

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.

HEALTH PLAN	Provider							
Grande (k. par half)	My Members	New Request						
Patient Sear	ch							
	Pat	tient Last Name	:		Patier	nt First Name :	×	
		Patient ID	:			Patient DOB :	10	
		Client	-Select Or	18 V				
		Chern						
				Se	arch Reset			
Patient Searc	h Results							
Jiva Member Id	Patient	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					
	My Member	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	hone # : pe: -(-) le Health-Adult		Elig. Start Date: 01/01/2014 Employer : Unknown	Elig. End Date: Client : State Programs
		Add N	ew Request			-
			* E	Episode Type :	select Save Reset	select
					1. A. A.	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-
Time Request : Reason for Request :Select One V
ICD Code Type : ICD9 * Diagnosis# : Free hand type the ICD-9 Gode have
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	* Episode	Type : Specialist Referral	~	
		* Episode Class : Pre-cert	* Urgency : Routin	e/Standard 🗸	
		Time Request : 3 Day	Reason for Request :Select	ct One 🗸	
		ICD Code Type : ICD9	➤ * Diagnosis# : 789.0	ABDOMINAL PAIN 🔍 🔍	
			^		
		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	liva Member Id: 1002279
Step 3 : Add Providers	ADAMSON, AMY	Member 1D. 1100240/01	Jiva member id. <u>1003378</u>
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 Reterral Episode Status : New	Primary Diagnosis: 789.0 Reference #: 140602797	Procedure Details :
Step 8 : Add Documents	Add New Pequest		select
Step 9 : Submit Request	* Episode Type	: Specialist Referral 🗸 🗸	Inpatient Services Prior Authorization Specialist Referral
	* Episode Class : Pre-cert	* Urgency : Routine	/Standard
	Time Request : 3 Day Pre-c	cert Reason for Request :Select	i One 🗸
	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	Č.	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 <u>Apple Health-Adult</u> 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



	er Last Name St Joseph Me	edical Cente	_			Provider First	Name :		
	Specialty :Select Or	1e			-				
NPIN(National Provider Identificat	tion Number) :					Provi	der ID :		
	Network :Select Or	1e 💌					State :Select One 💌	[
					C	county :			
					Provider F	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 Requesting	One- C

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- 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 N	ew						

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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	mith				Provider First	Donna		
	Specialty :	Select One			•	1			
NPIN(National Pre	ovider Identification Number) :					Prov	ider ID :		
	Network :	-Select One 💌					State :Select One	•	
	Tax ID :					(County :		
	Zip :								
	City :					Provider	Phone :		
	City :		Search	Cancel		Provider	Phone :		
Search Results	City :		Search	Cancel		Provider	Phone :		
Search Results	City :		Search	Cancel		Provider	Phone :		
Search Results Provider Name	City :	Туре	Search R Specialty	Cancel Tax ID	County	Provider In Network?	Phone :	Provider Role	Action



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

Provider added successfully. Discuss 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>		Þ	
SMITH , DONNA , L	4575 SAND POINT WAY NE SEATTLE, WA - 981053950 USA Phone: 2065258000 Fax: N/A	PHYSICIAN	Requesting	In Network	PEDIATRICS			Þ	
	1	Attach	New						

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	Actions
🔬 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.



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

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

