Inpatient – Emergency Hospitalization

Field	Selection
Eligibility	Click on radio button next to eligibility information
Auth Type	Inpatient-Emergency Hospitalization
Provider Details	
Facility Provider	Select "CMAP ID" from dropdown selection and enter Facility CMAP ID*
Admitting Provider	Search for admitting provider and select correct provider*
Auth Basic Details	
Notification date/time	Enter letter "t" and hit "tab" key
Admission Date	Select admission date and time from calendar
Expected Discharge Date	Not required
Admission Type	Emergent
Auth Priority	IP Standard
Treatment Type	Select as appropriate; i.e., Medical
Request Sent	Web Portal
Diagnosis and Service Codes	
Diagnosis Code	Enter ICD-10 diagnosis code*
Procedure Description	ADMITDSS*
Procedure Code	Auto-populated based on description selection
Unit Type	Days
From Date	Admission date
To Date	Same as admission date
Req	Auto-populated
Appr	Not applicable
Additional Details	
Leave this section blank	
Notes	
Provide the following information: *MRN:* *Hospital Campus:* *Contact person name & phone:* *Important information: Medicare A Exhausted, OBS to IP admission, Member with BH dx in ICU*	

*** Use "down arrow" on keyboard to select**

Add Notes	
From "Auth Details" page	Click on ⋮ (3 dots) icon and select "Add Notes"
Note Type	Add'l Auth Information – Provider Use Only
Notes	Type or copy/paste clinical notes
Save	Receive message "notes added successfully" – Click on "x" to exit

Add Documents	
From "Auth Details" page	Click on ⋮ (3 dots) icon and select "Add Notes"
Document Type	Clinical Information
Description	Enter description
Select Files	Click on "Select Files" to upload the appropriate record

REQUEST AUTHORIZATION

Member Name : **Donna Smith** | CHNCT Member ID : **H557272435** | DOB : **02/05/1971** | PCP : **N/A** | Auth Owner : **N/A** | Auth Status : **N/A**
Auth Class : **InPatient**

Eligibility Verification

Select Eligibility and Auth Template

Active ⬤ Inactive

⦿ LOB **ASO- Medicaid**
Code 0013

Benefit Plan **HUSKY A**
Code 1013

Status **Active**
Start Date 04/01/2016   End Date 12/31/2999

Coverage Code **HUSKY A FOR PARENTS AND CARETAKERS**
Code 3047

Care Setting/Auth type

[InPatient-Emergency Hospitalizat ⌄]

Provider Details

Where Are Requested Services Performed?

Facility Provider Name
[CMAP ID ⌄] [SAINT FRANCIS HOSPITAL AND MEDICAL CENTER] i 🔍 *

Facility Provider Phone
[860-714-4613] *

Facility Provider Alternate Phone
[Alternate Phone]

Facility Provider Fax
[860-714-8025] *

Admitting Provider Name
[Provider Name ⌄] [ZACK J WILLIAMS] i 🔍 *

Admitting Provider Phone
[860-224-5661]

Admitting Provider Alternate Phone
[Alternate Phone]

Admitting Provider Fax
[000-000-0000]

Auth Basic Details

Where Are Requested Services Being Performed?

Notification Date and time
[10/26/2020 08:26 AM] *

Admission Date and time
[10/25/2020 12:15 AM] *

Expected Discharge Date
[MM/DD/YYYY]

Admission Type
[Emergent ⌄] *

Auth Priority
[IP Standard ⌄] * ☐ Is Extension

Treatment Type
[Medical ⌄] *

Request Sent
[Web Portal ⌄] *

Diagnosis and Service Codes

Diagnosis Codes

ICD Version : [ICD-10 ⌄]

Diagnosis Description
[OTHER GENERAL SYMPTOMS AND SIGNS] *

Diagnosis Code
[R68.8] * ➕ ➖

Procedure Codes

Procedure Description	Procedure Code	Unit Type	From Date	To Date	Req.	Appr.		
DSS- INPATIENT EMERGENCY 🔍 *	ADMIT *	Days ⌄ *	10/25/2020 *	10/25/2020 *	1 *	[ ]	☐ ➕ ➖	

Notes

Notes   :

MRN:
Hospital Campus:
Contact person name & phone:
Comments:

*

[**Save**]

Inpatient – Emergency Hospitalization Authorization Request Steps

1. Log in
2. Click on "Authorization" tab
3. Select "**Inpatient**" icon InPatient
4. Enter member's date of birth (dashes required) and Medicaid ID number
5. Select member by clicking on radio button
   a. If member information does not display, contact the prior authorization unit

REQUEST AUTHORIZATION ✕

Member Search

*Member DOB		*Member Id
02/05/1971	📅	557272435

Find Member   Clear

	CHNCT Member ID	Last Name	First Name	Gender	Birth Date
○	H557272435	Smith	Donna	Female	02/05/1971

6. **Eligibility:** click on radio button next to eligibility information
   a. If eligibility information is not available, please contact the prior authorization unit
7. **Auth Type:** Inpatient-Emergency Hospitalization
8. **Provider Details**
   a. Facility Provider:
      i. Select "CMAP ID" from dropdown selection
         1. Enter your facility billing CMAP ID and click on "down arrow" on your keyboard to select your facility
      ii. Enter facility phone and fax numbers
   b. Admitting Provider:
      i. Search for admitting provider and select correct provider
9. **Auth Basic Details**
   a. Notification date/time: type letter "t" and hit "tab" key
   b. Admission Date: select date and time from calendar
   c. Expected Discharge Date: not required
   d. Admission Type: Emergent
   e. Auth Priority: IP Standard
   f. Treatment Type: select as appropriate; i.e., Medical
   g. Request Sent: Web Portal
10. **Diagnosis and Service Codes**
    a. Diagnosis Code: type ICD-10 code
       i. Use "down arrow" to select code
       ii. Use + sign to add codes as needed
    b. Procedure Code: DSS- INPATIENT EMERGENCY HOSPITALIZATION

  i. Procedure Description: Type "admitdss" and click "down arrow" to select

  ii. Procedure Code: auto-populated based on description selection

  iii. Unit Type: Days

  iv. From Date: enter admission date

  v. To Date: enter same admission date

  vi. Req: auto-populated

  vii. Appr: not applicable

11. **Additional Details**
    a. Leave all sections blank
12. **Notes**
    a. Provide the following information in notes:

   MRN:

   Hospital Campus:

   Contact person name & phone:

   Important information: Medicare A Exhausted, OBS to IP admission, Member with

   BH dx in ICU, etc.

13. **Save**

14. **Add notes**
    a. Find the created authorization request from the Auth Details page
    b. Click on ⋮ (3 dots) icon and select Add Notes
    c. Select Note Type: Add'l Auth Information – Provider Use Only
    d. Notes: enter notes
    e. Save: receive message "notes added successfully"
    f. Exit: click on "x"

ADD NOTES	✖
Notes Type:	Add'l Auth Information - Provider Use C ⌄
Notes:	Type or copy/paste clinical information here
Notes URL:	
Save **Cancel**	

15. **Add Documents**
    a. Find the created authorization request from the Auth Details page
    b. Click on ⋮ (3 dots) icon and select "Add Documents"
    c. Document Type: Clinical Information
    d. Description: enter description
    e. Click on "Select Files" to upload the appropriate record
    f. Save

ADD DOCUMENT   ✖

Document Type: Clinical Information ⌄

Description: UR notes attached

Select File: Select files...

⊞ Test doc.docx   ✕
12 KB

Save   **Cancel**