Medical Multi-Line Authorizations on the Secure Provider Website

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

<table>
<thead>
<tr>
<th>Status</th>
<th>Auth Nbr</th>
<th>From Date</th>
<th>To Date</th>
<th>Diagnosis</th>
<th>Auth Type</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPROVE</td>
<td></td>
<td>01/01/2015</td>
<td>09/30/2015</td>
<td>V68.81</td>
<td>OUTPATIENT</td>
<td>Personal Care Worker</td>
</tr>
<tr>
<td>APPROVE</td>
<td></td>
<td>05/22/2014</td>
<td>08/21/2014</td>
<td>343.9</td>
<td>OUTPATIENT</td>
<td>DME</td>
</tr>
<tr>
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<td></td>
<td>01/01/2014</td>
<td>12/31/2014</td>
<td>V68.81</td>
<td>OUTPATIENT</td>
<td>Personal Care Worker</td>
</tr>
</tbody>
</table>

[Create a New Authorization](#)
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.
Service Type

Authorization For

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 888-329-4701 for after-hours urgent admission, inpatient notifications or requests.

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

Medical Management | Clinical Systems Operations
Requesting Providers

Authorization For

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 NPI or Last Name

Primary Diagnosis

- Diagnosis Code

CODE LOOKUP: ICD-9 ICD-10

Add Additional Diagnosis

NEXT
### 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**
   - **Smith**

   **Primary Diagnosis**
   - Diagnosis Code

   **CODE LOOKUP:** ICD-9 | ICD-10

   ![Add Additional Diagnosis button]

2. SERVICE LINE
   - [ ] Next

3. FINISH UP
# Requesting Provider – Search

## Select a Provider

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Phone Number</th>
<th>Tax ID</th>
<th>NPI</th>
<th>Specialty Desc</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith and Neph</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smith</td>
<td></td>
<td></td>
<td></td>
<td>Skilled Nursing Facility</td>
<td></td>
</tr>
<tr>
<td>Smith</td>
<td></td>
<td></td>
<td></td>
<td>General Surgery</td>
<td></td>
</tr>
<tr>
<td>Smith,</td>
<td></td>
<td></td>
<td></td>
<td>Emergency Medicine</td>
<td></td>
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<tr>
<td>Smith,</td>
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<td></td>
<td></td>
<td>General Surgery</td>
<td></td>
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<tr>
<td>Smith</td>
<td></td>
<td></td>
<td></td>
<td>Hematology Oncology</td>
<td></td>
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<tr>
<td>Smith,</td>
<td></td>
<td></td>
<td></td>
<td>Infectious Disease</td>
<td></td>
</tr>
<tr>
<td>Smith,</td>
<td></td>
<td></td>
<td></td>
<td>Family Practice</td>
<td></td>
</tr>
</tbody>
</table>
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.

NPI: 147
TIN: [redacted]
Name: SMITH
Primary Diagnosis
Diagnosis Code
CODE LOOKUP: ICD-9 ICD-10
Add Additional Diagnosis
NEXT
## 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):**

- **appendix**

### ICD-9 Code Lookup Results

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

---

**Get Help with File Formats and Plug-Ins** | **Submit Feedback**
Diagnosis Code

Authorization For
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

   Primary Diagnosis
   - 543.0

   CODE LOOKUP: ICD-9 ICD-10
   - Add Additional Diagnosis

2. SERVICE LINE
3. FINISH UP
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 866-320-4701 for after-hours urgent admission, inpatient notifications or requests.

Please select Service Type.

Primary Diagnosis: HYPERPLASIA OF APPENDIX

CODE LOOKUP | ICD-9 | ICD-10
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

HYPERPLASIA OF APPENDIX

CODE LOOKUP: ICD-9 ICD-10

Add Additional Diagnosis

Additional Diagnosis

537.9
Provider Request Complete

Authorization For

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
   - NPI: 147
   - TIN: 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
Same as Requesting Provider

**Authorization For**

**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
2. SERVICE LINE

- Now adding new service line
- Servicing Provider
  - Same as Requesting Provider

- 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

PROVIDER REQUEST
Service Type: 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

2. SERVICE LINE

Now adding new service line

Servicing Provider
- Same as Requesting Provider
NPI: 147
TIN:
Name: SMITH

End Date

L/ / ___

3. FINISH UP

Medical Management  | Clinical Systems Operations
## Days, Visits, Units

### Provider Request

**SMITH**  
**GENERAL SURGERY**

- **Service Type:** Outpatient Outpatient Services  
- **Primary Diagnosis:** 5430: HYPERPLASIA OF APPENDIX  
- **Additional Diagnosis:** 5379: UNSPEC DISORDER STOMACH&DUODENUM

### Enter Authorization

#### 1. Provider Request

- **Now adding new service line**

#### 2. Service Line

- **NPI:** 147  
- **TIN:**  
- **Name:** SMITH  
- **Date:** 07/14/2015 - 07/24/2015

#### 3. Finish Up

- **Primary Procedure**
  - **Procedure Code**

**CODE LOOKUP**

**Add Additional Procedures**  
- **Select a Place Of Service**
Primary Procedure Code

Authorization For

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
   
   Now adding new service line
   
   Servicing Provider
   - Same as Requesting Provider
   
   147
   NPI: 147
   TIN: 
   Name: SMITH
   07/14/2015 - 07/24/2015
   1
   Primary Procedure
   44970
   LAPAROSCOPY RUGICAL APPENDECTOMY
   CODE LOOKUP
   
   Add Additional Procedures

3. FINISH UP
Place of Service

Authorization For

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: [redacted]
Phone: [redacted]

Enter Authorization

1. PROVIDER REQUEST

2. SERVICE LINE

TIN: [redacted]
Name: SMITH
07/14/2015 - 07/24/2015
1
Primary Procedure
44970
LAPAROSCOPY RUGICAL APPENEDECTOMY

CODE LOOKUP

Add Additional Procedures
Select a Place Of Service
Ambulatory Surgical Center
Outpatient Hospital
Unspecified

Add New Service Line

3. FINISH UP

Medical Management | Clinical Systems Operations
First Service Line

Authorization For

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

2. SERVICE LINE
   TIN: 
   Name: SMITH
   07/14/2015 - 07/24/2015
   
   Primary Procedure
   44070

   LAPAROSCOPY RUGICAL APPENDECTOMY

   CODE LOOKUP

   Add Additional Procedures
   Ambulatory Surgical Center

   Add New Service Line

   NEXT >>
Second Service Line Opens

<table>
<thead>
<tr>
<th>Authorization For</th>
<th>Enter Authorization</th>
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<tbody>
<tr>
<td><strong>PROVIDER REQUEST</strong></td>
<td>1. PROVIDER REQUEST</td>
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<tr>
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<tr>
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<tr>
<td>GENERAL SURGERY</td>
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<tr>
<td>Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX</td>
<td>Servicing Provider</td>
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<tr>
<td>Additional Diagnosis: 5370: UNSPEC DISORDER STOMACH &amp; DUODENUM</td>
<td>Same as Requesting Provider</td>
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<tr>
<td>NPI: 147</td>
<td>Servicing Provider NPI or Last Name</td>
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<tr>
<td>TIN:</td>
<td></td>
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<tr>
<td>Phone:</td>
<td>Start Date</td>
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<td>Units/Visits/Days</td>
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<td><strong>SERVICE LINES</strong></td>
<td>Primary Procedure</td>
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<td>Service Line 1</td>
<td>Procedure Code</td>
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<td>SMITH</td>
<td>Add Additional Procedures</td>
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<td>CODE LOOKUP</td>
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<td>Primary Procedure: 44970: LAPAROSCOPY RUGICAL APPENEDECTOMY</td>
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<tr>
<td>Place Of Service: Ambulatory Surgical Center</td>
<td></td>
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<tr>
<td>NPI: 147</td>
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<td>Phone:</td>
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<tr>
<td>Provider Name</td>
<td>NPI</td>
</tr>
<tr>
<td>---------------</td>
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</tr>
<tr>
<td>BROWN,</td>
<td>141</td>
</tr>
<tr>
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<tr>
<td>BROWN,</td>
<td>122</td>
</tr>
<tr>
<td>BROWN,</td>
<td>196</td>
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</tbody>
</table>
Place of Service

Authorization For

Provider Request

Service Type: Outpatient Services
Primary Diagnoses: 5430: Hyperplasia of Appendix
Additional Diagnoses: 5379: Unspec Disorder Stomach & Duodenum

NPI: 147
TIN: [Redacted]
Phone: [Redacted]

Service Lines

Service Line 1

Provider: SMITH
Address: [Redacted]
City: [Redacted]
State: [Redacted]
Zip: [Redacted]

Dates: 07/14/2015 - 07/24/2015
Units: 1
Primary Procedure: 44970: Laparoscopic Surgery Appendectomy
Place Of Service: [Redacted]
NPI: 147
TIN: [Redacted]
Phone: [Redacted]
<table>
<thead>
<tr>
<th>Service Line 1</th>
<th>Service Line 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SMITH</strong></td>
<td><strong>BROWN,</strong></td>
</tr>
<tr>
<td>GENERAL SURGERY</td>
<td>INTERNAL MEDICINE</td>
</tr>
<tr>
<td>Dates: 07/14/2015 - 07/24/2015</td>
<td>Dates: 07/14/2015 - 07/24/2015</td>
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<tr>
<td>Units: 1</td>
<td>Units: 2</td>
</tr>
<tr>
<td>Primary Procedure: 44970: LAPAROSCOPY RUGICAL APPENDECTOMY</td>
<td>Primary Procedure: 99224: SUBSEQUENT OBSERVATION CARE</td>
</tr>
<tr>
<td>Place Of Service: Ambulatory Surgical Center</td>
<td>Place Of Service: Ambulatory Surgical Center</td>
</tr>
<tr>
<td>NPI: 147</td>
<td>NPI: 196</td>
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<tr>
<td>TIN:</td>
<td>TIN:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

**Contact:**
- Name: Jerome
- Phone: (123) 456-7890
- Fax: (098) 765-4321
- Email: jmulliner@centene.com

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

Authorization For

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

2. SERVICE LINE

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)

Browse

Attach
Mandatory Fields

Authorization For

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

2. SERVICE LINE

3. FINISH UP

Contact

Jerome Mullner

Phone

(123) 455-7890

Fax

(068) 765-4321

Email

jmullner@centene.com

Questionnaire

Questionnaire must be complete

Attachment:

Upload any relevant attachments. (5MB limit)

Browse
Authorization For

<table>
<thead>
<tr>
<th>PROVIDER REQUEST</th>
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<tbody>
<tr>
<td>Service Type: Outpatient Outpatient Services</td>
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<tr>
<td>SMITH</td>
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<tr>
<td>GENERAL SURGERY</td>
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<tr>
<td>Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX</td>
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<td>Additional Diagnosis: 5376: UNSPEC DISORDER STOMACH &amp; DUODENUM</td>
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<td>NPI: 147</td>
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<tr>
<td>TIN: 302109147</td>
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<tr>
<td>Phone: 7086848000</td>
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SERVICE LINES

<table>
<thead>
<tr>
<th>Service Line 1</th>
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<tbody>
<tr>
<td>SMITH</td>
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<td>GENERAL SURGERY</td>
</tr>
<tr>
<td>Dates: 07/14/2015 - 07/24/2015</td>
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<tr>
<td>Units: 1</td>
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<tr>
<td>Primary Procedure: 44970: LAPAROSCOPY RUGICAL APPENDECTOMY</td>
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<tr>
<td>Place Of Service: Ambulatory Surgical Center</td>
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<td>NPI: 147</td>
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<tr>
<td>TIN:</td>
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<td>Phone:</td>
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</tbody>
</table>

Enter Authorization

<table>
<thead>
<tr>
<th>1. PROVIDER REQUEST</th>
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</thead>
<tbody>
<tr>
<td>Contact: Jeroma Muller</td>
</tr>
<tr>
<td>Phone: (123) 456-7890</td>
</tr>
<tr>
<td>Fax: (098) 765-4321</td>
</tr>
<tr>
<td>Email: <a href="mailto:jmuller@centene.com">jmuller@centene.com</a></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>2. SERVICE LINE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3. FINISH UP</th>
</tr>
</thead>
</table>

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

| Attach |
Authorization For

Service Lines

Service Line 1

SMITH
GENERAL SURGERY
Dates: 07/14/2015 - 07/24/2015
Units: 1
Primary Procedure: 44070: LAPAROSCOPY RUGHICAL APPENDECTOMY
Place Of Service: Ambulatory Surgical Center
NPI: 147

Service Line 2

BROWN
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

Enter Authorization

1. PROVIDER REQUEST
2. SERVICE LINE
3. FINISH UP

- PROVIDER REQUEST
  - TIN:
  - Phone:

- SERVICE LINE
  - PROVIDER:
    - Name:
    - Address:
    - Phone:
  - SERVICE LINE:
    - Title:
    - Address:
    - Phone:

- FINISH UP
  - PROVIDER REQUEST:
    - TIN:
    - Phone:
  - PROVIDER:
    - Name:
    - Address:
    - Phone:
  - SERVICE LINE:
    - Title:
    - Address:
    - Phone:
  - FINISH UP:
    - TIN:
    - Phone:

Contact Information

- Provider Request Contact
  - Name:
  - Address:
  - Phone:
  - Fax:
  - Email:

- Proxy Contact
  - Name:
  - Address:
  - Phone:
  - Fax:
  - Email:

Attachment

- Upload any relevant attachments. (5Mb limit)

- Smart Sheet for Testing.pdf
- Attach
- Remove
Confirmation

Success!

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