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.
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.
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.

Search by Reference/Authorization Number

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

2 Click on Search Existing Records to get results.

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

   ![Inpatient Procedure: Pended](image)

   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.

   ![Inpatient Stay with Procedure: Certified in Total](image)
3 Inpatient Stay Only: Certified in Total—This also indicates approval.

<table>
<thead>
<tr>
<th>Reference #</th>
<th>Member ID</th>
<th>Policy ID</th>
<th>Member Name</th>
<th>Member DOB</th>
<th>Requesting Provider</th>
<th>Status</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>221000890</td>
<td>0645008252</td>
<td>802101026-00</td>
<td>XTEST, POWERTAILONE D</td>
<td>10/10/1992</td>
<td>SPENCER, NEIL O</td>
<td>Certified in Total</td>
<td>201.89 : Enctr preproc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Reference #</th>
<th>Place of Service</th>
<th>Service</th>
<th>Service Status</th>
<th>Procedure</th>
<th>Servicing Facility</th>
<th>Servicing Provider</th>
<th>Inpatient Details</th>
<th>Status</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>0221000890-001</td>
<td>Inpatient Hospital</td>
<td>Hospital - Inpatient</td>
<td>(b) Approved (In Progress) - No Letter</td>
<td>SU01 : Surgical services Inpatient</td>
<td>LDS HOSPITAL</td>
<td>(None)</td>
<td>Approved 03/08/2022-03/10/2022 Days: 3 Reason: Meets Defined Criteria</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Reference #</th>
<th>Member ID</th>
<th>Policy ID</th>
<th>Member Name</th>
<th>Member DOB</th>
<th>Requesting Provider</th>
<th>Status</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>221000890</td>
<td>0645008252</td>
<td>802101026-00</td>
<td>XTEST, POWERTAILONE D</td>
<td>10/10/1992</td>
<td>SPENCER, NEIL O</td>
<td>Not Certified</td>
<td>201.89 : Enctr preproc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Reference #</th>
<th>Place of Service</th>
<th>Service</th>
<th>Service Status</th>
<th>Procedure</th>
<th>Servicing Facility</th>
<th>Servicing Provider</th>
<th>Inpatient Details</th>
<th>Status</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>0221000890-001</td>
<td>Inpatient Hospital</td>
<td>Hospital - Inpatient</td>
<td>(c) Denied - No Letter</td>
<td>SU01 : Surgical services Inpatient</td>
<td>LDS HOSPITAL</td>
<td>(None)</td>
<td>Denied 03/08/2022-03/10/2022 Days: 3 Reason: Criteria Not Met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0221000890-002</td>
<td></td>
<td></td>
<td></td>
<td>27130 : TOTAL HIP ARTHROPLASTY</td>
<td></td>
<td>1.0 Units</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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How to Check Authorization Status, Continued

5 Inpatient Procedure: Modified—This indicates multiple determinations such as approved and denied services within the same request.

<table>
<thead>
<tr>
<th>Reference #</th>
<th>Member ID</th>
<th>Policy ID</th>
<th>Member Name</th>
<th>Member DOB</th>
<th>Requesting Provider</th>
<th>Status</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>210203482</td>
<td>0245008252</td>
<td>0821010260</td>
<td>XITTEST, POWERTRAILONE D</td>
<td>10/10/1992</td>
<td>TRAWICK, ROY H</td>
<td>Modified</td>
<td>201.89: Encnr prep procedural exams</td>
</tr>
</tbody>
</table>

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.