How to Submit Case Extensions in Atrezzo

Providers that need to extend cases can submit this information in Atrezzo. This will allow Providers to extend cases without creating a new case. Listed below is a step-by-step guide that was created on the **process of creating these extensions**.

Search for the member by entering the Case ID or search by using identifying factors such as Medicaid ID or Name and date of birth. Once successfully located, **click on the Extend button**.

	Home	Cases	Create Case	Consumers	Setup	Message Center 10343	Reports	Preferences				Search by #	۹	?	2
Change Context Ava a an	manna														
CONSUMER NAME	E GENDER	DATE OF BIRTH	CONSUMER ID		CONTRACT										
HOMER SIMPSO	N M	08/04/1961 (63 Yr	rs) TEMP0000520	24040800001	DMAS										
C/	ASE ID CATI	EGORY CASE CONT	RACT CASE SUBMIT	DATE SRV AUTH											
COMPLETED 2	42630009 Inpa	atient DMAS	09/19/2024												
UM-INPATIENT					CASE	SUMMARY		(ACTIONS -	СОРУ	EXTEN		EXPAND ALL	*	
Consumer l	Details								Location	1000 Forest Way A	pt 256 Richmond	Virginia;	\sim		

After the Extend button is selected, it will allow the provider to confirm that this is the task that they are attempting to complete. At this time, the provider should select Yes.

						information	Ŷ
						Do you want to extend this record?	
CONSUMER	NAME	GENDER	DATE OF BIRTH	CONSUMER ID	CONTR		
HOMER SIN	MPSON	м	08/04/1961 (63 Yrs)	TEMP000052024040800001	DMAS	NO	YES
	CASE	D CAT	EGORY CASE CONTRAC	T CASE SUBMIT DATE SRV AUTH			

The Provider will know that they are completing the correct steps, as a **disclaimer will generate at the bottom of the page**.

Inderstand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits. I understand that precertification does not guarantee payment; and that precertification only identification only identifies medical necessity and does not identify benefits. I understand that precertification does not guarantee payment; and that precertification only identification only identifies medical necessity and does not identify benefits. I understand that precertification does not guarantee payment; and that precertification only identifies medical necessity and does not identify benefits. I understand that precertification does not guarantee payment; and that precertification only identifies medical precessity and does not identify benefits. I understand that precertification does not guarantee payment; and that precertification only identifies medical precessity and does not identify benefits. I understand that precertification does not guarantee payment; and that precertification only identifies medical precessity and does not identify benefits. I understand that precertification does not guarantee payment; and that precertification only identifies medical precessity and does not identify benefits. I understand that precertification does not guarantee payment; and that precessity and does not identify benefits. I understand that precertification does not guarantee payment; and that precessity and does not identify benefits. I understand that precertification does not guarantee payment; and that precessity and does not guarantee	/ identifies medical within the Office of the
< CANCEL REQUEST	SUBMIT

The Provider will then need to **click on the Clinical Tab and go to the section that is indicated by Request Line 2 (R02).** The request type will automatically default to "Initial" but can be changed to "Concurrent".

Initial			09/19/2024	曲
NOTIFICATION TIME * 2:08 PM	٥			
LOS	Un-Submitted		09/19/2024 -	^
UNIT QUALIFIER Select One				
REQUESTED START DATE	REQUESTED END DATE	REQUESTED DURATION REQUESTED RATE		
09/19/2024	MM/DD/YYYY	\$		

Once the Request Type and the Date Range are adjusted, the Provider is ready to submit this information within the Atrezzo Portal.

Request 02			Un-Submitted	СОРУ	^
REQUEST TYPE .		FIPS CODE	NOTIFICATION DATE *		
Concurrent		•	09/19/2024	曲	
NOTIFICATION TIME *					
2:08 PM		0			
LOS	Un	Submitted	09/19/2024 - 10/05/20	24	~
UNIT QUALIFIER					
Select One	~				
REQUESTED START DATE *	REQUESTED END DATE	REQUESTED DURATIO	N REQUESTED RATE		

Based on the Procedure Code, it will generate a questionnaire that will need to be completed.

ASSESSMENT INFOR	ASSESSMENT INFORMATION			CREATED INFORMATION		COMPLETED INFORMATION	ACTION	
REQUEST	ID	NAME	TYPE	ВҮ	ON	🛞 ВҮ	ON	DELETE
R02	3767837	 Inpatient Psychiatric Services 	Checklist	Acentra Health	09/19/2024 02:09:51 PM			
R01	3767833	 Inpatient Psychiatric 	Checklist	Acentra Health	09/19/2024 01:42:17 PM	Acentra Health	09/19/2024 01:43:03 PM	

When the Provider has completed all steps, the extension will be ready for submission. At this time, the provider would need to attest and hit the Submit button.

interQual Reviews(0)			×
Appeal (0)			~
Discharge			~
Questionnaires		Complete: 1, incomplete: 0	~
Attachments	Document-0	Letters- 0	~
Communications			^
Notes			~
		New Message 0	~

1 understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits. I understand that precertification does not guarantee payment, and that precertification only identifies medical necessity and does not identify benefits. I understand that precertification does not guarantee payment, and that precertification only identifies medical coessity and does not identify benefits. I understand that by submitting failse information to gain service authorization is prohibited and may result in further legal action to include a referral to the applicable agency, such as the Medicaid Fraud Control Unit within the Office of t torney General. By submitting information, you attest that the information is true and accurate.





Click here to view our other Reference Materials and step-by-step guides.

SUBMIT