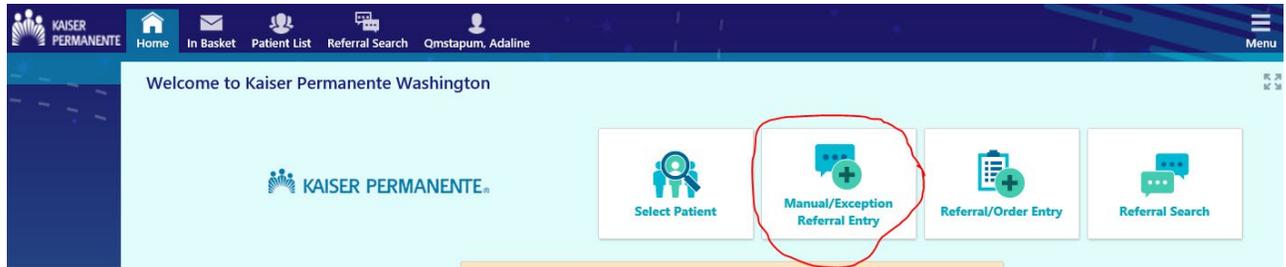


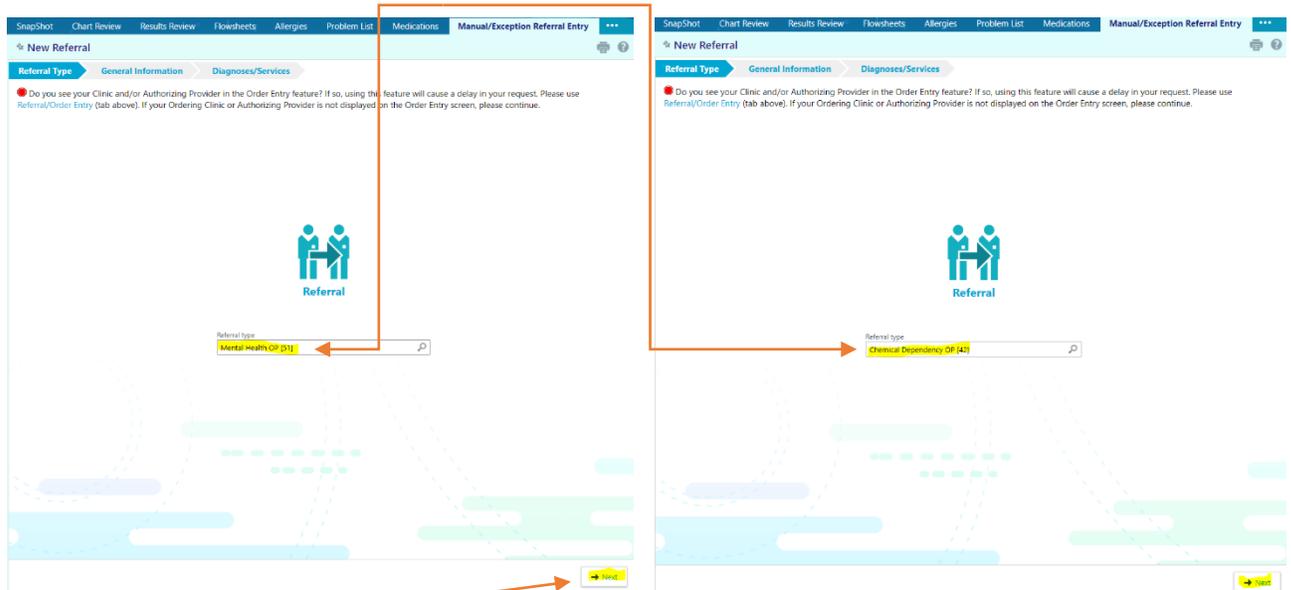
JOB AID: MENTAL HEALTH & WELLNESS/CHEMICAL DEPENDENCY FACILITIES – REQUESTING AUTHORIZATIONS VIA MANUAL/EXCEPTION REFERRAL ENTRY

Mental Health & Wellness/Chemical Dependency Facilities use the Manual/Exception Referral to submit authorization requests. Below are the steps for requesting authorization via this tool.

1. Click on Manual/Exception Referral Entry



2. Referral Type – Click on Mental Chemical Dependency OP and click enter (this will populate the referral type field)



3. Click Next
4. Fill out the General Information section
 - a. Reason: Choose “Itemized Services”
 - b. Number of Visits: Enter the number of visits on order/script
 - c. Start Date: Enter a start date for the service

5. Fill out the Referral By section
 - a. You may leave these fields blank if your company does not come up when you hit the magnifying glass.

6. Fill out the Referral To section
 - a. Provider: Enter your practice information or click on magnifying glass to search
 - b. Location/POS: Make sure your company shows up in the Location/POS field.
 - i. If your location does not automatically load into this field, perform a search and enter the clinic name there as well.
 - c. Provider Specialty: Choose “Mental Health Counseling” or “Chemical Dependency Professional” for your Specialty (whichever applies) or click on the magnifying glass to search
 - d. Location/POS Type: Choose “Office”
 - e. Click Next (bottom right of your screen)

✦ **New Referral**

✓ Referral Type

General Information

Diagnoses/Services

● Do you see your Clinic and/or Authorizing Provider in the Order Entry feature? If so, using this feature will cause a delay in your request. Please use [Referral/Order Entry](#) (tab above). If your Ordering Clinic or Authorizing Provider is not displayed on the Order Entry screen, please continue.

i **General Information**

Priority <input type="text" value="Routine [1]"/>	Type <input type="text" value="Mental Health OP [51]"/>	Reason <input type="text" value="Itemized Services [13]"/>
Number of visits <input type="text" value="30"/>	Start date <input type="text" value="3/22/2021"/>	

↔ **Referral By**

Provider <input type="text" value=""/>	Location/POS <input type="text" value="GENERIC PLACE OF SERVICE FOR REFERRALS [79995]"/>
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↔ **Referral To**

Provider <input type="text" value="RECOVERY AND WELLNESS CENTER OF EASTERN WA"/>	Location/POS <input type="text" value="RECOVERY AND WELLNESS CNTR OF EASTERN WA"/>
Provider specialty <input type="text" value=""/>	Location/POS type <input type="text" value="Office [11]"/>
Provider address <input type="text" value="1950 Keene Rd Bldg G Richland WA 99352-7706"/>	

7. Fill out the Diagnoses/Services form – the form will default to the bottom of the page. Scroll to the top and complete required fields.
 - a. Diagnosis: Type Dx code or Description
 - b. Services: Choose the CPT code that reflects what is being requested for authorization
 - c. Qty: Enter Quantity

✓ Referral Type
✓ General Information
Diagnoses/Services

ⓘ Do you see your Clinic and/or Authorizing Provider in the Order Entry feature? If so, using this feature will cause a delay in your request. Please use Referral/Order Entry (tab above). If your Ordering Clinic or Authorizing Provider is not displayed on the Order Entry screen, please continue.

Diagnoses

Diagnosis ! 🔍

+ Add

Services ! (It is required to fill in at least one item in this section)

Procedure 🔍	Revenue code 🔍	Modifiers	Qty	Unit type 🔍
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+ Add

- d. Questionnaire: These fields are **mandatory**

Questionnaire

Okay to substitute an in network provider if the chosen referred to provider is not in the member's network? !

Yes
No

Referring Provider's Name: !

Referring Provider's NPI (if known):

Referring Clinic Name: !

Submitter Name: !

Submitter Phone Number: !

- e. Notes: Change note type by clicking magnifying glass or remove the auto default smart text if no notes are needed. This field is not mandatory.
- f. You may add files if appropriate by clicking Add File below the Notes field
- g. Click Request Referral

Notes

Changing the note type will remove the current note.

Note type
Provider Referral Request Information [501]

Note summary

You have SmartTools that must be resolved or removed ([More Information](#)).

Referring Provider Name: *** Referring Clinic Name: *** Submitter Name: *** Submitter Phone Number: ***

Attachment

[Add file](#)

100.0 MB Total Allowed

[← Back](#) [✓ Request Referral](#) [✗ Cancel Request](#)