

CareOregon  Connect



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

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

- **Specialist**
- **Outpatient**

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

# 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

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

*Exception: Medical Injectable requests*

# Requesting Authorization

The image shows a screenshot of the CareOregon Connect website. On the left side, there is a vertical navigation menu with several categories: Office Management, Administration, and References. Under Office Management, the items are Eligibility, Claims/Remittance, Authorizations, Code Lookup, Member Roster, and Document Manager. Under Administration, there is User Preferences. Under References, there are Healthwise Knowledgebase, MMIS, and Find a Provider. The 'Authorizations' item is highlighted with an orange rectangular box. A blue callout box with white text is overlaid on the 'Authorizations' menu item, containing the text: 'Begin by logging in and selecting Authorizations on the left-hand side of the screen.' The word 'Authorizations' in the callout is in orange. The main content area of the website is partially visible on the right, showing a 'Welcome to' heading and some introductory text.

text size A A A

Office Management

- Eligibility
- Claims/Remittance
- Authorizations**
- Code Lookup
- Member Roster
- Document Manager

Administration

- User Preferences

References

- Healthwise Knowledgebase
- MMIS
- Find a Provider

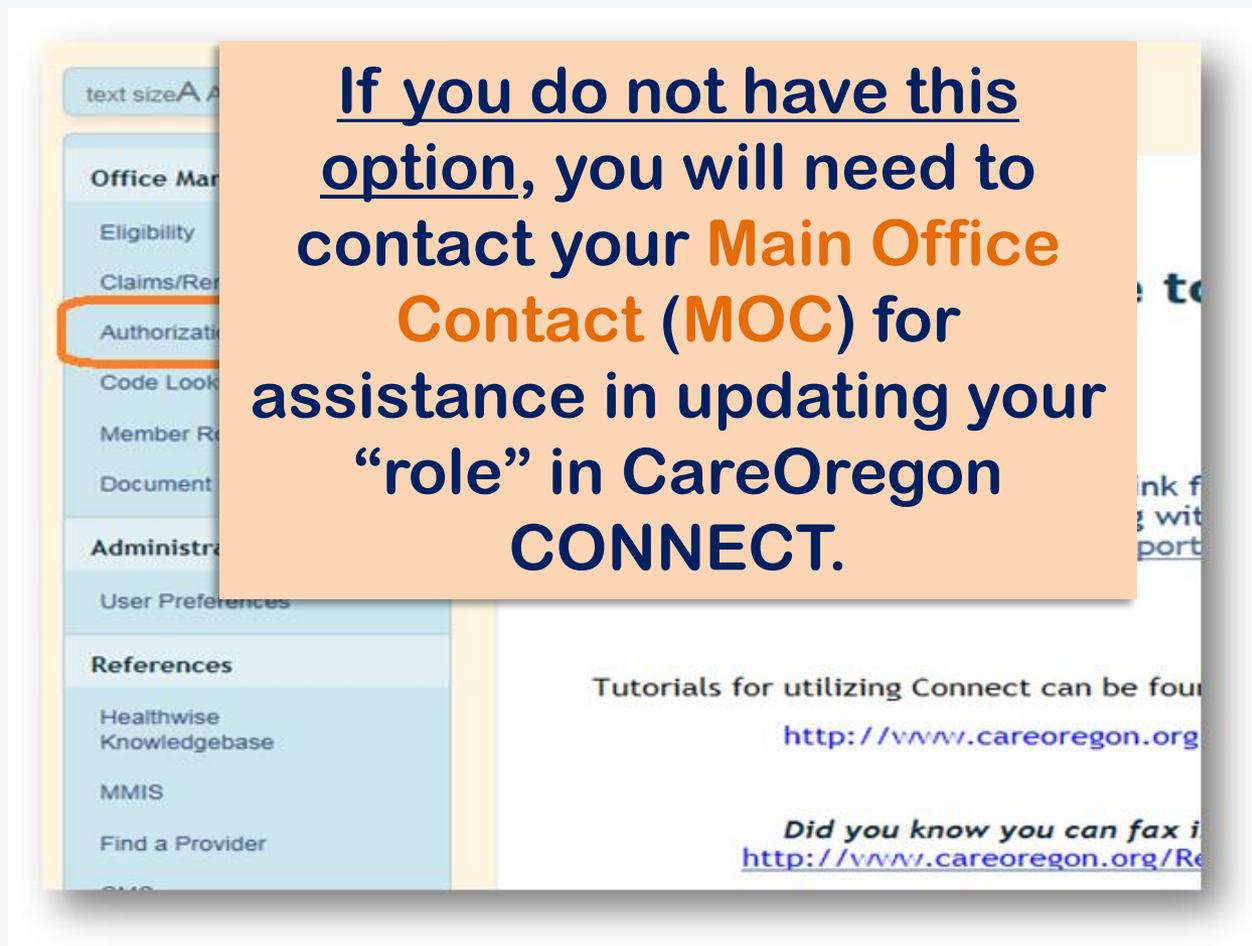
Welcome to

We have added a new reference link for... is limited to organizations working with... email your CO contact or [COBISupport](#)

Tutorials for utilizing Connect can be found at <http://www.careoregon.org>

*Did you know you can fax in...*  
<http://www.careoregon.org/Re>

# Requesting Authorization

A screenshot of the CareOregon CONNECT website interface. On the left side, there is a vertical navigation menu with several items: 'text sizeA A', 'Office Man', 'Eligibility', 'Claims/Re', 'Authorizati', 'Code Look', 'Member Re', 'Document', 'Administr', 'User Preferences', 'References', 'Healthwise Knowledgebase', 'MMIS', and 'Find a Provider'. The 'Authorizati' item is highlighted with an orange rectangular box. Overlaid on the right side of the screenshot is a large orange callout box containing text. Below the callout box, there is a link to 'Tutorials for utilizing Connect can be found at http://www.careoregon.org' and another link 'Did you know you can fax i http://www.careoregon.org/Re'.

If you do not have this option, you will need to contact your **Main Office Contact (MOC)** for assistance in updating your “role” in CareOregon **CONNECT**.

Tutorials for utilizing Connect can be found at

<http://www.careoregon.org>

*Did you know you can fax i*

<http://www.careoregon.org/Re>

# 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**.

Team Assignment List for detailed information.'" data-bbox="366 446 842 875"/>

Specialist Outpatient Admission Status

**\*\*\*ALERT\*\*\***

Prior Authorization numbers in the following format CTXXXXXXX or C CONNECT due to technical issues. Prior Authorization numbers in this questions, please contact Customer Service at 1-800-224-4840 or cont Associate [Team Assignment List](#) for detailed information.

# Requesting **Specialist** and **Outpatient** Authorizations

# 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!

ould be used to request treatment in the following locations:

Assisted Living) 14 (Group Home) 49 (Independent Clinic) 50 (FQHC) 81 (Independent lab)

f the member has a comorbid condition, please see below for detailed instructions regarding  
irements.

ce

(Select Patient)

Patient  
Search

Last Name  Member ID  Member SSN

(Example: Smith, John)  
(Example: HP5555555)  
(Example: 555-55-5555)  
(Example: 5555555555)

Help 

Select Provider

Provider

Last Name

# 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)

Specialist

Outpatient

Admission

Status

This template should be used to request treatment in the following locations:

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

For OHP only: If the member has a comorbid condition, please see below for detailed instructions regarding submission requirements.

# Specialist and Outpatient

Specialist Outpatient Admission Status

This template should be used to request treatment in the following locations:

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

PLEASE NOTE: A facility name where the services will be performed must be included as a servicing provider. If this information is not provided, your request cannot be submitted.

comorbid condition, please see below for detailed instructions  
s.

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

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

# Specialist and Outpatient

Specialist **Outpatient** Admission Status

This template should be used to request treatment in the following locations:

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

PLEASE NOTE: A facility name where the services will be performed must be included as a servicing provider. If this information is not provided, your request cannot be submitted.

etailed instructions

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

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**.

The screenshot shows a search interface with the following elements:

- A radio button labeled "Patient" is selected.
- A dropdown menu labeled "(Select Patient)" with a downward arrow.
- A button labeled "Patient Search" is highlighted with an orange border.
- Three radio buttons for search criteria: "Last Name" (selected), "Member ID", and "Member SSN".
- A text input field for the search criteria, with examples below it:
  - (Example: Smith, John)
  - (Example: HP5555555)
  - (Example: 555-55-5555)
  - (Example: 5555555555)
- A button labeled "Search" is highlighted with an orange border.

# 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.

## Patient Search Results

	Patient Name	Sex	Effective Dates	Birth Date	
<input type="button" value="Select"/>	[REDACTED]	[REDACTED]	1 Jun 2015-	[REDACTED]	[REDACTED] <a href="#">PROVIDENCE MEDICAL GROUP TANASBOURNE FAMILY MEDICINE</a>
<input type="button" value="Select"/>	[REDACTED]	[REDACTED]	1 Jun 2015-	[REDACTED]	[REDACTED] COA <a href="#">PROVIDENCE MEDICAL GROUP TANASBOURNE FAMILY MEDICINE</a>

# 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]	<a href="#">PROVIDENCE MEDICAL GROUP TANASBOURNE</a> <a href="#">FAMILY MEDICINE</a>
Select	[REDACTED]	[REDACTED]	1 Jun 2015-	[REDACTED]	[REDACTED]_COA	<a href="#">PROVIDENCE MEDICAL GROUP TANASBOURNE</a> <a href="#">FAMILY MEDICINE</a>

# 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]	<a href="#">PROVIDENCE MEDICAL GROUP TANASBOURNE</a> <a href="#">FAMILY MEDICINE</a>
Select	[REDACTED]	[REDACTED]	1 Jun 2015-	[REDACTED]	[REDACTED]_COA	<a href="#">PROVIDENCE MEDICAL GROUP TANASBOURNE</a> <a href="#">FAMILY MEDICINE</a>

Step

3

# Specialist and Outpatient

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

Select Provider

Requesting Provider

Provider Search

Last Name

(Last Name Example - Smith, John)

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

# Specialist and Outpatient

## Provider Search Results

Add to Service Request	Name	Specialty	Address	Network	Status
<input type="button" value="Select"/>	<a href="#">ASANTE ASHLAND INTERNAL MEDICINE</a> ASANTE PHYSICIAN PARTNERS	Internal Medicine	2825 E Barnett Rd Medford OR 97504	CareOregon Advantage	Participating
<input type="button" value="Select"/>	<a href="#">ASANTE ASHLAND INTERNAL MEDICINE</a> ASANTE ASHLAND INTERNAL MEDICINE	Internal Medicine	560 Catalina Dr Ashland OR 975201605	CareOregon Advantage	Participating

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

# Specialist and Outpatient

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

<input type="radio"/> Contact Name	<input type="text" value="Any C. Pro"/>	<input type="radio"/> Contact Number	<input type="text" value="Telephone"/> <input type="text" value="(503)555-5555"/>
------------------------------------	---	--------------------------------------	---

Step

5

# Specialist and Outpatient

Diagnosis  Diagnosis Search  Search

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

# Specialist and Outpatient

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

Diagnosis Code Search

Search  Diagnosis  M89

SEARCH RESULTS

Select	Code Set	Code	Description	Related Codes
	<input type="button" value="ICD-10-CM"/>	M89.0	<a href="#">Algoneurodystrophy</a>	<a href="#">View</a>
	<input type="button" value="ICD-10-CM"/>	M89.07	<a href="#">Algoneurodystrophy, ankle and foot</a>	<a href="#">View</a>
	<input type="button" value="ICD-10-CM"/>	M89.03	<a href="#">Algoneurodystrophy, forearm</a>	<a href="#">View</a>
	<input type="button" value="ICD-10-CM"/>	M89.04	<a href="#">Algoneurodystrophy, hand</a>	<a href="#">View</a>
<input type="button" value="Select"/>	<input type="button" value="ICD-10-CM"/>	M89.072	<a href="#">Algoneurodystrophy, left ankle and foot</a>	<a href="#">View</a>
<input type="button" value="Select"/>	<input type="button" value="ICD-10-CM"/>	M89.032	<a href="#">Algoneurodystrophy, left forearm</a>	<a href="#">View</a>
<input type="button" value="Select"/>	<input type="button" value="ICD-10-CM"/>	M89.042	<a href="#">Algoneurodystrophy, left hand</a>	<a href="#">View</a>

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

# Specialist and Outpatient

Diagnosis Code Search

Search  Diagnosis

SEARCH RESULTS

Select	Code Set	Code	Description	Related Codes
<input type="button" value="Select"/>	ICD-10-CM	M89.0	<a href="#">Algoneurodystrophy</a>	<a href="#">View</a>
<input type="button" value="Select"/>	ICD-10-CM	M89.07	<a href="#">Algoneurodystrophy, ankle and foot</a>	<a href="#">View</a>
<input type="button" value="Select"/>	ICD-10-CM	M89.03	<a href="#">Algoneurodystrophy, forearm</a>	<a href="#">View</a>
<input type="button" value="Select"/>	ICD-10-CM	M89.04	<a href="#">Algoneurodystrophy, hand</a>	<a href="#">View</a>
<input type="button" value="Select"/>	ICD-10-CM	M89.		
<input type="button" value="Select"/>	ICD-10-CM	M89.		
<input type="button" value="Select"/>	ICD-10-CM	M89.		

Once located, click **Select** next to the appropriate diagnosis to add it to this request.

# Specialist and Outpatient

Diagnosis Code Search

Search  Diagnosis

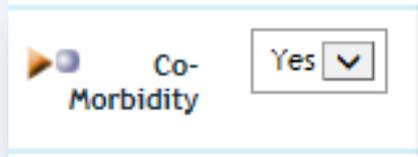
SEARCH RESULTS

Select	Code Set	Code	Description	Related Codes
--------	----------	------	-------------	---------------

Repeat as needed to add multiple ICD-10 codes.

<input type="button" value="Select"/>	<input type="button" value="ICD-10-CM"/>	M89.072	Algoneurodystrophy, left ankle and foot	<a href="#">View</a>
<input type="button" value="Select"/>	<input type="button" value="ICD-10-CM"/>	M89.032	Algoneurodystrophy, left forearm	<a href="#">View</a>
<input type="button" value="Select"/>	<input type="button" value="ICD-10-CM"/>	M89.042	Algoneurodystrophy, left hand	<a href="#">View</a>

# Specialist and Outpatient



Co-Morbidity

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

▶ Non-standard HIPAA data element

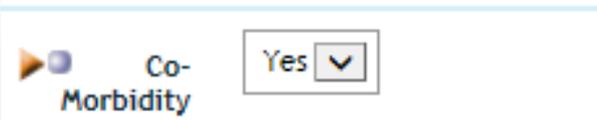
**COMORBID CONDITIONS:** Does the member have a comorbid medical condition that is under the best possible management, but it is not controlled, and providing this service will significantly improve the condition?

If yes, please 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

6.1

# Specialist and Outpatient



A screenshot of a form field labeled "Co-Morbidity". To the left of the text is a small icon consisting of a triangle and a circle. To the right of the text is a dropdown menu with "Yes" selected and a downward arrow.

**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, please 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.

# Specialist and Outpatient

Servicing Provider  Last Name  Zip

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

# Specialist and Outpatient

Provider Search Results

Add to Service Request	Name	Specialty	Address	Network	Status
<input type="button" value="Select"/>	<a href="#">ASANTE ASHLAND</a> <a href="#">INTERNAL MEDICINE</a> ASANTE PHYSICIAN PARTNERS	Internal Medicine	2825 E Barnett Rd Medford OR 97504	CareOregon Advantage	Participating
<input type="button" value="Select"/>	<a href="#">ASANTE ASHLAND</a> <a href="#">INTERNAL MEDICINE</a> ASANTE ASHLAND INTERNAL MEDICINE	Internal Medicine	560 Catalina Dr Ashland OR 975201605	CareOregon Advantage	Participating

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

# 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

A screenshot of a form titled "Specialist Request". The "Requested Service" dropdown menu is open, showing the following options: Medical Care (highlighted), Acupuncture, Chiropractic, Diagnostic Lab, Diagnostic X-Ray, Occupational Therapy, Physical Therapy, Speech Therapy, and Vision (Optometry). Other fields visible include "Location" and "Procedure Code".

## Outpatient Request

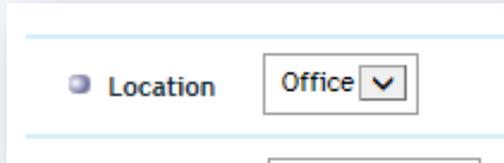
A screenshot of a form titled "Outpatient Request". The "Requested Service" dropdown menu is open, showing the following options: Medical Care (highlighted), Cardiac Rehab, Diagnostic Lab, Diagnostic X-Ray, Occupational Therapy, Physical Therapy, Pulmonary Rehab, Speech Therapy, and Surgical. Other fields visible include "Location" and "Procedure".

Select the appropriate option for the request.

# Specialist and Outpatient

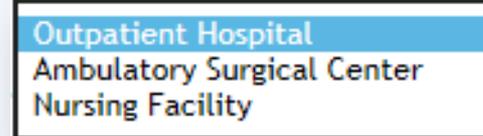
The same is true for the **Location** field.

## Specialist Request



A screenshot of a form for a Specialist Request. The 'Location' field is highlighted with a blue dot and contains a dropdown menu with 'Office' selected.

## Outpatient Request



A screenshot of a dropdown menu for an Outpatient Request. The menu is open, showing three options: 'Outpatient Hospital' (highlighted in blue), 'Ambulatory Surgical Center', and 'Nursing Facility'.

Select the appropriate option for the request.

Step  
10

# Specialist and Outpatient

Procedure Code

**Enter the Procedure Code and select Search.**

Search

Procedure Code Search Help

**Click Select next to the appropriate Procedure Code.**

Description	Related Codes
<input type="button" value="Select"/> <input type="button" value="CPT"/> 94610 Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube	

Pages: (1) Results: 1

Step  
10.1

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

# Specialist and Outpatient

The screenshot shows a software interface for entering procedure codes. At the top left, there is a small blue circle with a white dot. Below it, the text "Procedure Code" is displayed. To the right of this text is a text input field containing the code "94610". Further to the right is a grey "Search" button. Below the "Procedure Code" field, there is a larger text input field containing the text "Quantity for 94610". To the right of this field is a small input field containing the number "1". Below the "Quantity for 94610" field, the text "Modifiers:" is visible, followed by a small empty input field. The word "Quantity" is also visible to the right of the "Quantity for 94610" field.

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

# Specialist and Outpatient



A screenshot of a software interface. On the left, there is a label "Procedure Code" with a small blue dot above it. To the right of this label is a text input field containing the number "94610". Further to the right, there is a grey button with the word "Search" partially visible.

**Repeat as needed to add multiple  
Procedure Codes.**

# 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.

Procedure Date  

Start Date  

End Date  

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

Step

12

# Specialist and Outpatient

Procedure Date    Level of Service  

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

# Specialist and Outpatient

## Attaching Medical Records to Authorizations

3/18/2018 

[Medical Records](#)

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



# NOTICE!

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

# Specialist and Outpatient

## Attaching Medical Records

Additional Information

Report Type

Transmission Method

Identification Code

*No Paperwork Items Entered*

You must enter “N/A”  
into the  
**Identification Code**  
field to continue.

Now, select **Add**.

# Specialist and Outpatient

## Attaching Medical Records

	Report Type	Transmission Method	ID Code	Description
<a href="#">Delete</a>	NEW Medical Record 1. Attachment	Electronically Only	N/A	<a href="#">Link</a>

[Continue](#)

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

# Specialist and Outpatient

## Attaching Medical Records

Documents library

Arrange by: Folder

Name	Date modified	Type	Size
Outlook Files	6/10/2015 9:02 AM	File folder	
Emails of Note	3/21/2014 2:57 PM		
Employee Info	3/21/2014 2:57 PM		
FaxBax	3/21/2014 2:57 PM		
Helpful Info	3/21/2014 2:57 PM		
Inbox	3/21/2014 2:57 PM		
Just to Keep	3/21/2014 2:56 PM		

Connect

First, select **Browse** (this will display your computer's documents and folders).

Then, select the file you'd like to attach, and click **Open**.

All Files (\*.\*)

Open Cancel Browse...

Description

Search Patients Submit

# Specialist and Outpatient

## Attaching Medical Records

Select **Submit**.

Add Linked Document

File

\\nt1\users\cartere\Em

Browse...

Description

Submit

# Specialist and Outpatient

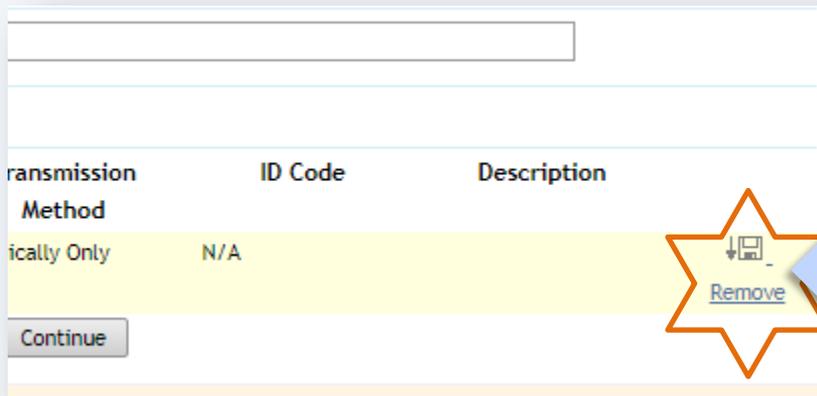
## Attaching Medical Records

Add Linked Document

**Repeat as needed to add multiple files.**

# Specialist and Outpatient

## Attaching Medical Records to Authorizations



Transmission Method	ID Code	Description
Physically Only	N/A	

Continue

Remove

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

# Specialist and Outpatient

## Attaching Medical Records to Authorizations

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

	Report Type	Transmission Method	ID Code	Description
<a href="#">Delete</a>	NEW 1.	Medical Record Attachment Electronically Only	N/A	 <a href="#">Remove</a>

# Specialist and Outpatient

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

Remarks (225 characters max)

Submit Clear

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

# Specialist and Outpatient

Select **Submit** when all fields are filled-out in order to submit the authorization request.

Date

Date

Gu  
Inf

Submit Clear

Indicates required field

Non-standard HIPAA data element

# Specialist and Outpatient

The loading screen will appear for just a few moments...

Please wait.. The request is being submitted.

Note: Information in this site may be sensitive and/or private and subject to HIPAA Privacy and Security regulations. Personal Health Information (PHI) should not be shared, except with individuals who have a business right to know, such as those directly involved in health care or payment related to health care.



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*The technology used to generate this page is protected by the following patents: US Patent Nos. 7,428,494, 7,440,904, 7,475,020, 7,509,264, 7,533,030, 7,664,660, 7,685,003, 7,693,730, 7,707,047, 7,720,691, 7,831,446, 8,000,984, 8,073,710, 8,131,563, 8,214,234, 8,220,760, 8,260,635, 8,265,054, 8,324,230, 8,380,537, 8,392,223, 8,473,310, 8,480,423, 8,480,424, 8,612,260, 8,620,604, 8,626,534*

# Specialist and Outpatient

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

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



[Print Form](#) [View Audit](#)

**Detail PENDED** [REDACTED]\_COA

### REQUEST INFORMATION

Patient	[REDACTED]	Requesting Provider	<a href="#">MIRELA CVIJANOVIC, MD</a> (1811314974 NPI)	Contact Info	Any C. Provider (555) 555-5555
Diagnosis	M89.09 ALGONEURODYSTROPHY MULTIPLE SITES	Servicing Provider	<a href="#">ASANTE ASHLAND INTERNAL MEDICINE</a>		
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?

# Specialist and Outpatient

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



Detail **PENDED** [Print Form](#) [View Audit](#)

[REDACTED]\_COA

### REQUEST INFORMATION

Patient	[REDACTED]	Requesting Provider	<a href="#">MIRELA CVIJANOVIC, MD</a> (1811314974 NPI)	Contact Info	Any C. Provider (555) 555-5555
Diagnosis	M89.09 ALGONEURODYSTROPHY MULTIPLE SITES	Servicing Provider	<a href="#">ASANTE ASHLAND INTERNAL MEDICINE</a>		
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?

# Specialist and Outpatient

And finally,  
see each  
procedure  
and its  
**Status** below.



Detail **PENDED** [Print Form](#) [View Audit](#)

[REDACTED]\_COA

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**REQUEST INFORMATION**

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

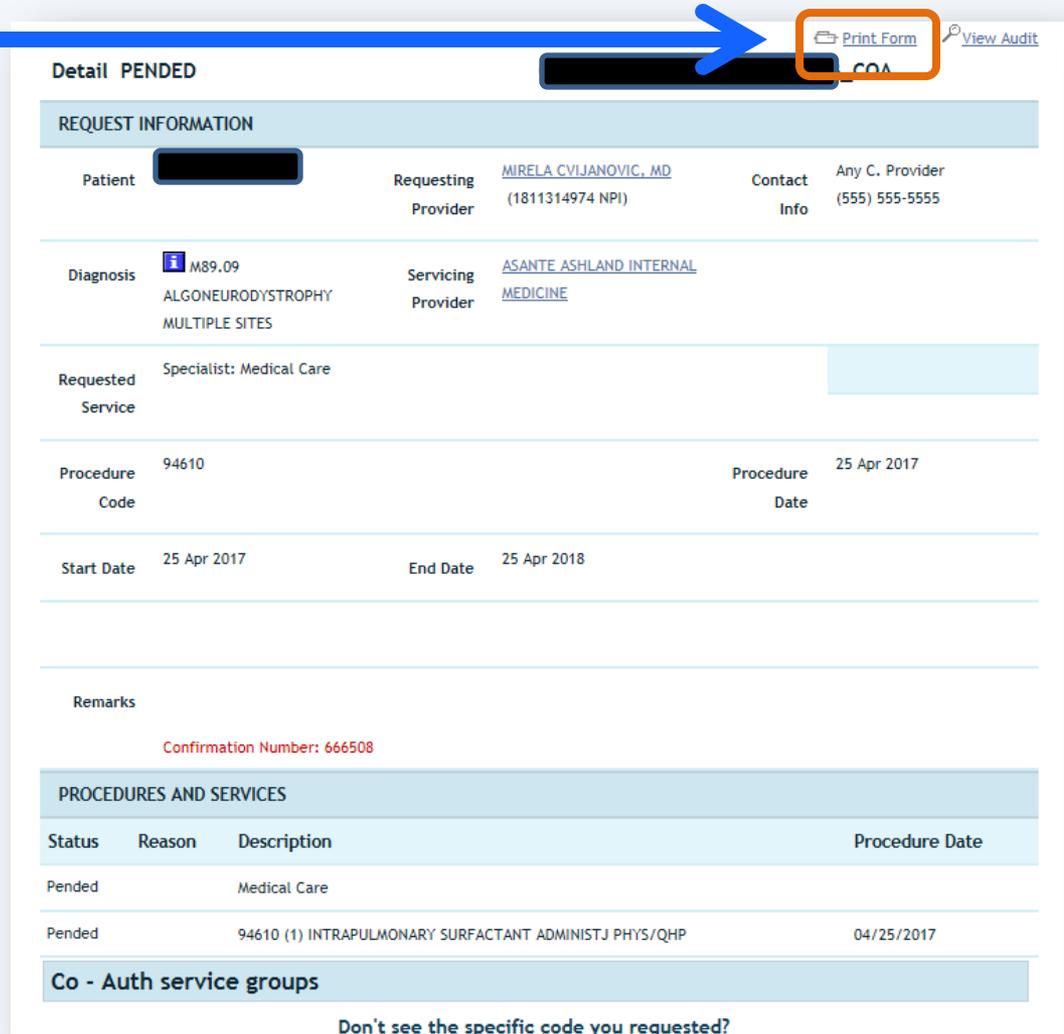
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Co - Auth service groups

Don't see the specific code you requested?

# Specialist and Outpatient

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



Detail **PENDED**

[Print Form](#) [View Audit](#)

### REQUEST INFORMATION

Patient	[REDACTED]	Requesting Provider	<a href="#">MIRELA CVIJANOVIC, MD</a> (1811314974 NPI)	Contact Info	Any C. Provider (555) 555-5555
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### Co - Auth service groups

Don't see the specific code you requested?

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