

REQUIRED FIELDS*

Specialist		Outpatient		Admission 1		Status	
Admission							
<input type="radio"/> Patient (Select Patient) 2		Patient Search <input type="radio"/> Last Name <input type="radio"/> Member ID (Example: Smith, John)		<input type="button" value="Search"/>			
<input type="radio"/> Requesting Provider Select Provider		Provider Search <input type="radio"/> Last Name <input type="radio"/> Provider NPI 3 (Example: Smith, John)		<input type="button" value="Search"/>			
<input type="radio"/> Contact Name <input type="text"/> 4		<input type="radio"/> Contact Number Telephone <input type="text"/>					
<input type="radio"/> Diagnosis <input type="text"/>		Diagnosis Search <input type="text"/> 5		<input type="button" value="Search"/>			
<input type="radio"/> Servicing Provider <input type="radio"/> Last Name <input type="radio"/> Provider NPI 6		<input type="text"/> Zip <input type="text"/>		<input type="button" value="Search"/>			
<input type="radio"/> Contact Name <input type="text"/> 7		<input type="radio"/> Contact Number Telephone <input type="text"/>					
<input type="radio"/> Requested Service -Select- 8							
<input type="radio"/> Procedure Code <input type="text"/> 9				<input type="button" value="Search"/>			
<input type="radio"/> Procedure Date 12/14/2011 <input type="text"/> <input type="button" value="Calendar"/>		Level of Service -Select-					
<input type="radio"/> Start Date 12/14/2011 <input type="text"/> <input type="button" value="Calendar"/> 10		<input type="radio"/> End Date 03/13/2012 <input type="text"/> <input type="button" value="Calendar"/> 11					
		Related Causes <input type="checkbox"/> Auto Date 12/14/2011 <input type="button" value="Calendar"/>		<input type="checkbox"/> Employment <input type="checkbox"/> Other		<input type="text"/> 12	
		State / Prov <input type="text"/> -or- Country <input type="text"/>		<input type="text"/>			
		<input type="text"/>		<input type="text"/>			
Remarks (225 characters max) 13							
				<input type="button" value="Submit"/>		<input type="button" value="Clear"/>	

1. Ensure that you have selected the *Admission* Tab after selecting Submit Auth/Ref. within the left hand navigation menu.
2. Select a patient from the drop down menu or insert last name or member ID and click “search” to find a patient.
3. Search for a requesting provider using last name or provider NPI and click “search” to continue.
4. Enter a contact name and telephone number for the requesting provider.
5. Search for a diagnosis code by key word and click “search”. Select a diagnosis code and it will bring you back to continue submitting the referral/auth.
6. Search for a servicing provider by last name or provider NPI, and enter zip code.
7. Enter a contact name and telephone number for the servicing provider.
8. Choose a requested service from the drop down menu.
9. Enter procedure code or fill in a key word and click “search” to find one. Once procedure code is selected, a quantity field will become available; enter quantity.
10. Choose a procedure date and a start date.
11. Choose an end date.
12. Use to attach supporting documentation—PDF format.
13. Click submit to complete.

 Every field with this symbol is a required field.