

Referrals: Specialist

REQUIRED FIELDS*

1			
Specialist	Outpatient	Admission	Status
Specialist Service			
<input type="radio"/> Patient	(Select Patient) 2	Patient Search	<input type="radio"/> Last Name <input type="radio"/> Member ID <input type="text"/> <small>(Example: Smith, John)</small>
<input type="radio"/> Requesting Provider	Select Provider 3	Provider Search	<input type="radio"/> Last Name <input type="radio"/> Provider NPI <input type="text"/> <small>(Example: Smith, John)</small>
<input type="radio"/> Contact Name	<input type="text"/> 4	<input type="radio"/> Contact Number	Telephone <input type="text"/>
<input type="radio"/> Diagnosis		Diagnosis Search	<input type="text"/> 5
<input type="radio"/> Servicing Provider	<input checked="" type="radio"/> Last Name <input type="radio"/> Provider NPI 6 <input type="text"/> Zip <input type="text"/>		Search
<input type="radio"/> Contact Name	<input type="text"/> 7	<input type="radio"/> Contact Number	Telephone <input type="text"/>
<input type="radio"/> Requested Service	Consult 8	<input type="radio"/> Requested Units	1 Visits <input type="text"/>
<input type="radio"/> Procedure Code	<input type="text"/> 9		Search
		Level of Service	-Select-
<input type="radio"/> Start Date	12/20/2011 <input type="text"/> 10	<input type="radio"/> End Date	03/19/2012 <input type="text"/> 11
		Related Causes	<input type="checkbox"/> Auto Date 12/20/2011 <input type="text"/> State / Prov <input type="text"/> -or- Country <input type="text"/> <input type="checkbox"/> Employment <input type="checkbox"/> Other
			Additional Information 12
Remarks (225 characters max)			
<input type="text"/> 13			
Submit		Clear	

1. Ensure that you have selected the *Specialist* 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. Select a requesting provider or search for a 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. It is critical that the accurate location be selected. Claims will deny if the location does not match the auth.
7. Enter a contact name and telephone number for the servicing provider.
8. Choose 'consult' as the requested service from the drop down menu as well as requested units.
9. Enter procedure code or fill in a key word and click "search" to find one.
10. Choose a start date.
11. Choose an end date.
12. Use to attach supporting clinical documentation— PDF format.
13. Click submit to complete.



Every field with this symbol is a required field.