



PRIMARY PROVIDER MANAGEMENT COMPANY INC.

connectTM

***Referral
Submission***

*Specialty Services
Requests*

Referrals

Request Categories

Specialty	Outpatient	Admission
<p>ALL physician office services – Clinic Visits, Consults, Follow Up Visits, Testing Procedures, Total OB Care</p>		<p>Inpatient Hospitalization for Surgery or Medical Admissions</p>
<p>Physical Therapy (P.T.), Occupational Therapy (O.T.), Speech Therapy (S.T.) Performed at a “Free Standing” Facility or Office (Not at a hospital).</p>	<p>All Inpatient Services, Surgery Facilities, Home Health Visits, Skilled Nursing Facilities</p>	<p>NOT YET AVAILABLE</p>
<p>Diagnostic Imaging Performed at a “Free Standing” Facility or Office (Not at a hospital)</p>	<p>All Outpatient Dialysis Services</p>	
<p>Durable Medical Equipment</p>	<p>All Home Health Services</p>	

Office Management

Referrals/Auths

- **To search for service requests:**
 1. **Patient/ Requesting Provider/ Servicing Provider** – specify the search parameters to be used for the search. You may either choose from the lists on the left OR select an option button and enter search text on the right.
 2. **Request Number** – if you know the request number, you may enter it in the text box.
 3. **Requested Service** – click to select or clear the check boxes corresponding to the type of service requests to be returned.
 4. **Start Date/End Date** – select the date range from the **Start Date** and **End Date** lists; the default range is for the last 30 days, ending on the current date.
 5. **Service Request Status** – click to select or clear the check boxes corresponding to the desired status of service requests to be returned.
 6. **Sort** – Select the field that you would like to sort by. The default sort is in ascending order; if you would like to reverse the sort order, uncheck the ascending box.
 7. **Click Search**
 - The search results will be displayed in the **Service Request Search Results** table, in the order you requested. Each row will correspond to a single service request.

Service Request Status Form:

Specialist Outpatient **Status**

Status				Help
Search by Any Combination				
Patient	(None) <input type="text"/>	or	<input type="radio"/> Last Name <input checked="" type="radio"/> Member ID	<input type="text"/>
Requesting Provider	No Referred By List	or	<input checked="" type="radio"/> Last Name <input type="radio"/> Provider ID <input type="radio"/> Provider NPI	<input type="text"/>
Servicing Provider	No Referred to List	or	<input checked="" type="radio"/> Last Name <input type="radio"/> Provider ID <input type="radio"/> Provider NPI	<input type="text"/> Specialty Type <input type="text"/>
Request Number	<input type="text"/>	Requested Service	<input checked="" type="checkbox"/> Specialist <input checked="" type="checkbox"/> Outpatient <input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> Transportation <input checked="" type="checkbox"/> Home Care	
Start Date	8/16/2010 <input type="text"/>	End Date	9/16/2010 <input type="text"/>	
Service Request Status	<input checked="" type="checkbox"/> Pended <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <input checked="" type="checkbox"/> Rejected			
Sort	Select Sort <input type="text"/>	<input checked="" type="checkbox"/> Ascending		
<input type="button" value="Search"/> <input type="button" value="Clear"/>				

Make sure to change the start and end dates to capture the request(s) you are searching for.

Service Request Search Results: To view details, click the underlined [Service Request Number](#) , or [Detail](#)

■ Patient Management
Name: Sally Smith Member ID: 123456 DOB: 25 Feb 1969 PCP: CONTRACTED PROVIDER (9999999999 NPI)

Current Patient :
Smith, Sally ▼
[Search Patients](#)
[Patient Information](#)
[Eligibility](#)
[Claims](#)
▶ Referrals/Auths

■ Office Management

[Eligibility](#)
[Claims](#)
[Referrals/Auths](#)
[Provider Directory](#)
[Formulary](#)
[Code Lookup](#)
[Reports](#)
[File Transfer Agent](#)

■ Administration

[User Preferences](#)

Results: 2

Help

<u>Service Request Number</u>	<u>Status</u>	<u>Service Request Type</u>	<u>Requested Service</u>	<u>Requesting Provider</u>	<u>Servicing Provider</u>	<u>Start Date</u>	<u>End Date</u>
Detail	Pended (09/09/2010)	Specialist	Specialist Followup	PROVIDER, CONTRACTED	SPECIALIST, CONTRACTED	9 Sep 2010	7 Nov 2010
Detail	Pended (09/10/2010)	Specialist	Consult	PROVIDER, CONTRACTED	SPECIALIST, CONTRACTED	10 Sep 2010	8 Nov 2010

Results: 2

Specialist Request Detail

Name: Sally Smith Member ID: 123456 DOB: 25 Feb 1969 PCP: CONTRACTED PROVIDER (9999999999 NPI)

[Return to Previous Page](#)

Detail PENDED

SALLY SMITH 123456

Request Information

Patient	<u>SALLY SMITH</u>	Requesting Provider	<u>CONTRACTED PROVIDER</u> (9999999999 NPI)	Contact Info	Jane (555) 555-5555		
Diagnosis	V22.2 PREGNANT STATE, INCIDENTAL	Servicing Provider	<u>CONTRACTED SPECIALIST</u> (9999999999 NPI)	Contact Info			
Requested Service	Specialist: Specialist Followup			Units	Requested	Approved	Used
					1 visits		
Procedure Code	99213			Procedure Date			
Start Date	9 Sep 2010	End Date	7 Nov 2010	Delay Reason			
Level of Service	Routine	Related Causes		Release of Information	On file/payor or plan		
Remarks	tr11 09/09/10 15:00 Please see Lab results						


Procedures and Services


Status	Reason	Follow-up Action	Description	Procedure Date
Pended			Specialist Followup	
Pended			99213 (0) OFC/OUTPT VISIT E&M EST LOW-MOD SEVERITY 15 MIN	

Additional Information

Additional Information Requested	Transmission Format	Identification Code	Description
<i>No paper work at this time</i>			

No paper work at this time

 Linked Documents

	Description
	Sally Smith's lab Results

Cancel


Patient Management


Referrals/Auths

- Referrals/Auths
 - Add Specialty and Outpatient Requests
 - View request status
 - View authorization history
- There are two different methods that you can use to submit a referral or authorization
 1. Using a *Current Patient*, select [Referrals/Auths](#)
 2. Select [Referrals/Auths](#) under the *Office Management* menu, and add a new referral or authorization by searching for a new member

Specialist Request Form

Referrals/Auths

- Use the **Specialist Service** form to submit a request for a referral to a specialist.
- The small blue circle  denotes a required field


Specialist		Outpatient		Status	
Specialist Service Help 					
<input type="radio"/> Patient	(Select Patient) <input type="text"/>	Patient Search	<input checked="" type="radio"/> Last Name <input type="radio"/> Member ID	<input type="text"/>	<input type="button" value="Search"/>
<input type="radio"/> Requesting Provider	Select Provider	Provider Search	<input checked="" type="radio"/> Last Name <input type="radio"/> Provider ID <input type="radio"/> Provider NPI	<input type="text"/>	<input type="button" value="Search"/>
<input type="radio"/> Contact Name	<input type="text"/>	<input type="radio"/> Contact Number	Telephone <input type="text"/>		
<input type="radio"/> Diagnosis		Diagnosis Search	<input type="text"/>	<input type="button" value="Search"/>	
<input type="radio"/> Servicing Provider	<input checked="" type="radio"/> Last Name <input type="radio"/> Provider ID <input type="radio"/> Provider NPI			<input type="text"/>	<input type="button" value="Search"/>
	Any Specialty <input type="text"/>			Zip <input type="text"/>	
Contact Name	<input type="text"/>	Contact Number	Telephone <input type="text"/>		
<input type="radio"/> Requested Service	Consult <input type="text"/>	<input type="radio"/> Requested Units	1 <input type="text"/>	Visits <input type="text"/>	
<input type="radio"/> Location	-Select- <input type="text"/>				
<input type="radio"/> Procedure Code	<input type="text"/>				<input type="button" value="Search"/>
		<input type="radio"/> Level of Service	Routine <input type="text"/>		
<input type="radio"/> Start Date	09/16/2010 <input type="text"/>	<input type="radio"/> End Date	11/15/2010 <input type="text"/>		
		Related Causes	<input type="checkbox"/> Auto Date 09/16/2010 <input type="text"/>	State / Prov <input type="text"/>	-or- Country <input type="text"/>
			<input type="checkbox"/> Employment <input type="checkbox"/> Other		
<input type="radio"/> Release of Information	-Select- <input type="text"/>		Additional Information		
Remarks (225 characters max)					
<input type="text"/>					
<input type="button" value="Submit"/> <input type="button" value="Clear"/>					
<input type="radio"/> Indicates required field					

Office Management

Referrals/Auths

To submit a Specialist service request:

1. **Patient/ Patient Search** – if you have already selected a patient, it will automatically populate this information. Otherwise, select the patient from the **Patient** list, or search for the patient by using the **Patient Search** button. If the **Patient Search** button is used select the option button to search by name, or Member ID, then enter the appropriate text in the search box.

<u>Specialist</u>	<u>Outpatient</u>	<u>Status</u>
Specialist Service Help 		
<input checked="" type="radio"/> Patient	SMITH , SALLY	Patient Search
		<input checked="" type="radio"/> Last Name <input type="radio"/> Member ID
		<input type="text"/>
		<input type="button" value="Search"/>


Office Management

Referrals/Auths

2. Requesting Provider

- If there is only one provider on your access list, the system will automatically populate the field, otherwise select the provider from the drop-down list

3. Contact Name/ Contact Number – type your office's contact for this referring provider, select whether the contact number is a phone, fax, or an email address, and type the contact number or email in the text box.

<u>Specialist</u>	<u>Outpatient</u>	<u>Status</u>
Specialist Service		Help 
<input checked="" type="radio"/> Patient	SMITH , SALLY	Patient Search <input checked="" type="radio"/> Last Name <input type="radio"/> Member ID <input type="text"/> <input type="button" value="Search"/>
<input checked="" type="radio"/> Requesting Provider	CONTRACTED PROVIDER (9999999999 NPI)	Provider Search <input checked="" type="radio"/> Last Name <input type="radio"/> Provider ID <input type="radio"/> Provider NPI <input type="text"/> <input type="button" value="Search"/>
<input checked="" type="radio"/> Contact Name	Jane Doe	<input checked="" type="radio"/> Contact Number Telephone <input type="text" value="(555) 555-5555"/>

Office Management



Referrals/Auths

4. Diagnosis/ Diagnosis Search

- Search for the patient's diagnosis by entering the number code, partial number code or partial description of the diagnosis in the text box provided. Click on the **Search** button to see a list of diagnosis that meet your search criteria.

Diagnosis		Diagnosis Search	pregnant	Search
-----------	--	------------------	----------	--------

- From the Search Results, select the appropriate diagnosis to populate the **Diagnosis** field by clicking the **Select** button to the left of the diagnosis.
- Repeat the search to add additional diagnoses. You must search for diagnoses one at a time, but may add up to twelve.

Diagnosis Code Search					Help 
Search	<input type="radio"/> Diagnosis <input type="text" value="pregnant"/> <input type="button" value="Find"/>				
Search Results					Help 
Select	Code Set	Code	Description	Related Codes	
<input type="button" value="Select"/>	ICD-9-CM	V61.8	Other specified family circumstance	View	
<input type="button" value="Select"/>	ICD-9-CM	V72.42	Pregnancy examination or test, positive result	View	
<input type="button" value="Select"/>	ICD-9-CM	V22.2	Pregnant state, incidental	View	

Office Management

Referrals/Auths

5. Servicing Provider – search for the servicing provider using one or a combination of the following options:

- If you know the specified provider, select the option button for last name, provider ID, or provider UPIN, and enter the applicable text in the text box.
- If you would like to find a provider, select the type, specialty, and zip code to be able to search from possible servicing providers.
- You may select multiple servicing providers, including both the facility and the provider, when applicable.
- Enter contact information for the servicing provider, if known

● Servicing Provider	<input checked="" type="radio"/> Last Name <input type="radio"/> Provider ID <input type="radio"/> Provider NPI			Search
	<input type="text"/>	Zip	<input type="text"/>	
	<input type="text" value="Any Specialty"/> ▼			

Office Management

Referrals/Auths

- 6. Requested Service/Requested units** – select the type of service being requested from the list and designate the number and type of unit(s), either *units* or *visits*. Select the Location of the service

<input type="radio"/> Requested Service	Consult <input type="text"/>	<input type="radio"/> Requested Units	1 <input type="text"/>	Visits <input type="text"/>
<input type="radio"/> Location	-Select- <input type="text"/>			

- 7. Procedure Code** – search for and select one or more procedure codes that will apply to the service.

Procedure Code Search					Help
Search	<input checked="" type="radio"/> Procedure <input type="radio"/> Modifier 99213 <input type="text"/>		Find <input type="button" value="Find"/>		
Search Results					Help
Select	Code Set	Code	Description	Related Codes	
Select <input type="button" value="Select"/>	CPT	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused ...		


- 8. Procedure Dates** – enter the dates for the procedure

<input type="radio"/> Procedure Code	<input type="text"/>	Quantity	
	1. Delete 99213: OFC/OUTPT VISIT E&M EST LOW-MOD SEVERITY 15 MIN	1 <input type="text"/>	
		<input type="radio"/> Level of Service	Routine <input type="text"/>
<input type="radio"/> Start Date	9/8/2010 <input type="text"/>	<input type="radio"/> End Date	11/7/2010 <input type="text"/>

Office Management

Referrals/Auths

9. **Level of Service** – select the level of service from the list.
10. **Related Causes** – if the incident is related to an outside cause, check the applicable box (auto, employment, other) and enter the appropriate information. For an auto accident, you must enter the date and state of the accident.
11. **Release of Information** – select the informed consent option from the list to show that the patient consents to release of information.
12. **Remarks** – enter any information that you would like to communicate

		Related Causes	<input type="checkbox"/> Auto Date 09/08/2010  State / Prov <input type="text"/> -or- Country <input type="text"/>
<input checked="" type="radio"/> Release of Information	<input type="text" value="-Select-"/>		<u>Additional Information</u>
Remarks (225 characters max)			
<input type="text" value="LMP 01/01/2010 ETD 9/1/2010"/>			
<input type="button" value="Submit"/> <input type="button" value="Clear"/>			


Office Management

Referrals/Auths

13. Additional Information – Adding substantiating documentation is optional, but in most instances is *essential* in processing your request.

- i. Click on the [Additional Information](#) link located above the remarks section
- ii. Select the type of information you are including
- iii. Select the default Transmission Method, Electronically Only
- iv. Click Add – Information will appear below the form.

Additional Information	
<input type="radio"/> Report Type	Laboratory Results <input type="button" value="v"/>
<input type="radio"/> Transmission Method	Electronically Only <input type="button" value="v"/>
Identification Code	<input type="text"/>
Description	Lab results for Sally Smith
<input type="button" value="Add"/>	

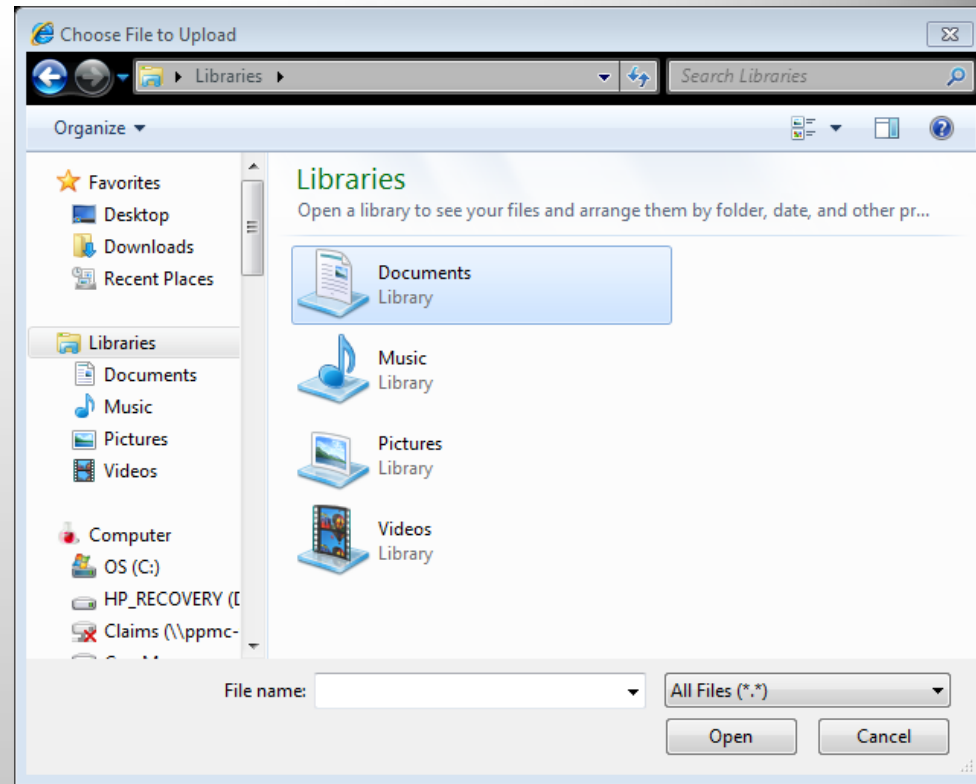


Additional Information, continued

- v. Click on the hyperlinked [Link](#)


Additional Information				
<input type="radio"/> Report Type	<input type="text" value="-Select-"/>			
<input type="radio"/> Transmission Method	<input type="text" value="-Select-"/>			
Identification Code	<input type="text"/>			
Description	<input type="text"/>			
<input type="button" value="Add"/>				
	Report Type	Transmission Method	ID Code	Description
Delete	NEW 1. Laboratory Results	Electronically Only		Lab results for Sally Smith Link
<input type="button" value="Continue"/>				

- vi. The Add Linked Document form allows you to link a file on your computer to the referral request.
- vii. Click the Browse button to locate the file on your computer
- viii. A new window will open, allowing you to locate the file on your computer
- ix. Locate the file
- x. Click Open
- xi. Click Submit



Add Linked Document

File	C:\Users\megan\Pictures	<input type="button" value="Browse..."/>
Description	Lab results for Sally Smith	
<input type="button" value="Submit"/>		

- xii. Each item that you have added should appear. Items with the floppy disk  symbol indicates that your documentation has been linked to the request.
- xiii. When you have added all of your documentation, click continue to return to the service request.

Once the document has been added, it will be listed below the Additional Information form with a small floppy disk symbol. To add more documents, follow the process for each document. You can remove a file, and re-link a new file by clicking on Remove or delete it entirely by clicking Delete. Click Continue to return to the Service Request form.

▣ Patient Management

Current Patient :
 Smith, Sally ▾
[Search Patients](#)
[Patient Information](#)
[Eligibility](#)
[Claims](#)
[Referrals/Auths](#)

▣ Office Management


[Eligibility](#)
[Claims](#)
▸ Referrals/Auths
[Provider Directory](#)
[Formulary](#)
[Code Lookup](#)
[Reports](#)
[File Transfer Agent](#)


▣ Administration

[User Preferences](#)

Additional Information


Report Type	-Select-		
Transmission Method	-Select-		
Identification Code	<input type="text"/>		
Description	<input type="text"/>		

	Report Type	Transmission Method	ID Code	Description	
Delete	NEW Laboratory Results 1.	Electronically Only		Lab results for Sally Smith	 Remove



Additional Information, continued

- xiv. The Additional Information section should now have a green check next to it indicating that there is a document attached to your request


		Related Causes	<input type="checkbox"/> Auto Date 09/10/2010  State / Prov <input type="text"/> -or- Country <input type="text"/> <input type="checkbox"/> Employment <input type="checkbox"/> Other
<input checked="" type="radio"/> Release of Information	On file/bavor or <input type="text"/>		<input checked="" type="checkbox"/> <u>Additional Information</u>
Remarks (225 characters max)			
<input type="text" value="Please see lab results"/>			
<input type="button" value="Submit"/> <input type="button" value="Clear"/>			
<input checked="" type="radio"/> Indicates required field			

Office Management

Referrals/Auths

14. Review your request.

15. Click **Submit**.

	9/10/2010	Related Causes	11/0/2010
		<input type="checkbox"/> Auto Date 09/10/2010	<input type="checkbox"/> Employment <input type="checkbox"/> Other
		State / Prov	-or- Country
<input type="radio"/> Release of Information	On file/pavor or		<input checked="" type="checkbox"/> <u>Additional Information</u>
Remarks (225 characters max)			
Please see lab results			
			
<input type="button" value="Submit"/> <input type="button" value="Clear"/>			


Remember, once your documentation has been added to the specialist request, a green checkmark will appear next to the Additional Information link.

Outpatient Authorizations

Office Management

Authorizations: Outpatient

1. Use the **Outpatient Service** form to submit a request for an authorization for outpatient, hospital, hospital based providers, home care, or inpatient admissions.


Specialist		Outpatient		Status	
Outpatient Service Help 					
<input type="radio"/> Patient	(Select Patient) <input type="text"/>	Patient Search	<input checked="" type="radio"/> Last Name <input type="radio"/> Member ID <input type="text"/>		<input type="button" value="Search"/>
<input type="radio"/> Requesting Provider	Select Provider	Provider Search	<input checked="" type="radio"/> Last Name <input type="radio"/> Provider ID <input type="radio"/> Provider NPI <input type="text"/>		<input type="button" value="Search"/>
<input type="radio"/> Contact Name	<input type="text"/>	<input type="radio"/> Contact Number	Telephone <input type="text"/>		
<input type="radio"/> Diagnosis		Diagnosis Search	<input type="text"/>		<input type="button" value="Search"/>
<input type="radio"/> Servicing Provider	<input checked="" type="radio"/> Last Name <input type="radio"/> Provider ID <input type="radio"/> Provider NPI <input type="text"/> Zip <input type="text"/> Any Specialty <input type="text"/>				<input type="button" value="Search"/>
Contact Name	<input type="text"/>	Contact Number	Telephone <input type="text"/>		
<input type="radio"/> Requested Service	Abortion <input type="text"/>	<input type="radio"/> Requested Units	1 <input type="text"/> Visits <input type="text"/>		
<input type="radio"/> Location	-Select- <input type="text"/>				
<input type="radio"/> Procedure Code	<input type="text"/>				<input type="button" value="Search"/>
Procedure Date	09/16/2010 <input type="text"/>	<input type="radio"/> Level of Service	Routine <input type="text"/>		
<input type="radio"/> Start Date	09/16/2010 <input type="text"/>	<input type="radio"/> End Date	12/15/2010 <input type="text"/>		
		Related Causes	<input type="checkbox"/> Auto Date 09/16/2010 <input type="text"/> State / Prov <input type="text"/> -or- Country <input type="text"/> <input type="checkbox"/> Employment <input type="checkbox"/> Other		
<input type="radio"/> Release of Information	-Select- <input type="text"/>		Additional Information		
Remarks (225 characters max)					
<input type="text"/>					
<input type="button" value="Submit"/> <input type="button" value="Clear"/>					

Indicates required field

Office Management

Authorizations: Outpatient

2. **Requesting Provider** – if there is only one provider on your access list, the system will automatically populate the field. If there two or more providers, Select the Requesting Provider from the list
3. **Contact Name/ Contact Number** – type your office's contact for this referring provider, select whether the contact number is phone, fax, or an email address, and type the contact number or email in the text box.

Outpatient Service		Help 	
<input type="radio"/> Patient	SMITH, SALLY	Patient Search	<input checked="" type="radio"/> Last Name <input type="radio"/> Member ID <input type="text"/> <input type="button" value="Search"/>
<input type="radio"/> Requesting Provider	Select Provider	Provider Search	<input checked="" type="radio"/> Last Name <input type="radio"/> Provider ID <input type="radio"/> Provider NPI <input type="text"/> <input type="button" value="Search"/>
<input type="radio"/> Contact Name	<input type="text"/>	<input type="radio"/> Contact Number	Telephone <input type="text"/>

Office Management
Authorizations: Outpatient

4. **Diagnosis/ Diagnosis Search** – search for the patient's diagnosis by entering the number code, partial number code or partial description of the diagnosis in the text box provided. Click on the **Search** button to see a list of diagnosis codes that meet your search criteria.
- From the Search Results, select the appropriate diagnosis to populate the **Diagnosis** field by clicking the **Select** button to the left of the diagnosis.
 - Repeat the search to add additional diagnoses. You must search for diagnoses one at a time, but may add up to twelve.

Office Management
Authorizations: Outpatient

5. **Servicing Provider** – search for the servicing provider using one or a combination of the following options:
 - i. If you know the specified provider, select the option button for last name or provider ID.
 - ii. If you would like to find a provider, select the type, specialty, and zip code to be able to search from possible servicing providers.
 - iii. You may select multiple servicing providers, including both the facility and the provider, when applicable.
6. **Contact Name/ Contact Number** – type a contact for the servicing provider, select whether the contact number is phone, fax, or an email address, and type the contact number or email in the text box.

Office Management
Authorizations: Outpatient

7. **Requested Service/Requested units** – select the type of service being requested from the list and designate the number and type of unit(s) (days, units, hours, months, visits).
8. **Location** – select the service location from the list.
9. **Procedure Code** – search for and select one or more procedure codes that will apply to the service.
10. **Procedure Date** – enter the date for the procedure

Office Management
Authorizations: Outpatient

- 11. Level of Service** – select the level of service from the list.
- 12. Start Date/ End Date** – specify the dates between which the referral or authorization should be valid. *Note:* If you prefer, click the **Calendar** icon to the right of the text box and select the appropriate dates from the calendar provided.

Office Management
Authorizations: Outpatient

- 13.Related Causes** – if the incident is related to an outside cause, check the applicable box (auto, employment, other) and enter the appropriate information. For an auto accident, you must enter the date and state of the accident.
- 14.Release of Information** – select the informed consent option from the list to show that the patient consents to release of information.

Office Management

Authorizations: Outpatient

15. **Remarks** – enter any information that you would like to communicate
16. **Additional Information** – Adding substantiating documentation is optional, but in most instances is essential in processing your request.
 - i. Click on the [Additional Information](#) link located above the remarks section
 - ii. Select the type of information you are including
 - iii. Select the default Transmission Method, Electronically Only
 - iv. Click Add – Information will appear below the form.
 - v. Click on the hyperlinked Link
 - vi. The Add Linked Document form allows you to link a file on your computer to the referral request.
 - vii. Click the Browse button to locate the file on your computer
 - viii. Click Submit
 - ix. Each item that you have added should appear. Items with the floppy disk symbol indicates that your documentation has been linked to the request.
 - x. When you have added all of your documentation, click continue to return to the service request.
 - xi. The Additional Information section should now have a green check next to it indicating that there is a document attached to your request
17. Review your request.
18. Click **Submit**.

Getting Help

By e-mail :

ConnectSupport@ppmcinc.com

Phone: 951-280-7763

Fax: 951-280-8221