



Authorizations - CareAffiliate Training Manual Outpatient and Pre-Service Elective Inpatient Services Coordinated Behavioral Health Services





Authorizations - CareAffiliate Training Manual

Outpatient and Pre-Service Elective Inpatient Services

Coordinated Behavioral Health Services

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Note: The member data found in this Training Manual is fictitious data.



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Welcome to HAP's online authorization platform—CareAffiliate!

The initial launch of CareAffiliate was July 2015. In November 2016, a new release was implemented which is reflected in this training manual. **While functionality is the same, existing users will notice the following changes:**

New colors	Blue and orange throughout the application
Authorizations Home Page	After you log in at hap.org and select <i>Authorizations</i> you will have two choices: 1. <i>Search Existing Records</i> (formerly Status module). You can search for existing authorization requests. 2. <i>New Authorization</i> – select to enter a new authorization request.
Required Fields	White and outlined in orange
Procedure	You will select <i>Edit</i> (if available) or <i>Add Procedure</i> (if <i>Edit</i> is not available). Note: if <i>Edit</i> or <i>Add Procedure</i> are not available, then procedure code is not required

Important

Training

- There are several helpful tools to assist you with CareAffiliate.
- Log in at **hap.org** and select the *CareAffiliate Help* link under *Quick Links*.
- You can also find this information on the CareAffiliate home page.

① Resources for HAP Authorizations

HAP Help

Procedure Reference Lists

Frequently Used ICD-10 Diagnosis Codes

NPI Lookup

Logout - do not “X” out

- When logging out of the application, always select **Log Out** and not the X.

Coordinated Behavioral Health Management

- Check the *CBHM Outpatient Authorization Requirement List* under *Procedure Reference Lists*.
- PCPs should call CBHM for authorizations at (800) 444-5755.
- Behavioral type specialists/facilities will only enter outpatient authorizations in CareAffiliate. Call CBHM for all other authorization requests.
- Behavioral/substance abuse admissions will not be entered in CareAffiliate.

eviCore

Cardiac imaging, musculoskeletal procedures, radiation therapy, high-tech radiology services and sleep studies require clinical review and prior authorization from eviCore at eviCore.com.

Important Phone Numbers

Issue	Contact	Hours
Help with Authorizations application-CareAffiliate including: <ul style="list-style-type: none"> • Authorizations missing from home page • Password resets • System lockout 	Provider Services at: (866) 766-4708 OR prelweb1@hap.org	Monday-Friday 8:00 a.m. to 4:30 p.m.



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When not to use CareAffiliate

Do Not Use CareAffiliate for:

- Boarder Babies
- Denied cases where you need to provide additional clinical information
- Location Transfers
- Peer to Peer
- Level of care transfers – if a member requires a higher level of care at another facility

Please continue to call HAP's Admissions and Transfers Team at (313) 664-8833, option 3.

Do Not Use CareAffiliate for:

- Inpatient Rehabilitation at Hospitals
- Long-term Care at Hospitals
- Skilled Nursing Facilities
- Sub-Acute Rehabilitation

You can contact (313) 664-8800 to inquire about a request that is currently being processed for placement or questions regarding the precertification process.



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Time Saving Tips!

Following the tips below will save you time!

1. Check to see if the service/procedure needs an authorization

- Log in at **hap.org**
- Select *Procedure Reference Lists* under *Quick Links*
- Select appropriate list under *Prior Authorizations Lists*

Procedure Reference Lists
Prior Authorization Lists
[Prior Authorization List Summary](#)
 Services that require Prior Authorization List (formerly called Referral Requirement list) ([PDF](#) | [Excel](#))
 Summary of Changes [August 2016](#)
 CBHM Outpatient Authorization Requirement List (formerly called CBHM Referral Requirement list) ([PDF](#) | [Excel](#))
 Summary of Changes [January 2016](#)
 DME Services that require Prior Authorization List (formerly called DME Referral Requirement list) ([PDF](#) | [Excel](#))
 Summary of Changes [August 2016](#)
 How to Access Procedure Reference List ([PDF](#))

- Check the column - *Prior Auth Required*

Services that require Prior Authorization List					
Code	Description	Prior Auth Required	Key	Rider Requirement	Product Lines
21049	REQUIRING EXTRA-ORAL OSTEOTOMY	No			ALL
21050	CONDYLECTOMY, TEMPOROMANDIBULAR	Yes			ALL
21060	MENISCECTOMY, PARTIAL OR COMPLETE	Yes			ALL
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	Yes			ALL
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT	Not Covered			HAP, AHL, FED, UAW, MED

Note: Prior authorization is always required:

- For services that are out of network when the member is in an integrated delivery system
- When a member in an integrated delivery system or an open delivery system wants to see a non-participating provider

2. Choose the correct Request Type – see tips in this manual

3. Submit complete information

- Ensure all required fields outlined in orange are completed
- The more information you provide upfront, the better your chances of receiving a quick determination

The fastest and most efficient way of submitting authorizations and checking status is online! It is not quicker to call it in.

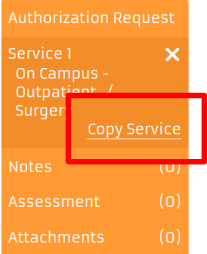




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Helpful Tips

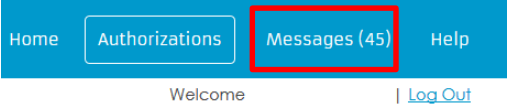
Tip	Details
Adding/Copying another service	<p>From <i>Service 1</i> screen, after you finish entering the first service:</p> <ul style="list-style-type: none"> Select <i>Copy Service</i> and make the appropriate changes 
Adding providers to your drop down	<ul style="list-style-type: none"> The first time that you request an authorization from each individual provider in your site, you will need to search by clicking the magnifying glass icon. Once the provider is selected, the Requesting Provider/Facility field will populate. For all future authorizations, you will no longer need to search. Begin typing the NPI or name and the provider will appear for you to select. If you cannot find one of your providers, please contact the Provider Services at (866) 766-4708 or prelweb1@hap.org.
Assessments	<ul style="list-style-type: none"> Complete all required fields outlined in orange. Complete white field with appropriate information. Complete <i>Assessments</i> with as much information as possible. Responding with N/A or incomplete information will cause a delay in the turnaround time of your request.
Attachments	<ul style="list-style-type: none"> You can attach external files (PDF, Word, Excel, etc.) to a maximum of 32 MB that provide clinical support for your request. Electronic files, including faxes, must be HIPAA compliant and only contain information for one specific member.
Copy/pasting into fields	<ul style="list-style-type: none"> Do not paste directly into a field from a document or application. Field types must match (i.e., cannot copy text into a date field, etc.). All of the formatting must be removed from your document. You can do this via Notepad or a similar application if you are not using a Microsoft based system. Simply: <ul style="list-style-type: none"> Copy document/item from your system/file (Epic, Word, etc.) Open Windows Notepad and paste the document/item into the Notepad Copy text from Notepad Paste it into the appropriate field in <i>Assessments</i> or <i>Notes</i> <p>Important:</p> <ul style="list-style-type: none"> There is a 2,000 character (including spaces) limitation for each field. There is no warning — any characters exceeding the limit will be cut off.
Default Provider	<p>From the <i>Service 1</i> screen:</p> <ul style="list-style-type: none"> Select the magnifying glass to search by NPI or Name; if Provider or Facility does not return, uncheck “Contract Only” and search again. If no records return, enter Provider NPI AUTH99999999 (AUTH9*), or Facility NPI FAC99999999 (FAC99*) and select the record – <i>Provider, Default</i> Select <i>Note</i> link in left panel and enter provider and/or facility complete name, NPI or Out of Country Code, address, phone, fax and specialty. You can also select the  for instructions.
In-line Messages	<ul style="list-style-type: none"> Fields with this icon contain instructions on the information that should be entered. Select it to see details. 



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Tip	Details
Messages	<ul style="list-style-type: none">• Messages or statuses on authorization requests will appear in Messages.• Requests for additional information for a request will appear in your Messages.• It's important to check your Messages daily.• You cannot reply to Messages. 
Reference Number	When you submit an authorization, you will receive a Reference Number. It does not indicate approval. You need to refer to the submission outcome.
Request Types	Outpatient Authorizations It is helpful to think about: <ul style="list-style-type: none">• The setting—where is the procedure being performed (outpatient, inpatient, in the office).• The type of service. There are some Request Type profiles for specific services (e.g. bariatric surgery and breast reductions, along with many other service specific profiles). <p>Note: If you can't find a specific Request Type for the service/item, use a general profile (e.g., office other medical services).</p>
Search using the Wild Card	For Member and Provider Names Type 5 characters and * Example: Johns* or Lee__ __* (note if a last name has less than 5 letters, use spaces)
	For Diagnosis and Procedure Code/Description Use the * before and after the first 3 characters of a code/description. Example: *123* OR *bar*
	For Request Type Description use the * before and after the first 3 letters of a description Example: *inp*
Submission Outcomes	<ul style="list-style-type: none">• No Action Required: Indicates no authorization required for the request.• Certified in Total: Indicates authorization approved• Pended: Indicates requires review• Not Certified: Denied



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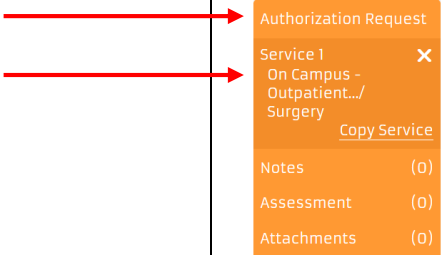
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Alert Messages

You can find Alert messages under the navigation bar or as pop-up messages. They indicate a potential issue with your authorization request. Read the warnings carefully as some:

- Will not allow the authorization to be submitted and will provide instructions to correct
- Are missing required information
- Are informational only and will allow submission

Alert Message	Details
Required Fields	<p>There are required fields that must be completed before you can submit the request.</p> <p>You can return to the <i>Authorization Request</i> or <i>Service 1</i> screens to find the missing data.</p>  <p>Authorization Request</p> <p>Service 1 ✕</p> <p>On Campus - Outpatient.../ Surgery</p> <p>Copy Service</p> <p>Notes (0)</p> <p>Assessment (0)</p> <p>Attachments (0)</p>
Potential Duplicate Authorization	The authorization request may have already been submitted for the member. (Note – if you want to proceed, you will need to select Submit twice.)
A more specific diagnosis code exists for the condition specified	There may be a more specific diagnosis for the procedure/service.
Authorization required from eviCore	The authorization request must be submitted to eviCore.
Authorization required from Pharmacy Advantage	The medication is included in the Specialty Drug Program requests for coverage. It must be faxed to Pharmacy Advantage.
Timing Out	<ul style="list-style-type: none">• After 29 minutes of inactivity you will receive a warning that your session will time out in 1 minute.• You will lose any information that has not been submitted.• Select OK to continue working.



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The following pages illustrate entering a new authorization.

- For demonstration purposes, the scenario below is used.
 - Request Type: Office-Blepharoplasty
 - Diagnosis code: H02.001
 - Procedure code: 15822



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Steps for Entering a New Authorization

- Log in at **hap.org**
- Check *Procedure Reference Lists* to see if an authorization is required
- Select *Authorizations*

The screenshot shows the HAP website dashboard. At the top is the HAP logo and navigation links: About Us, Contact Us, Community Events, Newsroom, and Careers. There are also links for Print Page and Log Out. Below the navigation bar, a welcome message is followed by a lock icon and a link to Update Profile. A search bar is on the right. The main banner features the text "Working toward a healthier Michigan." and a photo of a healthcare professional. Below the banner are five tabs: My Tools, Working with HAP, Caring for Patients, Find a Doctor/Facility, and Prescriptions. The My Tools tab is active, displaying a grid of tools. The "Authorizations" tool is highlighted with a red box. To the right of the tools grid is an "Announcements" section with a "CareAffiliate Update - Important news for Hospital Users" link. Below that is a "Quick Links" section with a list of links, including "Procedure Reference Lists" which is also highlighted with a red box.

My Tools | Working with HAP | Caring for Patients | Find a Doctor/Facility | Prescriptions

- Authorizations**
Create and manage outpatient, inpatient, and medical drug authorizations
- Claims**
View claims and remittance advice or submit appeals
- Coordination of Benefits**
Notify HAP of other coverage
- Member Eligibility**
View member benefit and coverage information
- Reports**
View physician report cards and other reports from HAP
- Referral Entry - View Only**
View referrals created before 7/13/2015
- Code Editing Explanation**
Review claim editing rules
- Health Engagement**
Submit a Member Qualification Form
- Member Health Manager**
View health services and screenings that are overdue
- Referral Search**
View referrals from the last three years
- Benefit Admin Manual**
Search our 800 page benefit manual
- Contracts, Benefit Guides & Riders**
View members' plan documents
- Lab Data Entry**
Enter lab results

Announcements

CareAffiliate Update - Important news for Hospital Users [more](#)

If your patient transitioned from HealthPlus to HAP, historical claims are still available at [healthplus.org](#). Log in to the HealthPlus Provider portal for access. [more](#)

Cigna Claims Change [more](#)

Eff. 4/1 - Change in member eligibility verification [more](#)

Quick Links

- Billing Manual
- CareAffiliate Help
- Clinical Information Forms
- Fee Schedules
- HCM On-Call Schedule
- HealthPlus Claims
- ICD-10 Compliance
- Medication Request Forms
- Payment Integrity Department
- Procedure Reference Lists**
- Provider Newsroom



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- Select *Authorizations*

hap

Home Authorizations Messages (45) Help

Welcome | [Log Out](#)

Member Search

Member ID

Name Format: Last, First M.I.

[Look Up](#)

Resources for HAP Authorizations

- [HAP Help](#)
- [Procedure Reference Lists](#)
- [Frequently Used ICD-10 Diagnosis Codes](#)
- [NPI Lookup](#)

- Select *New Authorization*

hap

Home Authorizations Messages (45) Help

Welcome | [Log Out](#)

Authorizations

[Search Existing Records](#) [New Authorization](#) [Clear](#)

Member ID

Name Format: Last, First M.I.

Requesting Provider ID

Name Format: Last, First M.I.

Requesting Group ID

Name Format: Last, First M.I.

Location

☒ Include location as criteria

Servicing Provider ID

Name Format: Last, First M.I.

Servicing Group ID

Name Format: Last, First M.I.

Location

☒ Include location as criteria

Servicing Facility ID

Name

Location

☒ Include location as criteria

Reference #

Diagnosis Code Description

Procedure

Place of Service (Any)

Service

Service Dates From To

Submission Dates From To

Status (Any)

Reference #	Member ID	Member Name	Member DOB	Status	Diagnosis
There are no records to display.					



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- Complete all required fields outlined in orange (See table below for details on what to enter in each field).

hap

Home Authorizations Messages (45) Help

Welcome | Log Out

Authorizations

General Information

Member ID

Name Format: Last, First M.I.

Request Type

Requester

Contact Name

Contact Phone

Requesting Provider/Facility

Requesting Group

☐ Requesting Group
Do not enter a group

☐ Use for all Requested Services

Field	What you should enter
Member ID	11-digit Member ID Number; TAB and Member Name will auto populate
Name	Member name; TAB and Member ID will auto populate (you can enter 5 characters and a wild card *) or click magnifying glass icon to search
Request Type	<p>The <i>Request Type</i> is essentially the place of service and service combined. It determines what fields auto populate throughout the authorization—less data entry for you!</p> <ul style="list-style-type: none">• To search for a <i>Request Type</i>:<ul style="list-style-type: none">• Click on the magnifying glass next to <i>Request Type</i>• Place your cursor in the <i>Request Type Description</i> field• Use a wildcard * before and after the first three letters of a word in the description column (do not search on the procedure code)• Click <i>Search</i>• Review details if present• Choose appropriate <i>Request Type</i> <div><div>Request Type Selection</div><div><div>Request Type Description</div><div>Procedure</div><div>Specialty</div><div>Show Inpatient Only</div><div>Show Behavioral Health / Substance Abuse only</div><div>Search</div><div>Clear</div><div>Cancel</div></div><div><div>code</div><div>Description</div><div>Details</div><div>There are no records to display.</div></div></div> <p>Note: If you realize you have entered the wrong <i>Request Type</i>:</p> <ul style="list-style-type: none">• Select Home (from the navigation bar)• Answer Yes to confirm you want to lose all changes• Start over

Note: after you enter the *Request Type*, the screen will change – see next page.

Note: after you enter the *Request Type*, the screen will change – see next page.



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- Complete all required fields outlined in orange (See table below for details on what to enter in each field).

Field	What you should enter
Event Classification	Appropriate field from drop down menu (sometimes it auto populates)
Case Type	Nothing, it will auto populate.
Contact Name	Enter the name of person entering authorization
Contact Phone	The best phone number HAP can contact you with questions
Requesting Provider/Facility	The name or NPI of the physician/facility you logged in with
Requesting Group	Leave blank
Diagnosis	The ICD-10 DX code with or without a decimal; TAB and the description auto populates. You can also search for the code by clicking on the magnifying glass. See searching tips in this manual.

See next page for screen shot of all fields completed.



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Screen shot of **General Information**, **Request** and **Diagnosis** fields completed.

- Next, select **Service 1**

The screenshot shows the HAP Authorizations form. The top navigation bar includes the HAP logo, Home, Authorizations, Messages (45), and Help. A 'Welcome' message and a 'Log Out' link are also present. The main form is titled 'Authorizations' and has a 'Submit' button. On the left, there is a sidebar with a 'Return To Search' link and a list of items: 'Authorization Request', 'Service 1', 'Office/ Surgery', 'Notes (0)', 'Assessment (0)', and 'Attachments (0)'. The 'Service 1' item is highlighted with a red box. The main form is divided into three sections: 'General Information', 'Requester', and 'Diagnoses'. The 'General Information' section contains fields for Member ID (10000000001), Name (DOE, JANE), Request Type (Office Blepharoplasty), Event Classification (None), and Case Type (Surgical). The 'Requester' section contains fields for Contact Name (Person Entering Request), Contact Phone (3131234567), Requesting Provider/Facility (NPI and name of physician logged in as), and Requesting Group. There is also a checkbox for 'Use for all Requested Services'. The 'Diagnoses' section contains a field for Diagnosis (ICD10 H02.001 Unspecified er).

hap

Home Authorizations Messages (45) Help

Welcome | Log Out

Authorizations Submit

[Return To Search](#)

Authorization Request

Service 1

Office/ Surgery

Notes (0)

Assessment (0)

Attachments (0)

General Information

Member ID 10000000001

Name DOE, JANE

Request Type Office Blepharoplasty

Event Classification (None)

Case Type Surgical

Requester

Contact Name Person Entering Request

Contact Phone 3131234567

Requesting Provider/Facility NPI and name of physician logged in as

Requesting Group

Requesting Group
Do not enter a group

☐ Use for all Requested Services

Diagnoses

Diagnosis ICD10 H02.001 Unspecified er



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- Complete all required fields outlined in orange (See table below for details on what to enter in each field).

Field	What you should enter
Service From Service To	The date the service will begin and end. Note: typically this is auto populated with today's date through 90 days. You can change the date if necessary.
Provider	The physician or facility providing the service Note: if you used a facility request type you will need to complete the <i>Facility</i> field. See next page for illustration.
Provider Specialty	Optional unless you are entering a pharmacy request
Provider Role	Optional
Procedure Information	<p>The appropriate procedure code:</p> <ul style="list-style-type: none">• Select Edit and either enter the code in the <i>Procedure</i> field or select magnifying glass to search. See search tips in this manual.• Enter appropriate quantity and unit type <div><p>Edit Procedure</p><p>Primary <input checked="" type="checkbox"/></p><p>Procedure <input type="text"/></p><p>Entering billing units in Quantity For services provided in the OUTPATIENT setting only; please note the billing unit size for the procedure code. You must enter correct number ...</p><p>Quantity <input type="text"/> Units <input type="text"/></p><p>per every <input type="text"/> (None) <input type="text"/></p><p>for <input type="text"/> (None) <input type="text"/></p><p>Total <input type="text"/></p></div>

See page 16 for screen shot of all fields completed.



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Example of *Service 1* fields when a request type is chosen in the outpatient setting instead of office setting. In our example, choosing the *Request Type* of OP Hospital Blepharoplasty, the *Facility* field would appear on the *Service 1* screen.

Home Authorizations Messages (45) Help

Welcome | [Log Out](#)

Authorizations Submit

[Return To Search](#)

Authorization Request

Service 1 ×
On Campus -
Outpatient.../
Surgery
[Copy Service](#)

Notes (0)

Assessment (0)

Attachments (0)

Service #1 - Surgery

Status Reason Requires Review

Place of Service On Campus - Outpatient Hospital

Service Surgery

Service From 09/13/2016

To 03/12/2017

Provider Q i

i **Default Provider**
Select the blue "i" for help entering Default/Non-Contracted Providers

Facility Q

Provider Specialty

Provider Role (None) ▼

Procedure Information

ⓘ Add Procedure ✖ Delete Selected

Type	Procedure	Total Qty	Primary
<input type="checkbox"/>	Edit		<input checked="" type="checkbox"/>



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Screen shot of **Service 1** fields completed

- If you have another service to add, select *Copy Service* and make the appropriate changes.
- Next, select *Assessment*

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Home Authorizations Messages (45) Help

Welcome | Log Out

Authorizations Submit

[Return To Search](#)

Authorization Request

Service 1 Office/ Surgery X

[Copy Service](#)

Notes (0)

Assessment (0)

Attachments (0)

Service #1 - Surgery

Status Reason Requires Review

Place of Service Office

Service Surgery

Service From 07/30/2016

To 01/26/2017

Provider Physician/Facility providing the service

Default Provider
Select the blue "i" for help entering Default/Non-Contracted Providers

Provider Specialty

Provider Role (None)

Procedure Information

Add Procedure Delete Selected

Type	Procedure	Total Qty	Primary
CPT	15822 - Blepharoplasty, upper eyelid;	1	✓

- Select *Launch Assessment*

hap

Home Authorizations Messages (45) Help

Welcome | Log Out

Authorizations Submit

[Return To Search](#)

Authorization Request

Service 1 Office/ Surgery

Notes (0)

Assessment (0)

Attachments (0)

Assessment

An assessment has not been completed for this request. To perform one, click the "Launch Assessment" button below.

Launch Assessment



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- **Complete all required fields outlined in orange. Complete white fields with appropriate information.**
 - When finished entering all the fields, select *Complete*.
 - You will receive an *Assessment Summary*.
- Important! Complete Assessment with as much information as possible. Responding with n/a or incomplete information will cause a delay in the turnaround time of your request.**

- Review summary and make any corrections or additions in *Additional Notes*.



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Attachments (if you have any)

- Select *Attachments*
- Select *Add File*
- Search for your file and select it

hap Home Authorizations Messages (45) Help

Welcome | [Log Out](#)

Authorizations [Return To Search](#) [Submit](#)

Authorization Request

Service 1
Office/
Surgery

Notes (0)

Assessment (0)

Attachments (0)

Attachments

File Name	Date/Time Attached	File Size	Status
There are no records to display.			

[Add File](#)

- Select *Upload File*

hap Home Authorizations Messages (45) Help

Welcome | [Log Out](#)

Authorizations [Return To Search](#) [Submit](#)

Authorization Request

Service 1
Office/
Surgery

Notes (0)

Assessment (0)

Attachments (0)

Attachments

File Name	Date/Time Attached	File Size	Status
► Blepharoplasty attachment.docx		12 KB	Pending Attachment Delete

[Add File](#) [Upload File\(s\)](#)

File attached

hap Home Authorizations Messages (45) Help

Welcome | [Log Out](#)

Authorizations [Return To Search](#) [Submit](#)

Authorization Request

Service 1
Office/
Surgery

Notes (0)

Assessment (0)

Attachments (1)

Attachments

File Name	Date/Time Attached	File Size	Status
► Blepharoplasty attachment.docx	07/31/2016 7:42 AM	12 KB	Attached Delete

[Add File](#)



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Notes (optional)

A free text field where you can add details about the authorization that will help HAP with the decision-making process for the request. It's additional information that you haven't included with the request and this is your last chance before you submit.

- Select *Notes* and add text

The screenshot shows the HAP Authorizations page. The top navigation bar includes the HAP logo, Home, Authorizations, Messages (45), and Help. Below the navigation bar, the page title is "Authorizations" with a "Submit" button on the right. A "Return To Search" link is on the left. The main content area is divided into two sections: "Authorization Request" on the left and "Notes" on the right. The "Authorization Request" section has a sidebar with "Service 1 Office/ Surgery", "Notes (0)", "Assessment (0)", and "Attachments (0)". The "Notes" section has a text input field with an "Add" button. A red arrow points from a red box containing the text "Enter text here" to the text input field.

- If you are finished with request, click *Submit*.

The screenshot shows the HAP Authorizations page after a file has been attached. The top navigation bar is the same. The page title is "Authorizations" with a "Submit" button on the right. A "Return To Search" link is on the left. The main content area is divided into two sections: "Authorization Request" on the left and "Attachments" on the right. The "Authorization Request" section has a sidebar with "Service 1 Office/ Surgery", "Notes (0)", "Assessment (0)", and "Attachments (1)". The "Attachments" section has a table with columns: File Name, Date/Time Attached, File Size, Status, and a "Delete" link. The table contains one row: "Blepharoplasty attachment.docx", "07/31/2016 7:42 AM", "12 KB", "Attached", and "Delete". An "Add File" button is on the right. A red box highlights the "Submit" button in the top right corner.

File Name	Date/Time Attached	File Size	Status	
Blepharoplasty attachment.docx	07/31/2016 7:42 AM	12 KB	Attached	Delete




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- You will receive the *Confirm* message below. If you are ready to submit, select *Yes*.

Confirm ✕


 Please make all your changes to this authorization request before submitting.

Are you ready to submit your changes?

- You will obtain a submission outcome and a *Reference #*. Note: the Reference # does not mean the request is approved. Refer to the status outcome.

 Home Authorizations Messages (45) Help

Welcome | [Log Out](#)

 Your request has been successfully submitted.

DOE, JANE • FEMALE • 56 years • Reference # 600095684 • (Pended) 1 message(s) [show all](#) [Clear](#)

[Return To Search](#) [Edit](#) [Print](#)

Authorization Request
Service 1 - (Pended)
Office/
Surgery

Notes (0)
Assessment (1)
Attachments (1)

General Information
[Member ID](#) 1000000001
Name DOE, JANE
Request Type Office Blepharoplasty
Event Classification Pre-service
Case Type Surgical

Requester
Contact Name KNIGHT, MARIBETH
Contact Phone 3131234567
[Requesting Provider/Facility](#) 1083681365 - KNIGHT, MARIBETH

Diagnoses
[Diagnosis](#) ICD10 - H02.001 - Unspecified entropion of right upper eyelid



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- You can print a copy by selecting the print icon.

hap Home Authorizations Messages (45) Help

Welcome | Log Out

✓ Your request has been successfully submitted. 1 message(s) show all Clear

DOE, JANE • FEMALE • 56 years • Reference # 600095684 • (Pended) Edit Print

[Return To Search](#)

Authorization Request

Service 1 - (Pended)
Office/
Surgery

Notes (0)

Assessment (1)

Attachments (1)

General Information

Member ID 10000000001
Name DOE, JANE
Request Type Office Blepharoplasty
Event Classification Pre-service
Case Type Surgical

Requester

Contact Name KNIGHT, MARIBETH
Contact Phone 3131234567
Requesting Provider/Facility 1083681365 - KNIGHT, MARIBETH

Diagnoses

Diagnosis ICD10 - H02.001 - Unspecified entropion of right upper eyelid

- If you need to enter more additional authorizations, select *Home*. If you are finished, select *Log Out*.

hap Home Authorizations Messages (45) Help

Welcome | Log Out

✓ Your request has been successfully submitted. 1 message(s) show all Clear

DOE, JANE • FEMALE • 56 years • Reference # 600095684 • (Pended) Edit Print