CareOregon Connect

How to Submit a Specialist or Outpatient Authorization Request through CareOregon CONNECT

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The online authorization submission option is currently available for the following types of requests:

- Specialist
- Outpatient

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Authorization data is updated every 2 hours throughout the business day; from 8am – 8pm

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Possible Status Results Include:

Approved

- The request has been reviewed by CareOregon, or the CONNECT system, and the requested services have been *approved*

Modified

- CareOregon is including the requested services in an authorization that includes the same codes and is already on file
- The original authorization will be referenced in the modified authorization notes

Denied

- The request has been reviewed by CareOregon, or the CONNECT system, and the requested services have been *denied*

Rejected

- Service is never covered by CareOregon.
  - i.e. medical benefits request is submitted, but CareOregon only manages member's dental benefits

Pended

- CareOregon staff will review the request and a status will be updated online within:
  - **14 calendar days** for standard requests
  - **1-3 business days** for urgent requests

No Action Required

- The service does not require an authorization for payment
- No authorization number will be generated

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Faxes are not sent to confirm any decision made on a request if request was submitted through CareOregon CONNECT

Exception: Medical Injectable requests

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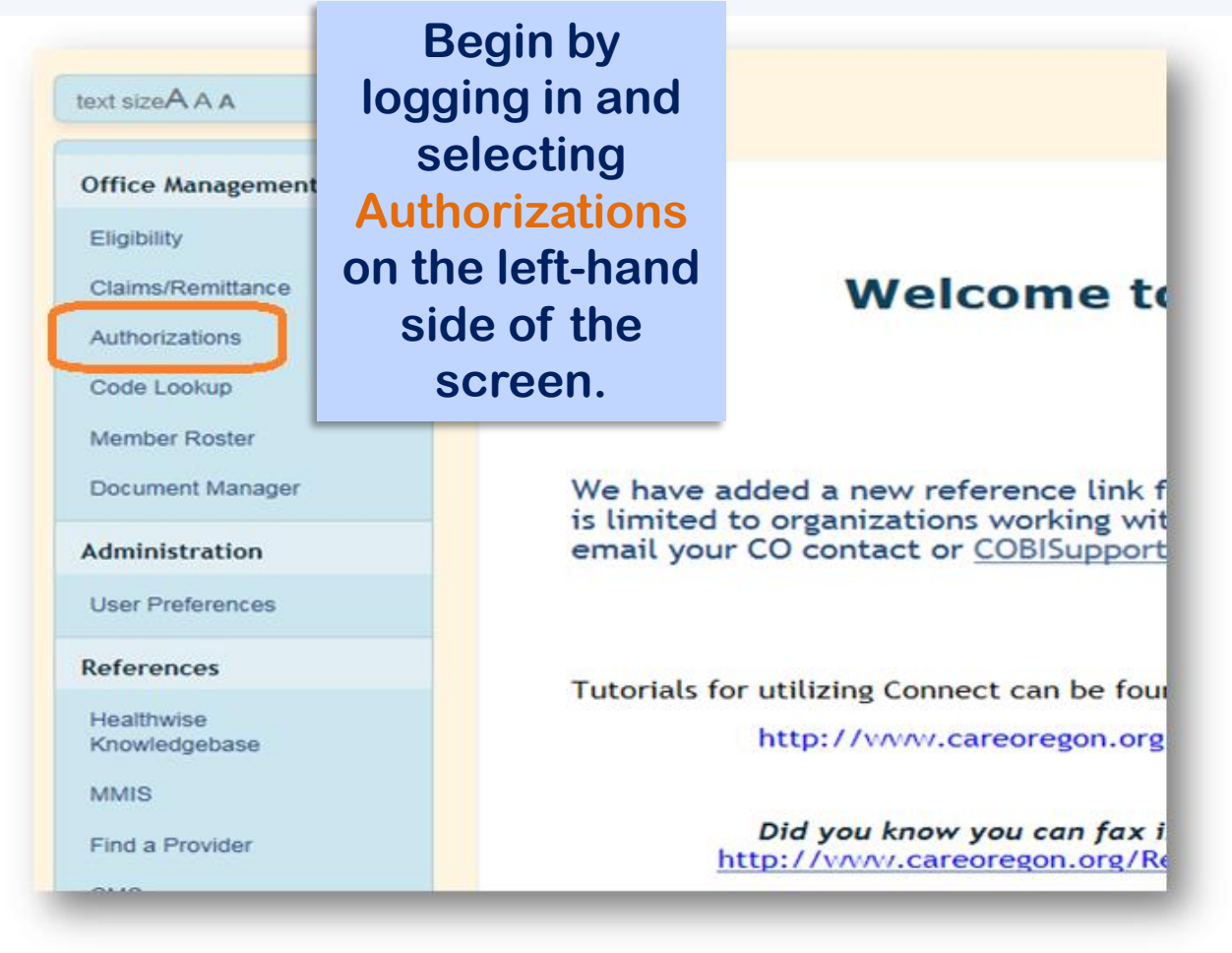
Requesting Authorization



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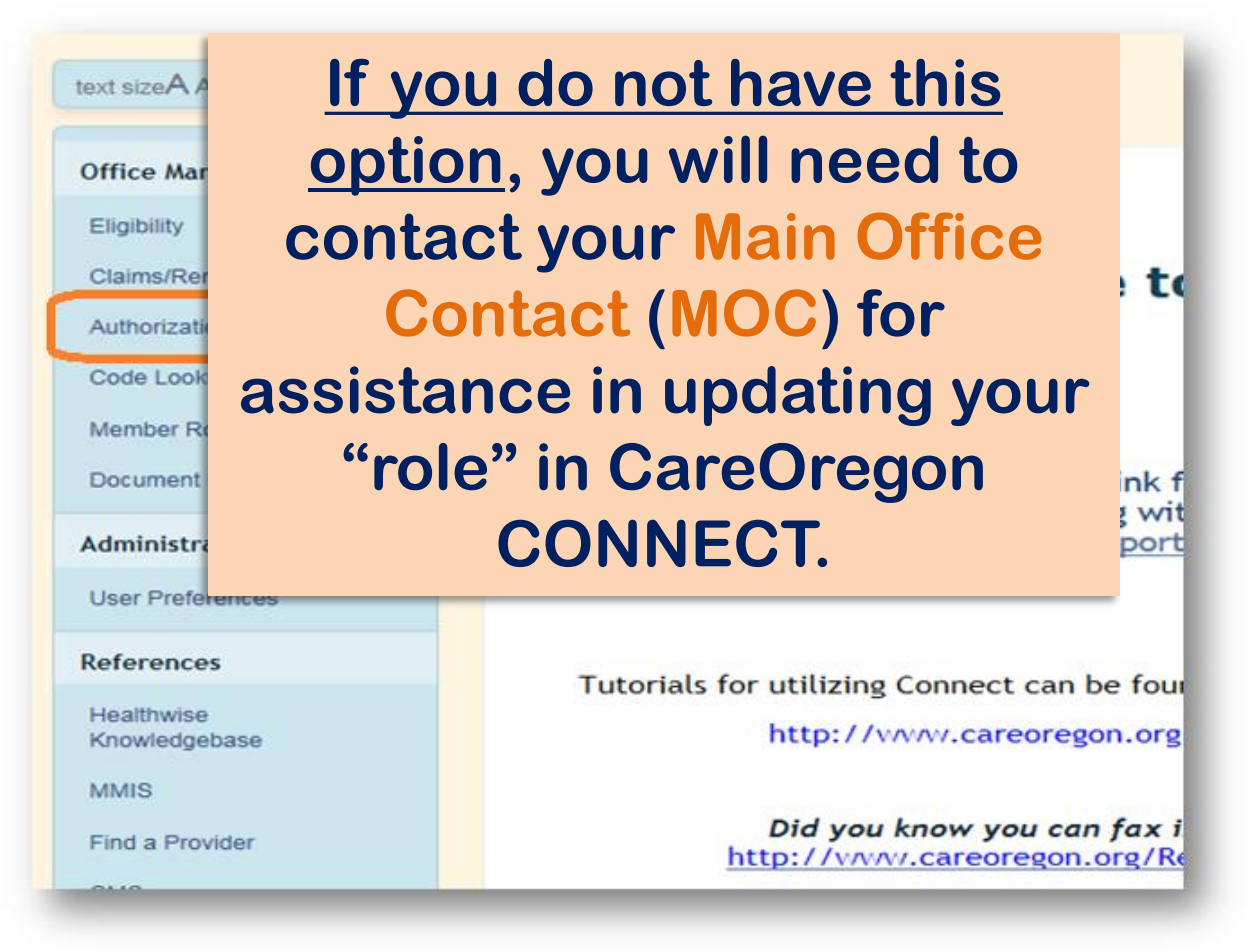
Requesting Authorization



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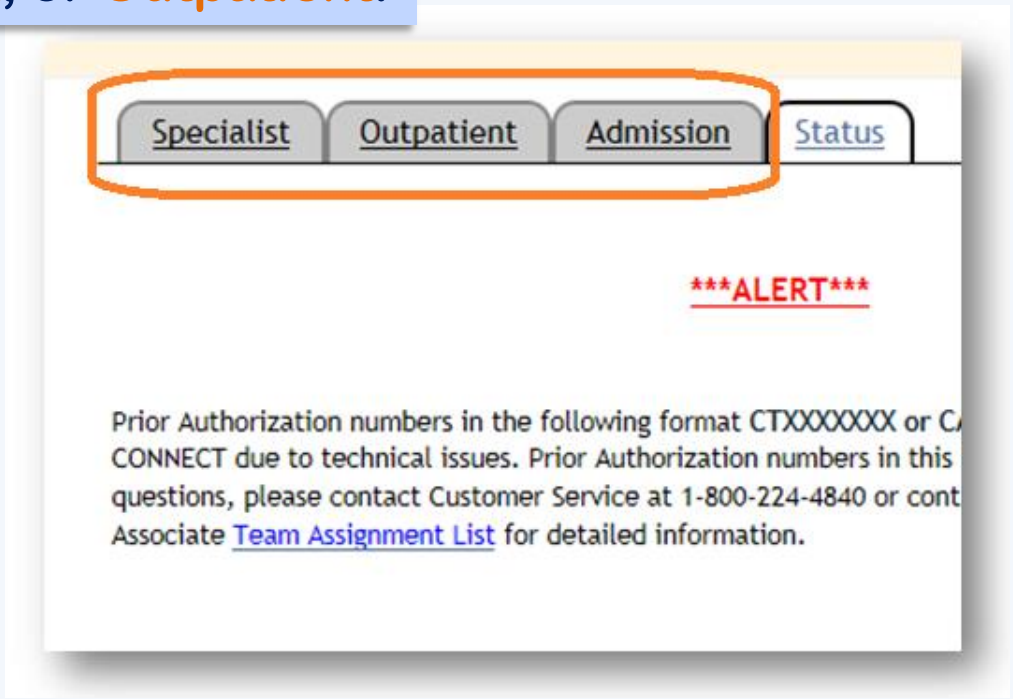
Requesting Authorization

The next screen defaults to the **Status** option. From here, select the tab for the type of authorization you'd like to request; **Specialist**, or **Outpatient**.



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Requesting Specialist and Outpatient Authorizations

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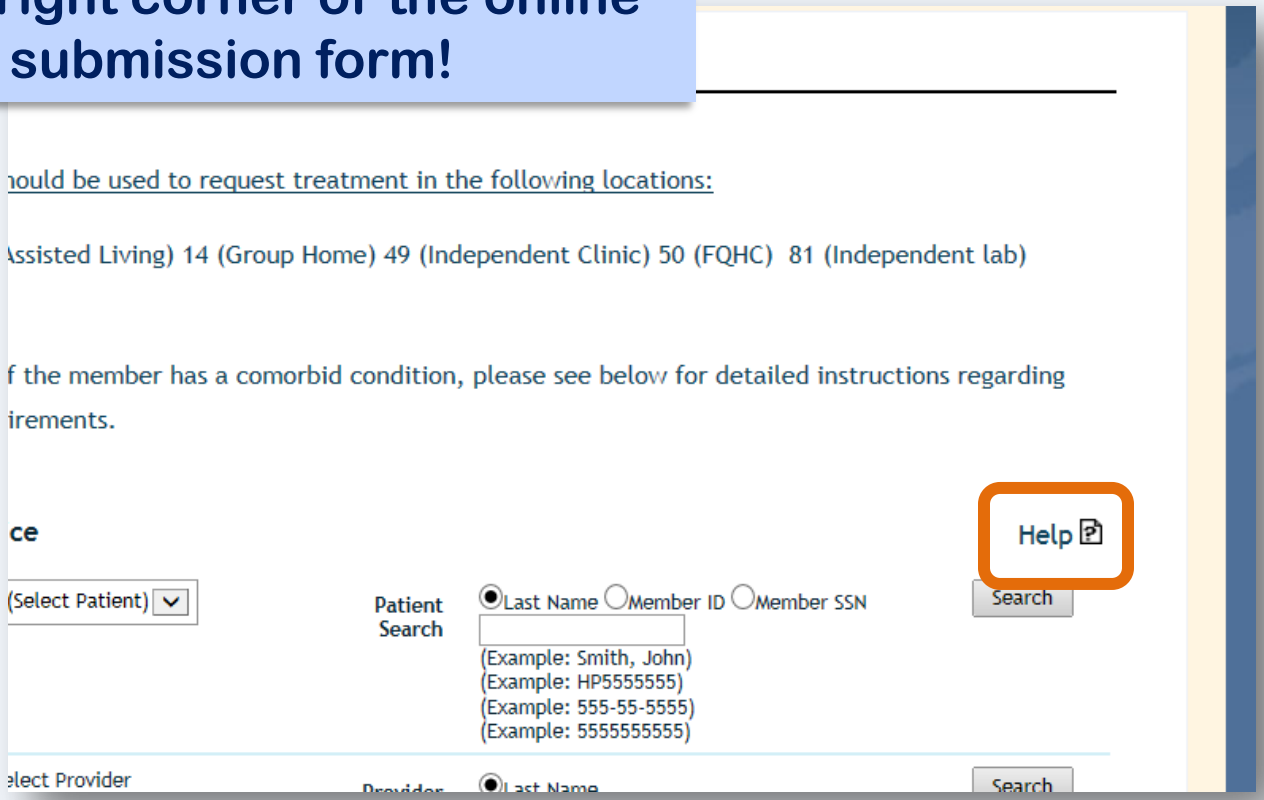
KEEP IN MIND!

At any point you need more help, just click the Help option in the upper-right corner of the online submission form!

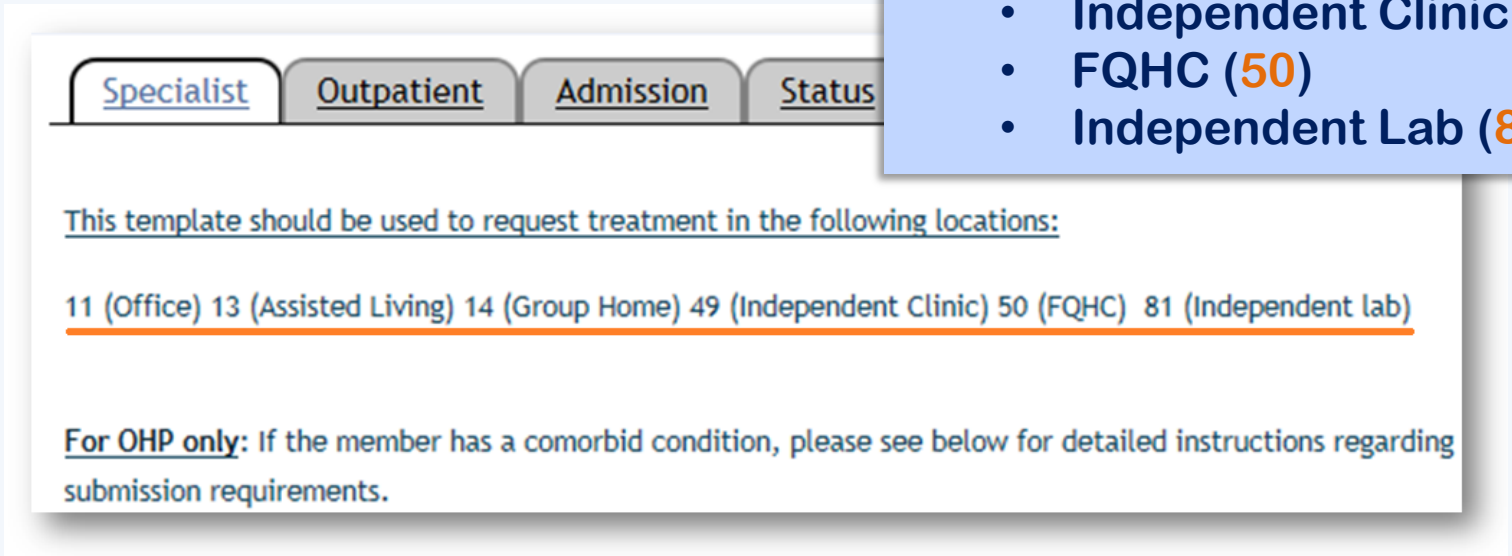


Step 1

Specialist and Outpatient

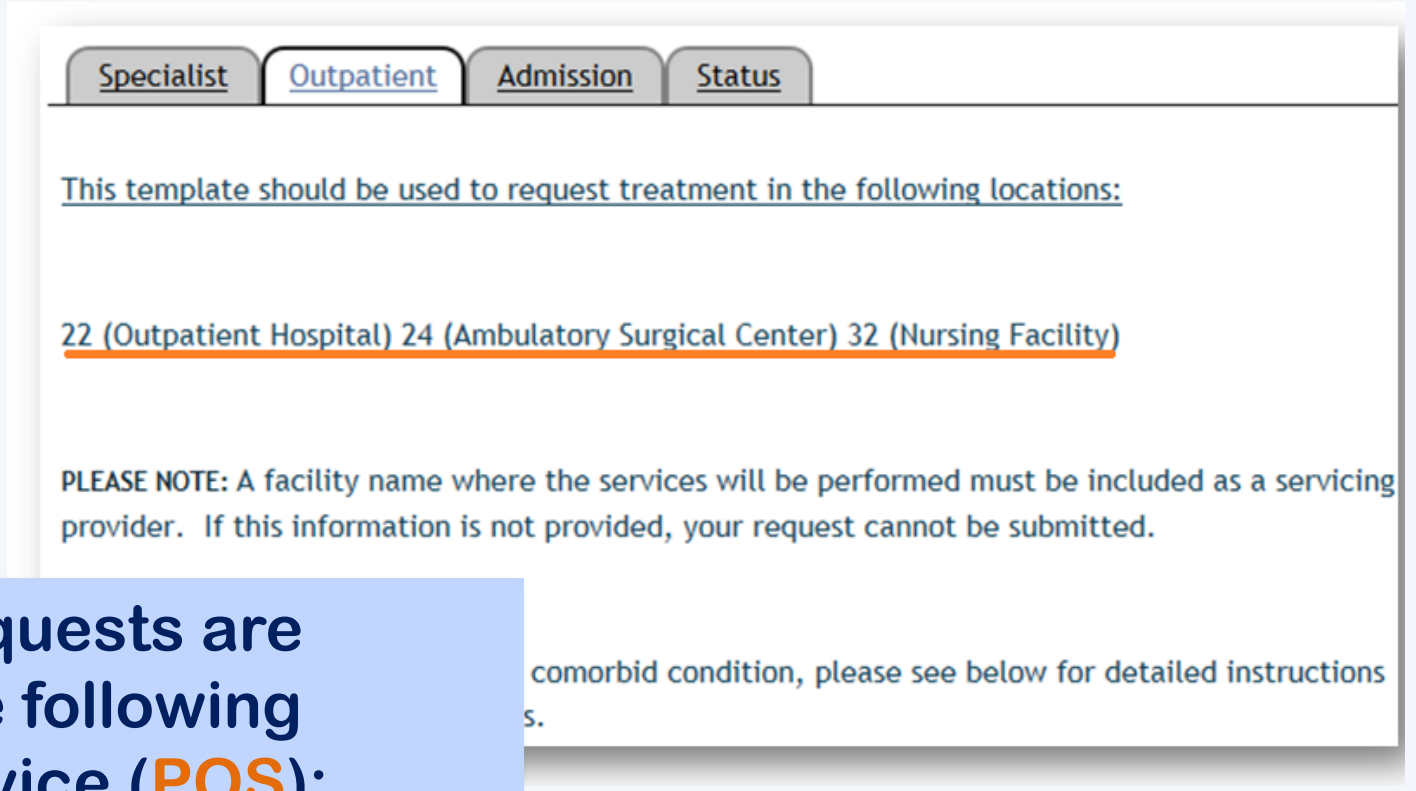
Specialist requests are specific to the following Places of Service (POS):

- Office (11)
- Assisted Living (13)
- Group Home (14)
- Independent Clinic (49)
- FQHC (50)
- Independent Lab (81)



Step 1.1

Specialist and Outpatient



Outpatient requests are specific to the following Places of Service (POS):

- Outpatient Hospital (22)
- Ambulatory Surgical Center (24)
- Nursing Facility (32)

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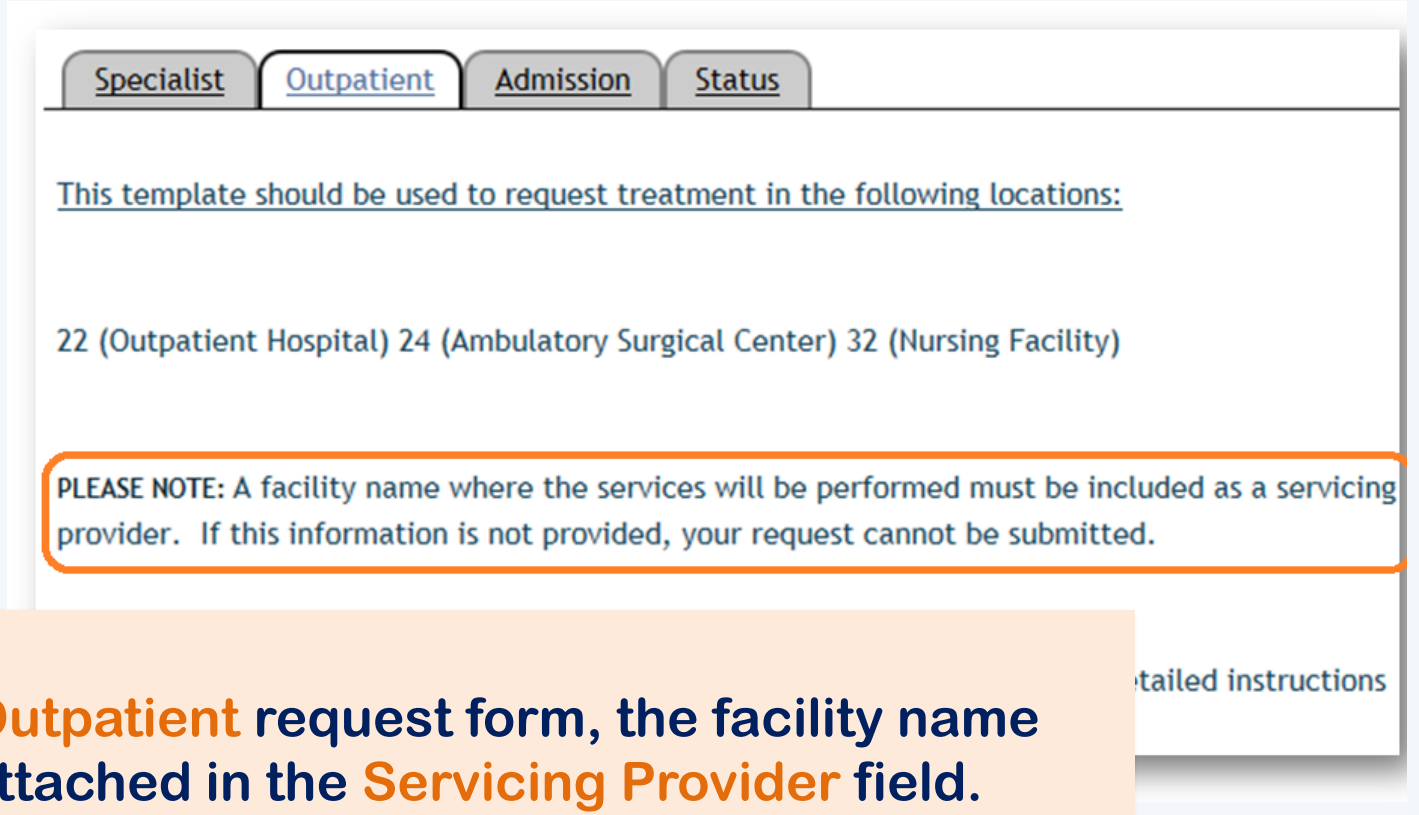
Step 1.2

Specialist and Outpatient



If using the Outpatient request form, the facility name MUST be attached in the Servicing Provider field.

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Step 2

Specialist and Outpatient

Get started by entering the member's name, ID# or Social Security Number into the Patient Search, and selecting Search.

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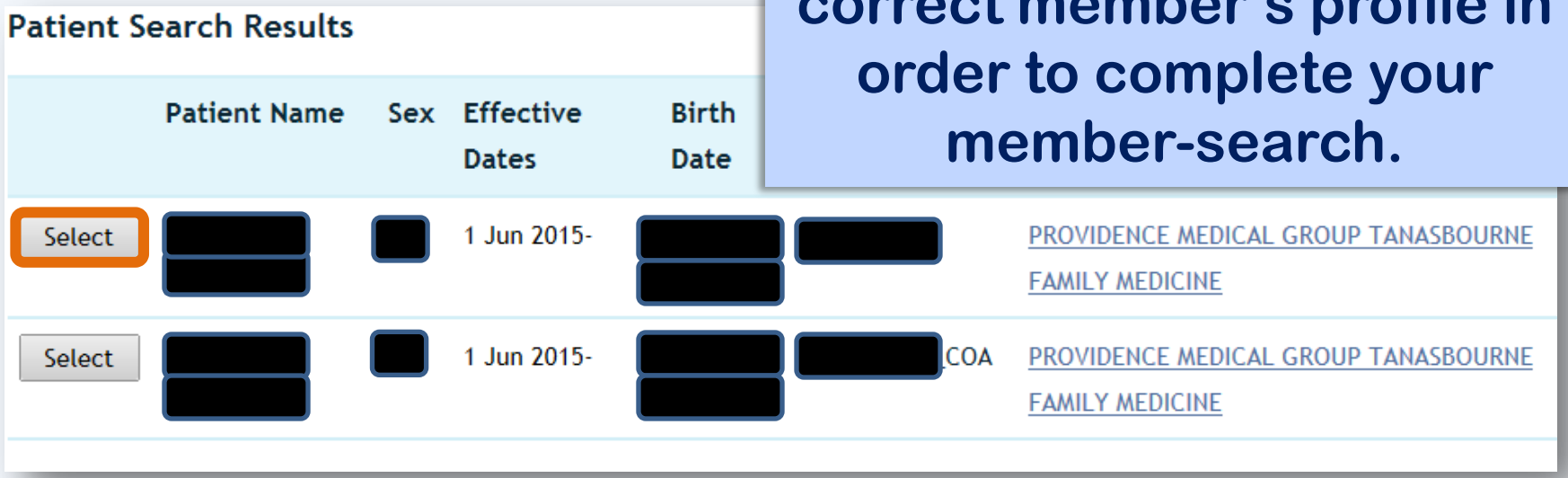
Step 2.1

****Some information hidden for HIPAA purposes.*

Specialist and Outpatient

You'll need to click the **Select** button just left of the correct member's profile in order to complete your member-search.



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Step 2.2

****Some information hidden for HIPAA purposes.*

Specialist and Outpatient

Dual Members: A member that is enrolled with CareOregon Advantage (COA) as Primary and CareOregon OHP as Secondary

Dual Members display separate profiles for their COA and OHP enrollments.

Patient Search Results

	Patient Name	Sex	Effective Dates	Birth Date	Member ID	Primary Care Provider
Select	[redacted]	[redacted]	1 Jun 2015-	[redacted]	[redacted]	PROVIDENCE MEDICAL GROUP TANASBOURNE FAMILY MEDICINE
Select	[redacted]	[redacted]	1 Jun 2015-	[redacted]	[redacted]_COA	PROVIDENCE MEDICAL GROUP TANASBOURNE FAMILY MEDICINE

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Step 2.3

****Some information hidden for HIPAA purposes.*

Specialist and Outpatient

Always select the MBR000ID_COA option – even when the service is excluded by Medicare.

Authorization will be considered for both plans, regardless.

Patient Search Results

	Patient Name	Sex	Effective Dates	Birth Date	Member ID	Primary Care Provider
Select	[redacted]	[redacted]	1 Jun 2015-	[redacted]	[redacted]	PROVIDENCE MEDICAL GROUP TANASBOURNE FAMILY MEDICINE
Select	[redacted]	[redacted]	1 Jun 2015-	[redacted]	[redacted]_COA	PROVIDENCE MEDICAL GROUP TANASBOURNE FAMILY MEDICINE

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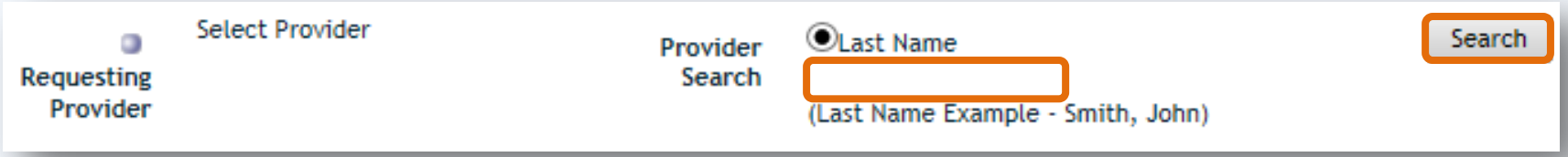
Step 3

Specialist and Outpatient

Next, enter the Requesting Provider's name (or full clinic name) and select Search



NOTE: The individual physician MUST be listed for Specialist requests.

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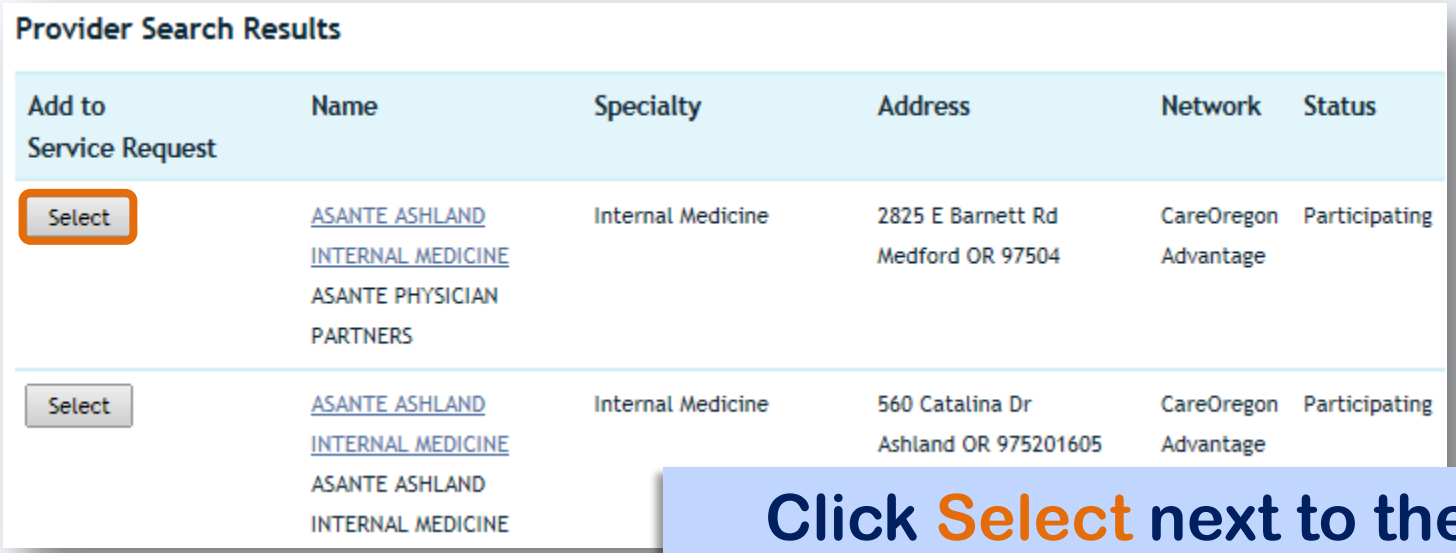
Step 3.1

Specialist and Outpatient



Click Select next to the appropriate requesting provider option.

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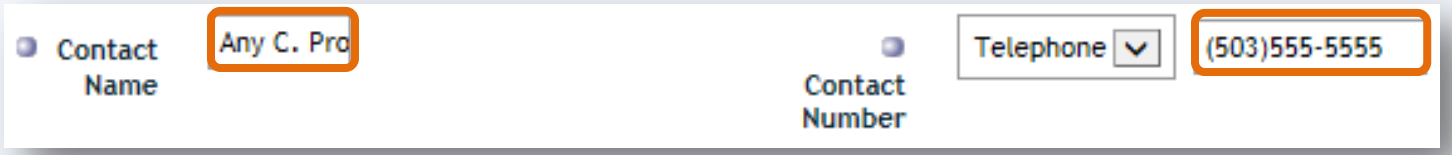
Step 4

Specialist and Outpatient

Next, simply enter a Contact Name and Phone Number for us to reach you on if we have questions!



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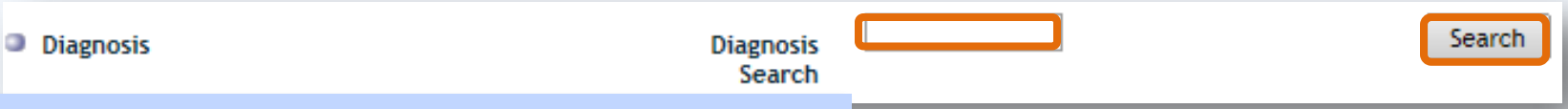
Step 5

Specialist and Outpatient

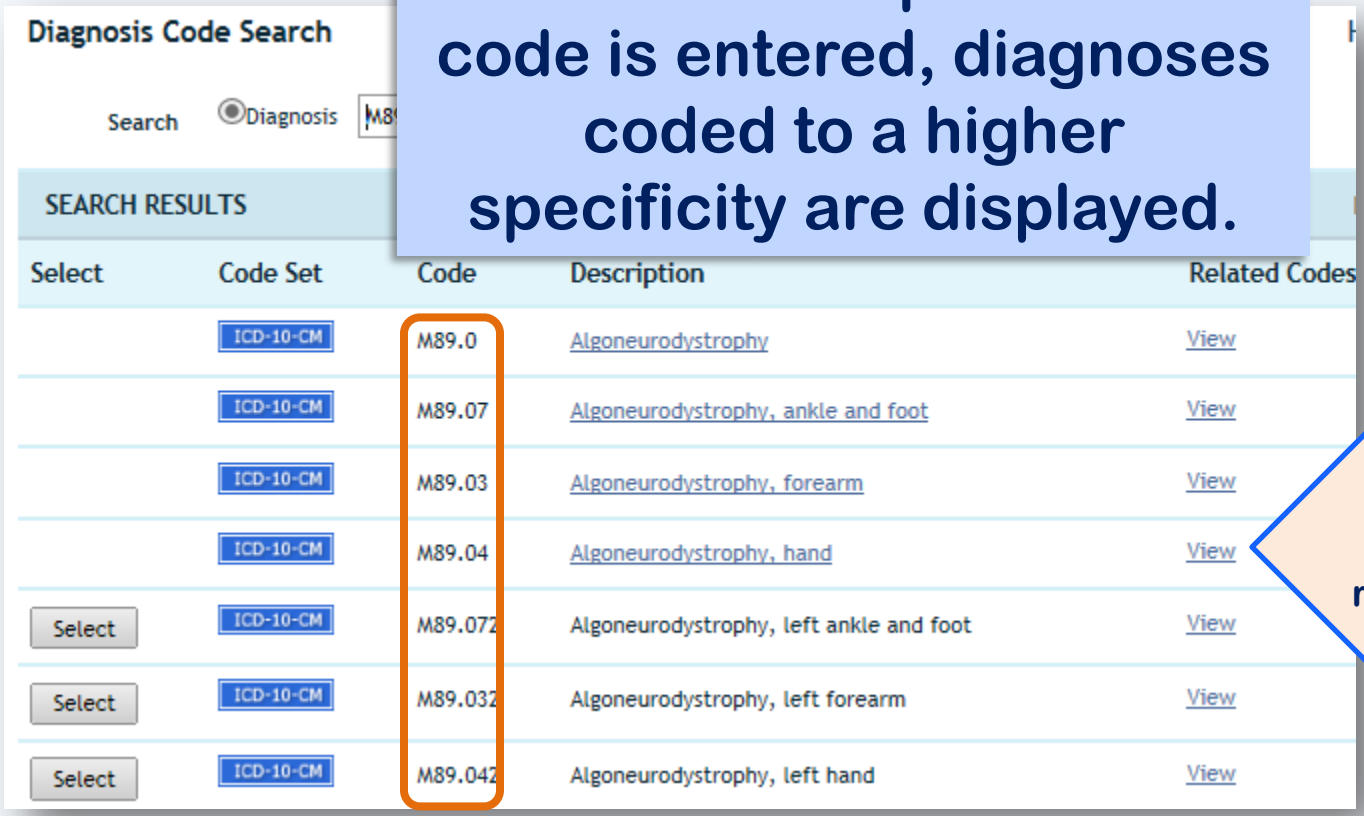


Now, enter each diagnosis (in ICD-10 format) separately into the Diagnosis Search, and select Search.

Step 5.1

Specialist and Outpatient

When an incomplete ICD-10 code is entered, diagnoses coded to a higher specificity are displayed.



TIP! Select a link to see more specific results related to that diagnosis.

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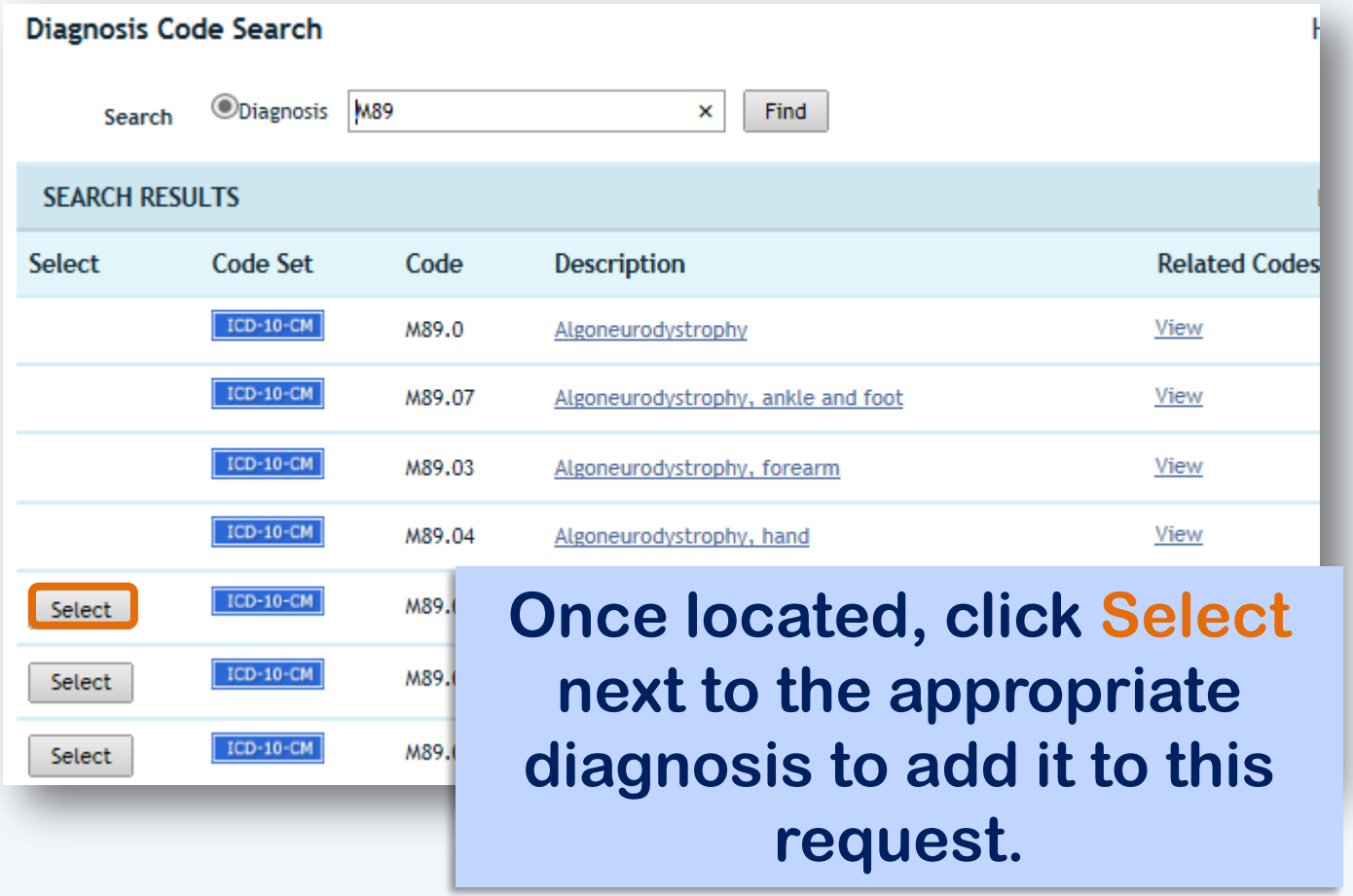
Step 5.2

Specialist and Outpatient



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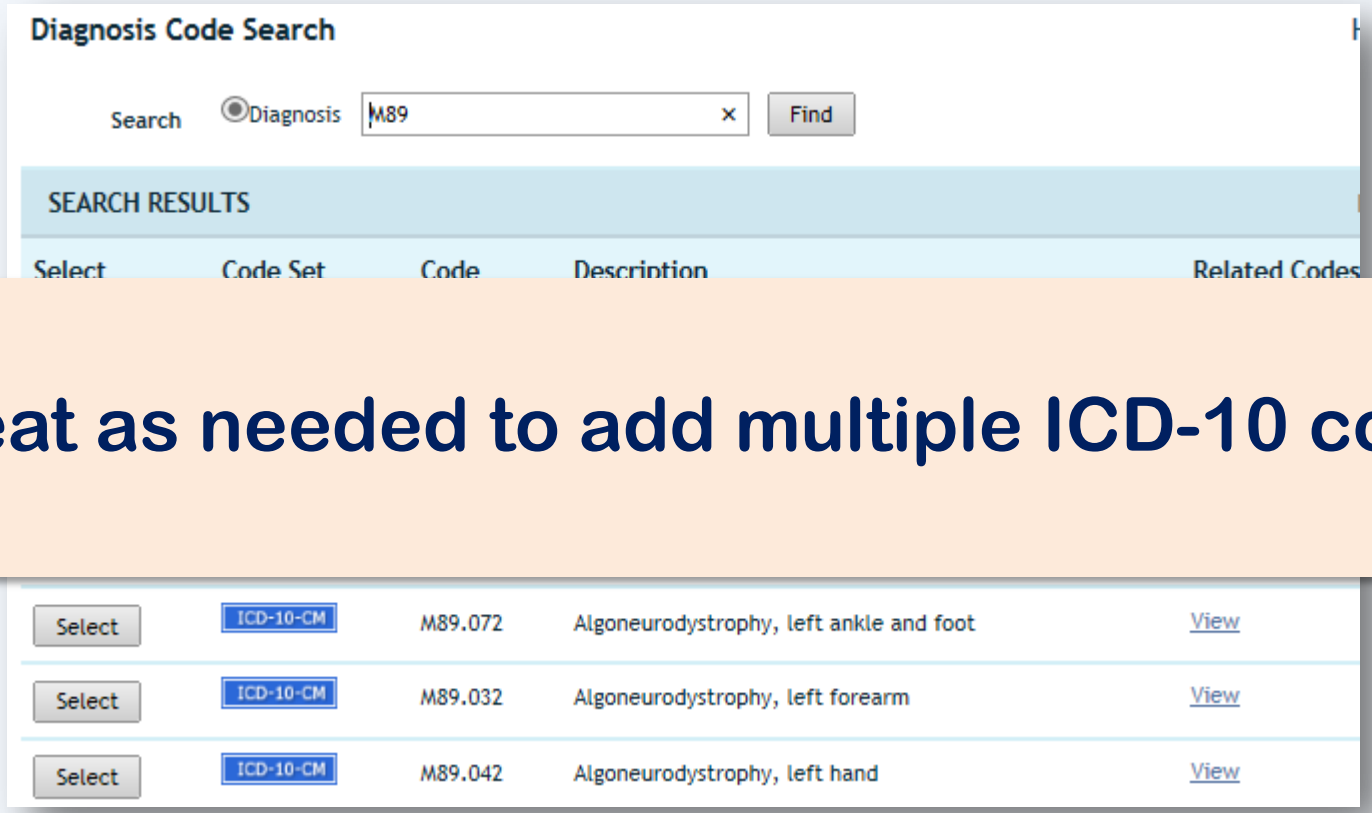
Step 5.3

Specialist and Outpatient



Repeat as needed to add multiple ICD-10 codes.

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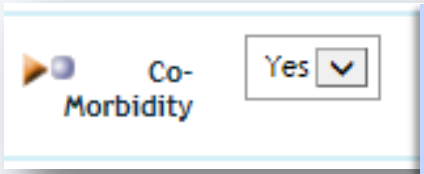
Step 6

Specialist and Outpatient



<--- If you mark "Yes" in the Co-Morbidity field, please see note at the bottom of the submission screen.

Non-standard HIPAA data element

COMORBID CONDITIONS: Does the member have a comorbid medical condition that is under the best possible management, but it is not controlled, and providing this service will significantly improve the condition?

If yes, pleas indicate what the co-morbid condition(s) are in the **remarks** field. Please include the ICD-9 and additional narrative information. Chart notes documenting the co-morbid condition are required to be submitted as an attachment to this request when applicable.

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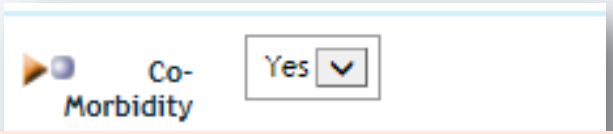
Step 6.1

Specialist and Outpatient



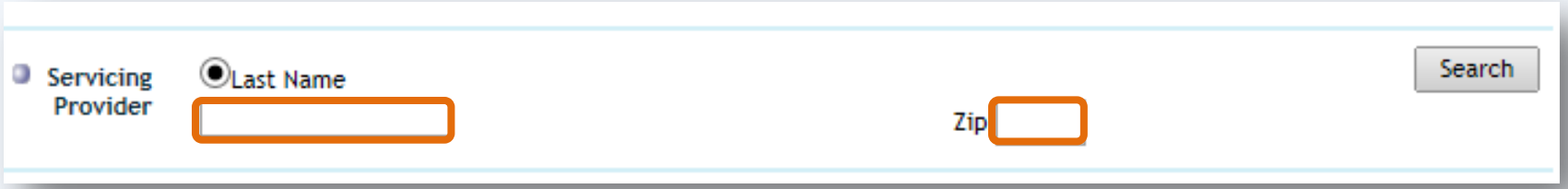
Dual eligible members should have comorbid conditions noted to ensure a comprehensive review for services not covered under the Medicare benefit.

management, but it is not controlled, and providing this service will significantly improve the condition?

If yes, pleas indicate what the co-morbid condition(s) are in the **remarks** field. Please include the ICD-9 and additional narrative information. Chart notes documenting the co-morbid condition are required to be submitted as an attachment to this request when applicable.

Step 7

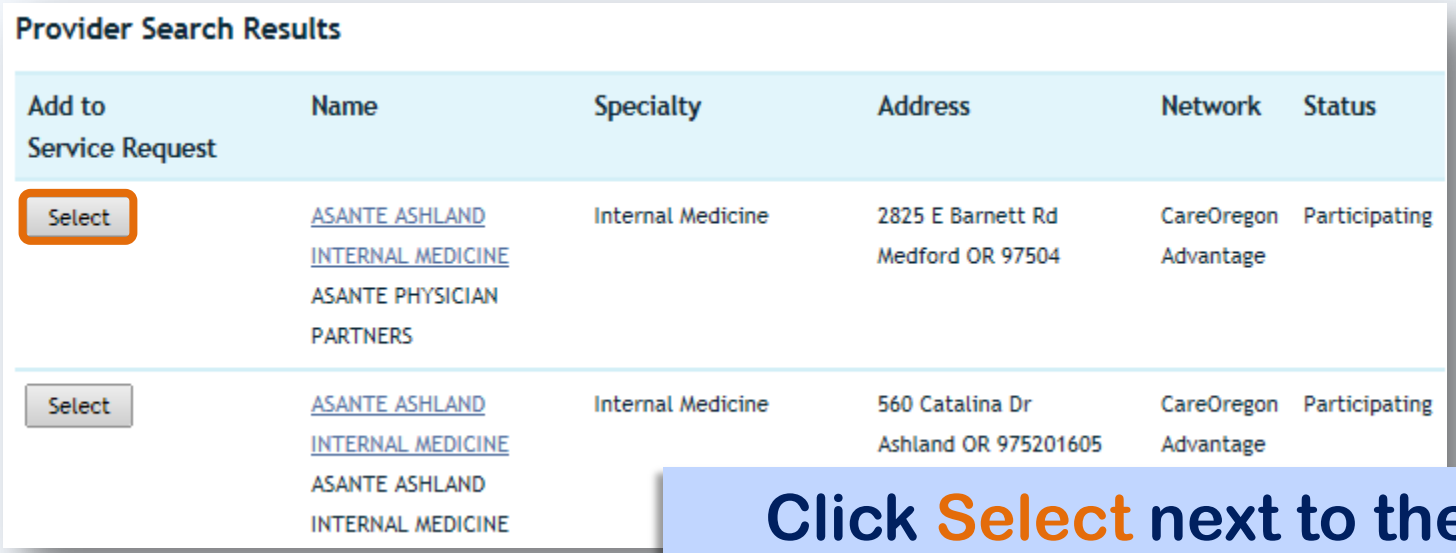
Specialist and Outpatient



Enter the Servicing Provider's name (or full clinic name), and Zip Code (not required) and select Search

Step 7.1

Specialist and Outpatient



Click **Select** next to the appropriate servicing provider option.

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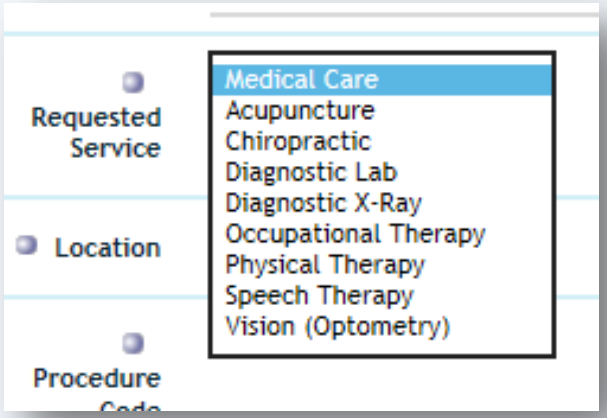
Step 8

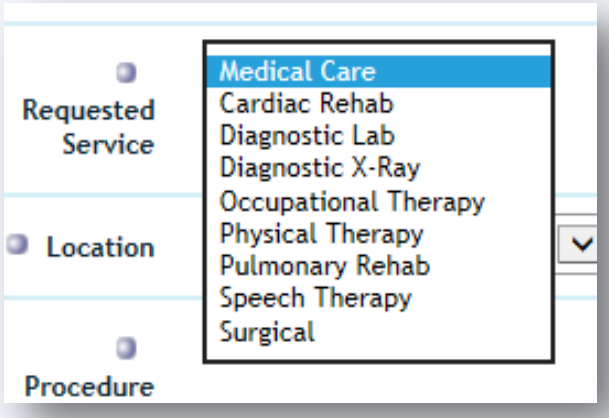
Specialist and Outpatient

The drop-down options in the **Requested Services** field change depending on whether using the Specialist or the Outpatient request form.

Specialist Request



Outpatient Request



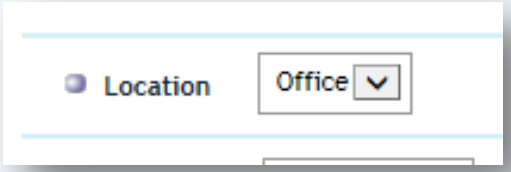
Select the appropriate option for the request.

Step 9

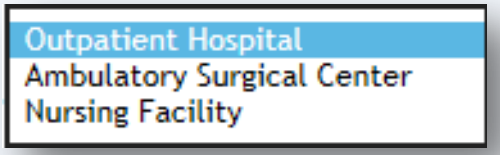
Specialist and Outpatient

The same is true for the Location field.

Specialist Request



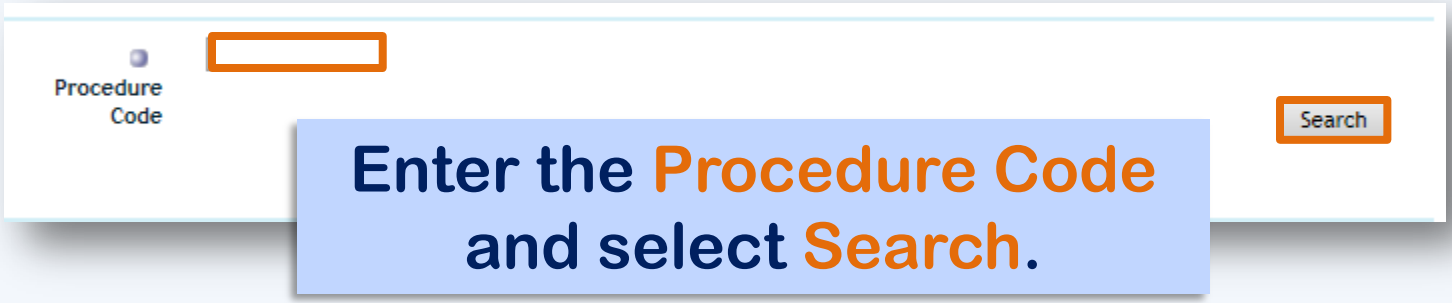
Outpatient Request

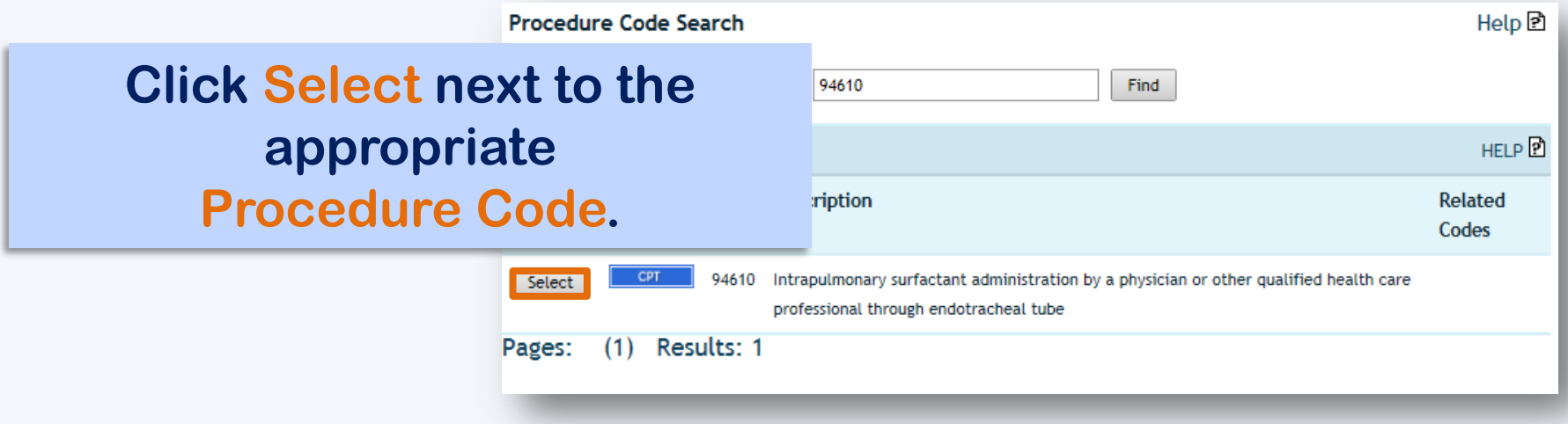


Select the appropriate option for the request.

Step 10

Specialist and Outpatient





Step 10.1

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Step 10.2

Specialist and Outpatient

If appropriate, check the box for up to 4 modifiers from the options presented. Select Submit.

Select up to 4 Modifiers

	Mod.	Description		Mod.	Description		Mod.	Description
☐	-52	Reduced Services	☐	-AG	Primary Physician	☐	-PO	Services, procedures and/or surgeries provided at off-campus ...
☐	-53	Discontinued Procedure	☐	-AK	Non Participating Physician	☐	-Q5	Service furnished by a substitute physician under a reciprocal billing ...
☐	-59	Distinct Procedural Service	☐	-AM	Physician, team member service	☐	-Q6	Service furnished by a locum tenens physician
☐	-76	Repeat Procedure by Same Physician	☐	-AR	Physician Provider Services in a Physician Scarcity Area	☐	-SC	Medically necessary service or supply
☐	-77	Repeat Procedure by Another Physician	☐	-ET	Emergency services	☐	-XE	Separate encounter, a service that is distinct because it occurred during ...
☐	-78	Return to the Operating Room for a Related Procedure During the ...	☐	-GC	This service has been performed in part by a resident under the direction ...	☐	-XP	Separate practitioner, a service that is distinct because it was ...
☐	-79	Unrelated Procedure or Service by the Same Physician During the ...	☐	-GR	This service was performed in whole or in part by a resident in a ...	☐	-XS	Separate structure, a service that is distinct because it was performed ...
☐	-AF	Specialty Physician	☐	-PD	Diagnostic or related non diagnostic item or service provided in a wholly ...	☐	-XU	Unusual non-overlapping service, the use of a service that is distinct ...

Submit

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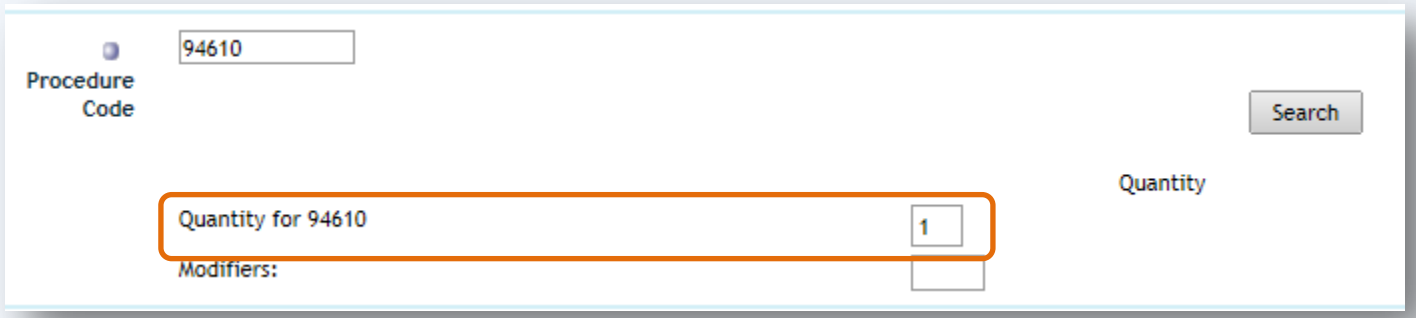
Step 10.3

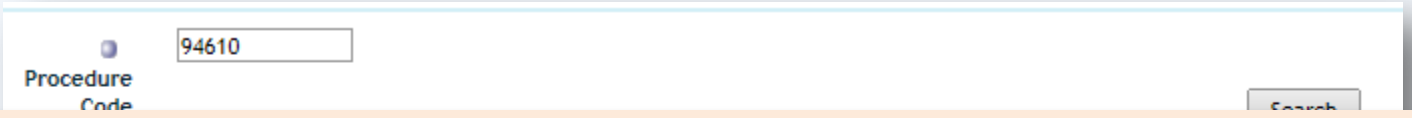
Specialist and Outpatient



In the **Procedure Code** field, you can now adjust the quantity if needing multiple units of the code selected.

Step 10.4

Specialist and Outpatient



Repeat as needed to add multiple Procedure Codes.

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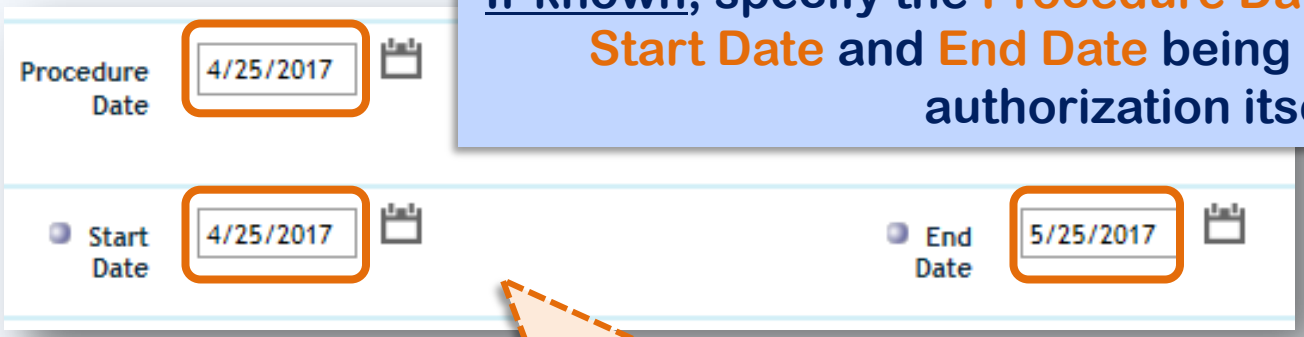
Step 11

Specialist and Outpatient

The Procedure Date may vary depending on scheduling, and other matters.

If known, specify the Procedure Date separately from the Start Date and End Date being requested for the authorization itself.



Leave the Start Date and End Date at their defaults unless a specific timeframe is known.

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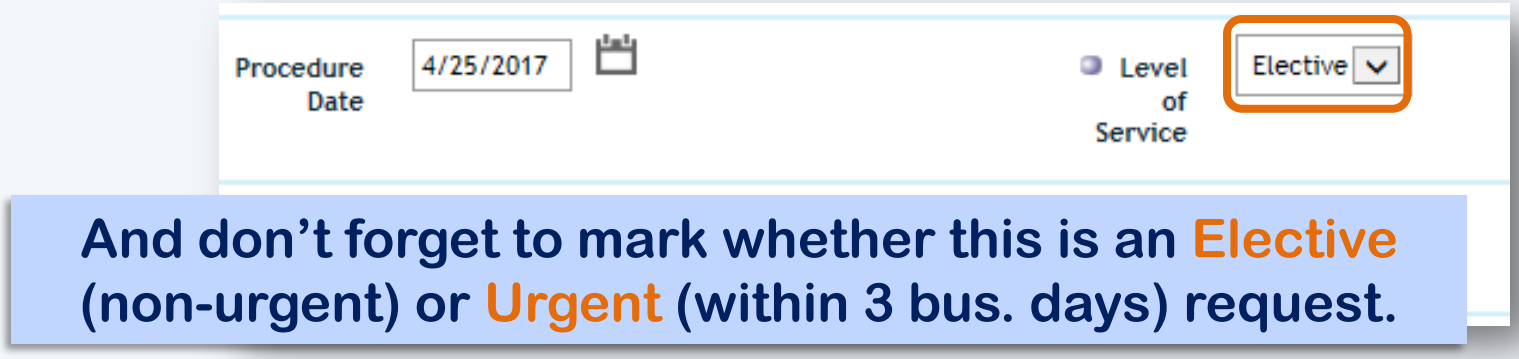
Step 12

Specialist and Outpatient

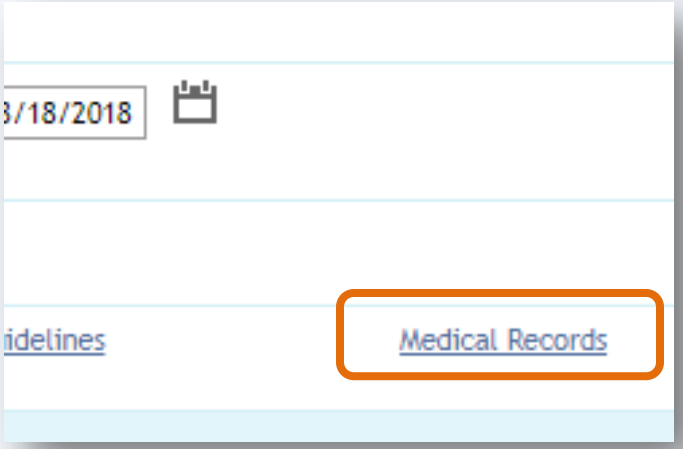


And don't forget to mark whether this is an **Elective** (non-urgent) or **Urgent** (within 3 bus. days) request.

Step 13

Specialist and Outpatient

Attaching Medical Records to Authorizations



To begin attaching Medical Records, you'll need to select **Medical Records** at the bottom of the submission screen.

NOTE: *You are required to enter a member into the form prior to attaching medical records*

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NOTICE!

Though it is not required, **it is ideal for all Medical Records to be attached under 1 file** when following this process.

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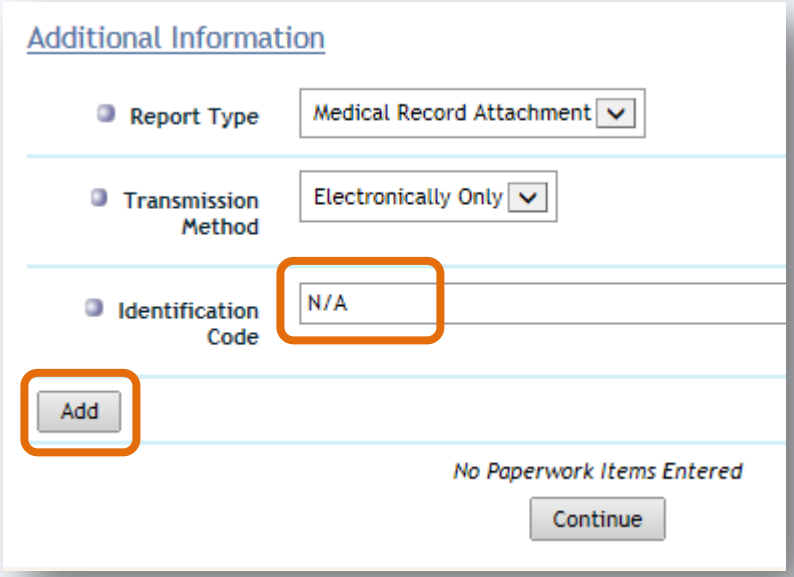
Step 13.1

Specialist and Outpatient

Attaching Medical Records



You must enter "N/A" into the Identification Code field to continue.

Now, select Add.

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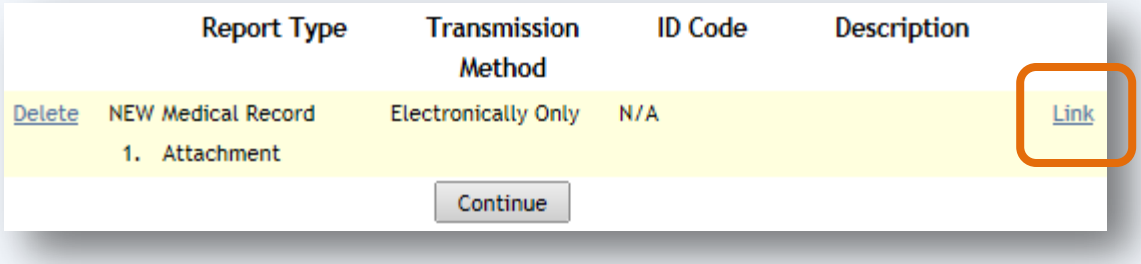
Step 13.2

Specialist and Outpatient

Attaching Medical Records



Select **Link** on the right-hand side.

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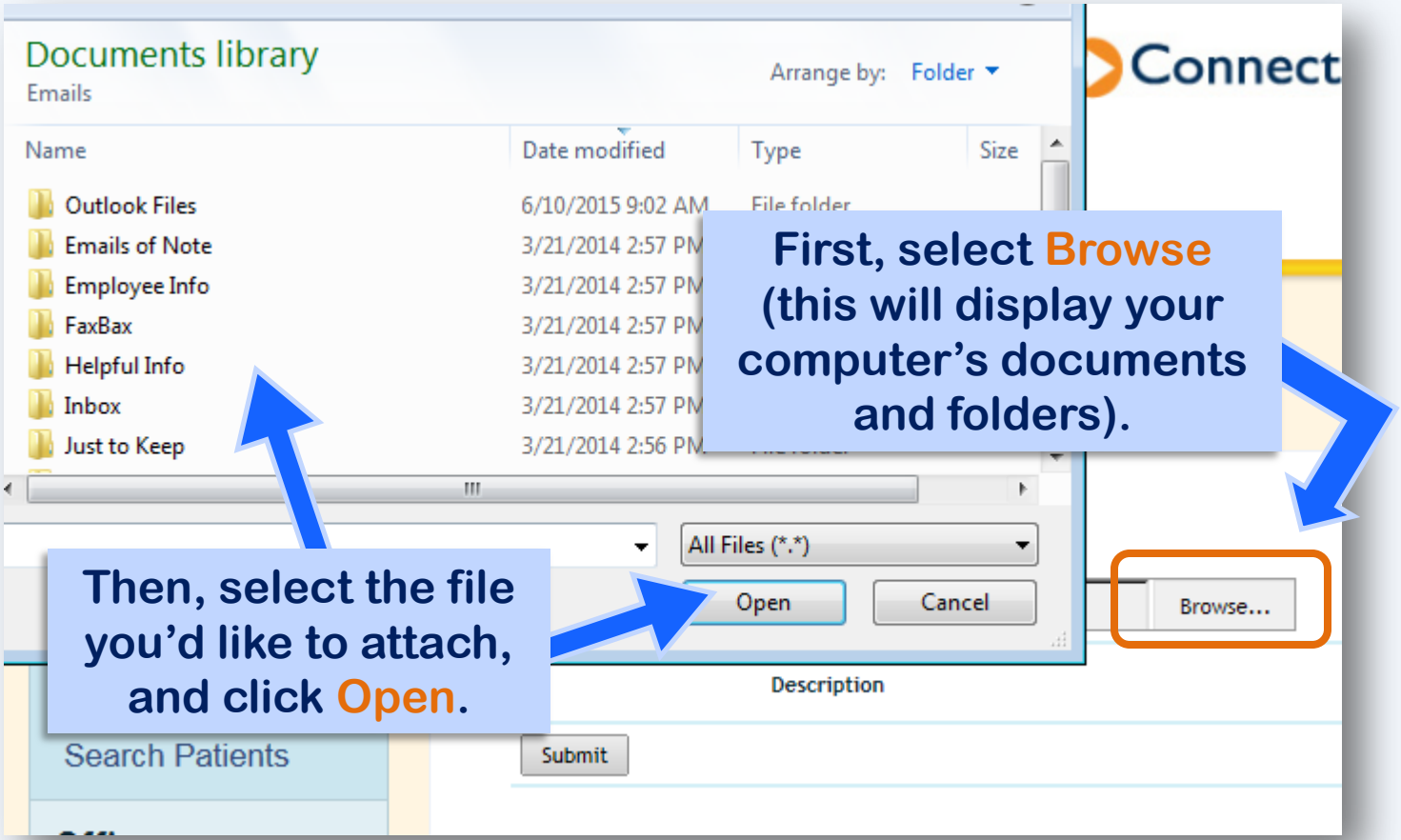
Step 13.3

Specialist and Outpatient

Attaching Medical Records



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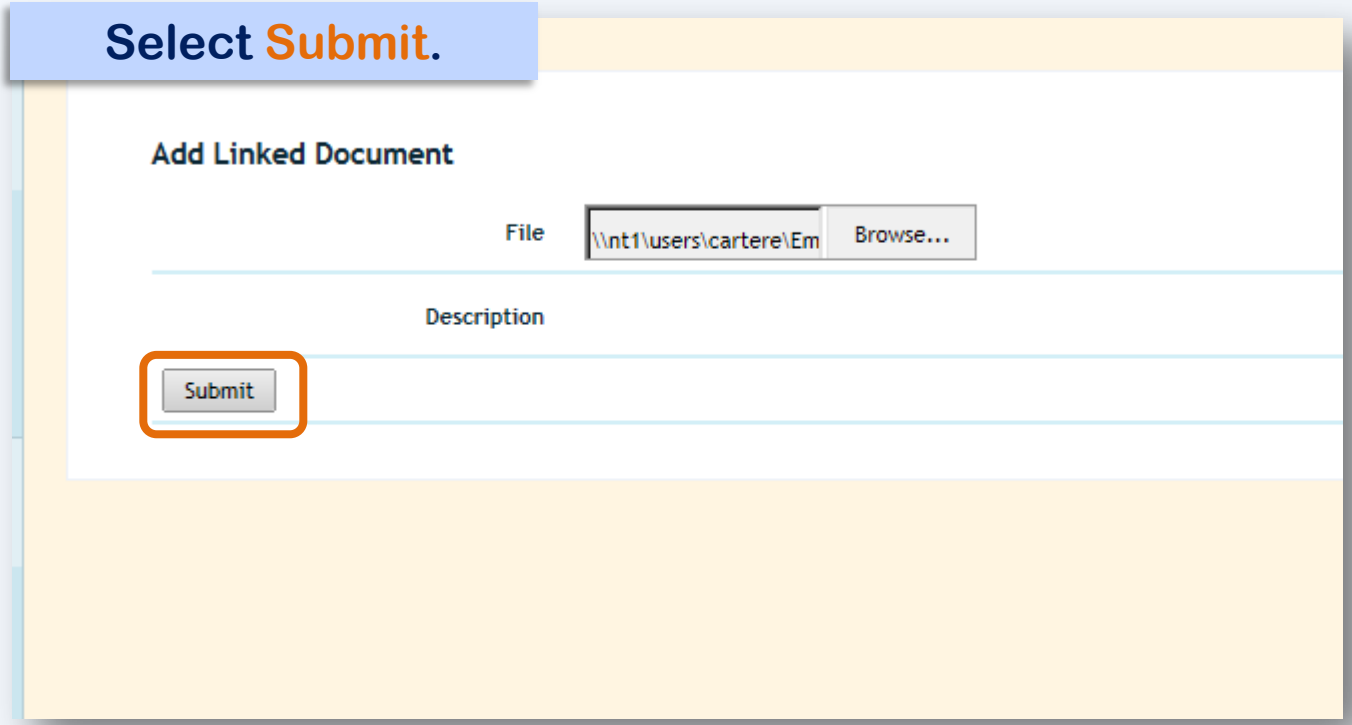
Step 13.4

Specialist and Outpatient

Attaching Medical Records

Select Submit.



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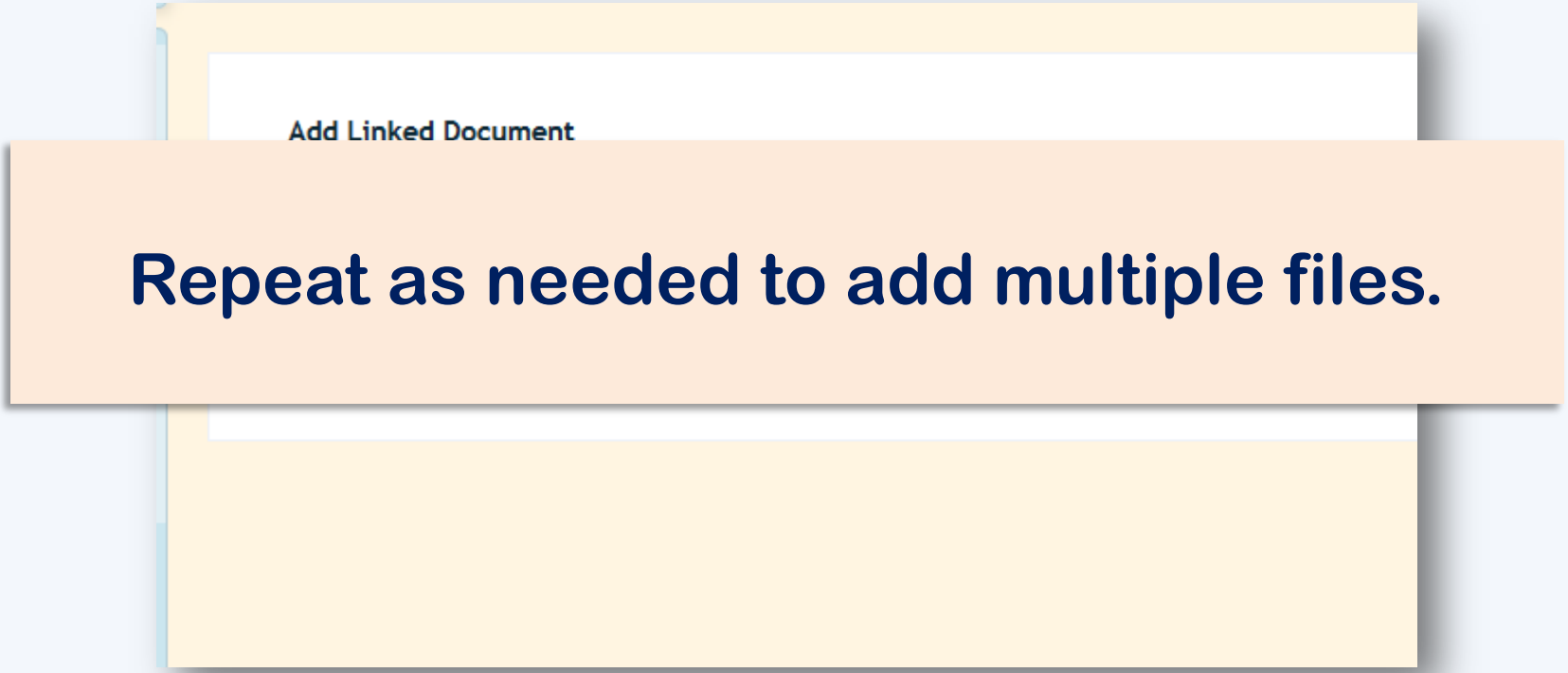
Step 13.5

Specialist and Outpatient

Attaching Medical Records



Repeat as needed to add multiple files.

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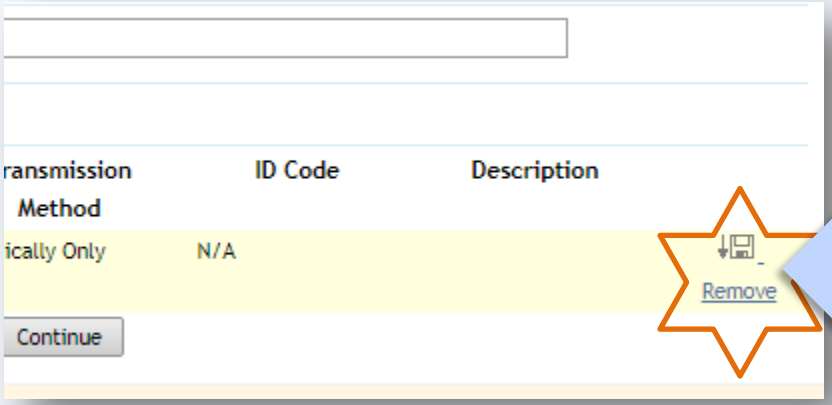
Step 13.6

Specialist and Outpatient

Attaching Medical Records to Authorizations



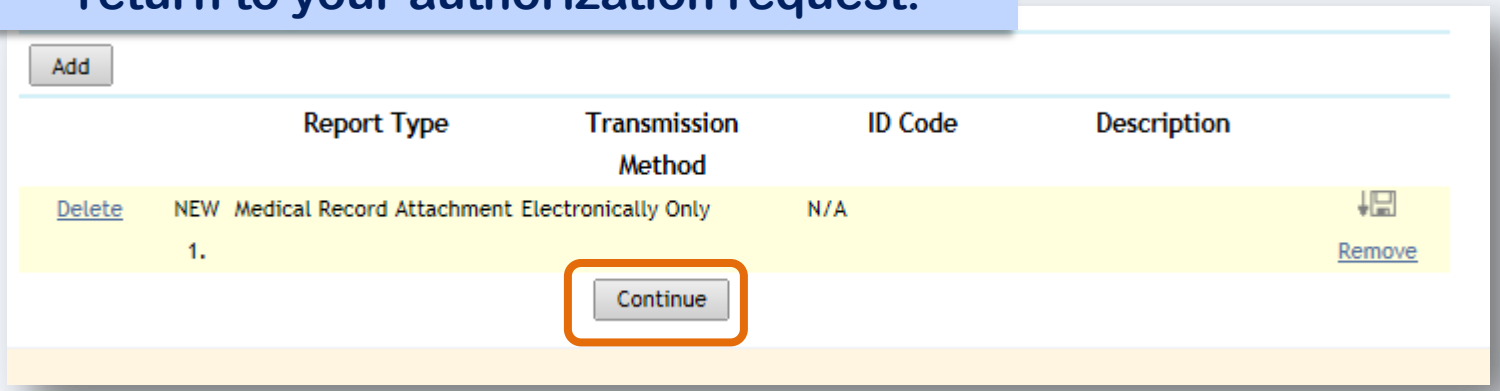
If you need to remove a file that you've already added, simply select **Remove**.

Step 13.7

Specialist and Outpatient

Attaching Medical Records to Authorizations

Once finished, select **Continue** in order to return to your authorization request.



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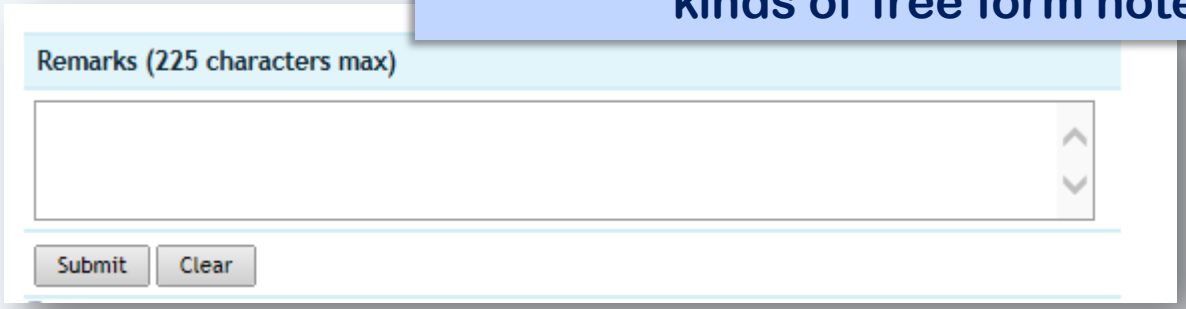
Step 14

Specialist and Outpatient

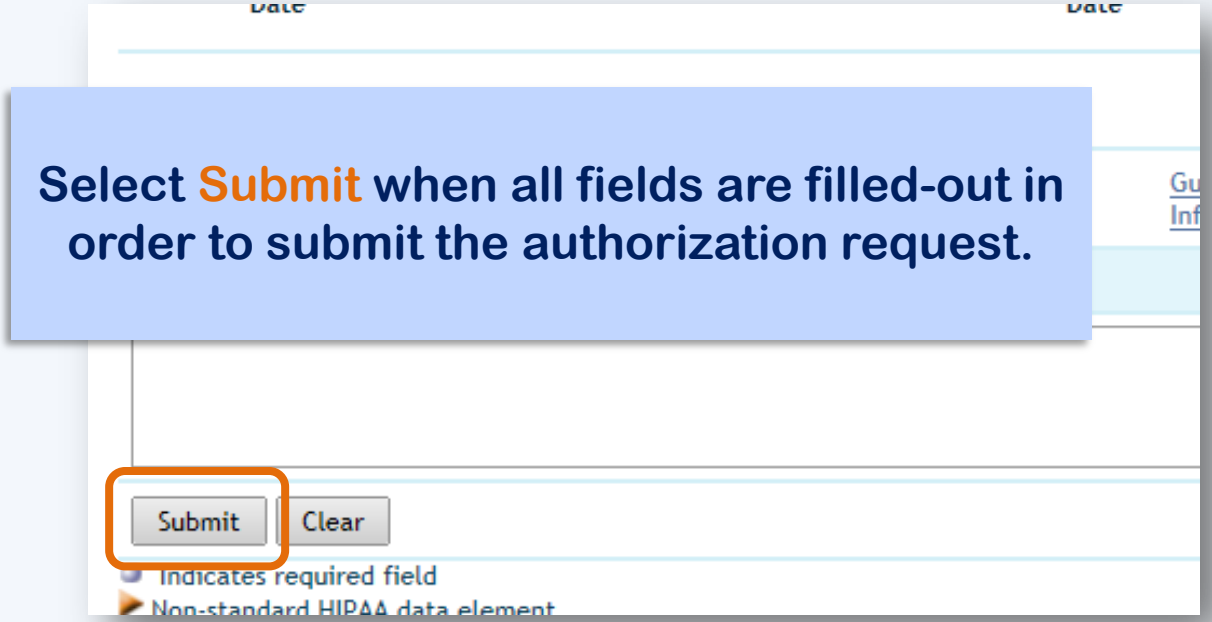
In addition to Co-Morbid details for OHP members, the Remarks field is used for all kinds of free form notes.



*** Enter information here that you would like CareOregon to be aware of once the request is received

Step 15

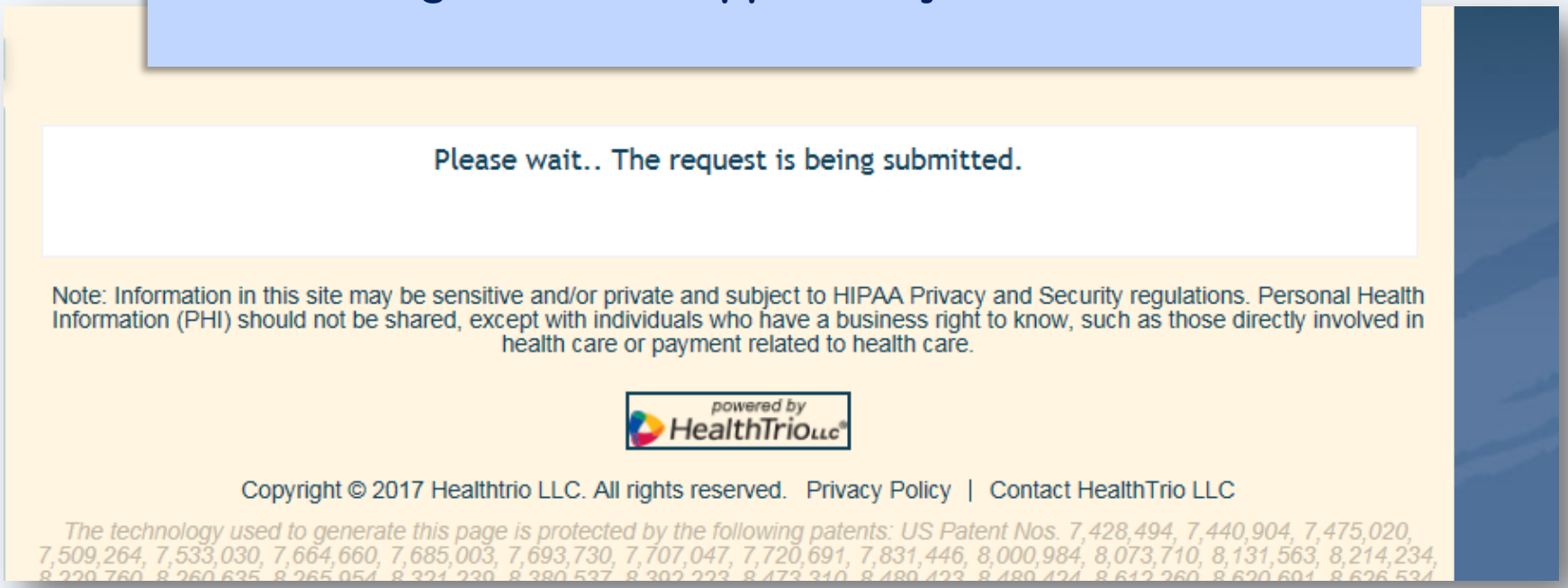
Specialist and Outpatient



CareOregon Connect

Specialist and Outpatient

The loading screen will appear for just a few moments…

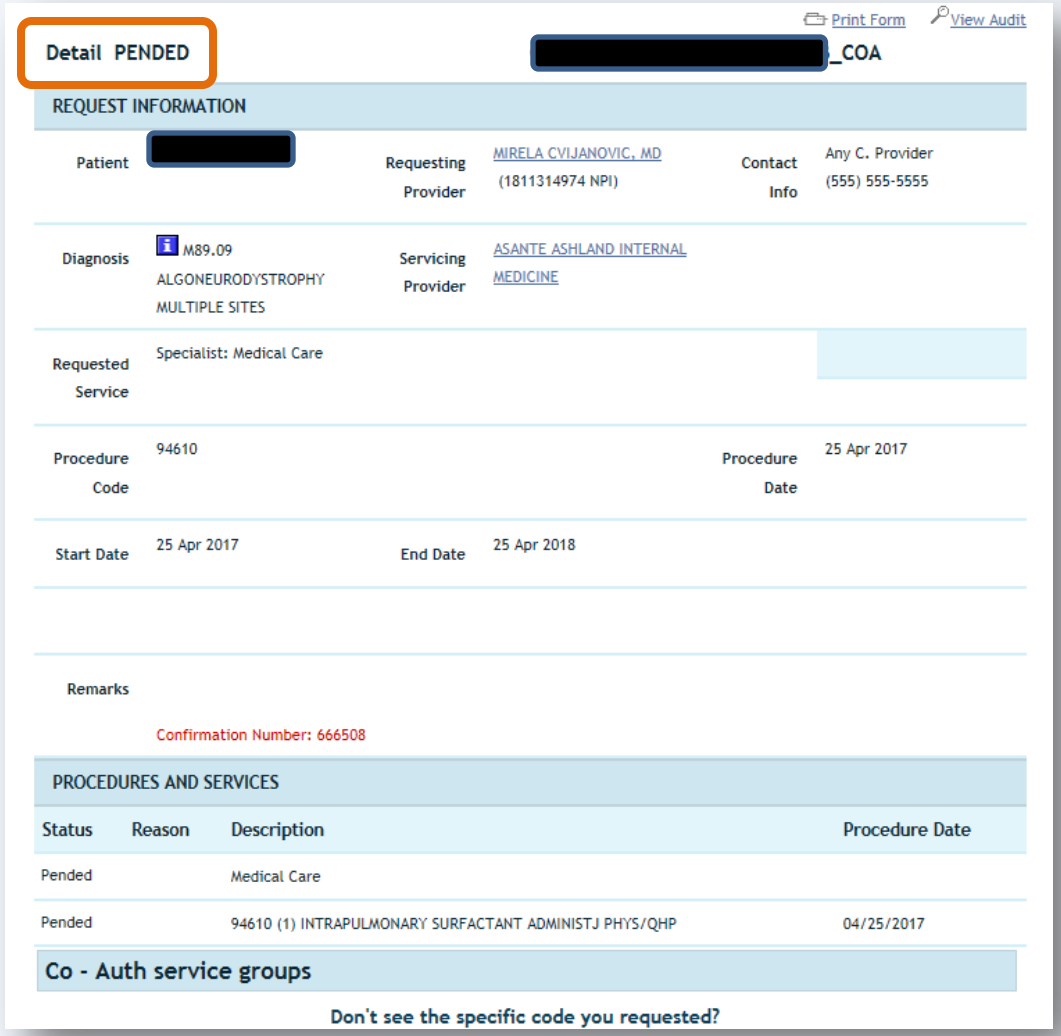


CareOregon Connect

Specialist and Outpatient

The results page will appear, and display a summary of your request.

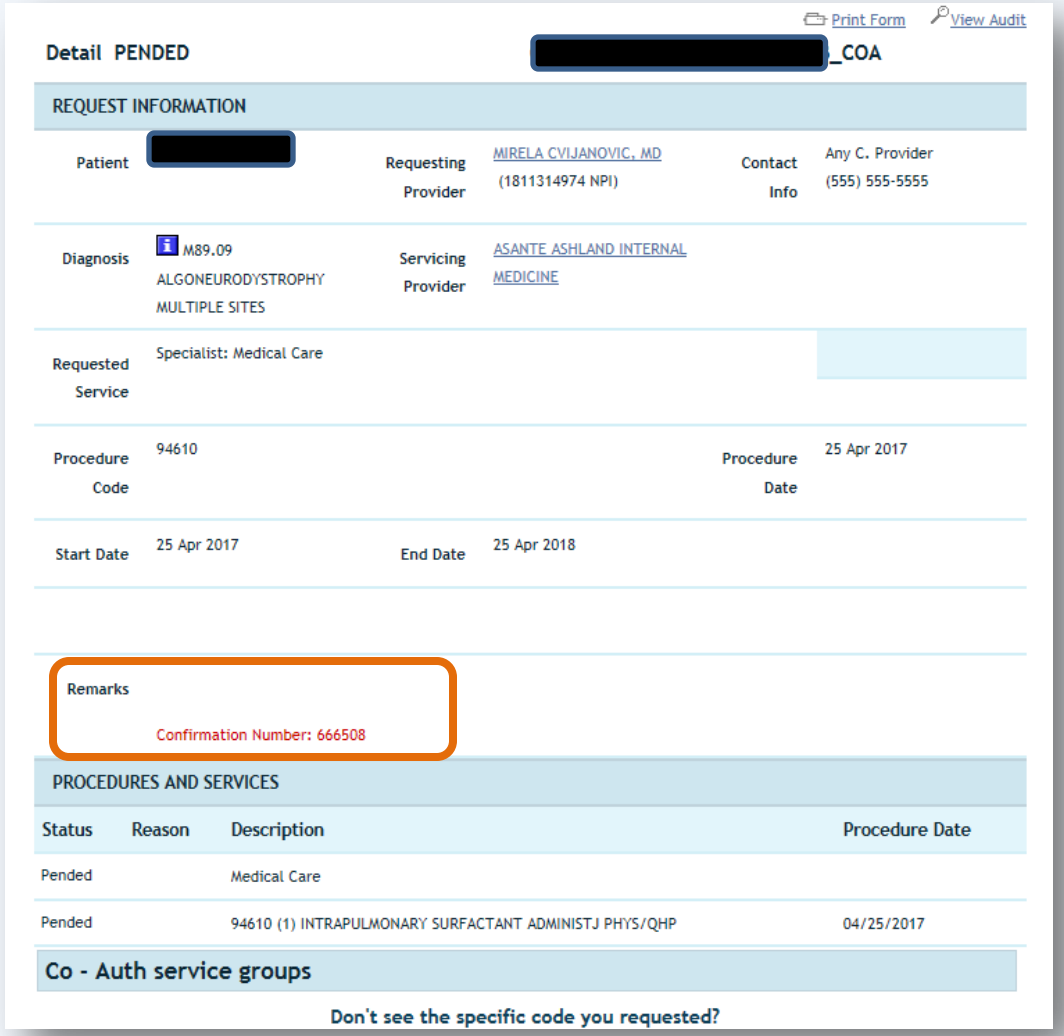
See the upper-left corner for **Status** information.



CareOregon Connect

Specialist and Outpatient

It will also provide you with comments, and an **Authorization ID#** when appropriate.



Print Form View Audit

Detail PENDED [redacted]_COA

REQUEST INFORMATION

Patient	[redacted]	Requesting Provider	MIRELA CVIJANOVIC, MD (1811314974 NPI)	Contact Info	Any C. Provider (555) 555-5555
Diagnosis	M89.09 ALGONEURODYSTROPHY MULTIPLE SITES	Servicing Provider	ASANTE ASHLAND INTERNAL MEDICINE		
Requested Service	Specialist: Medical Care				
Procedure Code	94610			Procedure Date	25 Apr 2017
Start Date	25 Apr 2017	End Date	25 Apr 2018		

Remarks

Confirmation Number: 666508

PROCEDURES AND SERVICES

Status	Reason	Description	Procedure Date
Pended		Medical Care	
Pended		94610 (1) INTRAPULMONARY SURFACTANT ADMINISTJ PHYS/QHP	04/25/2017

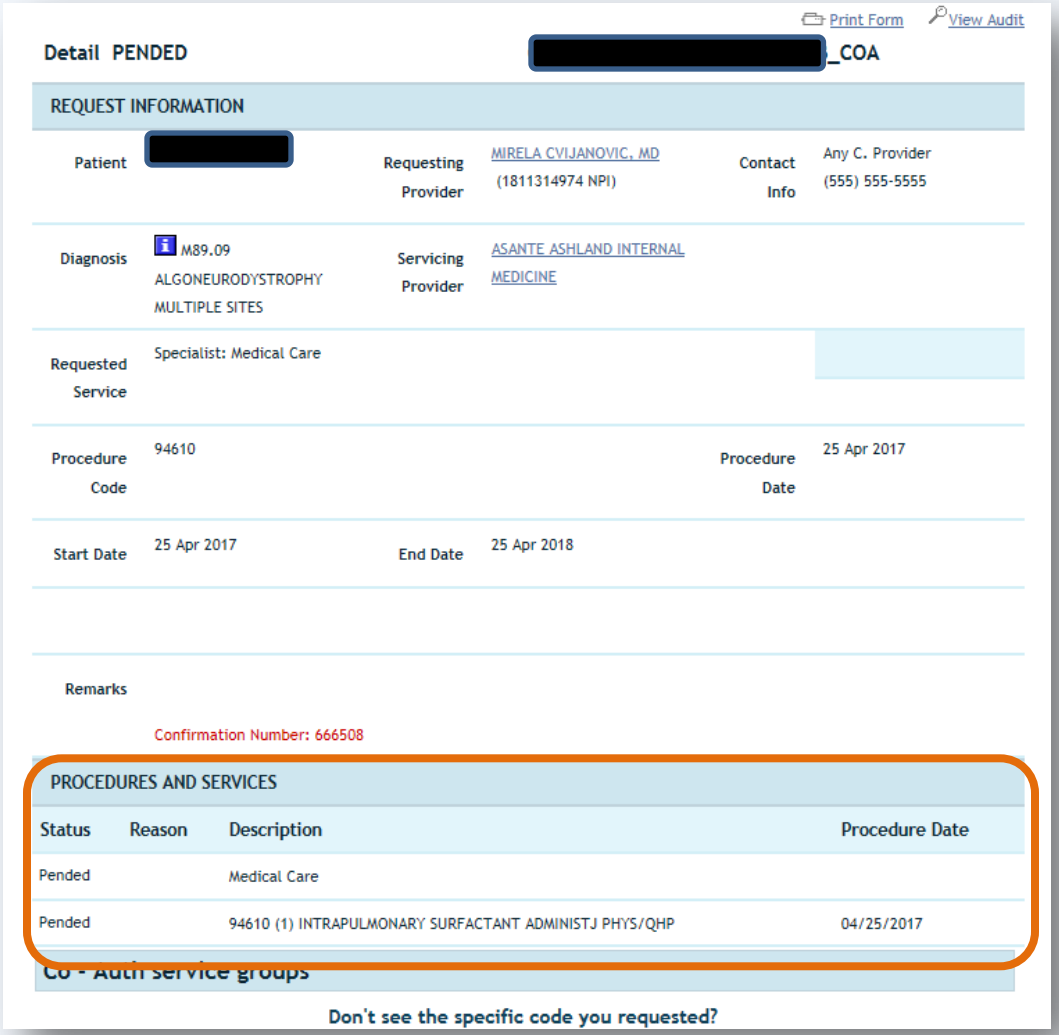
Co - Auth service groups

Don't see the specific code you requested?

CareOregon Connect

Specialist and Outpatient

And finally, see each procedure and its Status below.



Print Form View Audit

Detail PENDED [redacted]_COA

REQUEST INFORMATION

Patient	[redacted]	Requesting Provider	MIRELA CVIJANOVIC, MD (1811314974 NPI)	Contact Info	Any C. Provider (555) 555-5555
Diagnosis	M89.09 ALGONEURODYSTROPHY MULTIPLE SITES	Servicing Provider	ASANTE ASHLAND INTERNAL MEDICINE		
Requested Service	Specialist: Medical Care				
Procedure Code	94610			Procedure Date	25 Apr 2017
Start Date	25 Apr 2017	End Date	25 Apr 2018		
Remarks					

Confirmation Number: 666508

PROCEDURES AND SERVICES

Status	Reason	Description	Procedure Date
Pended		Medical Care	
Pended		94610 (1) INTRAPULMONARY SURFACTANT ADMINISTJ PHYS/QHP	04/25/2017

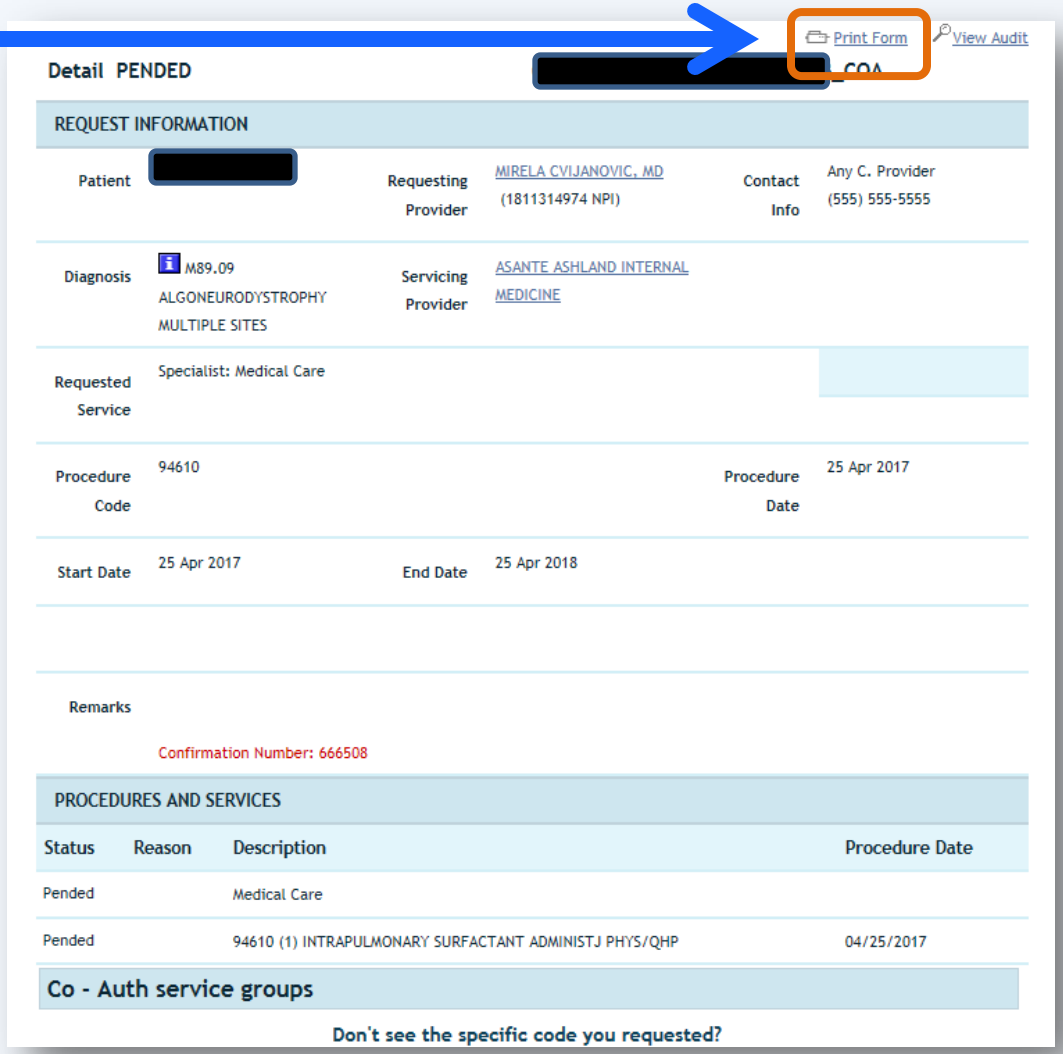
Co - Auth service groups

Don't see the specific code you requested?

CareOregon Connect

Specialist and Outpatient

A **Print Form** option has also been placed in the upper-right corner for your convenience



CareOregon Connect

For more CareOregon CONNECT tutorials and information, please visit:

http://www.careoregon.org/Providers/ProviderPortalLogin/PortalTutorials.aspx