

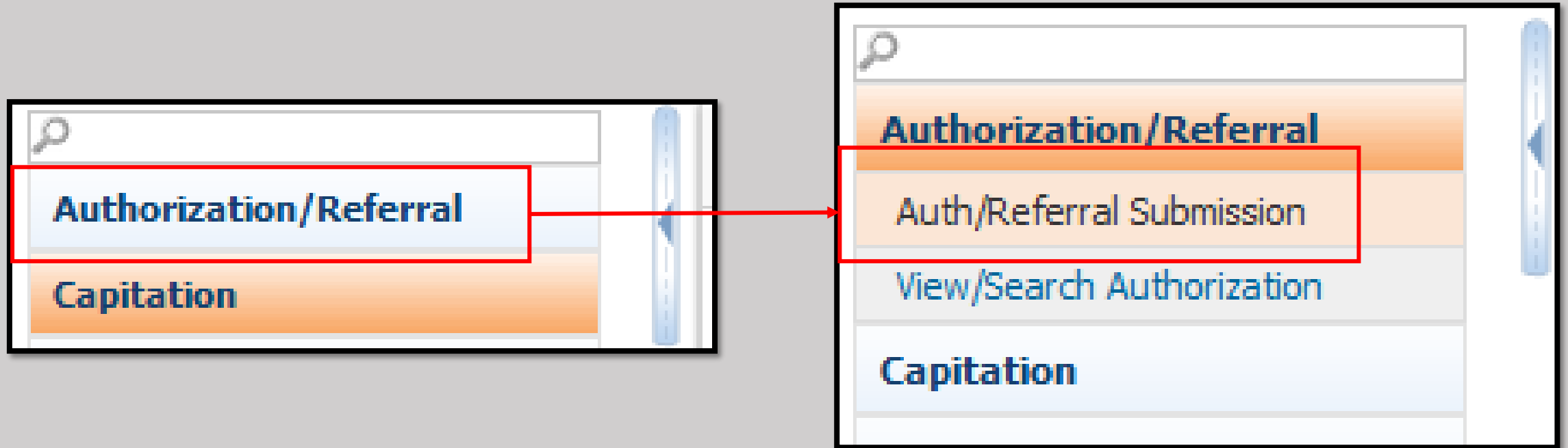
# Innovative

The logo for 'Innovative' features a stylized graphic between the 'n' and 'o' of the word. It consists of two overlapping, curved lines: a purple one on top and a blue one on the bottom, both curving from left to right.

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.

**Member Lookup**

Member ID:  Health Plan:  DOB:

Last Name:  First Name:

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	

Page 1 of 1 | 20 | View 1 - 2 of 2

**Priority:**

**\*POS:**

URGENT

EXPEDITED

RETRO

**POS:**

09 - PRISON/ CORRECTIONAL FACILITY

10 - UNASSIGNED

11 - OFFICE

12 - HOME

13 - ASSISTED LIVING FACILITY

14 - GROUP HOME

15 - MOBILE UNIT

16 - TEMPORARY LODGING

**Authorization**

Member ID:  DOB: 01-01-1970 Phone: (555) 555-5555 Age: 50.097 Gender: F

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

Health Plan: BRAND NEW DAY Benefit: 024 Eff dt: 01-02-2020

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

**Authorization Date/Details**

Priority:

\*POS:

\*Requested Dt:  10:42:29

Service Req Dt:

- Please note, as a specialist a referral must be issued in order to see and select a member.
- 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: 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: None Selected

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, Specialty: GENERAL PRACTICE, Contract: DEFAULT, 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 "Same as Requesting Provider?" checkbox. Red brackets on both sides group the corresponding fields, showing that the "Referring To" section is populated with the same data as the "Requesting Provider" section.



- 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	IMSMO	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 a series of four screenshots:

- Step 1:** The "Diagnosis" dialog box shows four empty 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 "Diag 1" 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 "Diag 1" 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 ( HTN HEART DISEASE W/HEART FAIL)". The "Diag 1" 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
<a href="#">H40.05</a>	H4005	OCULAR HYPERTENSION	OCULAR HYPERTENSION	Ocular hypertension	ICD-10	10-01-2015		
<a href="#">H40.051</a>	H40051	OCULAR HYPERTENSION RIGHT EYE	OCULAR HYPERTENSION RIGHT EYE	Ocular hypertension, right eye	ICD-10	10-01-2015		Y
<a href="#">H40.052</a>	H40052	OCULAR HYPERTENSION LEFT EYE	OCULAR HYPERTENSION LEFT EYE	Ocular hypertension, left eye	ICD-10	10-01-2015		Y
<a href="#">H40.053</a>	H40053	OCULAR HYPERTENSION BILATERAL	OCULAR HYPERTENSION BILATERAL	Ocular hypertension, bilateral	ICD-10	10-01-2015		Y
<a href="#">H40.059</a>	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
<a href="#">H40.05</a>	H4005	OCULAR HYPERTENSION	OCULAR HYPERTENSION	Ocular hypertension	ICD-10	10-01-2015		N
<a href="#">H40.051</a>	H40051	OCULAR HYPERTENSION RIGHT EYE	OCULAR HYPERTENSION RIGHT EYE	Ocular hypertension, right eye	ICD-10	10-01-2015		Ye
<a href="#">H40.052</a>	H40052	OCULAR HYPERTENSION LEFT EYE	OCULAR HYPERTENSION LEFT EYE	Ocular hypertension, left eye	ICD-10	10-01-2015		Ye
<a href="#">H40.053</a>	H40053	OCULAR HYPERTENSION BILATERAL	OCULAR HYPERTENSION BILATERAL	Ocular hypertension, bilateral	ICD-10	10-01-2015		Ye
<a href="#">H40.059</a>	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 is

- ( 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:

	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?
<a href="#">365.04</a>	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
<a href="#">H40.05</a>	H4005	OCULAR HYPERTENSION	OCULAR HYPERTENSION	Ocular hypertension	ICD-10	10-01-2015		N
<a href="#">H40.051</a>	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 plus button is visible on the right. A red arrow points from the plus button to the bottom screenshot. The bottom screenshot shows the same form with the following entries:

Diag	Code	Description
*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
Diag 5		
Diag 6		
Diag 7		
Diag 8		

A red box highlights the plus button on the right of the bottom screenshot, with a red arrow pointing to it from the right side of the image.



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 Type	Service
Code	<input type="text"/>
Code	<input type="text"/>

Press F2

**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:**

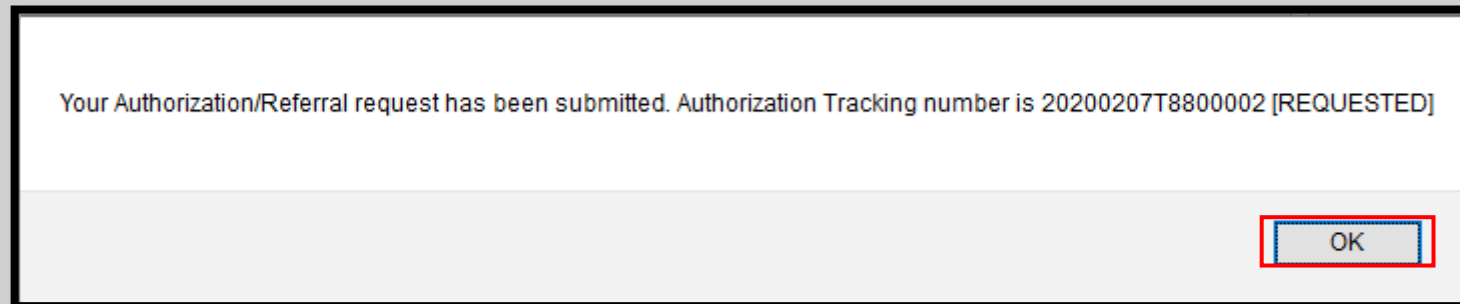
**33950 (P) CARDIAC TRANSPLANTION**

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 process. At the top, there are two tabs: "Authorization" (selected) and "Authorization Date/Details". The "Authorization" tab contains a header with 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, and PCP Name: SPARROW JACK. Below this is a section for "Additional Member Details" with fields for Guardian Name, language, Cell/Phone Number, and MR#. The "Documents" section is currently empty, showing a table with columns for Delete, Category, Priority, Original File Name, Notes, Uploaded By, Date Uploaded, Internal, and View. Below the table, there are instructions for faxing and uploading a Continuity of Care Document (CCD). At the bottom, there are "Save" and "Save & Add for another Member" buttons.

Authorization

Authorization

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

Language:

MR#:

Basic Details Upload Documents/Additional Details

Additional Member Details

Guardian Name:

language:

Cell/Phone Number: 5555555555

MR#:

Documents

Guardian Name:

Cell/Phone Number: 5555555555

Notes

Delete

Add a Document

2. Documents Detail

Delete	Category	Priority	Original File Name	Notes	Uploaded By	Date Uploaded	Internal	View
No Document(s) Found.								

OR

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, or no cover page at all, the authorization will not be processed or the process will be delayed.)

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

Save Save & Add for another Member

- 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.

The screenshot displays the 'Documents' section of a web application. At the top, there is a header 'Documents' and a sub-header '1. Upload Documents (upload .doc,.docx,.xls,.xlsx,.pptx,.xps,.psd,.htm,.pdf,.tiff,.rtf,.jpg,.fmf and text documents only.)'. Below this is a table with the following structure:

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

Below the table, there are two dropdown menus. The first is labeled 'Category' and has a list of options: None Selected, CCD, CCS, ELIGIBILITY, NOTES, OTHER, and SCREENSHOT. The second is labeled 'Priority' and has a list of options: None Selected, Very High, High, Medium, Low, and Very Low. To the right of the table is an 'Add a Document' button. Below the table is a file explorer window showing a file named 'Sample Auth Documentation' with a date modified of '2/6/2020 9:51 AM', a type of 'Microsoft Word D...', and a size of '12 KB'. The 'Open' button in the file explorer is highlighted.

- 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 will be rejected.)

OR

Find... 1 of 1 100%

Main Report

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

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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.

<b>REFERRING PRIMARY CARE PHYSICIAN:</b>	WALKER, SKY		
<b>PHONE NUMBER:</b>	(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

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**PATIENT INFORMATION**

<b>NAME:</b> DOE, JANE	<b>MEMBER ID# :</b> 12346546549
<b>ADDRESS:</b> 6119 E Washington Blvd ste 201 commerce, CA 90040	<b>PHONE:</b> (555)555-5555
<b>HEALTH PLAN:</b> BNDS	<b>DATE OF BIRTH:</b> 01/01/1970 <b>AGE:</b> 50
<b>OTHER INSURANCE:</b> 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 hereon is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this information. If you have received this communication by mistake please notify the sender immediately by e-mail if you have received this communication by mistake please notify the sender immediately by e-mail if you have received this communication by mistake please notify the sender immediately by e-mail." Below the warning, patient information is listed: "Name: Doe Jane", "Address: 6119 E Washington Blvd", "Prefer Language:", "Health Plan: Brand New Day", "Primary Care Physician: Sparrow", "Specialty: Family Medicine", "Address: 6119 E Washington Blvd", "Phone:". 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 "File Format:" dropdown menu. The dropdown is expanded, listing various formats: "Crystal Reports (RPT)", "PDF", "Microsoft Excel (97-2003)", "Microsoft Excel (97-2003) Data-Only", "Microsoft Excel Workbook Data-only", "Microsoft Word (97-2003)", "Microsoft Word (97-2003) - Editable", "Rich Text Format (RTF)", and "Character Separated Values (CSV)". A red box highlights the dropdown menu, and a red arrow points from the top-left toolbar button to the "Export" dialog.

A Firefox file opening dialog box is also open, titled "Opening CrystalReportViewer1.pdf". It shows "You have chosen to open:" followed by a PDF icon and the text "CrystalReportViewer1.pdf which is: Adobe Acrobat Document (91.3 KB) from: https://quickcap.imsmsco.com:8090". Below this, it asks "What should Firefox do with this file?" with three options: "Open with Adobe Acrobat Reader DC (default)", "Save File" (which is selected), and "Do this automatically for files like this from now on." (which is unchecked). Red arrows point from the "File Format:" dropdown in the "Export" dialog to the "Name: Doe Jane" field in the patient information section, and from the "Save File" option in the Firefox dialog to the "Name: Doe Jane" field.

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

Request Date:	02/07/2020
Authorization #:	20200207T8800001
Requested Date:	02/07/2020
Received Date:	02/07/2020
Revision Date:	02/07/2020
Creation Date:	05/06/2020
Request Date:	02/07/2020
Requester:	Walker Sky, MD
Requester Title:	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]

Name	Date modified	Type	Size
 Sample Auth Documentation	2/7/2020 12:16 PM	XML Document	49 KB

File name:  XML Document

\*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:  Health Plan:   
 Auth. Date From:  Auth. Date To:  Place of Service:   
 Requesting physician ID:  Status:  Reason:   
 Requesting Org ID:  Referring To physician ID:  Priority/Services is:   
 Referring To Org ID:  Created By:  Referring to Specialty:   
 Admit Date From:  Admit Date To:  Discharge Date From:  Discharge Date To:  Company:

Requested Auths

**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	<a href="#">Copy Authorization</a>
<b>Service Code/Package</b>		<b>Service/Package Description</b>			<b>Quantity</b>	<b>Unit Type</b>	<b>Diag Code</b>	<b>Description</b>		
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	<a href="#">Copy Authorization</a>
<b>Service Code/Package</b>		<b>Service/Package Description</b>			<b>Quantity</b>	<b>Unit Type</b>	<b>Diag Code</b>	<b>Description</b>		
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	<a href="#">Copy Authorization</a>
<b>Service Code/Package</b>		<b>Service/Package Description</b>			<b>Quantity</b>	<b>Unit Type</b>	<b>Diag Code</b>	<b>Description</b>		
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	<a href="#">Copy Authorization</a>
<b>Service Code/Package</b>		<b>Service/Package Description</b>			<b>Quantity</b>	<b>Unit Type</b>	<b>Diag Code</b>	<b>Description</b>		
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	<a href="#">Copy Authorization</a>

- Note that authorizations for all members will appear on the list, provided the specialist has an active referral.

SYSTEMS, INC. QUICK BY MEDVISION CAP™ Welcome TEST ADMIN 1 My Profile

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

Organization Office Administrator Account

Managed Member

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 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	<a href="#">Copy Authorization</a>

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	IMMSO	<a href="#">Copy Authorization</a>
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    **Eff dt:**  
**PCP Name:** WALKER SKY    **Eff 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  
**Notes:**    **Phone:** (310) 555-5555  
**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.)