

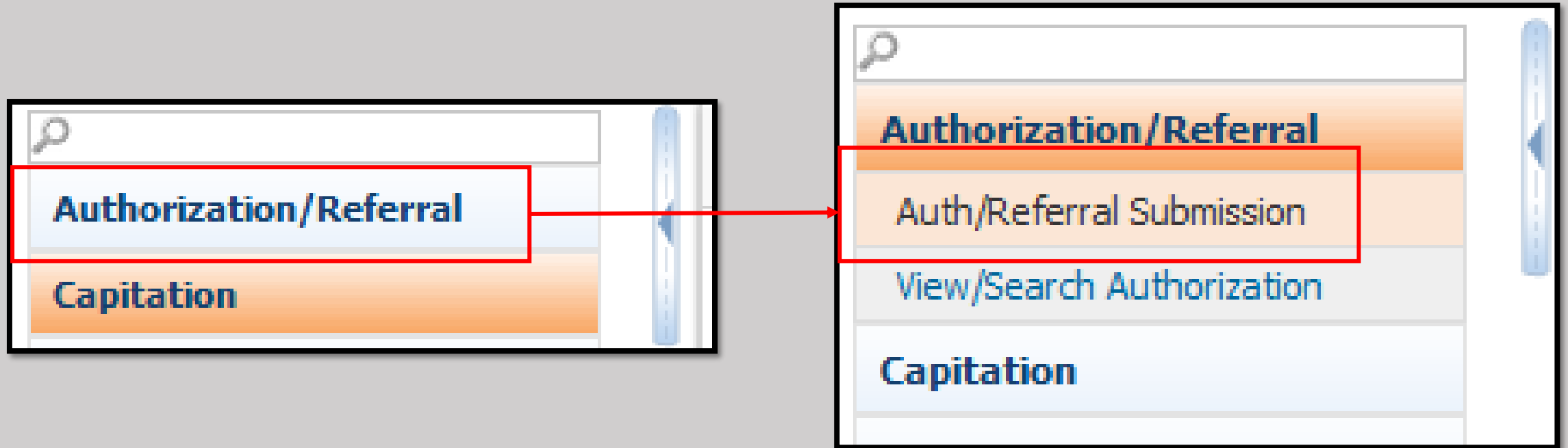
Innovative

The logo for Innovative Management Systems features the word "Innovative" in a dark maroon serif font. The letter "o" is replaced by a stylized graphic consisting of two overlapping, curved lines: a purple one on top and a blue one on the bottom, creating a sense of motion or a globe. Below "Innovative" is the text "Management Systems" in a smaller, dark maroon sans-serif font.

Management Systems

Provider Tutorial
Authorization Submission and Search

Authorization and Referral Submission:



- From the List of Modules on the Left side of the screen, click the “Authorization/Referral Module button. The menu will expand.
- Then click on “Auth/Referral Submission.”

The screenshot shows the 'Authorization' page. At the top, there is a header with a back arrow and the word 'Authorization'. Below this is a sub-header 'Authorization' with a warning icon. The main content area contains several fields: 'Member ID:' with an input box and a magnifying glass icon, 'DOB:', 'Name:', 'Address:', 'Health Plan:', 'Benefit:', and 'PCP Name:'. A red rectangular box highlights the 'Member ID' input field, and a red arrow points from this box to the 'Member Lookup' dialog shown in the next image.

The 'Member Lookup' dialog box is shown. It has an orange header with the title 'Member Lookup' and a close button (X). The main area contains the following fields: 'Member ID:' with an input box, 'Health Plan:' with a dropdown menu showing 'None Selected', 'DOB:' with an input box containing the placeholder 'MM-DD-YYYY', 'Last Name:' with an input box, and 'First Name:' with an input box. At the bottom, there are three orange buttons: 'Search', 'Close', and 'Clear All'.

- Type the Member's ID in the box shown above.
- If you need to search for the Member, click the Magnifying Glass and enter as much as possible related to them.

The screenshot displays a 'Member Lookup' application interface. At the top, there is a search form with fields for Member ID, Health Plan (set to 'None Selected'), and DOB (01-01-1970). Below these are fields for Last Name ('doe') and First Name ('jane'), along with 'Search', 'Close', and 'Clear All' buttons. A table below the search form lists search results. The second row is highlighted with a red box:

Member ID	Name	Health Plan	Provider Name	DOB	Secondary ID	OtherID	HP Effective From	HP Effective To
123456A	DOE JANE	BRAND NEW DAY	WALKER SKY	01-01-1990			09-01-2019	
12346546549	DOE JANE	BRAND NEW DAY	SPARROW JACK	01-01-1970			01-02-2020	

Below the table is a pagination bar showing 'Page 1 of 1' and 'View 1 - 2 of 2'. A red arrow points from the highlighted row to the 'Authorization' panel at the bottom. This panel contains member details for Member ID 12346546549, including Name (DOE JANE), Address (6119 E Washington Blvd ste 201, commerce, CA, 90040), Health Plan (BRAND NEW DAY), and PCP Name (SPARROW JACK). To the right of the details is an 'Authorization Data/Details' section with dropdown menus for Priority (ROUTINE) and *POS (11 - OFFICE), and input fields for *Requested Dt (02-06-2020) and Service Req Dt (MM-DD-YYYY). Two other dropdown menus are shown on the right side of the screen: one for Priority (ROUTINE) and one for POS (11 - OFFICE). Red arrows indicate the flow of information from the search results to the authorization details and the selection of values in the dropdown menus.

- After clicking the “Search” Button, select the appropriate member by double clicking the entry.
- On the right side of the screen, select the “Priority,” and “Place of Service” (POS) using the corresponding drop-down menus, and if known, the “Service Req Date” (Date requested).

Auto Populated

Basic Details | Upload Documents/Additional Details

— Requesting Provider Information

Specialty: FAMILY MEDICINE

*Prov ID: 4589745630

Contract: DEFAULT

Req Prov: SPARROW JACK - [4589745630]

Office: 6119 E WASHINGTON BLVD STE 201, COMMERCE, CALIFORNIA, 900402452

Phone:

Fax: 3237391130

To Change

Provider Search Only providers under your own organization-id can be entered in the Requesting Physician field.

ID: PROVIDER ID -

First Name: SKY

Address1: Contains

Provider Type: None Selected

Specialty: None Selected

Company: IMSMSO

Last Name/Organization:

City:

Zip:

Organization Tax ID:

Provider Contract: None Selected

Details	Provider ID	Name	Organization	Specialty	Address	Effective From	Effective To	Company	Provider NPI	TAXID
	4589745631	WALKER SKY	JACK SPARROW DOCTORS SERVICE 999999999	GENERAL PRACTICE	6119 E WASHINGTON BLVD STE 201, COMMERCE 900402452 Fax: (323) 739-1130	01-01-2019		IMSMSO	9743761378	99-9999999

- Note the “Requesting Provider Information” will auto-populate with information.
- In the event the requesting person works for an office or organization with multiple providers, use the “Prov ID” button to search for the correct Provider.
- Enter as much of the Requesting Provider as possible, click Search and click on the Correct Provider ID.

- If there are multiple providers in an office, use the “Req Prov” drop down to see all that are associated.
- Select the correct Requesting Provider.
- If there are multiple Office Locations use the drop down and select the appropriate location.

Basic Details | Upload Documents/Additional Details

Requesting Provider Information

Specialty: GENERAL PRACTICE Contract: DEFAULT

*Prov ID: 4589745631 Req Prov: WALKER SKY - [4589745631]

Office: None Selected

Phone: Fax:

Facility Provider Information

Fac Prov: None Selected Fac-Prov ID:

None Selected
ACUPUNCTURE MISTER - [1972003630]
SPARROW JACK - [4589745630]
STARK TONY - [9743761360]
VADER DARTH - [0505050505]
WALKER SKY - [4589745631]



Basic Details | Upload Documents/Additional Details

Requesting Provider Information

Specialty: GENERAL PRACTICE Contract: DEFAULT

*Prov ID: 4589745631 Req Prov: WALKER SKY - [4589745631]

Office: None Selected

Phone: Fax:

Facility Provider Information

1829 W 150TH ST, GARDENA, CALIFORNIA, 90247
6119 E WASHINGTON BLVD STE 201, COMMERCE, CALIFORNIA, 900402452

Requesting Provider Information

Specialty: GENERAL PRACTICE Contract: DEFAULT

*Prov ID: 4589745631 Req Prov: WALKER SKY - [4589745631]

Office: 6119 E WASHINGTON BLVD STE 201, COMMERCE, CALIFORNIA, 900402452

Phone: 5555555555 Fax: 3237391130

- Using the Search function enter as much as possible to locate the Correct Referring To Provider.
- If there are multiple Office Locations use the drop down and select the appropriate location.

Referring To Provider Information

Same as Requesting Provider?

*Referring To:

Contract:

Specialty:

Provider:

Office:

Notes:

Phone:

Fax:

Referring To Provider Information

Same as Requesting Provider?

*Referring To:

Contract:

Specialty:

Provider:

Office:

Notes:

6119 E WASHINGTON BLVD STE 201, COMMERCE, CALIFORNIA, 90040

999 HOSPITAL DR, GARDENA, CALIFORNIA, 90247

Provider Search

ID: -

First Name:

Address1:

Provider Type:

Specialty:

Company:

Last Name/Organization:

City:

Zip:

Organization Tax ID:

Provider Contract:

Details	Provider ID	Name	Organization	Specialty	Address	Effective From Effective To	Company	Provider NPI	TAXID	Other ID
	555555	DEFAULT PCP	DEFAULT ORGANIZATION 0000000000	DEFAULT	DEFAULT ADDRESS, LOS ANGELES, CA 99999	01-01-2000	IMMSO		000000000	
	123456789	SPARROW JACK	IN PHYSICIAN ASSOCIATES, A PROFESSIONAL MEDICAL CORPORATION 843230988	General Practice	6119 E WASHINGTON BLVD STE 201, COMMERCE, CA 90040 Fax: 3237391130	01-01-2019	IMMSO	9743761360	84-3230988	

- If the Provider is referring to themselves, simply check the box labeled “Same as Requesting Provider?”
 - The fields will auto-populate with the information.

The screenshot displays two side-by-side form sections. The left section, titled "Requesting Provider Information", contains the following fields: Specialty: GENERAL PRACTICE, Contract: DEFAULT, *Prov ID: 4589745631, Req Prov: WALKER SKY - [4589745631], Office: 6119 E WASHINGTON BLVD STE 201, COMMERCE, CALIFORNIA, 900402452, Phone: 5555555555, and Fax: 3237391130. The right section, titled "Referring To Provider Information", contains: *Referring To: 4589745631, Contract: DEFAULT, Specialty: GENERAL PRACTICE, Provider: WALKER SKY - [4589745631], Office: 6119 E WASHINGTON BLVD STE 201, COMMERCE, CALIFORNIA, 900402452, Notes: (empty), Phone: 5555555555, and Fax: 3237391130. A red box highlights the checked checkbox "Same as Requesting Provider?". Red brackets on both sides connect the corresponding fields between the two sections, illustrating that the data is auto-populated.

- If the required specialist or specialty is not in the system, select the provider named “DEFAULT” and enter the details for the provider in the Notes section.
- Include the First and Last Names, the NPI, Specialty, Phone, and FAX number for the provider.

	555555	DEFAULT	DEFAULT ORGANIZATION 0000000000	DEFAULT	DEFAULT ADDRESS, LOS ANGELES, CA 99999	01-01-2000	IMSMSO	000000000
--	--------	---------	---------------------------------	---------	--	------------	--------	-----------

	555555	DEFAULT	DEFAULT ORGANIZATION 0000000000
--	--------	---------	---------------------------------

- Referring To Provider Information

Same as Requesting Provider?

*Referring To:

Contract: PENDING

Specialty:

Provider:

Office:

Notes:

Phone:

Fax:

- If there is a Specialty that is required but there is no specific provider to refer to, select the provider named “DEFAULT”.
- Include the specialty required to fulfill the referral.

	555555	DEFAULT	DEFAULT ORGANIZATION 0000000000	DEFAULT	DEFAULT ADDRESS, LOS ANGELES, CA 99999	01-01-2000	IMSMSO	000000000
--	--------	---------	---------------------------------	---------	--	------------	--------	-----------

	555555	DEFAULT	DEFAULT ORGANIZATION 0000000000
--	--------	---------	---------------------------------

Referring To Provider Information

Same as Requesting Provider?

***Referring To:** 555555

Contract: PENDING

Specialty: DEFAULT

Provider: DEFAULT - [555555]

Office: DEFAULT ADDRESS, LOS ANGELES, CALIFORNIA, 99999

Notes: CARDIOLOGY

Phone:

Fax:

- To select the Diagnosis Code, click the “Diag 1” box and begin to type the code.
 - As you type, the selection will change to match what is entered.
 - Please note at least one Diagnosis Code is required.
- Once the Diagnosis is selected, the description will appear to the right of the dialog box.

The image illustrates the process of selecting a diagnosis code through four sequential screenshots of a software interface:

- Step 1:** The interface shows a "Diagnosis" section with four input fields labeled "Diag 1", "Diag 2", "Diag 3", and "Diag 4". The "Diag 1" field is highlighted with a red box.
- Step 2:** The "Diag 1" field now contains the letter "I". A dropdown menu is visible, listing various diagnosis codes starting with "I", such as "I00- (RHEUMATIC FEVER WITHOUT HEART INVOLVEMENT)". The "I" in the input field and the dropdown list are highlighted with a red box.
- Step 3:** The "Diag 1" field now contains "I11". The dropdown menu is updated to show codes starting with "I11", such as "I11- (HYPERTENSIVE HEART DISEASE)". The "I11" in the input field and the dropdown list are highlighted with a red box.
- Step 4:** The "Diag 1" field now contains "I11.0". The dropdown menu is updated to show the specific code "I11.0" with its description "HTN HEART DISEASE W/HEART FAIL". The "I11.0" in the input field and the dropdown list are highlighted with a red box.

- Alternatively, if more information is required to select the appropriate code click the magnifying glass to the right of “Diag 1.”
- A new window will open with three options.
- (1) If you know part of the numeric code, you may enter it with the decimal and click the search button.

Diagnosis Search

Diagnosis Code(with decimal): H40.05 Diagnosis Code(without decimal): Description: Contains

Version: All Show Mapping

Diagnosis Code(with decimal)	Diagnosis Code(without decimal)	Description	Medium Description	Long Description	Version	Active From	Active To	Billab
H40.05	H4005	OCULAR HYPERTENSION	OCULAR HYPERTENSION	Ocular hypertension	ICD-10	10-01-2015		
H40.051	H40051	OCULAR HYPERTENSION RIGHT EYE	OCULAR HYPERTENSION RIGHT EYE	Ocular hypertension, right eye	ICD-10	10-01-2015		Y
H40.052	H40052	OCULAR HYPERTENSION LEFT EYE	OCULAR HYPERTENSION LEFT EYE	Ocular hypertension, left eye	ICD-10	10-01-2015		Y
H40.053	H40053	OCULAR HYPERTENSION BILATERAL	OCULAR HYPERTENSION BILATERAL	Ocular hypertension, bilateral	ICD-10	10-01-2015		Y
H40.059	H40059	OCULAR HYPERTENSION UNSPECIFIE	OCULAR HYPERTENSION UNSPECIFIED EYE	Ocular hypertension, unspecified eye	ICD-10	10-01-2015		Y

Note: This mapping might not be truly equivalent - it

- (2) You may also enter the Diagnosis Code without the decimal and click the search button.

Diagnosis

*Diag 1:

Diagnosis Code(without decimal):

Show Mapping

Diagnosis Search Close

Diagnosis Code(with decimal):

Diagnosis Code(without decimal): 2

Version: All

Description: Contains

Diagnosis Search

Diagnosis Code(with decimal):

Diagnosis Code(without decimal):

Version: All

Description: Contains

Diagnosis Code(with decimal)	Diagnosis Code(without decimal)	Description	Medium Description	Long Description	Version	Active From	Active To	Billable
H40.05	H4005	OCULAR HYPERTENSION	OCULAR HYPERTENSION	Ocular hypertension	ICD-10	10-01-2015		N
H40.051	H40051	OCULAR HYPERTENSION RIGHT EYE	OCULAR HYPERTENSION RIGHT EYE	Ocular hypertension, right eye	ICD-10	10-01-2015		Ye
H40.052	H40052	OCULAR HYPERTENSION LEFT EYE	OCULAR HYPERTENSION LEFT EYE	Ocular hypertension, left eye	ICD-10	10-01-2015		Ye
H40.053	H40053	OCULAR HYPERTENSION BILATERAL	OCULAR HYPERTENSION BILATERAL	Ocular hypertension, bilateral	ICD-10	10-01-2015		Ye
H40.059	H40059	OCULAR HYPERTENSION UNSPECIFIE	OCULAR HYPERTENSION UNSPECIFIED EYE	Ocular hypertension, unspecified eye	ICD-10	10-01-2015		Ye

Note: This mapping might not be truly equivalent - it i

- (3) If you do not know the code, use the “Description” box.
- Using the drop-down, select the descriptor that goes with the terms used.
- Enter the description and click the Search button.

Diagnosis

*Diag 1:

Description:

Contains

Not contains

Begins with

Ends with

Equal to

Not equal to

	Version	Active From	Active To	Billable?
with ocular hypertension	ICD-9	10-01-2014	09-30-2015	Yes
	ICD-10	10-01-2015		No

Diagnosis Search

Diagnosis Code(with decimal): Version:

Diagnosis Code(without decimal): Show Mapping

Description:

3

Diagnosis Search

Diagnosis Code(with decimal): Version:

Diagnosis Code(without decimal): Show Mapping

Description:

Diagnosis Code(with decimal)	Diagnosis Code(without decimal)	Description	Medium Description	Long Description	Version	Active From	Active To	Billable?
365.04	36504	BORDERLINE GLAUC W/OCULAR HTN	BORDERLINE GLAUCOMA WITH OCULAR HYPERTENSION	Borderline glaucoma with ocular hypertension	ICD-9	10-01-2014	09-30-2015	Y
H40.05	H4005	OCULAR HYPERTENSION	OCULAR HYPERTENSION	Ocular hypertension	ICD-10	10-01-2015		N
H40.051	H40051	OCULAR HYPERTENSION RIGHT EYE	OCULAR HYPERTENSION RIGHT EYE	Ocular hypertension, right eye	ICD-10	10-01-2015		Y

- When using one of these three methods, once the appropriate code is found select it by clicking on the Yellow, underlined text in the “Diagnosis Code (with decimal) column.

Diagnosis Search

Diagnosis Code(with decimal):

Version: All

Diagnosis Code(with decimal)	Diagnosis Code(without decimal)	Description
<u>365.04</u>	36504	BORDERLINE
<u>H40.05</u>	H4005	OCULAR HYPE
<u>H40.051</u>	H40051	OCULAR HYPE
<u>H40.052</u>	H40052	OCULAR HYPE
<u>H40.053</u>	H40053	OCULAR HYPE

- Diagnosis

*Diag 1: OCULAR HYPERTENSION Diag 2: Diag 3: Diag 4:

- Diagnosis

*Diag 1: OCULAR HYPERTENSION

- Repeat the process for Diagnosis Codes two thru four.
- If additional codes are required, click the Plus button on the right of the Diagnosis area to create the next row.
- Repeat this process until all applicable diagnosis codes have been entered.

The image shows two screenshots of a medical diagnosis entry interface. The top screenshot shows an empty form with four input fields labeled *Diag 1, Diag 2, Diag 3, and Diag 4, each with a search icon. A red box highlights the *Diag 1 field. A red arrow points from the *Diag 1 field to the bottom screenshot. The bottom screenshot shows the same form with four diagnosis codes entered: *Diag 1: i11.0 HTN HEART DISEASE W/HEART FAIL, Diag 2: I01.0 ACUTE RHEUMATIC PERICARDITIS, Diag 3: I10 ESSENTIAL PRIMARY HYPERTENSION, and Diag 4: I00 RHEUMATIC FEVER W/O HEART INVO. A red box highlights the *Diag 1 field. A red arrow points from the plus button on the right of the form to the *Diag 1 field.

- Diagnosis

*Diag 1: Q

Diag 2: Q

Diag 3: Q

Diag 4: Q

+ -

- Diagnosis

*Diag 1: Q HTN HEART DISEASE W/HEART FAIL

Diag 2: Q ACUTE RHEUMATIC PERICARDITIS

Diag 3: Q ESSENTIAL PRIMARY HYPERTENSION

Diag 4: Q RHEUMATIC FEVER W/O HEART INVO

Diag 5: Q

Diag 6: Q

Diag 7: Q

Diag 8: Q

+ -

Service Type	Service	Service Desc.	Type	Diag. Ref.	Modifier	Qty.	Unit Type	NDC	Notes
Code				1	None Selected	1	None Sele	NDC	
Code				1	None Selected	1	None Sele	NDC	
Code				1	None S			NDC	
Code				1	None S			NDC	
Code				1	None S			NDC	

Code

Code

Package

None Selected

1P - Performance Measure Exclusion

22 - Increased Procedural Services

23 - Unusual Anesthesia

24 - Unrelated Evaluation and Manag

25 - Significant, Separately Identi

26 - Professional Component

27 - Multiple outpatient Hospital e

2P - Performance MeasureExclusion M

32 - Mandated Services

33 - Preventive Services

3P - Performance Measure Exclusion

47 - Anesthesia by Surgeon

50 - Bilateral Procedure

51 - Multiple Procedures

52 - Reduced Services

53 - Discontinued Procedure

54 - Surgical Care Only

55 - Postoperative Management Only

56 - Preoperative Management Only

None Sele

None Selected

VISITS

SESSIONS

RENTAL

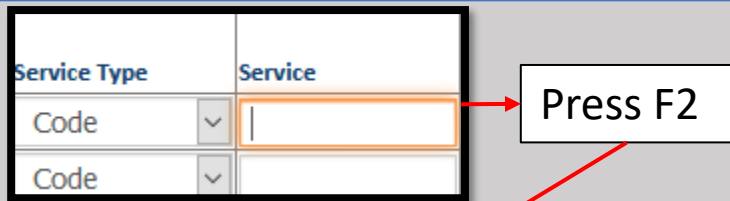
PURCHASE

- For the Services, take note of the drop-down menus for the “Service Type,” “Modifier,” and “Unit Type.” (More information on the service on the next page)
- There is a dialog box for the corresponding Diagnosis, “Diag. Ref.” as well as a quantity for that service.

Service Type	Service	Service Desc.	Type	Diag. Ref.	Modifier	Qty.	Unit Type	NDC	Notes
Code ▾	33950	CARDIAC TRANSPLANTION	P	1	None Selected ▾	1	None Sele ▾	NDC	
Code ▾				1	None Selected ▾	1	None Sele ▾	NDC	
Code ▾				1	None Selected ▾	1	None Sele ▾	NDC	
Code ▾				1	None Selected ▾	1	None Sele ▾	NDC	
Code ▾				1	None Selected ▾	1	None Sele ▾	NDC	

➕ Add

- The service code can be directly entered in the Service field. Press enter when finished.
- The “Service Desc.” (Description) will fill in if the code is found.



Service Search

Service Type: Service Code: Description:

Service Code	Description	Medium Description	Long Description	More
33120 (P)	REMOVAL OF H	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	Excision of intracardiac tumor, resection with cardiopulmonary bypass	
33130 (P)	REMOVAL OF H	RESECTION EXTERNAL CARDIAC TUMOR	Resection of external	
G9408 (P)	PT CT &PERICA	PATIENTS W/CT &PERICARDIOCENTESIS OCR WI 30 DA	Patients with cardiac t	
G9409 (P)	PT WO CT &PE	PATIENTS WO CT &PERICARDIOCENTESIS OCR WI 30 DA	Patients without cardia	
33730 (P)	REPAIR HEART	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN	Complete repair of and	
33950 (P)	CARDIAC TRAN	CARDIAC TRANSPLANTION	CARDIAC TRANSPLAN	

Service Type:

Description:

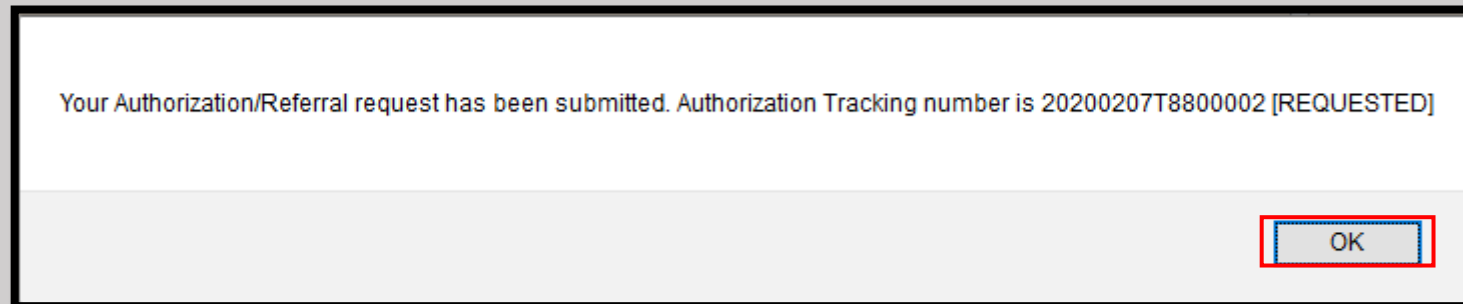
33950 (P) CARDIAC TRANSPLANTION

Service Type	Service	Service Desc.	Type	Diag. Ref.	Modifier	Qty.	Unit Type	NDC	Notes
Code	33950	CARDIAC TRANSPLANTION	P	1	56 - Preoperative Mana	1	VISITS	NDC	CONSULT PRE-OP

- If a search is required, click in the Service field and press the F2 button to open the Search dialog box.
- The Service Type selects “Professional” or “Institution” Code types.
- The Description drop-down is identical to the previous example.
- Enter any portion of the Service Code in to the “Service Code” box.

- Alternatively, enter the “Description” box and press the Search button.
- Select the appropriate Service Code in the yellow text in the Service Code column.
- Repeat these steps until all Services have been entered.

- Once all information has been entered, select “Save” to complete the Authorization process.
- If there is another Authorization that needs to be created, press the “Save & Add for another Member” button to begin the next authorization.
- Both buttons are found at the bottom of the authorization screen.
- A Dialog box will appear confirming the Authorization request has been submitted.
- Click “OK” to continue.



- In the event that additional information or documentation is required, click on the Tab “Upload Documents/Additional Details.”

The screenshot shows a web application interface for an Authorization form. The form is divided into several sections:

- Authorization Header:** Contains member information: Member ID: 12346546549, DOB: 01-01-1970, Phone: (555) 555-5555, Age: 50.100, Gender: F, Name: DOE JANE, Health Plan: BRAND NEW DAY, PCP Name: SPARROW JACK.
- Authorization Date/Details:** Contains Priority: ROUTINE, Requested On: 02-07-2020, and Time: 12:01:08.
- Basic Details / Upload Documents/Additional Details:** This section is highlighted with a red box. It contains input fields for: Guardian Name, Language, Cell/Phone Number, and MR#.
- Documents:** A section with an input field for Guardian Name and a table for Documents. The table has columns: Delete, Category, Priority, Original File Name, Notes, Uploaded By, Date Uploaded, Internal, and View. The table is currently empty, showing "No Document(s) Found." Below the table, there is a section for FAX with a link to print a FAX Cover Page and a note: "(You MUST use the cover page linked above when faxing us documentation for this authorization. If you use any other cover page, or no cover page at all, the authorization will not be processed or the process will be delayed.)". There is also a link to upload a Continuity of Care Document (CCD).
- Buttons:** At the bottom, there are two buttons: "Save" and "Save & Add for another Member".

Red boxes and arrows highlight the input fields for Language, MR#, Guardian Name, and Cell/Phone Number, indicating where additional information should be provided.

- Using the Documents section, notes and documents can be attached using “1. Upload Documents.”
 - Select the proper Category and Priority from the drop-down menus.
 - Click the “Browse” button and locate the file on the computer. Select “Open” when finished.

Documents

1. Upload Documents (upload .doc,.docx,.xls,.xlsx,.pptx,.xps,.psd,.htm,.pdf,.tiff,.rtf,.jpg,.fmf and text documents only.)

Category	Priority	File	Notes	Delete
None Selecte ▾	None Selected ▾	Browse... No file selected.		✕

Add a Document

Category

- None Selecte ▾
- None Selected
- CCD
- CCS
- ELIGIBILITY
- NOTES
- OTHER
- SCREENSHOT

Priority

- None Selected ▾
- None Selected
- Very High
- High
- Medium
- Low
- Very Low

Name	Date Modified	Type	Size
Sample Auth Documentation	2/6/2020 9:51 AM	Microsoft Word D...	12 KB

Sample Auth Documentation

All Files

Open Cancel

- Repeat the previous step for any additional documentation.
- All attached documents will be shown in a list form under the heading “2. Documents Detail.”

— Documents

1. Upload Documents (upload .doc,.docx,.xls,.xlsx,.pptx,.xps,.psd,.htm,.pdf,.tiff,.rtf,.jpg,.fmf and text documents only.)

Category	Priority	File	Notes	Delete
NOTES ▾	Medium ▾	<input type="button" value="Browse..."/> No file selected.	SAMPLE	✕

2. Documents Detail

Category	Priority	Original File Name	Notes	Uploaded By	Date Uploaded	Internal	View
NOTES	Medium	Sample Auth Documentation.docx	SAMPLE	TEST ADMIN 1	2020-02-07	No	<input type="button" value="VIEW"/>

OR

3. FAX

- Alternately, a FAX Cover Sheet can be produced to submit the documentation via FAX using “3. FAX.”
- After clicking on the “FAX Cover Page” button, a window will open with options to print and save the cover letter, using information from the data you previously entered.

3. FAX

Click here to print a [FAX Cover Page](#) for this auth to fax with the additional documentation.
(You MUST use the cover page linked above when faxing us documentation for this authorization. If you use any other cover page, your fax may be rejected.)

OR

Find... 1 of 1 100%

Main Report

2 0 2 0 0 2 0 7 T 8 8 0 0 0 2

PLEASE DO NOT WRITE ABOVE THIS LINE

Provider Authorization Additional Documentation

Print and FAX this FAX COVER PAGE along with the additional documentation
to Innovative Management Systems, Inc.

REFERRING PRIMARY CARE PHYSICIAN:	WALKER, SKY		
PHONE NUMBER:	(555)555-5555		
<u>AUTHORIZATION #</u>	<u>AUTH STATUS</u>	<u>REQUEST DATE</u>	<u>ACTION DATE</u>
20200207T8800002	REQUESTED	02/07/2020	02/07/2020
		<u>EXPIRE DATE</u>	05/06/2020

PATIENT INFORMATION

NAME: DOE, JANE	MEMBER ID#: 12346546549
ADDRESS: 6119 E Washington Blvd ste 201 commerce, CA 90040	PHONE: (555)555-5555
HEALTH PLAN: BNDS	DATE OF BIRTH: 01/01/1970 AGE: 50
OTHER INSURANCE: NONE	

- The Top Left Button allows for file printing.
- The next button to the Right allows for a file format to be selected and saved.

The screenshot displays a web application interface for viewing a report. The main content area shows the header "INNOVATIVE MANAGEMENT SYSTEMS, INC. DEFAULT ADDRESS, CA" and a warning message: "WARNING: This transmission contains protected health information that you are required by law to maintain in a secure and confidential manner. Re-disclosure is prohibited. Failure to maintain confidentiality or re-disclosure without authorization could result in penalties as described in State and Federal law. This message is intended to alert the recipient that any information contained herein may be considered privileged by law. If the recipient has received this information in error, please notify the sender immediately by e-mail at (xxx) xxx-xxxx and shred this information." Below the warning, patient information is listed: "Name: Doe Jane", "Address: 6119 E Washington Blvd", "Primary Care Physician: Sparrow", "Specialty: Family Medicine", and "Address: 6119 E Washington Blvd". At the bottom, it says "Dear patient Doe Jane" and "The following medical service requested by Walker Sky, MD, your PCP".


An "Export" dialog box is open, showing a list of file formats. The "Crystal Reports (RPT)" format is selected. A red box highlights the "Export" button and the "File Format" dropdown menu. A red arrow points from the top-left toolbar button to the "Export" dialog.

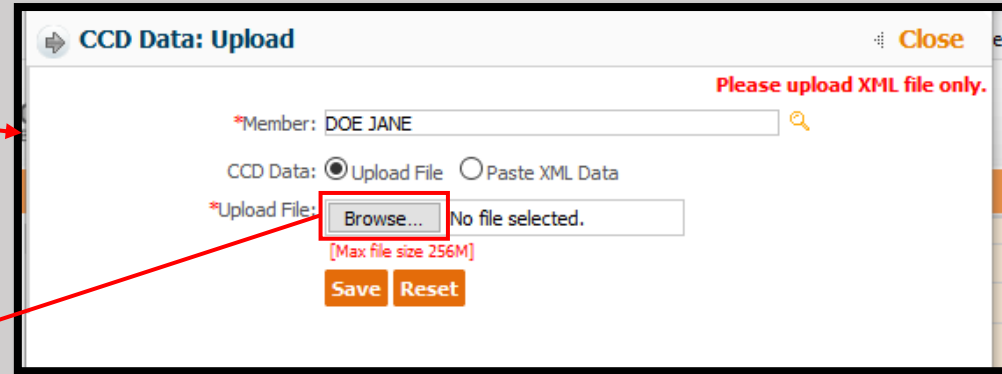
A Firefox file opening dialog is also open, titled "Opening CrystalReportViewer1.pdf". It shows the file "CrystalReportViewer1.pdf" (91.3 KB) from "https://quickcap.imsmsco.com:8090". The "Save File" option is selected. A red arrow points from the "Crystal Reports (RPT)" format in the "Export" dialog to the "Save File" option in the Firefox dialog.

On the right side of the page, there is a table with the following data:

Request Date:	02/07/2020
Request Date:	02/07/2020
Request Date:	02/07/2020
Request Date:	05/06/2020
Request Date:	11 - Office

- Lastly, documentation can be attached for Continuity of Care using “4. Continuity of Care Document” (CCD)
- Click on the CCD icon and the “Browse” button.
- Locate the documents on the computer and click the “Open” button.
- Click the Save button and you will receive a notice that the “Record added successfully

4. To upload Continuity of Care Document (CCD) click here 



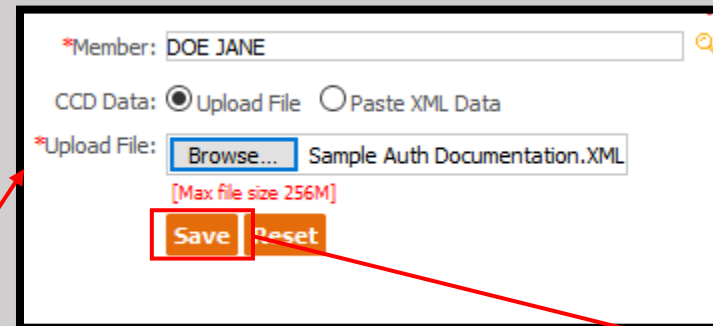
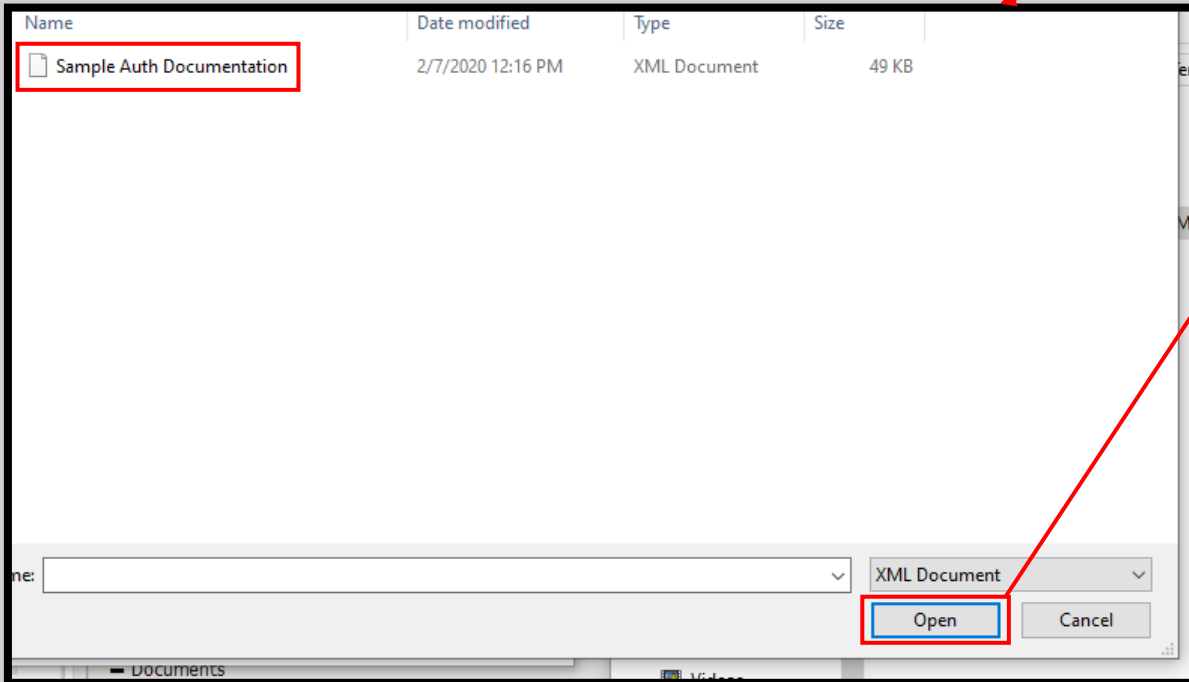
CCD Data: Upload Close

Please upload XML file only.

*Member: DOE JANE

CCD Data: Upload File Paste XML Data

*Upload File: No file selected.
[Max file size 256M]



*Member: DOE JANE

CCD Data: Upload File Paste XML Data

*Upload File: Sample Auth Documentation.XML
[Max file size 256M]



Record added successfully.

Please upload XML file only.

*Member:

CCD Data: Upload File Paste XML Data

*Upload File: No file selected.
[Max file size 256M]

Shown is the completed authorization request screen.

Authorization
Back

Authorization Print 20200207T8800001 - REQUESTED

Member ID: 12346546549 DOB: 01/01/1970 Phone: (555) 555-5555 Age: 50.1 Gender: F

Name: JANE DOE Address: 6119 E Washington Blvd ste 201, commerce, CA, 90040

Health Plan: BRAND NEW DAY Benefit: 024 Eff dt: 01-01-2020

PCP Name: SPARROW JACK Eff dt: 01-01-2020

Authorization Date/Details

Priority: ROUTINE *Requested Dt: 02-07-2020 11:21:47

*POS: OFFICE Service Req Dt:

Valid To: 05-06-2020

Basic Details
Upload Documents/Additional Details

— Requesting Provider Information

Specialty: GENERAL PRACTICE Contract: (DEFAULT)

*Prov ID: 4589745631 Req Prov: WALKER SKY

Office: 6119 E WASHINGTON BLVD STE 201, COMMERCE, CALIFORNIA, 900402452

Phone: (555) 555-5555 Fax: (323) 739-1130

— Referring To Provider Information

Same as Requesting Provider?

*Referring To: 4589745631 Contract: (DEFAULT)

Specialty: GENERAL PRACTICE Provider: WALKER SKY

Office: 6119 E WASHINGTON BLVD STE 201, COMMERCE, CALIFORNIA, 900402452

Notes:

Phone: (555) 555-5555

Fax: (323) 739-1130

— Facility Provider Information

Fac Prov: Fac-Prov ID:

— Diagnosis

*Diag 1: i11.0 HTN HEART DISEASE W/HEART FAIL Diag 2: I01.0 ACUTE RHEUMATIC PERICARDITIS Diag 3: I10 ESSENTIAL PRIMARY HYPERTENSION Diag 4: I00 RHEUMATIC FEVER W/O HEART INVO

— Service Requested

Service Category: 3 CONSULTATION

Service Type	Service	Service Desc.	Type	Diag. Ref.	Modifier	Qty.	Unit Type	NDC	Notes
Code	G8578	REOP NOT REQ MEDST BLD GFT OCC	P	1	56	1	VISITS	NDC	CONSULT PRE-OP

— Clinical Indication For Request

(include pertinent past medical hx. treatment, physical findings, and attach all relevant medical records and test results etc.)

Add Auth for same Member
Print Auth

- To see all Authorizations related to an Organization simply select the “View/Search Authorization” Button from the Module list on the Left under Authorization/Referral.

Authorization/Referral-Status Search

Member ID: Last Name: First Name:

Member SSN: DOB: Auth. No:

Request/Receive Date From: Request/Receive Date To:

Auth. Date From: Auth. Date To:

Requesting physician ID: Status: All

Requesting Org ID: Referring To physician ID:

Referring To Org ID: Created By:

Admit Date From: Admit Date To:

Discharge Date From: Discharge Date To:

Health Plan: None Selected

Place of Service: None Selected

Reason: All

Priority/Services is: None Selected

Referring to Specialty: None Selected

Company: None Selected

Add Referral **Search** **Clear All**

No. of Authorization(s): 15

Authorization No. Status	Status Reason	Member Id Member Name	Sex	DOB	Requesting Physician Specialty	Referring To Physician Specialty	Health Plan	Place of Service Requested Date	Company
20200207T8800002 REQUESTED		12346546549 DOE JANE	F	01/01/1970	4589745631 WALKER SKY (JACK SPARROW DOCTORS SERVICE) GENERAL PRACTICE	4589745631 WALKER SKY (JACK SPARROW DOCTORS SERVICE) GENERAL PRACTICE	BRAND NEW DAY	OFFICE 02/07/2020	IMSMSO Copy Authorization
Service Code/Package		Service/Package Description			Quantity	Unit Type	Diag Code	Description	
31535		LARYNGOSCOPY W/BIOPSY			1	-	01.0	ACUTE RHEUMATIC PERICARDITIS	
20200207T8800001 REQUESTED		12346546549 DOE JANE	F	01/01/1970	4589745631 WALKER SKY (JACK SPARROW DOCTORS SERVICE) GENERAL PRACTICE	4589745631 WALKER SKY (JACK SPARROW DOCTORS SERVICE) GENERAL PRACTICE	BRAND NEW DAY	OFFICE 02/07/2020	IMSMSO Copy Authorization
Service Code/Package		Service/Package Description			Quantity	Unit Type	Diag Code	Description	
G8578		REOP NOT REQ MEDST BLD GFT OCC			1	VISITS	11.0	HTN HEART DISEASE W/HEART FAIL	
20200204T8800009 REQUESTED		100000000 BAINES GREG	M	01/28/1991	1164722047 AIR AMBULANCE TEST (IN PHYSICIAN ASSOCIATES, A PROFESSIONAL MEDICAL CORPORATION) AMBULANCE,AIR TRANSPORT	1164722047 AIR AMBULANCE TEST (IN PHYSICIAN ASSOCIATES, A PROFESSIONAL MEDICAL CORPORATION) AMBULANCE,AIR TRANSPORT	BRAND NEW DAY	OFFICE 02/04/2020	IMSMSO Copy Authorization
Service Code/Package		Service/Package Description			Quantity	Unit Type	Diag Code	Description	
A0425		GROUND MILEAGE PER STATUTE MIL			1	SESSIONS	M48.41XA	FATIGUE FX VERT OAA REGION INI	
20200204T8800008 REQUESTED		100000003 GOODMAN JANE	F	05/19/1969	4589745630 SPARROW JACK (JACK SPARROW DOCTORS SERVICE) FAMILY MEDICINE	1164722047 AIR AMBULANCE TEST (IN PHYSICIAN ASSOCIATES, A PROFESSIONAL MEDICAL CORPORATION) AMBULANCE,AIR TRANSPORT	BRAND NEW DAY	OFFICE 02/04/2020	IMSMSO Copy Authorization
Service Code/Package		Service/Package Description			Quantity	Unit Type	Diag Code	Description	
A0429		AMB SERVICE BLS EMERGENCY TRAN			2	VISITS	A18.01	TUBERCULOSIS OF SPINE	
20200204T8800006		100000003	F	05/19/1969	4589745630 SPARROW JACK	4589745631 WALKER SKY	BRAND NEW DAY	OFFICE	IMSMSO Copy Authorization

- Note that authorizations for all managed members will appear on the list, even if they originate from a separate Provider.

SYSTEMS, INC. QUICK BY MEDVISION CAP™ Welcome TEST ADMIN 1 [My Profile](#)

Member ID	DOB	Gender	Effective Date	Service/Package Description	Quantity	Unit Type	Diag Code	Description
12346546549	01/01/1970	F	01/01/1970	REOP NOT REQ MEDST BLD GFT OCC	1	VISITS	I11.0	HTN HEART DISE
12346546549	01/01/1970	F	01/01/1970	SPARROW JACK (IN PHYSICIAN ASSOCIATES, A PROFESSIONAL MEDICAL CORPORATION) General Practice	1518318344			BRAND NEW DAY AM 02
12346546549	01/01/1970	F	01/01/1970	BILIARY ENDOSCOPY THRU S	1	SESSIONS	C78.30	SEC MAL NEOPLA
12346546549	01/01/1970	F	01/01/1970	ACUPUNCT W/O STIMUL 15 MN				BRAND NEW DAY OF 02
12346546549	01/01/1970	F	01/01/1970	OFFICE CONSULTATION			M48.47	FATIGUE FX VERT
12346546549	01/01/1970	F	01/01/1970	OFFICE CONSULTATION			M48.44XA	FATIGUE FX VERT
123456A	01/01/1990	F	01/01/1990	OFFICE/OUTPATIENT VISIT NEW	3	VISITS	F41.9	ANXIETY DISORD
123456A	01/01/1990	F	01/01/1990	DIR SNS RN HH/HOSPICE SET EA 1	1	VISITS	F41.1	GENERALIZED AN
123456A	01/01/1990	F	01/01/1990	DIR SNS RN HH/HOSPICE SET EA 1	1	VISITS	F41.1	GENERALIZED AN

Managed Member

Organization Office Administrator Account

In Network Provider with Privileges at an ASC

Specialist Submitting Authorization Request

- In order to narrow the results displayed below, use any of the search terms allowed, and click the Search button.

Authorization/Referral-Status Search

Member ID:
Member SSN:
Request/Receive Date From:
Auth. Date From:
Requesting physician ID:
Requesting Org ID:
Referring To Org ID:
Admit Date From:
Discharge Date From:
Show Additional Document Requested Auths

Last Name:
DOB:
Request/Receive Date To:
Auth. Date To:
Status: All
Referring To physician ID:
Created By:
Admit Date To:
Discharge Date To:

First Name:
Auth. No:
Health Plan: None Selected
Place of Service: None Selected
Reason: All
Priority/Services is: None Selected
Referring to Specialty: None Selected
Company: None Selected

Before No. of Authorization(s): 15

Authorization/Referral-Status Search

Member ID:
Member SSN:
Request/Receive Date From:
Auth. Date From:
Requesting physician ID:
Requesting Org ID:
Referring To Org ID:
Admit Date From:
Discharge Date From:
Show Additional Document Requested Auths

Last Name: DOE
DOB:
Request/Receive Date To:
Auth. Date To:
Status: All
Referring To physician ID:
Created By:
Admit Date To:
Discharge Date To:

First Name:
Auth. No:
Health Plan: None Selected
Place of Service: None Selected
Reason: All
Priority/Services is: None Selected
Referring to Specialty: None Selected
Company: None Selected

Search

Search Term Last Name: DOE

After No. of Authorization(s): 9

➤ On each Authorization you will be able to do the following:


- 1) Click the Print icon to print or save a copy of the authorization.
- 2) Click the Authorization to see the details.
- 3) Copy the details of the Authorization to begin a new Authorization entry.

Authorization No. Status	Status Reason	Member Id Member Name	Sex	DOB	Requesting Physician Specialty	Referring To Physician Specialty	Health Plan	Place of Service Requested Date	Company	
0200207T8800002 REQUESTED		12346546549 DOE JANE	F	01/01/1970	4589745631 WALKER SKY (JACK SPARROW DOCTORS SERVICE) GENERAL PRACTICE	4589745631 WALKER SKY (JACK SPARROW DOCTORS SERVICE) GENERAL PRACTICE	BRAND NEW DAY	OFFICE 02/07/2020	IMSMSO	Copy Authorization

1

2

3



Copy Authorization

- Once approved, Authorizations go from black to green and the status is updated.
- Click on the approved authorization to see the details.

20191219T8800001 APPROVED	123456A DOE JANE	F	01/01/1990	1992135826 MUI ANDREW H (JOSHUA INTERNATIONAL MEDICAL GROUP)) Internal Medicine	1225446420 JEKYL HYDE (JOSHUA INTERNATIONAL MEDICAL GROUP) Acupuncture	BRAND NEW DAY	INPATIENT HOSPITAL 12/19/2019	IMSMO	Copy Authorization
Service Code/Package	Service/Package Description	Quantity	Unit Type	Diag Code	Description				
99201	OFFICE/								
G0299	DIR SNS								

Email and Print

Authorization 20191219T8800001 - APPROVED

Member ID: 123456A DOB: 01/01/1990 Phone: (310) 555-5555 Age: 30.1 Gender: F

Name: JANE DOE Address: 1234 AVENUE A, UNIT 1, LOS ANGELES, CA, 900010001

Health Plan: BRAND NEW DAY Benefit: 020 Efft dt:

PCP Name: WALKER SKY Efft dt: 02-01-2019

Authorization Date/Details

Priority: ROUTINE *Requested Dt: 12-19-2019 12:18:25

*POS: INPATIENT HOSPITAL Service Req Dt:

*Admit Dt: {AdmitDate}

Valid To: 03-17-2020

Basic Details | [Upload Documents/Additional Details](#)

Requesting Provider Information

Specialty: Internal Medicine Contract: (PCP CONTRACT)

*Prov ID: 1992135826 Req Prov: MUI ANDREW H

Office: 7872 WALKER ST., LA PALMA, CALIFORNIA, 90623 Fax: (714) 527-8990

Referring To Provider Information

Same as Requesting Provider?

*Referring To: 1225446420 Contract: (NON-CONTRACTED)

Specialty: Acupuncture Provider: JEKYL HYDE

Office: 555 DOCTOR DRIVE, LOS ANGELES, CALIFORNIA, 900010001 Phone: (310) 555-5555

Notes: Fax:

Facility Provider Information

Fac Prov: Fac-Prov ID:

Diagnosis

*Diag 1: F41.1 GENERALIZED ANXIETY DISORDER Diag 2: M21.821 OTH SPEC ACQ DEFORMITIES RT UP

Service Requested

Service Category:

Service Type	Service	Service Desc.	Type	Diag. Ref.	Modifier	Qty.	Unit Type	NDC	Notes
Code	99201	OFFICE/OUTPATIENT VISIT NEW	P	1		1	VISITS	NDC	
Code	G0299	DIR SNS RN HH/HOSPICE SET EA 1	P	1		1	VISITS	NDC	

Clinical Indication For Request

(include pertinent past medical hx. treatment, physical findings, and attach all relevant medical records and test results etc.)

[Add Auth for same Member](#) [Print Auth](#)