date:</b> (None) <b>Discharge Date:</b> (None) <b>LOS:</b> 0 Status: Approved 03/08/2022-03/10/2022 <b>Days:</b> 3 <b>Reason:</b> Meets Defined Criteria						
<a href="#">0221000890-002</a>	<b>Service From/To:</b> 03/08/2022 - 03/10/2022 <b>Place of Service:</b> Inpatient Hospital <b>Service:</b> Hospital - Inpatient <b>Service Status:</b> (h) Approved (Complete) - With Letter <b>Procedure:</b> 27130 : TOTAL HIP ARTHROPLASTY <b>Total Qty:</b> 1.0 Units <b>Servicing Facility:</b> (None) <b>Servicing Provider:</b> SPENCER, NEIL O						



## CareAffiliate® Quick Guide:

### How to Check Authorization Status, Continued

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

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



# CareAffiliate® Quick Guide:

## How to Check Authorization Status, Continued

**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	<b>Place of Service:</b> Inpatient Hospital <b>Service:</b> Hospital - Inpatient <b>Service Status:</b> (b) Approved (In Progress) - No Letter <b>Procedure:</b> SU01 : Surgical services inpatient <b>Servicing Facility:</b> LOGAN REGIONAL HOSPITAL <b>Servicing Provider:</b> (None) <b>Inpatient Details:</b> <b>Admit Date:</b> (None) <b>Discharge Date:</b> (None) <b>LOS:</b> 0 <b>Status:</b> Approved 03/21/2022-03/23/2022 <b>Days:</b> 3 <b>Reason:</b> Meets Defined Criteria						
0221000892-002	<b>Service From/To:</b> 03/21/2022 - 03/21/2022 <b>Place of Service:</b> Inpatient Hospital <b>Service:</b> Hospital - Inpatient <b>Service Status:</b> (k) Partial (Complete) - With Letter <b>Procedure:</b> 21742 : REPAIR STERN/NUSS W/O SCOPE <b>Total Qty:</b> 1.0 Units <b>Servicing Facility:</b> (None) <b>Servicing Provider:</b> TRAWICK, ROY H						
0221000892-003	<b>Service From/To:</b> 03/21/2022 - 03/22/2022 <b>Place of Service:</b> Inpatient Hospital <b>Service:</b> Hospital - Inpatient <b>Service Status:</b> (c) Denied - No Letter <b>Procedure:</b> 21743 : REPAIR STERNUM/NUSS W/SCOPE <b>Total Qty:</b> 1.0 Units <b>Servicing Facility:</b> (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	<b>Place of Service:</b> Inpatient Hospital <b>Service:</b> Hospital - Inpatient <b>Service Status:</b> (l) Approved (In Progress) - With Letter <b>Procedure:</b> SU01 : Surgical services inpatient <b>Servicing Facility:</b> RIVERTON HOSPITAL <b>Servicing Provider:</b> (None) <b>Inpatient Details:</b> <b>Admit Date:</b> (None) <b>Discharge Date:</b> (None) <b>LOS:</b> 0 <b>Status:</b> Approved 03/04/2022-03/06/2022 <b>Days:</b> 3 <b>Reason:</b> Meets Defined Criteria <b>Status:</b> Approved 03/07/2022-03/08/2022 <b>Days:</b> 2 <b>Reason:</b> Meets Defined Criteria						

Initial approval  
Additional dates approved