

Medical Multi-Line Authorizations on the Secure Provider Website

July 2015

Member Overview

[Back to Eligibility Check](#)

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Coordination of Benefits

Claims



This patient is eligible as of today, Jul 14, 2015.

Patient Information

Name [REDACTED]

Gender **F**

Birthdate [REDACTED]

Age [REDACTED]

Member # [REDACTED]

Address [REDACTED]

Phone Number [REDACTED]

PCP Information

Name [REDACTED]

Address [REDACTED]

Practice Type [REDACTED]

Phone Number [REDACTED]

[View PCP History](#)

[Care Gaps](#)

Authorizations

[Back to Eligibility Check](#)

Authorizations

STATUS	AUTH NBR	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	[REDACTED]	01/01/2015	09/30/2015	V68.81	OUTPATIENT	Personal Care Worker
APPROVE	[REDACTED]	05/22/2014	08/21/2014	343.9	OUTPATIENT	DME
APPROVE	[REDACTED]	01/01/2014	12/31/2014	V68.81	OUTPATIENT	Personal Care Worker

[Create a New Authorization](#) ←

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Coordination of Benefits

Claims

New Authorization Form

Eligibility Patients Authorizations Claims Messaging

Viewing Authorizations For : [] []

Smart Sheets Create Authorization

Authorization For

DOB: [] | MEDICAID NBR: []

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours. [X]

After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 866-329-4701 for after-hours urgent admission, inpatient notifications or requests. [X]

Please select Service Type. [X]

Enter Authorization

1. PROVIDER REQUEST

Urgent Request

Select a Service Type [v]

NEXT >

Service Type

Authorization For

DOB: MEDICAID NBR:

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours. ✕

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Please select Service Type. ✕

Enter Authorization

1. PROVIDER REQUEST

Urgent Request

Select a Service Type

- Medical Outpatient**
- Biopharmacy
- Cardiac / Pulmonary Rehabilitation
- Cochlear Implants & Surgery
- DME
- Genetic Testing & Counseling
- Home Health
- Hospice
- Neuropsych Testing
- OB Ultrasound
- Office Visit
- Orthotics
- Outpatient Services
- Outpatient Surgery
- Pain Management
- Prosthetics
- Therapy
- Transport
- Medical Inpatient**
- C-Section Delivery
- Medical
- Premature/False Labor
- Rehab Inpatient
- Skilled Nursing
- Sub Acute
- Surgical
- Transplant
- Vaginal Delivery

2. SERVICE LINE

3. FINISH UP

Requesting Providers

Authorization For

DOB:

MEDICAID NBR:

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Please select Service Type. ✕

Enter Authorization

1. PROVIDER REQUEST

Urgent Request

Outpatient Services ▾

Requesting Provider

Requesting Provider NPI or Last Name

Primary Diagnosis

Diagnosis Code

CODE LOOKUP: [ICD-9](#) [ICD-10](#)



Add Additional Diagnosis

NEXT ➤

2. SERVICE LINE

3. FINISH UP

Requesting Providers – Name

Authorization For

DOB: | MEDICAID NBR:

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours. ✕

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Please select Service Type. ✕

Enter Authorization

1. PROVIDER REQUEST

Urgent Request

Outpatient Services

Requesting Provider ✕

Primary Diagnosis

Diagnosis Code

CODE LOOKUP: [ICD-9](#) [ICD-10](#)

Add Additional Diagnosis

2. SERVICE LINE

3. FINISH UP

Requesting Provider – Search

Select a Provider X					
PROVIDER NAME	PHONE NUMBER	TAX ID	NPI	SPECIALTY DESC	SELECT
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Select
SMITH AND NEPH	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Select
[REDACTED] SMITH	[REDACTED]	[REDACTED]	[REDACTED]	SKILLED NURSING FACILITY	Select
SMITH	[REDACTED]	[REDACTED]	[REDACTED]	GENERAL SURGERY	Select
SMITH,	[REDACTED]	[REDACTED]	[REDACTED]	EMERGENCY MEDICINE	Select
SMITH.	[REDACTED]	[REDACTED]	[REDACTED]	GENERAL SURGERY	Select
SMITH.	[REDACTED]	[REDACTED]	[REDACTED]	HEMATOLOGY ONCOLOGY	Select
SMITH,	[REDACTED]	[REDACTED]	[REDACTED]	INFECTIOUS DISEASE	Select
SMITH,	[REDACTED]	[REDACTED]	[REDACTED]	FAMILY PRACTICE	Select

Provider Information

Authorization For

DOB: [REDACTED]

MEDICAID NBR: [REDACTED]

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours. ✕

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Please select Service Type. ✕

Enter Authorization

1. PROVIDER REQUEST

Urgent Request

Outpatient Services ▾

Requesting Provider

147

NPI: 147

TIN:

Name: SMITH

Primary Diagnosis

Diagnosis Code

CODE LOOKUP: [ICD-9](#) [ICD-10](#)



Add Additional Diagnosis

NEXT ➤

2. SERVICE LINE

3. FINISH UP

ICD-9/ICD10 Search

Authorization For

DOB:

MEDICAID NBR:

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Please select Service Type. ✕

Enter Authorization

1. PROVIDER REQUEST

Urgent Request

Outpatient Services

Requesting Provider

147

NPI: 147

TIN:

Name: SMITH

Primary Diagnosis

✕

CODE LOOKUP: [ICD-9](#) [ICD-10](#)

Add Additional Diagnosis

NEXT

2. SERVICE LINE

3. FINISH UP

ICD-9/ICD-10 Search

ICD-9 Code Lookup

Enter a code or keyword to conduct your search for ICD-9 Codes. After searching, select an ICD-9 Code link from the results table to populate the corresponding text box and close the pop-up window.

Enter ICD-9 description keyword(s):

Search 

ICD-9 CODE	ICD-9 CODE DESCRIPTION
153.5	MALIGNANT NEOPLASM OF APPENDIX VERMIFORMIS
209.11	MALIGNANT CARCINOID TUMOR OF THE APPENDIX
209.51	BENIGN CARCINOID TUMOR OF THE APPENDIX
543.0	HYPERPLASIA OF APPENDIX (LYMPHOID)
543.9	OTHER AND UNSPECIFIED DISEASES OF APPENDIX
608.23	TORSION OF APPENDIX TESTIS
608.24	TORSION OF APPENDIX EPIDIDYMIS
863.85	INJURY TO APPENDIX WITHOUT OPEN WOUND INTO CAVITY
863.95	INJURY TO APPENDIX WITH OPEN WOUND INTO CAVITY

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Diagnosis Code

Authorization For

DOB:

MEDICAID NBR:

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours. ✕

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Please select Service Type. ✕

Enter Authorization

1. PROVIDER REQUEST

Urgent Request

Outpatient Services ▾

Requesting Provider

147

NPI: 147

TIN:

Name: SMITH

Primary Diagnosis

543.0 ✕

CODE LOOKUP: [ICD-9](#) [ICD-10](#)



Add Additional Diagnosis

NEXT ➤

2. SERVICE LINE

3. FINISH UP

Diagnosis

Authorization For

DOB: [REDACTED]

MEDICAID NBR: [REDACTED]

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours. ✕

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Please select Service Type. ✕

Enter Authorization

1. PROVIDER REQUEST

Urgent Request

Outpatient Services ▾

Requesting Provider

147 [REDACTED]

NPI: 147 [REDACTED]

TIN: [REDACTED]

Name: SMITH [REDACTED]

Primary Diagnosis

543.0

HYPERPLASIA OF APPENDIX

CODE LOOKUP: [ICD-9](#) [ICD-10](#)



Add Additional Diagnosis

NEXT ➤

2. SERVICE LINE

3. FINISH UP

Additional Diagnosis Codes

Authorization For

DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours. ✕

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Please select Service Type. ✕

Enter Authorization

1. PROVIDER REQUEST

Urgent Request

Outpatient Services ▾

Requesting Provider

147 [REDACTED]

NPI: 147 [REDACTED]
TIN: [REDACTED]
Name: SMITH [REDACTED]

Primary Diagnosis

543.0

HYPERPLASIA OF APPENDIX

CODE LOOKUP: [ICD-9](#) [ICD-10](#)

Additional Diagnosis

537.9 ✕ ⊗

+ Add Additional Diagnosis

2. SERVICE LINE

3. FINISH UP

Provider Request Complete

Authorization For

DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours. ✕

After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 866-329-4701 for after-hours urgent admission, inpatient notifications or requests. ✕

Please select Service Type. ✕

Enter Authorization

1. PROVIDER REQUEST

Outpatient Services ▼

Requesting Provider

147 [REDACTED]

NPI: 147 [REDACTED]
TIN: [REDACTED]
Name: SMITH

Primary Diagnosis

543.0

HYPERPLASIA OF APPENDIX

CODE LOOKUP: [ICD-9](#) [ICD-10](#)

Additional Diagnosis

537.9 ✕

UNSPEC DISORDER STOMACH&DUODENUM

+ Add Additional Diagnosis

NEXT >

2. SERVICE [LINE](#)

3. FINISH UP

Service Line

Authorization For

DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

PROVIDER REQUEST

Service Type: Outpatient Outpatient Services
SMITH [REDACTED]
GENERAL SURGERY ←

Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM
NPI: 147
TIN: [REDACTED]
Phone: [REDACTED]

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

Now adding new service line

Servicing Provider

Same as Requesting Provider

Servicing Provider NPI or Last Name

Start Date - End Date

Units/Visits/Days

Primary Procedure

Procedure Code

[CODE LOOKUP](#)

+ Add Additional Procedures

Select a Place Of Service

+ Add New Service Line


3. FINISH UP

Same as Requesting Provider

Authorization For

DOB: | MEDICAID NBR:

PROVIDER REQUEST

 Service Type: Outpatient Outpatient Services
SMITH
GENERAL SURGERY
Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM
NPI: 147
TIN:
Phone:

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

Now adding new service line

Servicing Provider

Same as Requesting Provider

147

NPI: 147
TIN:
Name: SMITH

Start Date - End Date

Units/Visits/Days

Primary Procedure


Procedure Code

[CODE LOOKUP](#)

+ Add Additional Procedures

Select a Place Of Service

3. FINISH UP




Service Dates

Authorization For

DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

PROVIDER REQUEST

 Service Type: Outpatient Outpatient Services
SMITH [REDACTED]
GENERAL SURGERY
Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM
NPI: 147
TIN: [REDACTED]
Phone: [REDACTED]

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

Now adding new service line

Servicing Provider

Same as Requesting Provider

[REDACTED]

NPI: 147
TIN: [REDACTED]
Name: SMITH

[REDACTED] × - End Date

July 2015

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	


3. FINISH UP

Days, Visits, Units

Authorization For

DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

PROVIDER REQUEST

 Service Type: Outpatient Outpatient Services
SMITH [REDACTED]
GENERAL SURGERY

Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM
NPI: 147
TIN: [REDACTED]
Phone: [REDACTED]

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

Now adding new service line

Servicing Provider
 Same as Requesting Provider
147 [REDACTED]

NPI: 147 [REDACTED]
TIN: [REDACTED]
Name: SMITH

07/14/2015 - 07/24/2015

1 x

Primary Procedure
Procedure Code

[CODE LOOKUP](#)

+ Add Additional Procedures
Select a Place Of Service [REDACTED]


3. FINISH UP

Primary Procedure Code

Authorization For

DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

PROVIDER REQUEST

 Service Type: Outpatient Outpatient Services
SMITH [REDACTED]
GENERAL SURGERY
Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM
NPI: 147 [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

Now adding new service line

Servicing Provider
 Same as Requesting Provider
147 [REDACTED]


NPI: 147 [REDACTED]
TIN: [REDACTED]
Name: SMITH

07/14/2015 - 07/24/2015

1

Primary Procedure
44970 ×

[CODE LOCKUP](#)

 Add Additional Procedures

Select a Place Of Service ▾


3. FINISH UP

Primary Procedure Code

Authorization For

DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

PROVIDER REQUEST

 Service Type: Outpatient Outpatient Services
SMITH [REDACTED]
GENERAL SURGERY
Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM
NPI: 147
TIN: [REDACTED]
Phone: [REDACTED]

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

Now adding new service line

Servicing Provider
 Same as Requesting Provider
147 [REDACTED]

NPI: 147
TIN: [REDACTED]
Name: SMITH [REDACTED]

07/14/2015 - 07/24/2015

1

Primary Procedure
44970

LAPAROSCOPY RUSGICAL
APPENEDECTOMY

[CODE LOOKUP](#)

+ Add Additional Procedures

3. FINISH UP

Additional Procedures

Authorization For

DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

PROVIDER REQUEST

Service Type: Outpatient Outpatient Services
SMITH [REDACTED]
GENERAL SURGERY
Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM
NPI: 147 [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

TIN: [REDACTED]
Name: SMITH

07/14/2015 - 07/24/2015


1

Primary Procedure


44970


LAPAROSCOPY RUSGICAL
APPENEDECTOMY

[CODE LOOKUP](#)


 Add Additional Procedures

Select a Place Of Service

 Add New Service Line

NEXT 

3. FINISH UP




Place of Service

Authorization For

DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

PROVIDER REQUEST

 Service Type: Outpatient Outpatient Services
SMITH [REDACTED]
GENERAL SURGERY
Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM
NPI: 147 [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

TIN: [REDACTED]
Name: SMITH
07/14/2015 - 07/24/2015
1
Primary Procedure
44970
LAPAROSCOPY RUSGICAL
APPENEDECTOMY
[CODE LOOKUP](#)

+ Add Additional Procedures

Select a Place Of Service
Ambulatory Surgical Center
Outpatient Hospital
Unspecified

+ Add New Service Line

NEXT >


3. FINISH UP

First Service Line

Authorization For

DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

PROVIDER REQUEST

 Service Type: Outpatient Outpatient Services
SMITH [REDACTED]
GENERAL SURGERY
Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM
NPI: 147 [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

TIN: [REDACTED]
Name: SMITH [REDACTED]


07/14/2015 - 07/24/2015


1

Primary Procedure
44970

LAPAROSCOPY RUSGICAL APPENEDECTOMY

[CODE LOOKUP](#)

 Add Additional Procedures
Ambulatory Surgical Center

 Add New Service Line

NEXT >

3. FINISH UP

Second Service Line Opens

Authorization For

DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

PROVIDER REQUEST



Service Type: Outpatient Outpatient Services

SMITH [REDACTED]

GENERAL SURGERY

Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX

Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM

NPI: 147 [REDACTED]

TIN: [REDACTED]

Phone: [REDACTED]

SERVICE LINES

Service Line 1 ←



SMITH [REDACTED]

GENERAL SURGERY

Dates: 07/14/2015 - 07/24/2015

Units: 1

Primary Procedure: 44970: LAPAROSCOPY RUSGICAL APPENEDECTOMY

Place Of Service: Ambulatory Surgical Center

NPI: 147 [REDACTED]

TIN: [REDACTED]

Phone: [REDACTED]

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

Now adding new service line

Service Line 1: 1477554756 / 44970 ⊗

Servicing Provider

Same as Requesting Provider

Servicing Provider NPI or Last Name

Start Date

-

End Date

Units/Visits/Days

Primary Procedure

Procedure Code

[CODE LOOKUP](#)

+ Add Additional Procedures

Select a Place Of Service ▾

ⓘ Add New Service Line ➤


3. FINISH UP

Second Servicing Providers

Authorization For


DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

PROVIDER REQUEST

 Service Type: Outpatient Outpatient Services
SMITH [REDACTED]
GENERAL SURGERY
Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM
NPI: 147 [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]

SERVICE LINES

Service Line 1

 **SMITH** [REDACTED]
GENERAL SURGERY
Dates: 07/14/2015 - 07/24/2015
Units: 1
Primary Procedure: 44970: LAPAROSCOPY RUSGICAL APPENEDECTOMY
Place Of Service: Ambulatory Surgical Center
NPI: 147 [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

Now adding new service line

Service Line 1: 1477554756 / 44970 ⊗

Servicing Provider

Same as Requesting Provider

⊗

Start Date - End Date

Units/Visits/Days

Primary Procedure

[CODE LOOKUP](#)

+ Add Additional Procedures

Select a Place Of Service ▾

⊖ Add New Service Line ➤

3. FINISH UP

Provider Search Results

BROWN, [REDACTED]	[REDACTED]	141	ORTHOPAEDIC SURGERY	Select
BROWN, [REDACTED]	[REDACTED]	141	ORTHOPAEDIC SURGERY	Select
BROWN, [REDACTED]	[REDACTED]	127	OB GYN	Select
BROWN, [REDACTED]	[REDACTED]	127	OB GYN	Select
BROWN, [REDACTED]	[REDACTED]	122	NURSE PRACTITIONERS	Select
BROWN, [REDACTED]	[REDACTED]	196	INTERNAL MEDICINE	Select

Complete Service Line

Authorization For

DOB: [REDACTED]

MEDICAID NBR: [REDACTED]

PROVIDER REQUEST



Service Type: Outpatient Outpatient Services

SMITH [REDACTED]

GENERAL SURGERY

Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX

Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM

NPI: 147 [REDACTED]

TIN: [REDACTED]

Phone: [REDACTED]

SERVICE LINES

Service Line 1



SMITH [REDACTED]

GENERAL SURGERY

Dates: 07/14/2015 - 07/24/2015

Units: 1

Primary Procedure: 44970: LAPAROSCOPY RUSGICAL APPENEDECTOMY

Place Of Service: Ambulatory Surgical Center

NPI: 147 [REDACTED]

TIN: [REDACTED]

Phone: [REDACTED]

Enter Authorization

1. PROVIDER REQUEST EDIT

2. SERVICE LINE

Now adding new service line

Service Line 1: 1477554756 / 44970 ⓧ

Servicing Provider

Same as Requesting Provider

196 [REDACTED]

NPI: 196 [REDACTED]

TIN: [REDACTED]

Name: BROWN, [REDACTED]

07/14/2015

07/24/2015

2

Primary Procedure

99224 ⓧ

[CODE LOOKUP](#)



Add Additional Procedures

Select a Place Of Service ⌵


3. FINISH UP

Place of Service

Authorization For


DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

PROVIDER REQUEST

 Service Type: Outpatient Outpatient Services
SMITH [REDACTED]
GENERAL SURGERY
Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM
NPI: 147 [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]

SERVICE LINES

Service Line 1

 **SMITH** [REDACTED]
GENERAL SURGERY
Dates: 07/14/2015 - 07/24/2015
Units: 1
Primary Procedure: 44970: LAPAROSCOPY RUSGICAL APPENEDECTOMY
Place Of Service: Ambulatory Surgical Center
NPI: 147 [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

NPI: 196 [REDACTED]
TIN: [REDACTED]
Name: BROWN, [REDACTED]
07/14/2015 - 07/24/2015
2
Primary Procedure
99224
SUBSEQUENT OBSERVATION CARE
[CODE LOOKUP](#)

+ Add Additional Procedures

Select a Place Of Service
Ambulatory Surgical Center
Outpatient Hospital
Unspecified

+ Add New Service Line


NEXT >

3. FINISH UP

Authorization For


DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

PROVIDER REQUEST

 Service Type: Outpatient Outpatient Services
SMITH [REDACTED]
GENERAL SURGERY
Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM
NPI: 147 [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]

SERVICE LINES



Service Line 1

 **SMITH** [REDACTED]
GENERAL SURGERY
Dates: 07/14/2015 - 07/24/2015
Units: 1
Primary Procedure: 44970: LAPAROSCOPY RUSGICAL APPENEDECTOMY
Place Of Service: Ambulatory Surgical Center
NPI: 147 [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

NPI: 196 [REDACTED]
TIN: [REDACTED]
Name: BROWN, [REDACTED]
07/14/2015 - 07/24/2015
2
Primary Procedure
99224
SUBSEQUENT OBSERVATION CARE
[CODE LOOKUP](#)
 Add Additional Procedures
Ambulatory Surgical Center
 Add New Service Line
NEXT >

3. FINISH UP

Second Line Item Appears


Authorization For

TIN: [REDACTED] | DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

TIN: [REDACTED]
Phone: [REDACTED]


SERVICE LINES

Service Line 1

 **SMITH**, [REDACTED]
GENERAL SURGERY

Dates: 07/14/2015 - 07/24/2015
Units: 1
Primary Procedure: 44970: LAPAROSCOPY RUSGICAL APPENEDECTOMY
Place Of Service: Ambulatory Surgical Center
NPI: 147 [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]

Service Line 2 ←

 **BROWN,** [REDACTED]
INTERNAL MEDICINE

Dates: 07/14/2015 - 07/24/2015
Units: 2
Primary Procedure: 99224: SUBSEQUENT OBSERVATION CARE
Place Of Service: Ambulatory Surgical Center
NPI: 196 [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE [EDIT](#)

3. FINISH UP

Contact

Jerome [REDACTED]

Phone


(123) 456-7890

Fax

(098) 765-4321

Email

jnullner@centene.com

 Questionnaire

Attachment:


Upload any relevant attachments. (5Mb limit)

Contact Information

Authorization For


DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

PROVIDER REQUEST

 Service Type: Outpatient Outpatient Services
SMITH [REDACTED]
GENERAL SURGERY
Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM
NPI: 147 [REDACTED]
TIN: 362169147
Phone: 7086848000

SERVICE LINES

Service Line 1

 **SMITH** [REDACTED]
GENERAL SURGERY
Dates: 07/14/2015 - 07/24/2015
Units: 1
Primary Procedure: 44970: LAPAROSCOPY RUSGICAL APPENEDECTOMY
Place Of Service: Ambulatory Surgical Center
NPI: 147 [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]

Service Line 2

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)
2. SERVICE LINE [EDIT](#)
3. FINISH UP

Contact

Jerome Mullner

Phone


(123) 456-7890

Fax

(098) 765-4321

Email

jmulner@centene.com

 Questionnaire

Attachment:


Upload any relevant attachments. (5Mb limit)

Questionnaire

Authorization For


DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

PROVIDER REQUEST

 Service Type: Outpatient Outpatient Services
SMITH [REDACTED]
GENERAL SURGERY
Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM
NPI: 147 [REDACTED]
TIN: 362169147
Phone: 7086848000

SERVICE LINES

Service Line 1

 **SMITH** [REDACTED]
GENERAL SURGERY
Dates: 07/14/2015 - 07/24/2015
Units: 1
Primary Procedure: 44970: LAPAROSCOPY RUSGICAL APPENEDECTOMY
Place Of Service: Ambulatory Surgical Center
NPI: 147 [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]

Service Line 2

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)
2. SERVICE LINE [EDIT](#)
3. FINISH UP

Contact

Jerome Mullner

Phone


(123) 456-7890

Fax

(098) 765-4321

Email

jnullner@centene.com

 Questionnaire

Attachment:

Upload any relevant attachments. (5Mb limit)

[Browse](#)

[Attach](#)

Questionnaire Form

Authorization For

DOB: | MEDICAID NBR:

Please make sure all edits are completed in all the steps before filling out the questionnaire. These are questions specific to Outpatient Services.

Outpatient Services

Please provide any additional information that may assist us in making a decision on this authorization. If none is required, please enter N/A (Not Applicable).

Additional Information:

CLOSE QUESTIONNAIRE

Enter Authorization


1. PROVIDER REQUEST [EDIT](#)
2. SERVICE LINE [EDIT](#)
3. FINISH UP

Contact

Phone

Fax

Email

 Questionnaire

Attachment:
Upload any relevant attachments. (5Mb limit)

Mandatory Fields

Authorization For

DOB: | MEDICAID NBR:

Please make sure all edits are completed in all the steps before filling out the questionnaire. These are questions specific to Outpatient Services.

Outpatient Services

Please provide any additional information that may assist us in making a decision on this authorization. If none is required, please enter N/A (Not Applicable).

Additional Information:

Required Field

CLOSE QUESTIONNAIRE

Enter Authorization


- 1. PROVIDER REQUEST [EDIT](#)
- 2. SERVICE LINE [EDIT](#)
- 3. FINISH UP

Contact

Phone

Fax

Email

 **Questionnaire**
Questionnaire must be complete

Attachment:
Upload any relevant attachments. (5Mb limit)

Authorization For

DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

PROVIDER REQUEST

Service Type: Outpatient Outpatient Services
SMITH [REDACTED]
GENERAL SURGERY

Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM
NPI: 147 [REDACTED]
TIN: 362169147
Phone: 7086848000

SERVICE LINES

Service Line 1

SMITH [REDACTED]
GENERAL SURGERY

Dates: 07/14/2015 - 07/24/2015
Units: 1
Primary Procedure: 44970: LAPAROSCOPY RUSGICAL APPENEDECTOMY
Place Of Service: Ambulatory Surgical Center
NPI: 147 [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]

Service Line 2

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)
2. SERVICE LINE [EDIT](#)
3. FINISH UP

Contact

Jerome Mullner

Phone

(123) 456-7890

Fax

(098) 765-4321

Email

jmullner@centene.com

Questionnaire

Attachment:
Upload any relevant attachments. (5Mb limit)

Select Documents

The screenshot shows a web application interface with a file selection dialog box overlaid. The dialog box, titled "Insert File", is open to the "Web Testing" folder and shows a list of files. The file "Smart Sheet for Testing" is selected. The form in the background includes a "GENERAL SURGERY" section with fields for "Dates", "Units", "Primary Procedure", "Place Of Service", "NPI", "TIN", and "Phone". There is also an "Attachment" section with a "Browse" button and an "Attach" button. A red arrow points to the "Insert" button in the dialog box.

Name	Date modified	Type
Achilles_Tendon_Repair_Complete_Tear	6/23/2014 12:41 PM	Adobe Acrobat
Smart Sheet for Testing	9/6/2013 12:42 PM	Adobe Acrobat
TR Photo Test Attachment	11/1/2012 10:35 AM	Microsoft Word
TruCare Word Test Attachment	11/1/2012 10:17 AM	Microsoft Word

Authorization

PROVIDER REQUEST [EDIT](#)

SERVICE LINE [EDIT](#)

ISH UP

one

(23) 456-7890

98) 765-4321

ail

ullner@centene.com

Questionnaire

GENERAL SURGERY

Dates: 07/14/2015 - 07/24/2015

Units: 1

Primary Procedure: 44970: LAPAROSCOPY RUSGICAL APPENEDECTOMY

Place Of Service: Ambulatory Surgical Center

NPI: 147

TIN:

Phone:

Service Line 2

Attachment:

Upload any relevant attachments. (5Mb limit)

[Browse](#)

[Attach](#)

[SUBMIT](#)

Attached Documents


Authorization For

TIN: [REDACTED] | DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

Phone: [REDACTED]


SERVICE LINES

Service Line 1

 **SMITH** [REDACTED]
GENERAL SURGERY

Dates: 07/14/2015 - 07/24/2015
Units: 1
Primary Procedure: 44970: LAPAROSCOPY RUSGICAL APPENEDECTOMY
Place Of Service: Ambulatory Surgical Center
NPI: 147 [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]

Service Line 2

 **BROWN** [REDACTED]
INTERNAL MEDICINE

Dates: 07/14/2015 - 07/24/2015
Units: 2
Primary Procedure: 99224: SUBSEQUENT OBSERVATION CARE
Place Of Service: Ambulatory Surgical Center
NPI: 196 [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)


2. SERVICE LINE [EDIT](#)

3. FINISH UP

Phone: [REDACTED]
[REDACTED] (123) 456-7890

Fax: [REDACTED]
[REDACTED] (098) 765-4321

Email: [REDACTED]
jmullner@centene.com

 Questionnaire

Attachment:
Upload any relevant attachments. (5Mb limit)

[REDACTED] [Browse](#)

[Attach](#)

Smart Sheet for Testing.pdf [Remove](#)

[SUBMIT](#)

Authorization For

TIN: [REDACTED] | DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

TIN: [REDACTED]
Phone: [REDACTED]

SERVICE LINES

Service Line 1

SMITH [REDACTED]
GENERAL SURGERY

Dates: 07/14/2015 - 07/24/2015
Units: 1
Primary Procedure: 44970: LAPAROSCOPY RUSGICAL APPENEDECTOMY
Place Of Service: Ambulatory Surgical Center
NPI: 147 [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]

Service Line 2

BROWN [REDACTED]
INTERNAL MEDICINE

Dates: 07/14/2015 - 07/24/2015
Units: 2
Primary Procedure: 99224: SUBSEQUENT OBSERVATION CARE
Place Of Service: Ambulatory Surgical Center
NPI: 196 [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE [EDIT](#)

3. FINISH UP

Phone: [REDACTED]

(123) 456-7890

Fax

(098) 765-4321

Email

jnullner@centene.com

Questionnaire

Attachment:

Upload any relevant attachments. (5Mb limit)

[Browse](#)

[Attach](#)

Smart Sheet for Testing.pdf [Remove](#)

[SUBMIT](#)

Confirmation

The screenshot displays a web application interface for authorization. A central white dialog box with a close button (X) in the top right corner contains the following text:

Success!

- Your confirmation number is **#1073867**.
- Member's Name
- Date of Birth
- Medicaid Number

The background interface is dimmed and includes the following elements:

- Authorization For:** Fields for DOB and MEDICAID NBR.
- Enter Authorization:** A list with two items: "1. PROVIDER REQUEST" and "2. SERVICE LINE", each with an "EDIT" link.
- PROVIDER REQUEST:** A section for "SMITH GENERAL SURGERY" with fields for Service Type, Primary Doctor, Additional Doctor, NPI, TIN, and Phone.
- SERVICE LINES:** A section for "SMITH GENERAL SURGERY" with details for "Service Line 1", including dates (07/14/2015 - 07/24/2015), units (1), and primary procedure (44970: LAPAROSCOPY RUSGICAL APPENEDECTOMY).
- Footer:** An email field containing "jmullner@centene.com", a "Questionnaire" button, and an "Attachment:" label.

Questions?

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Corporation

