Helpful Hints: Request an Initial Authorization

Select Location

Select Location Window

Patient Selection

Referral Source Type
Patient Last Name
Patient First Name
Patient DOB
Insurance Name
Subscriber ID
Zip Code
City
Earliest Authorization Request Start Date
Eligibility Information

Patient Information

Patient Information Tab
Insurance Name
Subscriber ID
Patient Last Name
Patient First Name
Patient Middle Initial
Gender
Patient DOB
Patient Phone Number (Primary)
Patient Phone Number (Secondary)
Patient Address
Patient Zip Code
Patient City, State and County

Diagnosis/ Physician/ Services

Search Diagnosis Link
Diagnosis Search Window
Search by Diagnosis Code
Search by Description
Selecting Diagnosis
Primary Diagnosis
Other Diagnoses

Physician Information

Find Ordering and Primary Physician Link
Physician Search Window
Add New Physician
Selected Physician
Ordering Physician
Primary Care Physician

Services

Find Services
Search by HCPC
Search by Service Code and UOM
Search by Description

Data Entry Instruction for Infusion Services

Drug
Units
Route
Frequency
Requested Start Date
Requested End Date
Time
If UOM for this code is Vial, what is the specific physician order?
Request Type
Types of IV Access
Date IV Access Inserted
Has the patient had requested drug before?
Is the patient or caregiver able and willing to learn to administer the drug(s)?
Was the request complete prior to today?
Will this medication be administered in an Infusion Suite Setting?

Data Entry Instruction for Infusion Nursing

Units
Requested Start Date
Requested End Date
Time
Request Type
Was this request completed prior to today?

Delivery Address

Delivery Address Information
Is Service to be provided in a Skilled Nursing Facility?

Clinical Information to Support Request

Clinical Information

Data Entry Instructions for Other Services (all other service requests except HIT)

Units

Requested Start Date
Requested End Date
Time
Request Type
Was this request completed prior to today?

Requested Services Section

Requested Services

Referral/Facility Information

Referral Source Type
Provider Contact First and Last Name, Contact Phone and Contact Fax
Facility Search Window
Add New Facility Window
Facility Admit and Discharge Dates

Attachments/Additional Information

Caregiver Name
Caregiver Phone
Attachment Type
Attaching the File
Uploading Files
Attachment Size

Final Screen Before submission

Final Screen before submission

Referral Submission

Confirm & Submit Referral Request Button
Confirm & Submit Referral Request
Final Confirmation Screen

Portal Navigation

Next
Previous
Save & Exit
Cancel

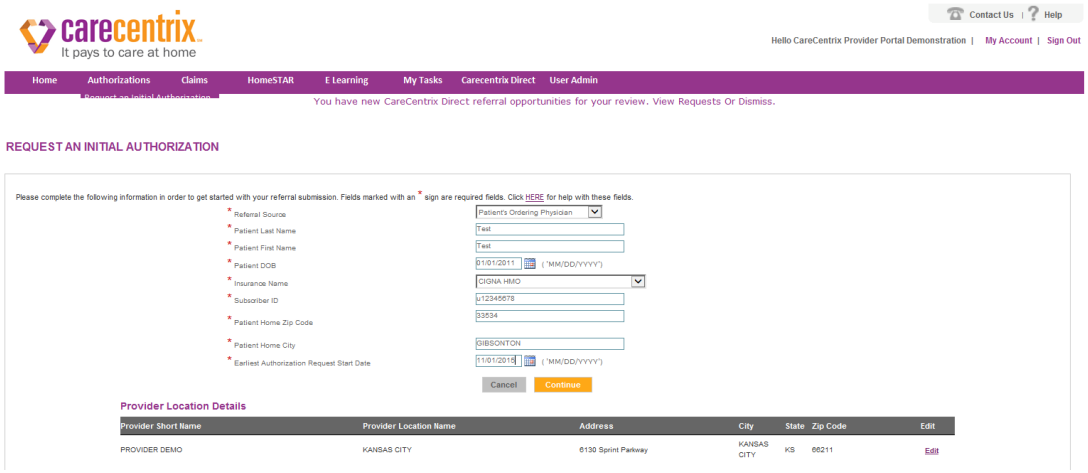
Select Location Window

Select Location Window

Required: Select Location Window will be displayed if you have multiple locations associated with your profile. You are required to pick one location prior to continuing with your referral request. State dropdown shows all states associated with your profile. Once State is selected, City dropdown will be narrowed down based on the State you selected. Select City and click Search to see all provider locations that matched the search criteria entered. Click Select link to choose the location and continue with the referral request.

[BackToTop]

Patient Search



[BackToTop]

Referral Source

Required From the dropdown list choose the source of the referral for this request. Referral Source choices include:

- Patient's Discharge Facility
- Patient's Ordering Physician
- Patient's Primary Care Physician
- Patient/Family/Significant Other
- Health Plan
- Sleep Lab

[BackToTop]

Patient Last Name

Required: Enter patient's last name.

[BackToTop]

Patient First Name

Required: Enter patient's first name.

[BackToTop]

Patient DOB

Required: Enter patient's date of birth in 'MM/DD/YYYY' format or select date using calendar icon.

[BackToTop]

Insurance Name
Required: Select Insurance Name from dropdown list.

[BackToTop]

Subscriber ID
Required: Enter patient's subscriber ID.

[BackToTop]

Zip Code
Required: Enter Zip Code

[BackToTop]

City
Required: City field will be auto populated once valid zip code is entered. If more than one city matches the zip code entered, pop-up message will be displayed allowing user to select city.

[BackToTop]

Earliest Authorization Request Start Date
Required: Select date from calendar or enter the earliest authorization request date manually.

[BackToTop]

Service/Delivery Location Zip Code
Required only for certain health plans: Enter Zip Code

[BackToTop]

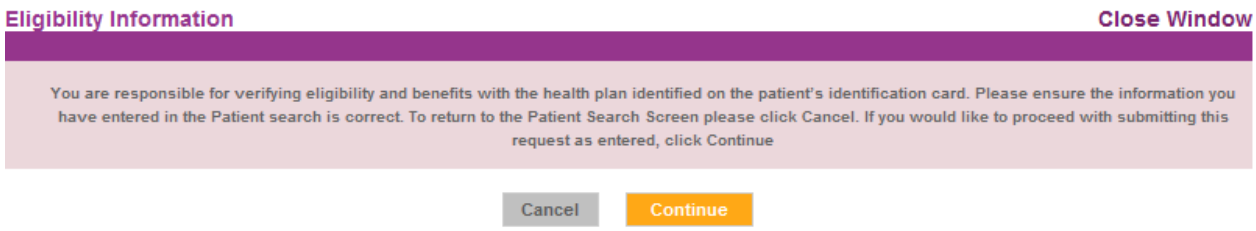
Service/Delivery City
Required only for certain health plans: City field will be auto populated once valid zip code is entered. If more than one city matches the zip code entered, pop-up message will be displayed allowing user to select city.

[BackToTop]

Service/Delivery County
Required only for certain health plans: County field will be auto populated once valid zip code is entered.

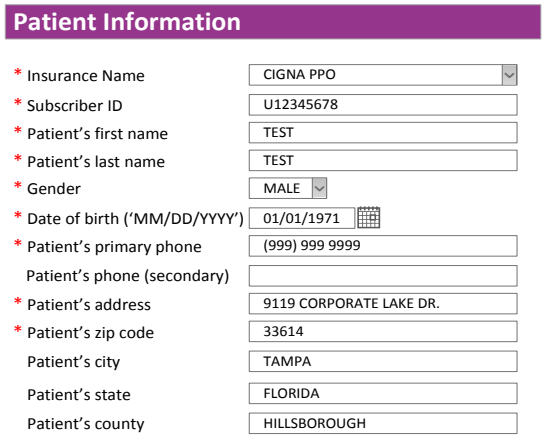
[BackToTop]

Eligibility Information
Required: Once member details have been entered and user selects '"Continue", for certain payers system will indicate the members with which eligibility information was not found. You will be required to select one of the following two options; "Cancel", which will return you to the Patient Search Screen or "Continue", which will allow you to submit your request as entered.



[BackToTop]

Patient Information



Patient Information

Patient Information will display additional patient information fields that are required or optional for your referral request. All required fields are marked with an asterisk sign. Note, that some of the patient's information entered during the patient search will be pre-populated on the screen and may not be editable.

[BackToTop]

Insurance Name

Required and Non-Editable Unless Adding a New Patient: Pre-populated from the Patient Information selection. Based on the insurance selection, additional question may display that require responses.

[BackToTop]

Subscriber ID

Required and Non-Editable Unless Adding a New Patient: Pre-populated from the existing patient record or from information entered on the search screen.

[BackToTop]

Patient Last Name

Required and Non-Editable Unless Adding a New Patient: Pre-populated from the existing patient record or from information entered on the search screen.

[BackToTop]

Patient First Name

Required and Non-Editable Unless Adding a New Patient: Pre-populated from the existing patient record or from information entered on the search screen.

[BackToTop]

Gender

Required and Editable: Pre-populated from the existing patient record. If new patient record is added you will be required to choose from dropdown list.

[BackToTop]

Patient DOB

Required and Non-Editable Unless adding a New Patient: Pre-populated from the existing patient record or from information entered on the search screen.

[BackToTop]

Patient Phone Number (Primary)

Required: Pre-populated from the existing patient record. Enter 10 digit phone number where the patient will receive services or where the patient/caregiver/reliable neighbor can be contacted.

[BackToTop]

Patient Phone Number (Secondary)

Optional: Enter 10 digit phone number if provided.

[BackToTop]

Patient Address

Required and Editable: Pre-populated from the existing patient record. If new patient record is added you will be required to enter patient address to continue.

[BackToTop]

Patient Zip Code

Required and Editable: Enter Zip Code. Pre-populated from the existing patient record or from information entered on the search screen. The zip code value can be changed at any time during referral submission. If more than one city matches the zip code entered, pop-up message will be displayed allowing user to select a city.

[BackToTop]

Patient City, State and County

Required: Patient city, state and county fields will be auto populated once valid zip code is entered. When the zip code is changed the system will automatically update the city, state and county.

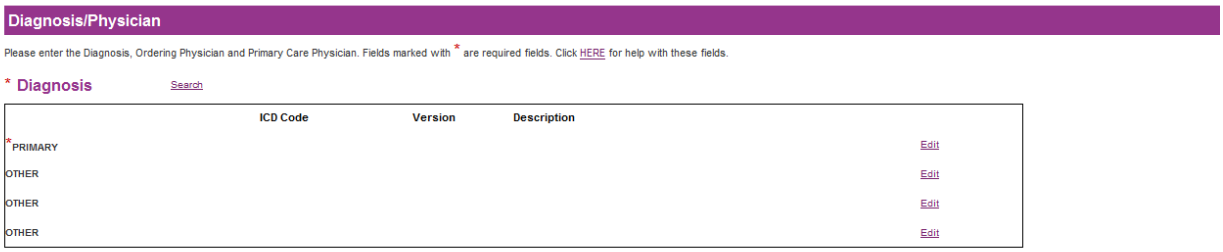
[BackToTop]

Insurance Information

Some health plans will require additional insurance information to be entered.

[BackToTop]

Diagnosis Information



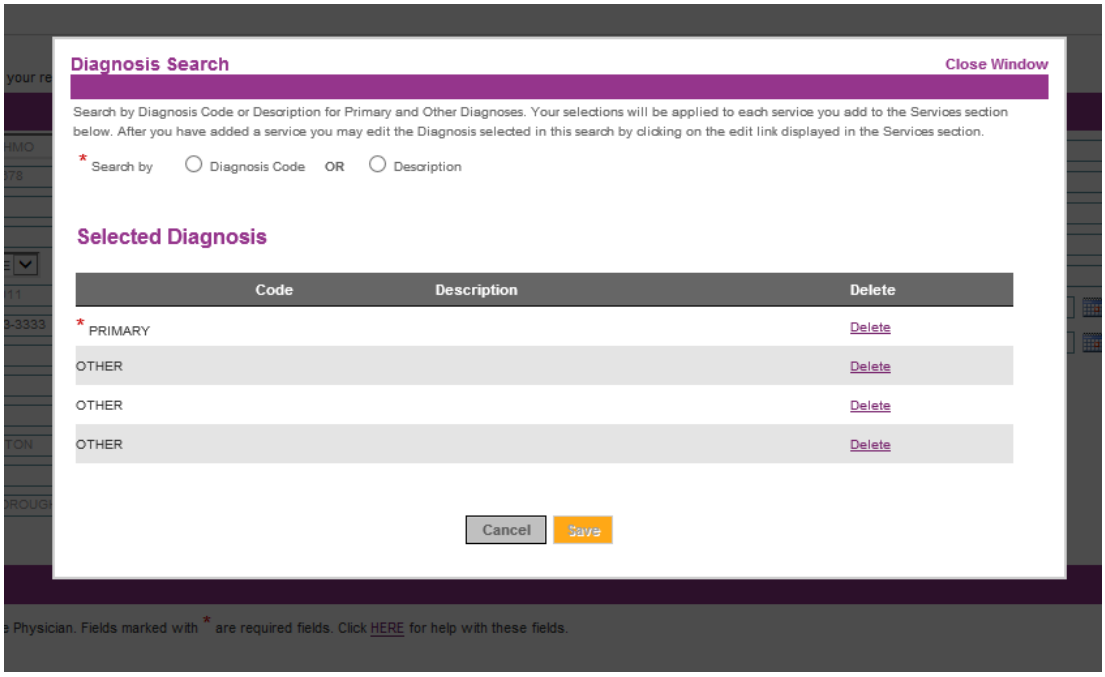
Search Diagnosis Link

Click on the Search link to navigate to the Diagnosis Search window where you can add diagnosis information for this referral. Click on Edit link to edit or delete a diagnosis you already added for this referral.

[BackToTop]

Diagnosis Search Window

The Diagnosis Search window allows searching by diagnosis code or diagnosis description. You are required to select the desired search criteria radio button (diagnosis code or description) to continue with the search.



[BackToTop]

Search by Diagnosis Code

Enter ICD-10 code with or without decimal. You are required to enter more than one digit to see the search results. Click Search to see the results that match the criteria you entered.

[BackToTop]

Search by Description

Enter description of diagnosis you are looking for. You are required to enter more than three characters to see the search results. Click Search to see the results that match the criteria you entered.

[BackToTop]

Selecting Diagnosis

If one or more matches are found for the search criteria, corresponding code and descriptions and Select links will be displayed. Click Select link to add the diagnosis to the record. Each diagnosis selected displays in the Selected Diagnosis section below in the order selected. The first diagnosis selected will display as the primary diagnosis. You are allowed to enter up to four diagnoses (primary, secondary, tertiary and other).

[BackToTop]

Primary Diagnosis

Required: Primary diagnosis field is required for the referral submission. You can click Delete Link in the Selected Diagnosis section to remove the selection.

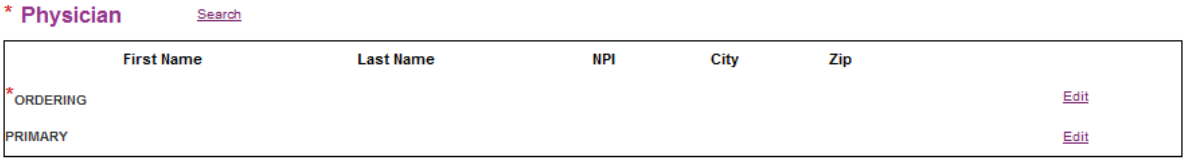
[BackToTop]

Other Diagnoses

Optional: Other diagnoses are optional for the referral submission. Selecting all diagnoses relevant to services you are requesting will facilitate the review and processing of your request. You can click Delete link in the Selected Diagnosis section to remove the selection.

[BackToTop]

Physician Information



This section allows for the entering of the Ordering Physician and Primary Care Physician. All required fields are marked with an asterisk sign.

[BackToTop]

Physician Link

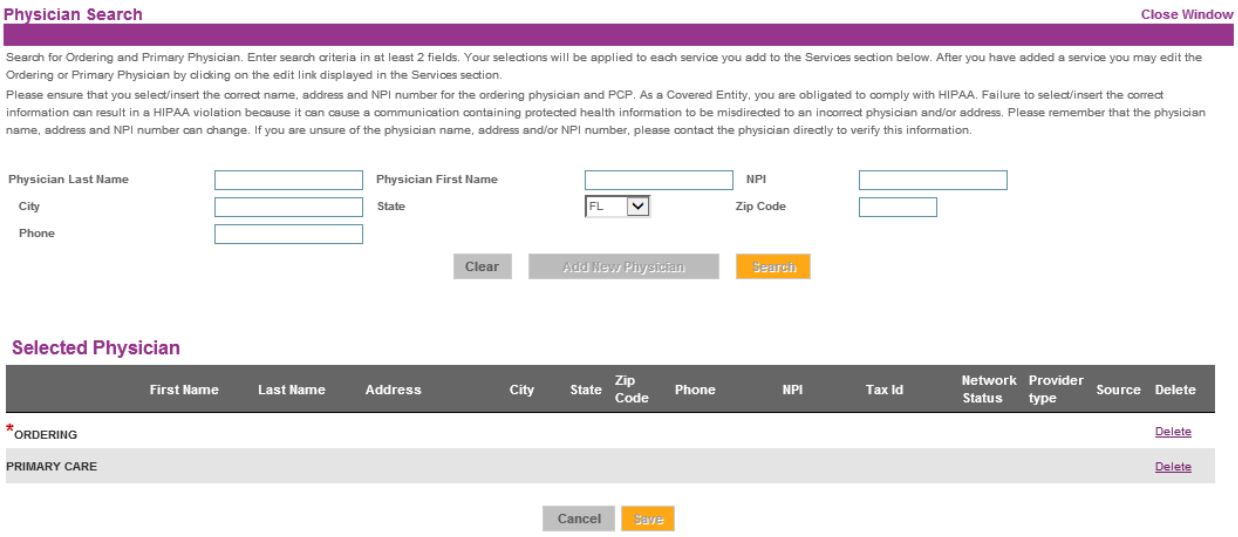
Click on the Search link to navigate to the Physician Search window, where you can add new physician information for this referral. Click on Edit link to edit or delete a physician you already added for this referral.

[BackToTop]

Physician Search Window

The Physician Search information can be added by performing a search or by manually adding the physician to the referral. You can search for physician records by entering a combination of the following criteria: physician first and/or last name, address including city, state and zip code, NPI, phone number.

If multiple records are found matching the physician information, results display that match the search criteria. Locate the physician in the listing that is an exact match for the search criteria. You can click Ordering link, Primary Care link or Both link to add selected as ordering physician, primary care physician or both.

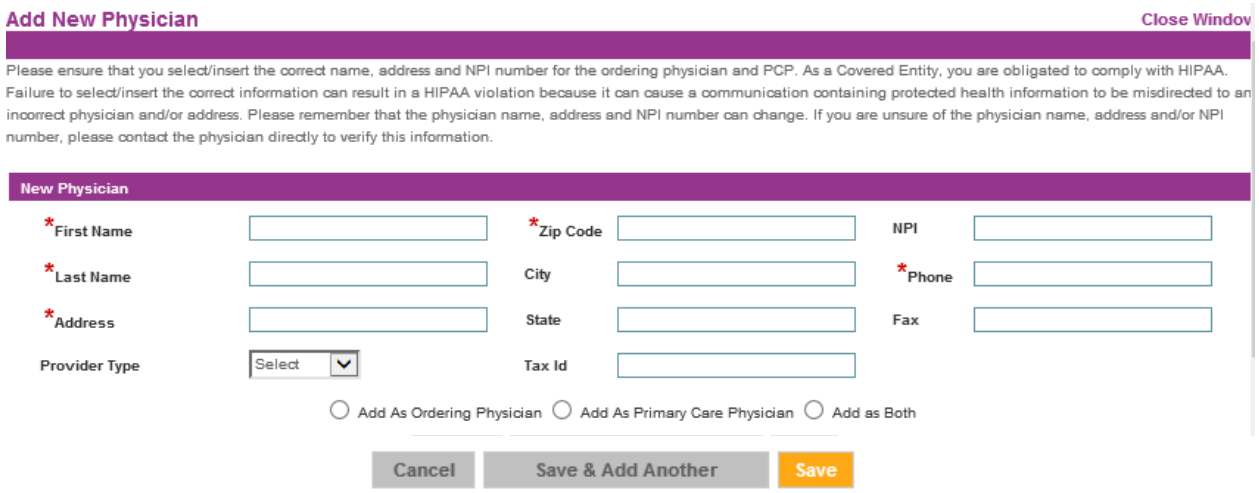


[BackToTop]

Add New Physician

If physician search could not locate the correct physician record, you can click Add New Physician to add the physician to the record. All fields required for adding new physician record are marked with an asterisk sign. Add New Physician window also has radio buttons that allows you to add new physician entry as ordering physician, primary physician or both.

Note that the system will not allow you to add a new physician using the Add New Physician button until you perform an initial search for the physician.



[BackToTop]

Ordering Physician

Required: Ordering Physician field is required for the referral submission.

[BackToTop]

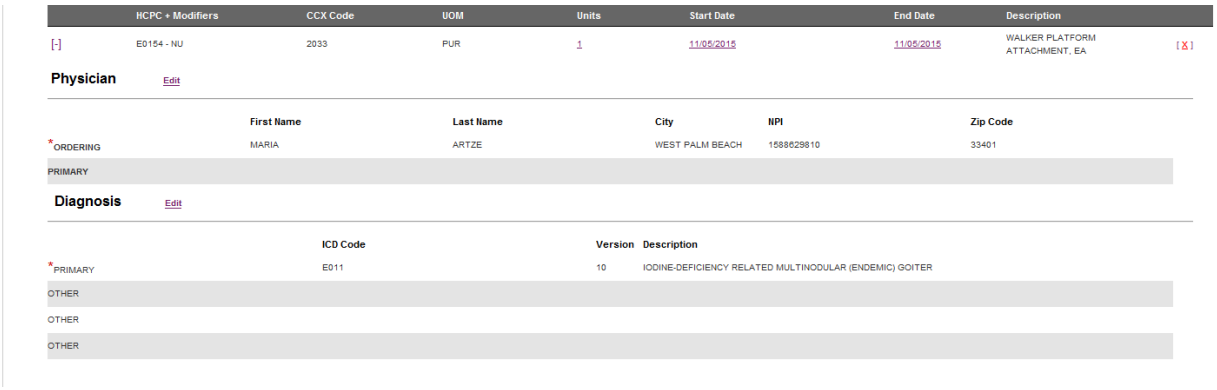
Primary Care Physician

Optional: Primary Care Physician field is not required for the referral submission.

[BackToTop]

Requested Services

This section allows identifying all services being requested with this referral submission. All required fields are marked with an asterisk sign. Additionally, user is able to edit the diagnoses and the physician information at the service code level.



Find Services

Required: Allows searching by HCPC, Service Code + UOM, or Description. Corresponding radio buttons are included that allow specifying the criteria for the search.

[BackToTop]

Search by HCPC

To search by HCPC, select the HCPC search option, enter the HCPC code, and click the Search button. If multiple records are found matching the search criteria, results display in the section below. Locate the services that match the search criteria and click Select link to pick the desired service.

[BackToTop]

Search by Service Code + UOM

To search by Service Code and UOM, select the Service Code & UOM search option, enter the service code in the Service Code field. Select the unit of measure from the UOM dropdown list, and click the Search button. If multiple records are found matching the search criteria, results display in the section below. Locate the services that match the search criteria and click Select link to pick the desired service.

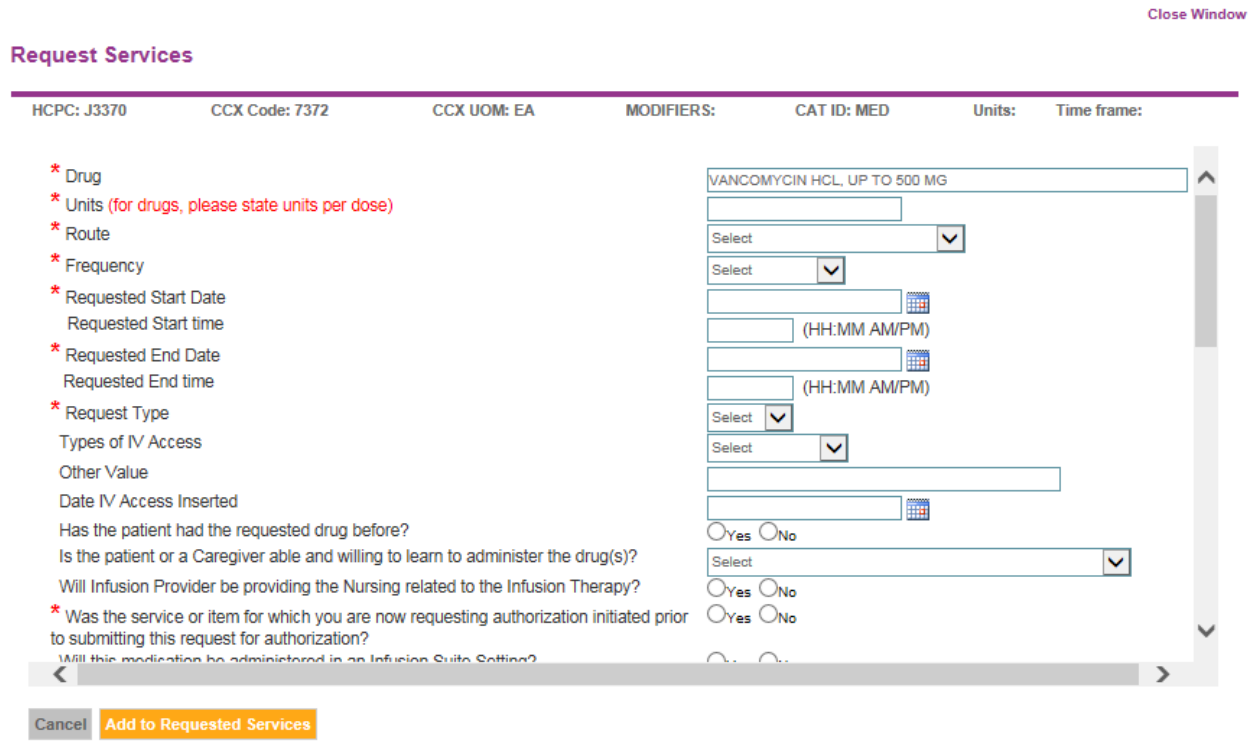
[BackToTop]

Search by Description

To search by Description, select the Description search option, enter a detailed description or brand name in the Description field, and click the Search button. If multiple records are found matching the search criteria, results display in the section below. Locate the services that match the search criteria and click Select link to pick the desired service.

[BackToTop]

Data Entry Instructions for Infusion Services



Drug

Required and Non-Editable: Will pre-populate based on the services selected in the Find Services sections. Note: The filed has been lengthened to allow most, if not all, of the drug name and strength/concentration to display.

[BackToTop]

Units

Required: Specify the number of units that are going to be given to the patient at each infusion/injection/administration, based on the unit of measure and strength/concentration. Example: the UOM is a vial and each vial contains 20 grams. Each administration consists of 120 grams, or SIX VIALS; therefore, enter six units.

[BackToTop]

Route

Required: Click on the dropdown and select from the following:

- Continuous IV
- Intermittent IV
- IM PD
- Subcutaneous Continuous
- Subcutaneous Injection
- Aerosolized

[BackToTop]

Frequency

Required: Select the "Frequency" from the drop down selection box and enter the appropriate numeric value in the blank space below it.

The Frequency drop down selection box will contain the following:

- Per Day
- Per Week
- Per Month
- Every X Hour(s)
- Every X Week(s)

Once a Selection is made in the "Frequency" drop down box, another field will appear below it. A numeric value should be entered in this field

- ___ Times Per Day
- ___ Times Per Week
- ___ Times Per Month
- Every ___ Hour(s)
- Every ___ Week(s)

Detail:

If the user selects **'Per Day'** from the drop down box, then **'___ times Per Day'** will activate. Enter the numeric value for the number of times per day the medication is administered.

If the user selects 'Per Week' from the drop down box, then **'___ times Per Week'** will activate. Additionally user will be required to enter "Day(s) of week medication to be infused". If user enters more than 6 times per Week, the following 'Frequency Validation' message will be displayed, "You may only enter up to 6 times per week. If you would like to enter 7 or more, please select per day frequency."

If the user selects **'Per Month'** from the drop down box, then **'___ times Per Month'** will activate.

Additionally user will be required to enter “Day(s) of month medication to be infused”. If user enters more than 3 times per Month, the following ‘Frequency Validation’ message will be displayed, “You may only enter up to 3 times per month. If you would like to enter 4 or more, please select per week frequency.”

If the user selects **‘Every X Hour(s)’** from the drop down box, then ‘**Every ___ Hour(s)’** will activate. Enter the numeric value for the number of hours between each administration.

If the user selects **‘Every X Weeks’** from the drop down box, then ‘**Every** ___ **Weeks’** will activate. Enter the numeric value for the number of weeks between each administration.

[BackToTop]

Requested Start Date
Required: Enter the start date for the drug or select date using calendar icon.

[BackToTop]

Requested End Date
Required: Enter the end date for the drug or select date using calendar icon.

[BackToTop]

Time
Optional: Specify the time for the start of care for the infusion therapy. Time should be entered in “HH:MM AM/PM” format.

[BackToTop]

If the UOM for this code is Vial, what is the specified physician order?
Required when vial UOM is selected: Enter the full order including the drug/medication name, dose (in grams, milligrams, liters, milliliters etc), route, frequency and duration. For example: Ampicillin 1 gram IV Q8 x 14 days.

[BackToTop]

Request Type
Required: Select the request type of Routine, Urgent, or Expedited from the Request Type dropdown list. Expedited is only used when the ordering physician has ordered the service to be delivered/provided as expedited.

[BackToTop]

Types of IV Access
Optional: Indicate the type of infusion catheter or “line” the patient has. Click on the drop down arrow and select from the following:

- Groshong
- Hickman
- Implantable Port
- Midline
- Peripheral IV
- PICC
- Other

[BackToTop]

Date IV Access Inserted
Optional: Enter the date the line was inserted or select the date using the calendar icon.

[BackToTop]

Has the patient had the requested drug before?
Optional: Select the “Yes” or “No” radio button to identify if the patient has had the requested drug(s)

before.

[BackToTop]

Is the patient or a Caregiver able and willing to learn to administer the drug(s)?
Optional: Specify from the dropdown list the appropriate response of “Yes”, “No”, or “Drug(s) not appropriate for Patient or Caregiver to administer”.

[BackToTop]

Was this request completed prior to today?
Required: Select the “Yes” or “No” radio button to identify if this request was completed prior to today.

[BackToTop]

Will this medication be administered in an Infusion Suite Setting?
Optional: Select the “Yes” or “No” radio button to identify if this medication will be administered in an Infusion Suite Setting.

[BackToTop]

Data Entry Instruction for Infusion Nursing

Units
Required: Enter number of Units being requested.

[BackToTop]

Requested Start Date
Required: Enter the authorized start date for care.

[BackToTop]

Requested End Date
Required: Enter the authorized end date for care.

[BackToTop]

Time
Optional: Specify the time for start of care. Time should be entered in “HH:MM AM/PM” format.

[BackToTop]

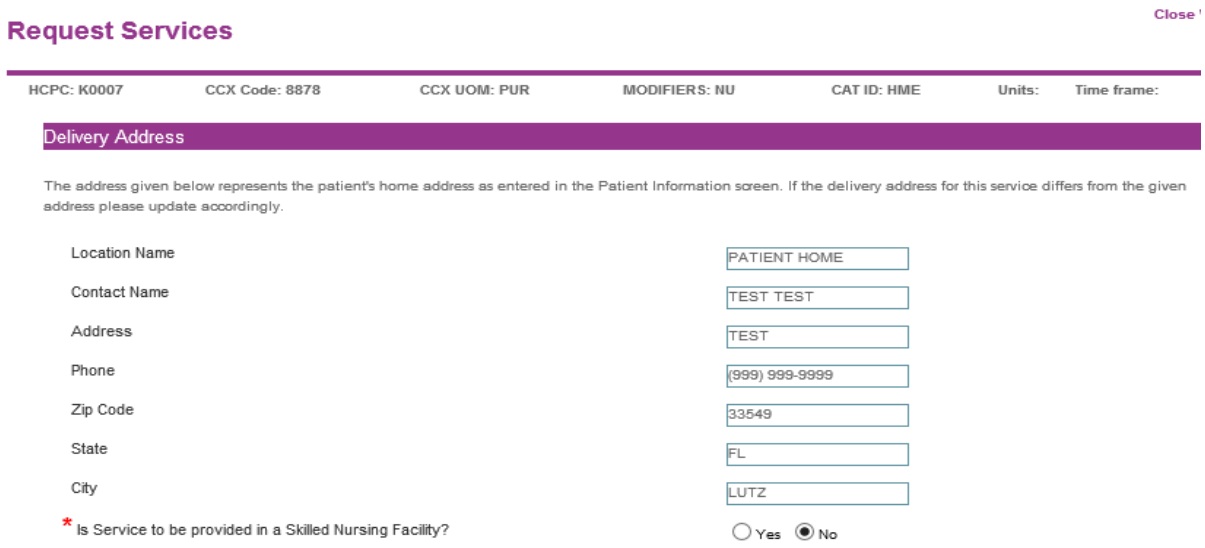
Request Type
Required: Select the request type of Routine, Urgent, or Expedited from the Request Type dropdown list. Expedited is only used when the ordering physician has order the service to be delivered/provided as expedited.

[BackToTop]

Was this request completed prior to today?
Required: Select the “Yes” or “No” radio button to identify if this request was completed prior to today.

[BackToTop]

Delivery Address



Delivery Address Information

Optional: Review the Delivery Address information. The information displayed in the Delivery Address fields pre-populate based on the patient address information as entered in the Patient Information screen. If the delivery address is different than what is displayed, type over the current information to update each field.

[BackToTop]

Is Service to be provided in a Skilled Nursing Facility?

Required: Select “Yes” or “No” radio buttons to specify if the services will be provided in a Skilled Nursing Facility (SNF).

[BackToTop]

Clinical Information to Support Request

Clinical Information

Required: If the requested service requires clinical information, corresponding clinical template questions will be displayed. All of the clinical questions are required for processing the request. Please take time to provide responses to clinical questions. Answers to clinical questions will help us make authorization decision faster and will reduce follow-up calls required in order for us to make the decision.

[BackToTop]

Data Entry Instructions for Other Services (all other service requests except HIT)

Units

Required: Enter the number of units or amount of services you would like authorized (number of visit, hours, etc.) This needs to be calculated to include all units necessary for the authorization time period.

[BackToTop]

Requested Start Date

Required: Enter the authorized start date for care or equipment delivery.

[BackToTop]

Requested End Date

Required: Enter the authorized end date for care or equipment delivery.

[BackToTop]

Additional Information

Attachment Type
Please Specify attachment type selecting one of the values from the dropdown list:

Note that you will be required to select attachment type for each file you are uploading.

[BackToTop]

Attaching the File
Optional: Upload supporting documentation for the services requested if required. Word, PDF and Image files may be uploaded Description.

[BackToTop]

Uploaded Files
All uploaded files will be displayed at the bottom of the Services screen. You can click Delete to remove uploaded documents.

[BackToTop]

Attachment Size
Attachment file size limit is 5MB. You will receive an error message and will not be able to upload the file if its size exceeds allowed limit.

[BackToTop]

Confirm Request
After you have entered all the information, press Confirm Request. The system will alert you if any additional information is needed or there are other issues with your request. Please take the time to fix these issues so that your request can be processed quicker. If additional information is needed, below are the types of information we will ask for.

[BackToTop]

Referral Source
The referral source will populate from the search screen. If the referral source was a facility, we will ask for the facility information.

[BackToTop]

Provider Contact First Name
Optional First name of the provider contact

[BackToTop]

Provider Contact Last Name

Optional Last name of the provider contact.

[BackToTop]

Provider Contact Phone number

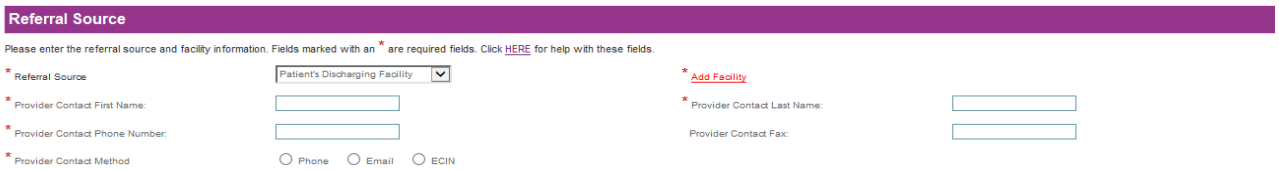
Optional The phone number for the provider contact.

[BackToTop]

Provider Contact Fax

Optional Enter the fax number for the provider contact.

[BackToTop]



Facility

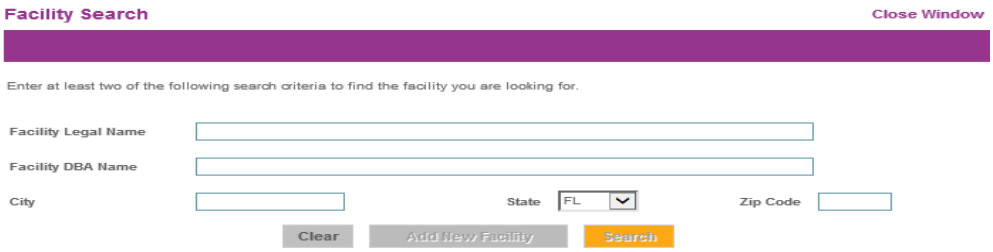
Facility Search Window

You can perform facility search by entering Facility Legal Name, Facility DBA Name, City, State, Zip Code, or any combination of these fields. Adding City, State and/or Zip Code will help narrow down search results.

If multiple records are found matching the facility information, results will display that match the search criteria in the section below. Locate the facility that matches the search criteria and click Select to add the correct facility.

Clicking Select link will populate facility information that you selected to Diagnosis/Facility Tab. You can click Delete link to remove the facility selection and perform a new facility search.

If facility search could not locate the correct facility record, you can click Add New Facility to add the facility information.



[BackToTop]

Add New Facility Window

Required: If facility search could not locate the correct facility record, you can click Add New Facility to add the facility information. All fields shown on Add New Facility window are required. Note that you will not be allowed to add a new facility using the Add New Facility button until you perform an initial search for the facility.

[BackToTop]

Facility Admit and Discharge Dates
Required: Enter facility admission and discharge dates or select dates using calendar icon.

The facility information will auto-populate to the facility section

[BackToTop]]

Known Allergies
Optional: Enter the patient's known allergies if you have it.

[BackToTop]

Height (in inches)
Optional: Enter the patient's height if you have it.

[BackToTop]

Weight (in pounds)
Optional: Enter the patient's weight if you have it.

Caregiver Name
Optional: Enter the name of the person who will care for the patient. Enter "self" if the patient will care for him/herself.

[BackToTop]

Caregiver Phone
Optional: Enter the 10 digit phone number for the patient's caregiver.

[BackToTop]

Final Screen Referral Submission

Confirm Request Button –
Required: Clicking the Confirm Request button will bring you to the final step in processing the service request, where you can validate accuracy of information entered.

[BackToTop]

Submit Referral Request
Required: The final step in processing the service request is to validate the accuracy of the information entered for the request. Once the user clicks the Submit Request button, a summary of the referral details display. Review the information in each section carefully to ensure all information entered is accurate and all services requested have been added. If any warnings remain, user can acknowledge the warning and check the box to proceed with submitting the request.

Click the Submit Request button to complete the referral request. Click the Previous button to return to the Services screen. Click the Save & Exit button to store the information without completing the referral process. Information that is saved will be stored in the Portal for 7 days.

[BackToTop]

Thank you Screen

The final confirmation screen displays if your referral was submitted successfully to CareCentrix.

[BackToTop]

Portal Navigation

Next

Clicking the Next button will navigate user to the next screen after validating that all required information is entered.

[BackToTop]

Previous

Clicking the Previous button will navigate user to the previous screen. Data entered on the current screen will be saved so that user can come back and continue with request.

[BackToTop]

Save and Exit

Clicking the Save & Exit button will allow user to save data entered and navigate them to Portal home page. The referral request will be saved and available to the logged in user for 7 days after initiation of the referral request.

[BackToTop]

Cancel The Entire Request

Clicking the Cancel The Entire Request button will allow user to cancel the entire request and create a No Admit Record.

[BackToTop]