

---

## Checking the Status of a Prior Authorization Request

---

### How to Check the Status of a Request

Checking the status of an authorization request is easy in Connect. After you have submitted an authorization, your request will process and end up in one of the following statuses:

- **Approved** – Authorization has been approved or partially approved.
- **Pended** – Authorization request requires review and is in the review process.
- **Modified** - Submission has been updated.
  - *For example: The submission was received, and the services were added to an existing authorization. The data will relay the information back to Connect and this status will be displayed. The authorization number where services were added will be noted at the bottom of the authorization.*
- **Rejected** – Entry has been rejected and will not be submitted or reviewed.
- **Denied** – Authorization request has been denied. Connect will not show the reason for the denial. A separate Notice of Adverse Benefit Determination (NOABD) will be issued.
- **No Action Required** – No authorization required for requested service.

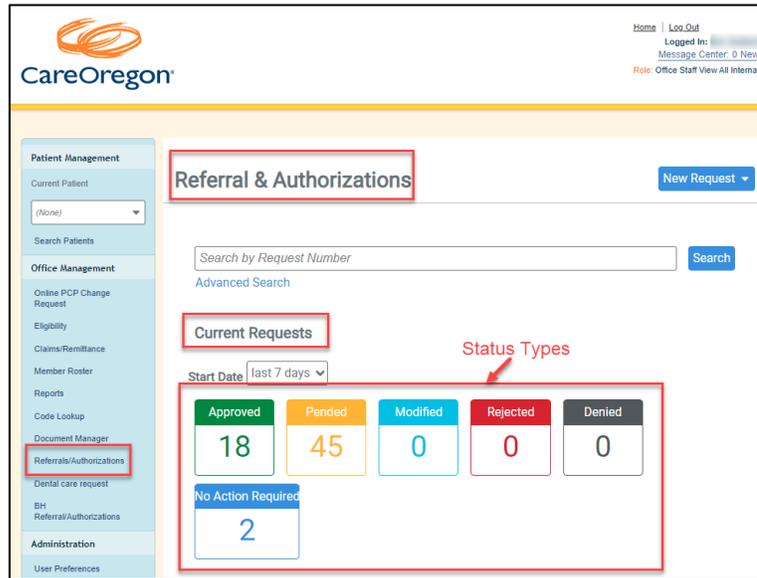
In many cases you will be informed of the status **immediately** after submitting the request. If your request was “**Pended**,” you will need to return to Connect to check the status of your request.

***Please note:** Standard authorization requests have turnaround times ranging from 1-14 business days. In exceptional cases, requests may require up to 28 days for review.*

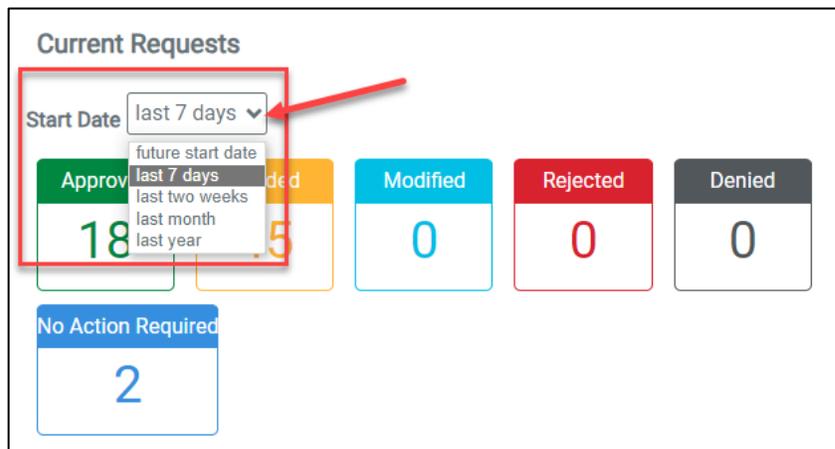
To check the status of your submitted requests, follow these steps:

1. Go to the “Referrals/Authorizations” tab in the left-side navigation menu.

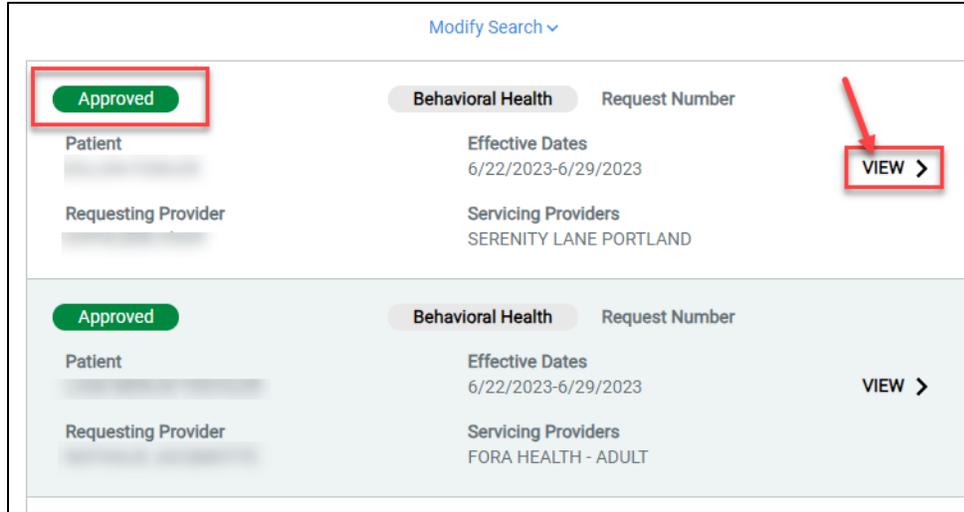
The colored tiles represent the different status types and the number of corresponding requests you’ve submitted.



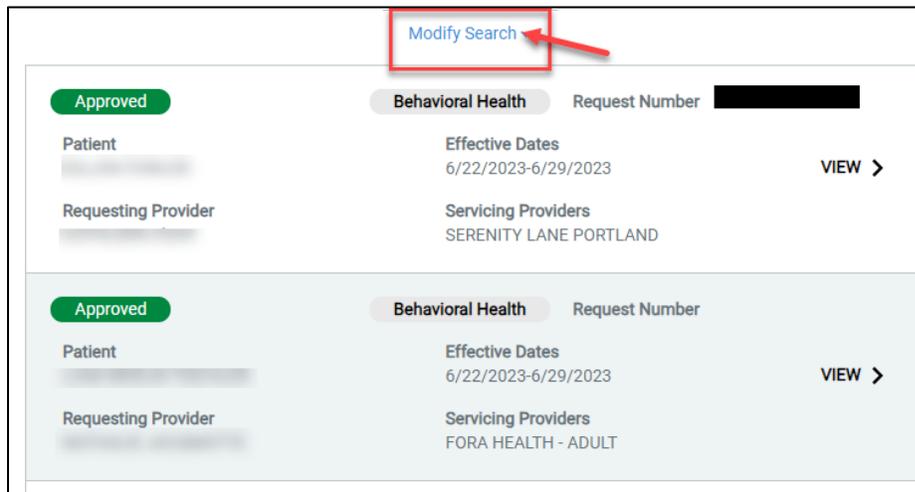
The **number** that displays in each box is representative of the status of the authorization since the **start date shown in the drop box just above the approved and pending boxes**. You can change this date range to reflect the desired range of your search.



2. To **view the requests** within each of the statuses, simply **click the associated tile**.
- a. **Example:** Click *approved* to provide a list of all requests you have submitted within the last 7 days that have been approved. To see more details of a specific request, click the **“VIEW”** button to the right of the request.



- b. To modify the search, click the **“Modify Search”** button above the list.

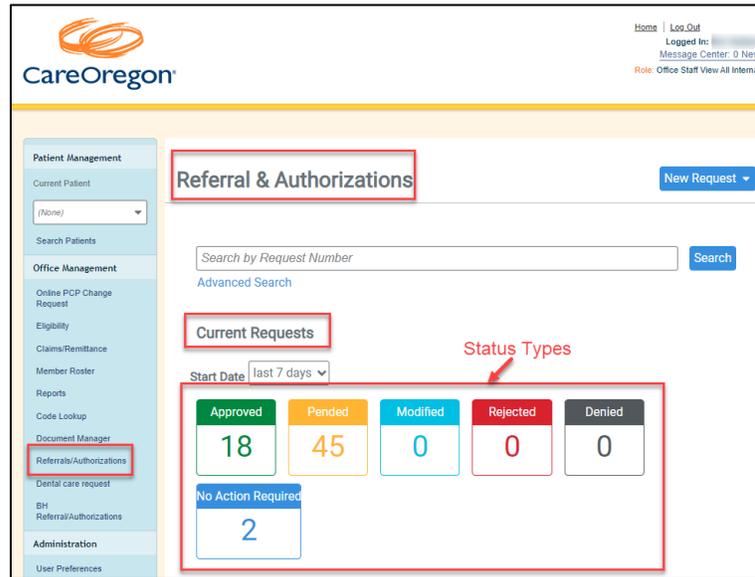


To search for a specific request or group of requests, follow these steps:

Go to the **“Referrals/Authorizations”** tab in the left-side navigation menu. This gives you the option to search by either:

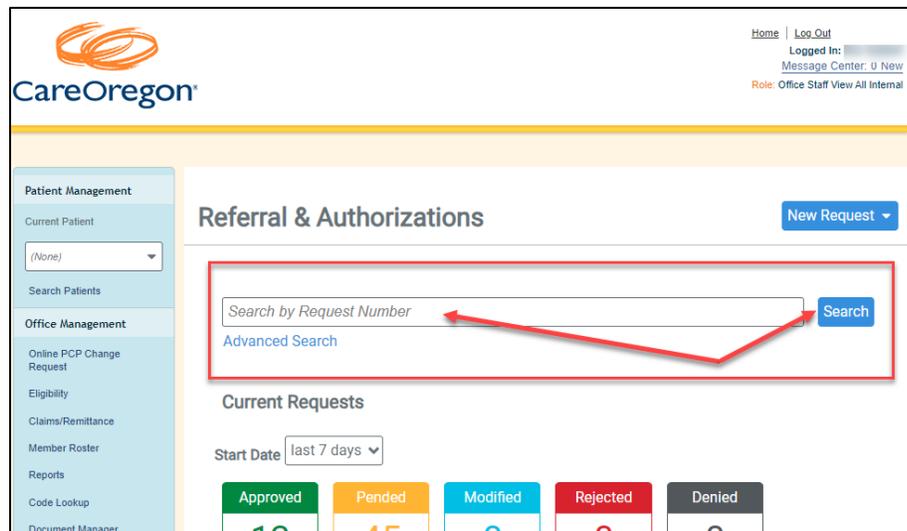
- **Request Number**

- **Advanced Search**



### Searching by Request Number

Use the **“Search by Request Number”** field to search by a specific request number. Type in the request number and click **“Search.”**



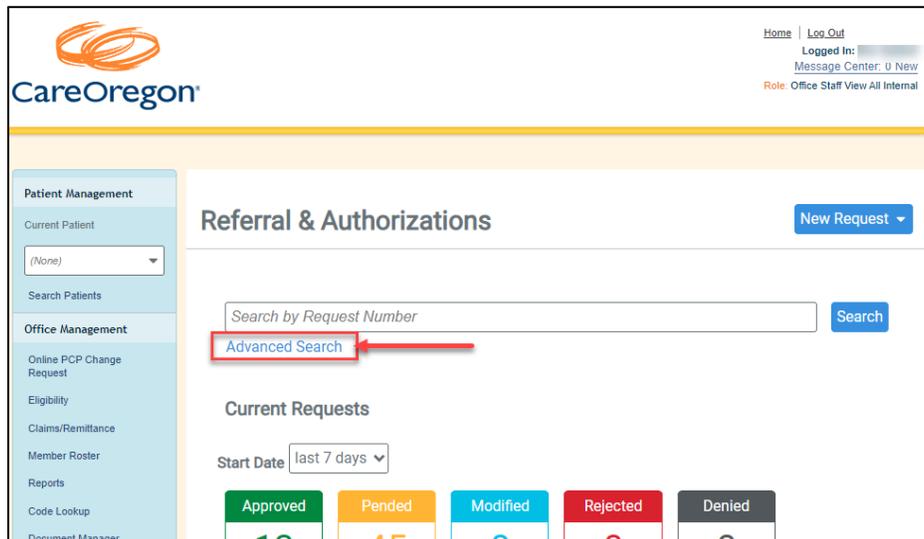
### Advanced Search

The **“Advanced Search”** function is used when you:

- Do not know your request number
- Are looking for a particular type of request

- Are looking for a group of requests

To conduct an advanced search, click the “**Advanced Search**” words in blue on the “**Referrals & Authorizations**” page.



The “**Advanced Search**” page will open. On this page you can search by any number of parameters to find a specific request. Enter and/or select the information you have and click “**Search Requests**” at the bottom of the page.

You can search by the following:

- Patient
- Requesting Provider
- Servicing Provider
- Request Number
- Date Range
- Requested Service – *Outpatient, Specialist, Home Care, Admission, Behavioral Health, Dental*
- Status – *Approved, Denied, Pended, Modified, Rejected, No Action Required*

**Patient Management**

Current Patient

(None) ▼

Search Patients

**Office Management**

Online PCP Change Request

Eligibility

Claims/Remittance

Member Roster

Reports

Code Lookup

Document Manager

Referrals/Authorizations

Dental care request

BH Referral/Authorizations

**Administration**

User Preferences

System Admin

**References**

Healthwise Knowledgebase

MMIS

Provider Handbook

Language services - Interpretation and

Referral & Authorizations

## Search Requests

**PLEASE NOTE:** Authorizations processed through the last 24 months will be displayed. Please contact Customer Service for any authorizations ending prior to this time period.

Please allow four (4) business days to view your faxed request(s).  
Please allow up to fourteen (14) days for all authorizations to be approved or denied.

Payment is based on the member's eligibility at the time the service is performed and on the billed services matching the requested authorization.

Patients

Select a patient

Requesting Provider

Servicing Provider

Request Number

Date Range

05/23/2023  06/23/2023

Requested Service

Outpatient

Specialist

Home Care

Admission

Behavioral Health

Dental

Status

Approved

Denied

Pended

Modified

Rejected

No Action Required