

Entering a Specialist Referral

Purpose

The purpose of this document is to provide step-by-step instructions on how to enter a Specialist Referral.

Step-by-Step Instructions:

Starting the Request

Specialist Referrals are used by the Primary Care Provider (PCP) to request services for the member to see a specialist for the initial four office visits: evaluation and treatment. This document starts with the process after the member's eligibility is verified.

1. Click on the **Action I** icon to navigate to the **Add Request** screen.

| | Provider | | | | | | | |
|---------------------|------------|-----------------|------------|--------|---------------------|-------------------|--------------------|-------------|
| Genthelis our ball. | My Members | New Request | | | | | | |
| Patient Sear | ch | | | | | | | |
| | Pat | tient Last Name | : | | Patier | nt First Name : | × | |
| | | Patient ID | : | | | Patient DOB : | 10 | |
| | | Client | :Select Or | 1e V | | | | |
| | | Chern | | | | | | |
| | | | | Se | arch Reset | | | |
| Patient Searc | h Results | | | | | | | |
| | | | | | | | | |
| Jiva Member Id | Patient N | Name Pa | tient DOB | Gender | Coverage Start Date | Coverage End Date | Group Name | Action |
| | | 04/2 | 5/19 | Female | 01/01/2014 | | Apple Health-Adult | |
| | | | | | | | | Add Request |
| | | | | | | | | |
| | | | | | | | | |

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2. Click on the **Episode Type** drop down window located in the **Add New Request** section. Click on **Specialist Referral** then click **Save.**



| | Provider | | | | | |
|-------------|----------|--|--------------|----------------|--|--|
| | | s <mark>New Reques</mark> t | Search Reque | est Survey | | |
| Add Request | | | | | | Delete Request |
| | | Member Na | me : | | Member ID : | Jiva Member Id: |
| | | Gender: F | emale | | DOB(Age): 04/25/19 | Address : |
| | | Preferred P Product Ty Group App | | | Elig. Start Date: 01/01/2014 Employer : Unknown | Elig. End Date: Client : State Programs |
| | | | ew Request | | | - |
| | | | * E | Episode Type : | select Save Reset | select |
| | | | | | 1. A. A. | Prior Authorization Specialist Referral |

- 3. After clicking Save, several windows will auto populate. Work the following windows in the following order:
 - Episode Class:
 - Pre-Cert
 - Urgency : (Choose one)
 - Routine/Standard
 - Urgent/Expedited
 - Diagnosis#:
 - Type the ICD-9 Code here

| - Add New Request |
|---|
| * Episode Type : Specialist Referral Routine/Standard |
| * Episode Class : -Select One- V * Urgency :Routine/Standard- V |
| Time Request : Reason for Request : |
| ICD Code Type : ICD9 |
| Signs and Symptoms : |
| Save Reset |
| |

Required Steps

Clicking the save button starts the request process. Steps 1 thru 9 are now listed on the left side of the screen. Not all the steps are requires to be worked. This section gives step-by-step instructions with each required step along with the required sections to be entered within each step.



Note: If the user clicks the save button then later realizes the request is no longer needed; click the delete request button on the top right corner of the page.

| | Step 1 : Edit Request | | Episo | de ID: Delete Request | |
|----------|-------------------------|---|--|-------------------------|--|
| | Step 2 : Add Address | Member Name : | Member ID : | Jiva Member Id: | |
| | Step 3 : Add Providers | | | | |
| Required | Step 4 : Add Diagnosis | Gender : Female | DOB(Age): 04/25/19 | Address : | |
| Steps | Step 5 : UM Services | Preferred Phone # : Product Type: -(-) | Elig. Start Date: 01/01/2014 | Elig. End Date: | |
| | Step 6 : Add Assessment | Group Apple Health-Adult | Employer: Unknown | Client : State Programs | |
| | Step 7 : Add Notes | Episode : OP Referral Episode Status : New | Primary Diagnosis: 789.0 Reference #: 140602121 | Procedure Details : | |
| | Step 8 : Add Documents | Add New Democrat | | | |
| | Step 9 : Submit Request | Add New Request * Episode | Type : Specialist Referral | ~ | |
| | | * Episode Class : Pre-cert | * Urgency : Routin | e/Standard 🗸 | |
| | | Time Request : 3 Day | Reason for Request :Selec | ct One 🗸 | |
| | | ICD Code Type : ICD9 | ➤ * Diagnosis# : 789.0/ | | |
| | | | ^ | | |
| | | Signs and Symptoms : | | | |
| | | | \sim | | |
| | | | Save Rese | | |

Required steps are:

- Step 1: Edit Request
 - This is the same information that's populated under **Add New Request**.
- Step 3: Add Providers
 - Requesting provider:
 - Provider who is referring the member to the specialist. (PCP)
 - Treating Provider:
 - Provider who is treating the member. (Specialist)
- Step 5: UM Services
 - Adding the service type (CPT codes)
- Step 9: Submit Request
 - The request will not process if step 9 is not complete.

Entering Appropriate Fields

Step 1: Edit Request:

This step allows the user to edit three sections of the **Add New Request**: **Episode Class, Urgency,** and **Diagnosis.** Clicking the widget on dropdown windows will allow the user to edit what was previously entered.



Note: Episode Type is the only function that cannot be modified. If the incorrect episode type was selected the user must delete the request and start the process over.

| Step 1 : Edit Request | | | Episode ID: 923694 Delete Request |
|-------------------------|---|--|--|
| Step 2 : Add Address | Member Name : | Member ID : 1186246701 | Jiva Member Id: 1003378 |
| Step 3 : Add Providers | ADAMSON, AMY | Weinber 1D. 1100240701 | |
| Step 4 : Add Diagnosis | Gender : Female | DOB(Age): 04/25/1980 (34) | Address: PO BOX 125, RAYMOND, WA, USA, 98577. |
| Step 5 : UM Services | Preferred Phone #: 2537095901 Product Type: -(-) | Elig. Start Date: 01/01/2014 | Elig. End Date: |
| Step 6 : Add Assessment | Group Apple Health-Adult | Employer : Unknown | Client : State Programs |
| Step 7 : Add Notes | Episode : OP Referral Episode Status : New | Primary Diagnosis: 789.0 Reference #: 140602797 | Procedure Details : |
| Step 8 : Add Documents | Add New Request | | select |
| Step 9 : Submit Request | | Specialist Referral | Inpatient Services Prior Authorization Specialist Referral |
| | * Episode Class : Pre-cert | | /Standard |
| | Time Request : 3 Day Pre-c | ct One- ert Reason for Request :Select | One V |
| | ICD Code Type : ICD9 | * Diagnosis# : 789.0A | BDOMINAL PAIN |
| | Signs and Symptoms : | Save Reset | Delete the current ICD9 code to add the correct one. |

Step 3: Add Providers:

1. Click Step 3: Add Provider then click Attach New.



| Step 1 : Edit Request | | Episo | de ID: Delete Request |
|-------------------------|---|---|--|
| Step 2 : Add Address | Member Name : | | |
| Step 3 : Add Providers | | Member ID : | Jiva Member Id: |
| Step 4 : Add Diagnosis | Gender : Female | DOB(Age): 04/25/19 | Address : |
| Step 5 : UM Services | Preferred Phone # : | | |
| Step 6 : Add Assessment | Product Type: -(-) | Elig. Start Date: 01/01/2014 | Elig. End Date: |
| Step 7 : Add Notes | Group Apple Health-Adult Episode : OP Referral | Employer: Unknown Primary Diagnosis: 789.0 | Client : State Programs Procedure Details : |
| Step 8 : Add Documents | Episode Status : New | Reference # : | |
| Step 9 : Submit Request | Providers | | |
| | no pro | oviders attached to this episod | le |
| | | Attach New | |
| | | | |

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- 2. Click in the **Provider Last Name** section to add the facility, group, or the specialist last name the member is being referred to then click **Search** to attach the treating and/or requesting provider.
- 3. Scroll down to **Search Results**. Click the dropdown window of **Provider Network** and **Provider Role** to select the network and role of the facility, group, or provider needed.
 - Provider Network:
 - o In-network
 - Preferred
 - o Unknown
 - Out-of-Network
 - Provider Role:
 - o Requesting
 - Treating



| | Provider Type :Select O ler Last Name St Joseph N | ne Medical Cente | | | | Provider First | Name : | | |
|-----------------------------------|---|---------------------|-----------|-----------|--------|----------------|-------------------|---|---------|
| | Specialty :Select O | ne | | | • | | | | |
| NPIN(National Provider Identifica | ation Number) : | |] | | | Provi | ider ID : | | |
| | Network :Select O | ne 💌 | | | | | State :Select One | [| |
| | Tax ID : | |] | | | C | County : | | |
| | Zip : City : | |]] | | | Provider | Phone : | | |
| | | | Search C | ancel | | | | | |
| Search Results | | | | | | | | | |
| Provider Name | Service Location | Туре | Specialty | Tax ID | County | In Network? | Provider Network | Provider Role | Actions |
| ST JOSEPH MEDICAL CENTER | 2200 E WASHINGTON BLOOMINGTON, IL - 17014364 USA Phone: 3096623311 Fax: 3096627143 | HOSPITAL | HOSPITAL | 370662576 | | N | In Network | Treating -Select Request Treating | One or |

- 2
- 4. Click the **Attach New** button within the **Providers** section to add another facility, group, or provider to the episode.

| Provider added successfully. Dismiss this message | | | | | | | | | | | |
|---|---|---------------|---------------|----------------|-----------|-------------------|-------|---------|--|--|--|
| Providers | | | | | | | | | | | |
| Name | Service Location | Provider Type | Provider Role | Network Status | Specialty | Fax | Notes | Actions | | | |
| ST JOSEPH MEDICAL CENTER | 2200 E WASHINGTON BLOOMINGTON, IL - 617014364 USA Phone: 3096623311 Fax: 3096627143 | HOSPITAL | Treating | In Network | HOSPITAL | <u>3096627143</u> | | ð | | | |
| | Attach New | | | | | | | | | | |
| | | - k | | | | | | | | | |

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- 5. Follow step **2** above to add the other provider role. E.g. If the first choice for the provider role is **Treating** the next provider role entered would be **Requesting.**
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- **Note:** There is not a specific order the provider role has to be entered. No more than two providers are allowed to be attached to the episode at any given time; one treating the other requesting.

| | Provider Type : | Select One | • | | | | | | |
|---------------------------------|---------------------------------|--------------|--------------------------|------------------|--------|----------------|-------------------|---------------|--------|
| | Provider Last Name | nith | | | | Provider First | Name | | |
| | Specialty : | Select One | | | • | 1 | | | |
| NPIN(National Pro | ovider Identification Number) : | | | | | Prov | ider ID : | | |
| | Network : | Select One 💌 | | | | | State :Select One | - | |
| | Tax ID : | | | | | (| County : | | |
| | Zip : | | | | | | | | |
| | City : | | | | | Provider | Phone : | | |
| | Only . | | | | | | | | |
| | ony . | | Search | Cancel | | | | | |
| Search Results | | | Search | Cancel | | | | | |
| Search Results | | | Search | Cancel | | In | | | |
| Search Results Provider Name | | Туре | Search R Specialty | Cancel Tax ID | County | | Provider Network | Provider Role | Action |
| Provider Name | | Type | k | | | In | | | _ |



6. Attached will show the two provider roles entered. The message **Provider added successfully** will appear at the top of the screen.

| | Pr | rovider added success | iully. <u>Die uss this m</u> | essage | | | | |
|--------------------------|---|-----------------------|------------------------------|----------------|------------|-------------------|-------|--------|
| Providers | | | | | | | | |
| Name | Service Location | Provider Type | Provider Role | Network Status | Specialty | Fax | Notes | Action |
| BT JOSEPH MEDICAL CENTER | 2200 E WASHINGTON BLOOMINGTON, IL - 617014364 USA Phone: 3096623311 Fax: 3096627143 | HOSPITAL | Treating | In Network | HOSPITAL | <u>3096627143</u> | | 2 |
| SMITH , DONNA , L | 4575 SAND POINT WAY NE SEATTLE, WA - 981053950 USA Phone: 2065258000 Fax: N/A | PHYSICIAN | Requesting | In Network | PEDIATRICS | | | 2 |

Step 5: UM Services:

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1. Click Step 5: UM Services then click Add Services located in the Service Request section.

| Step 1 : Edit Request | | Episod | le ID: Delete Request |
|-------------------------|---|---|--|
| Step 2 : Add Address | Member Name : | | |
| Step 3 : Add Providers | | Member ID : | Jiva Member Id: |
| Step 4 : Add Diagnosis | Gender : Female | DOB(Age): 04/25/19 | Address : |
| Step 5 : UM Services | Preferred Phone # : | | |
| Step 6 : Add Assessment | Product Type: -(-) | Elig. Start Date: 01/01/2014 | Elig. End Date: |
| Step 7 : Add Notes | Group Apple Health-Adult Episode : OP Referral | Employer: Unknown Primary Diagnosis: 789.0 | Client : State Programs Procedure Details : |
| Step 8 : Add Documents | Episode Status : New | Reference # : | |
| Step 9 : Submit Request | Service Request | | |
| | | No services are a | dded. |
| | | Add Service | |
| | | | |

2. Click on **Service Type** and click on the type of services that will be rendered. Click within the **Start Date** section to populate the calendar. Click the date the request was started then click **Save**.





Note: The CPT codes will appear in Service Request section of Step 5: UM Services.

| Service ID | Service Code | Requested # | Assigned # | Denied | Auth Start Date | Auth End Date | Service Type | Frequency | Decision | Action |
|------------|--------------|-------------|------------|--------|-----------------|---------------|---|-----------|----------|--------|
| 3647044 | - | Ð | θ | θ | | | Specialist (MD/DO): Eval / Treat-Initial 4 visits | Per Day | - | |
| 3647045 | 99201(CPT) | 0 | 0 | 0 | 06/05/2014 | | Specialist (MD/DO): Eval / Treat-Initial 4 visits | Per Day | - | |
| 3647046 | 99202(CPT) | 0 | 0 | 0 | 06/05/2014 | | Specialist (MD/DO): Eval / Treat-Initial 4 visits | Per Day | - | |
| 3647047 | 99203(CPT) | 0 | 0 | 0 | 06/05/2014 | | Specialist (MD/DO): Eval / Treat-Initial 4 visits | Per Day | - | |
| 3647048 | 99204(CPT) | 0 | 0 | 0 | 06/05/2014 | | Specialist (MD/DO): Eval / Treat-Initial 4 visits | Per Day | - | |
| 3647049 | 99205(CPT) | 0 | 0 | 0 | 06/05/2014 | | Specialist (MD/DO): Eval / Treat-Initial 4 visits | Per Day | - | |
| 3647050 | 99211(CPT) | 0 | 0 | 0 | 06/05/2014 | | Specialist (MD/DO): Eval / Treat-Initial 4 visits | Per Day | - | |
| 3647051 | 99212(CPT) | 0 | 0 | 0 | 06/05/2014 | | Specialist (MD/DO): Eval / Treat-Initial 4 visits | Per Day | - | |
| 3647052 | 99213(CPT) | 0 | 0 | 0 | 06/05/2014 | | Specialist (MD/DO): Eval / Treat-Initial 4 visits | Per Day | - | |
| 3647053 | 99214(CPT) | 0 | 0 | 0 | 06/05/2014 | | Specialist (MD/DO): Eval / Treat-Initial 4 visits | Per Day | - | |
| 3647054 | 99215(CPT) | 0 | 0 | 0 | 06/05/2014 | | Specialist (MD/DO): Eval / Treat-Initial 4 visits | Per Day | - | |

Step 9: Submit Request:

1. Click on Step 9: Submit Request, then click the Submit Request button.



| Step 1 : Edit Request | | Episode ID: | Delete Request |
|-------------------------|---|--|--|
| Step 2 : Add Address | Member Name : | Member ID : | Jiva Member Id: |
| Step 3 : Add Providers | The second se | | |
| Step 4 : Add Diagnosis | Gender : Female | DOB(Age): 04/25/19 | Address : |
| Step 5 : UM Services | Preferred Phone # : | | |
| Step 6 : Add Assessment | Product Type: -(-) Group Apple Health-Adult | Elig. Start Date: 01/01/2014 Employer : Unknown | Elig. End Date: Client : State Programs |
| Step 0 . Add Assessment | Episode : OP Referral | Primary Diagnosis : 789.0 | Procedure Details : |
| Step 7 : Add Notes | Episode Status : New | Reference # : | |
| Step 8 : Add Documents | | | |
| Step 9 : Submit Request | Submit Request View Abstract | | |
| | | | |

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- 2. Click **OK** to complete the submission.

