



# Submit and Follow-up on Authorization Requests

For Oklahoma Complete Health Providers

Where healthcare **connects.**

# In today's session, we'll cover...



Required User Roles



Authorization Requirements Tool



Submit Authorization Requests



Auth/Referral Inquiry



Auth/Referral Dashboard



Help and Support



Q&A

## Want more training?

Availity offers free on-demand and live training in the Availity Learning Center (ALC). Log in and select **Help & Training > Get Trained** to search the ALC catalog.





**Before getting started, make sure you have the right roles.**

### **What are roles?**

Roles are a group of job functions, or permissions, that get assigned to a user's account on Availity Essentials.

These roles dictate what access to tools/apps that user will have.

# Roles and permissions for authorization tools

Some permissions come default to a user's account, including:

- My Account Dashboard
- Help & Training
- Payer Spaces

Your organization's Availity Administrator can assign additional roles to users.

**Reminder:** Options vary by payer, plan, product, member, organization type, additional enrollments, region, and user permissions.



Additional roles you will need:

To do this...	...you'll need this role.
Authorization Request	Authorization and Referral Request
Authorization Inquiry	Authorization and Referral Inquiry



# Oklahoma Complete Health Referrals

PCPs should coordinate all healthcare services for Oklahoma Complete Health members. Paper referrals are not required to direct a member to an in-network specialist. All out of network services (excluding ER and family planning) require prior authorization.

Authorization Requests for out-of-network providers can be submitted via [Availity Essentials](#).



# Authorization Requirements Tool

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*No specific user role required.*



### N Notification Center

You have no notifications.

### My Top Applications



Eligibility and Benefits Inquiry



Claim Status



Payer List



Claims & Encounters

### News and Announcements NEW ALERT

#### ⚠ Scheduled Maintenance Message on Availity Essentials under Scheduled Maintenance

03/15/2024

Commercial Dispute Claim option will be unavailable for maintenance for a short duration for Anthem Blue Cross California providers. [More...](#)

### Messaging



- Unassigned
- Unread
- Pending
- Recently Resolved

### My Account Dashboard

- My Account
- Maintain User
- Add User
- Manage My Organization
- 'How To' Guide for Dental Providers
- Enrollments Center
- FTP and EDI Connection Services
- EDI Companion Guide
- Manage My Team(s)



Demo User  
demo@availity.com  
My Job Title

Mark your calendars.  
Oklahoma Complete Health  
is coming to Essentials April 1.




Availity | Oklahoma Complete Health | [Get Trained](#)

**N** Notification Center


You have no notifications

My Top Applications



**EB**

Eligibility and Benefits Inquiry
















**CS**


Claim Status

News and Announcements NEW ALERT

**⚠ Scheduled Maintenance Message on Availity Essentials under Scheduled Maintenance**  
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[More...](#)


			
			
			
			
			
			
			
			
			

**Messaging**


 Unassigned  
Unread  
Pending  
Recently Resolved



**My Account Dashboard**

[My Account](#)  
[Maintain User](#)  
[Add User](#)  
[Manage My Organization](#)  
['How To' Guide for Dental Providers](#)  
[Enrollments Center](#)  
[FTP and EDI Connection Services](#)  
[EDI Companion Guide](#)  
[Manage My Team\(s\)](#)

  
 Demo User  
 demo@availity.com  
 My Job Title

**Mark your calendars.**  
 Oklahoma Complete Health is coming to Essentials April 1.



 | 
 
Get Trained



Home > Oklahoma Complete Health



### Oklahoma Complete Health



## Welcome Oklahoma Complete Health providers

We're here for you!

Oklahoma Complete Health is committed to connecting our providers with the tools they need.

Start typing to search this payer space... Search

- Applications | Resources | News and Announcements | Sort By A-Z

THESE LINKS MAY RE-DIRECT TO THIRD PARTY SITES AND ARE PROVIDED FOR YOUR CONVENIENCE ONLY. AVAILITY IS NOT RESPONSIBLE FOR THE CONTENT OR SECURITY OF ANY THIRD PARTY SITES AND DOES NOT ENDORSE ANY PRODUCTS OR SERVICES PROVIDED BY THIRD PARTIES!

- Authorization Requirements Tool (New! 03/01/2024)
OK Welcome Letter (01/18/2024)
Oklahoma Complete Health Provider and Member Resources (New! 03/20/2024)

**For Providers**[Become a Provider](#) ▾[Welcome New Providers](#)**[Pre-Auth Check](#)** ▲[Medicaid Pre-Auth](#)[Non-Contracted Providers](#)[Pharmacy](#)[Provider Relations](#)[Provider Resources](#) ▾[Health Equity Resources](#) ▾[Provider Training and Education](#) ▾[QI Program](#) ▾[Provider News](#) ▾[Welcome to Oklahoma](#)

## Medicaid Pre-Auth

**DISCLAIMER:** All attempts are made to provide the most current information on the Pre-Auth Needed Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the provider manual. If you are uncertain that prior authorization is needed, please submit a request for an accurate response

[Complex Imaging MRA, MRI, PET, and CT scans need to be verified by Evolent.](#) [Therapy, Cardiac, MSK, IPM Pain Management by - Evolent](#)  
[Medical Oncology, Radiation Oncology, Cardiology by - Evolent effective 6/1/2024](#)

Non-participating providers must submit Prior Authorization for all services.  
For non-participating providers, [Join Our Network](#).

Are Services being performed in the Emergency Department or Urgent Care Center or Family Planning services billed with a Contraceptive Management diagnosis?

Yes  No

**Types of Services**

	YES	NO
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input type="radio"/>
Are anesthesia services being rendered for dental procedures?	<input type="radio"/>	<input type="radio"/>
Are oral surgery services being provided in the office?	<input type="radio"/>	<input type="radio"/>
Is the member receiving hospice services?	<input type="radio"/>	<input type="radio"/>
Is the member receiving chiropractic services?	<input type="radio"/>	<input type="radio"/>

To submit a prior authorization [Login Here](#)

# Submit Authorization Requests

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*Authorization and Referral Request user role required.*



- EB Eligibility and Benefits Inquiry
- A&R Authorizations & Referrals
- EP View Essentials Plans
- PCS Patient Care Summary Inquiry

Tell us what you think.



Inquiry

You have no notifications.



Claim Status



Payer List



Claims & Encounters

Messaging



- Unassigned
- Unread
- Pending
- Recently Resolved

My Account Dashboard

- My Account
- Maintain User
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Demo User  
demo@availity.com  
My Job Title

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More...

Mark your calendars.  
Oklahoma Complete Health  
is coming to Essentials April 1.








Get Trained







Home > Authorizations & Referrals

# A&R Authorizations & Referrals

### Multi-Payer Authorizations and Referrals

- AR** [Authorization/Referral Inquiry](#)   
[View Payers](#)
- A** [Authorization Request](#)   
[View Payers](#)
- R** [Referral Request](#)   
[View Payers](#)
- AR** [Authorization/Referral Dashboard](#) 
- P** [Drug Prior Authorization](#)   
[View Payers](#)

### Additional Authorizations and Referrals

-  [Radiology Referral Submission \(Humana\)](#)
-  [Cohere Health](#)
-  [Prior Authorization - Pharmacy Benefit Drugs \(CoverMyMeds\)](#)
-  [Premera Code Check \(including Premera and its suite of plans\)](#)

 **Looking for provider portals?**  
Check under the 'Payer Spaces' menu.

Home > Authorizations & Referrals > Authorizations

Need help? Watch a demo about Authorizations and Referrals.

# A Authorizations

Give Feedback

Go to Dashboard

New Request

SELECT A PAYER

Organization •

Example Provider1

Template(s) optional Manage Templates

No template selected

Select a template from the list or continue with Payer and Request Type fields.

Payer •

Select a Payer

Request Type •

Select Authorization Type

Next

Home > Authorizations & Referrals > Authorizations

Need help? Watch a demo about Authorizations and Referrals.

# A Authorizations

Give Feedback

Go to Dashboard

New Request

SELECT A PAYER

Organization \*

Example Provider1

Template(s) optional [Manage Templates](#)

No template selected

Select a template from the list or continue with Payer and Request Type fields.

Payer \* [?](#)

Select a Payer

OKLAHOMA COMPLETE HEALTH

EXAMPLE HEALTH PLAN1

EXAMPLE HEALTH PLAN2

EXAMPLE HEALTH PLAN3

Next

Home > Authorizations & Referrals > Authorizations

Need help? [Watch a demo](#) about Authorizations and Referrals.

# A Authorizations

Give Feedback Go to Dashboard New Request

SELECT A PAYER

Organization •

Example Provider1

Template(s) optional [Manage Templates](#)

No template selected

Select a template from the list or continue with Payer and Request Type fields.

Payer •

OKLAHOMA COMPLETE HEALTH

Request Type •

Select Authorization Type

Next



# A Authorizations

Give Feedback Go to Dashboard New Request

SELECT A PAYER

Organization •

Template(s) optional • Manage Templates

Select a template from the list or continue with Payer and Request Type fields.

Payer • •

Request Type • •

- Inpatient Authorization
- Outpatient Authorization

Next

Home > Authorizations & Referrals > Authorizations

Need help? Watch a demo about Authorizations and Referrals.

# A Authorizations

Give Feedback | Go to Dashboard | New Request

- 1 Start an Authorization
- 2 Add Service Information
- 3 Rendering Provider/Facility
- 4 Add Attachments
- 5 Review and Submit

**!** Please submit newborn inpatient requests under the parent. For requests for NICU, members not found in search, and to update a request or request additional inpatient days ONLY, fax to 844-565-0865. Please reference the Authorization Requirements Tool in Payor Spaces for authorization requirements, including submission of services managed by an Oklahoma Complete Health vendor partner.

<b>Transaction Type</b> Outpatient Authorization	<b>Organization</b> Example Provider1	<b>Payer</b> OKLAHOMA COMPLETE HEALTH	
---	--	--	--

PATIENT INFORMATION  SHOW OPTIONAL FIELDS

Select a Patient **?** (Enter one or more to search: patient name (first or last), DOB, or Member ID.)

Member ID **\***

Relationship to Subscriber **\***

Patient First Name **\***

Patient Last Name **\***

Patient Date of Birth **\***

REQUESTING PROVIDER  Show Optional Fields

Home > Authorizations & Referrals > Authorizations

Need help? Watch a demo about Authorizations and Referrals.

# A Authorizations

Give Feedback | Go to Dashboard | New Request

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<b>Transaction Type</b> Outpatient Authorization	<b>Organization</b> Example Provider1	<b>Payer</b> OKLAHOMA COMPLETE HEALTH	
---	--	--	--

PATIENT INFORMATION  SHOW OPTIONAL FIELDS

Select a Patient **?** (Enter one or more to search: patient name (first or last), DOB, or Member ID.)

Q Select...

Patient	DOB	Payer	Member ID
RECENT PATIENTS			
PATIENT1, EXAMPLE	01/01/1980	OKLAHOMA COMPLETE HEALTH	U123456789 <span>✖</span>

Enter a search term in the search field above or create a new [Eligibility & Benefits Inquiry](#) to add a patient. **POWERED BY CLAIR**

Patient Date of Birth \*

mm/dd/yyyy

REQUESTING PROVIDER  Show Optional Fields

Home > Authorizations & Referrals > Authorizations

Need help? Watch a demo about Authorizations and Referrals.

# A Authorizations

Give Feedback | Go to Dashboard | New Request

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<b>Transaction Type</b> Outpatient Authorization	<b>Organization</b> Example Provider1	<b>Payer</b> OKLAHOMA COMPLETE HEALTH	
---	--	--	--

PATIENT INFORMATION  SHOW OPTIONAL FIELDS

Select a Patient **?** (Enter one or more to search: patient name (first or last), DOB, or Member ID.)

Member ID **\***

Relationship to Subscriber **\***

Patient First Name **\***

Patient Last Name **\***


Patient Date of Birth **\***

REQUESTING PROVIDER  Show Optional Fields



Patient First Name \*


Patient Last Name \*


Patient Date of Birth \*  

REQUESTING PROVIDER  Show Optional Fields

Role Code \*

- Provider
- Facility

NPI \* 

Tax ID optional 

YOUR CONTACT INFORMATION

Contact Name \*

Contact Phone \*

Can't find who you are searching for? Search Again Enter Manually

Role Code \*

Provider

NPI \*

1234567893

Tax ID optional

Retrieve Provider Info

PROVIDER SEARCH RESULTS

Provider Info	Taxonomy	Address	
Example Provider1 NPI: 1234567893 Tax ID: 123456789 In Network: Y	Allopathic & Osteopathic Physicians   Family Medicine	123 Main St Somewhere, OK 12345	Select

First « Prev 1 Next »

YOUR CONTACT INFORMATION

Contact Name \*

Contact Phone \*

Can't find who you are searching for? Search Again Enter Manually Back to Results

**Provider Type** \*

Provider

**First Name** optional

Example

**Last Name** \*

Provider1

**NPI** \*

1234567893

**Address Line 1** \*

123 Main St

**City** \*

Somewhere

**State** \*

Oklahoma

**ZIP Code** \*

12345

**Contact Name** \*

Example User

**Contact Phone** \*

(555) 555-5555

**YOUR CONTACT INFORMATION**

**Contact Name** \*

Demo User

**Contact Phone** \*

5555555555

Back Next

# A Authorizations

Give Feedback | Go to Dashboard | New Request

- 1 Start an Authorization
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**PATIENT1, EXAMPLE** Patient

<b>Member ID</b> U123456789	<b>Date of Birth</b> 1980-01-01	<b>Gender</b> Female	
<b>Eligibility Status</b> Active Coverage	<b>Group Number</b> 12345	<b>Plan / Coverage Date</b> 2024-01-01	
<b>Transaction Type</b> Outpatient Authorization	<b>Organization</b> Example Provider1	<b>Payer</b> OKLAHOMA COMPLETE HEALTH	

SERVICE INFORMATION Show Optional Fields

Service Type ⌵

- 33 - Chiropractic
- 16 - Chronic Renal Disease Equipment
- BD - Cognitive Therapy
- 3 - Consultation
- C1 - Coronary Care
- BC - Day Care (Psychiatric)
- 37 - Dental Accident
- 25 - Dental Care

Place of Service ⌵

To Date ⌵

Quantity Type ⌵

### SERVICE INFORMATION Show Optional Fields

<b>Service Type</b> <span>•</span> <span>ⓘ</span>	<b>Place of Service</b> <span>•</span> <span>ⓘ</span>
33 - Chiropractic <span>x</span> <span>▼</span>	11 - Office <span>x</span> <span>▼</span>
<b>From Date</b> <span>•</span> <span>ⓘ</span>	<b>To Date</b> <span>•</span> <span>ⓘ</span>
03/19/2024 <span>📅</span>	03/19/2024 <span>📅</span>
<b>Quantity</b> <span>•</span> <span>ⓘ</span>	<b>Quantity Type</b> <span>•</span> <span>ⓘ</span>
1	Visits <span>x</span> <span>▼</span>
<b>Level Of Service</b> <span>•</span> <span>ⓘ</span>	
Elective <span>x</span> <span>▼</span>	

### DIAGNOSIS CODE(S) SHOW OPTIONAL FIELDS

**Diagnosis Code** • ⓘ

[+ Add another diagnosis code](#)

### PROCEDURE CODE(S) SHOW OPTIONAL FIELDS

<b>Procedure Code</b> <span>•</span> <span>ⓘ</span>	<b>Type</b> <span>•</span> <span>ⓘ</span>
<input type="text"/>	CPT/HCPCS <span>▼</span>
<b>From Date</b> <span>•</span> <span>ⓘ</span>	<b>To Date</b> <span>•</span> <span>ⓘ</span>
__/__/__ <span>📅</span>	__/__/__ <span>📅</span>

[+ Add another procedure code](#)

Elective

DIAGNOSIS CODE(S)  SHOW OPTIONAL FIELDS

Diagnosis Code

[Empty search input field]

- G912 (Idiopathic) normal pressure hydrocephalus
- O0489 (Induced) termination of pregnancy with other complications
- O0480 (Induced) termination of pregnancy with unsp complications
- Z3A10 10 weeks gestation of pregnancy
- Z3A11 11 weeks gestation of pregnancy
- Z3A12 12 weeks gestation of pregnancy

[Empty dropdown menu]

Type  SHOW OPTIONAL FIELDS

[Empty dropdown menu]

CPT/HCPCS

From Date [ ] [Calendar icon]

To Date [ ] [Calendar icon]

+ Add another procedure code

MESSAGE  SHOW OPTIONAL FIELDS

Provider Notes optional

[Empty text area]

264 Remaining

Back Next

Elective

DIAGNOSIS CODE(S)  SHOW OPTIONAL FIELDS

Diagnosis Code • ⊗

r69

**R69** Illness unspecified

PROCEDURE CODE(S)  SHOW OPTIONAL FIELDS

Procedure Code • ⊗

Type •

From Date •

To Date •

[+ Add another procedure code](#)

MESSAGE  SHOW OPTIONAL FIELDS

Provider Notes optional

264 Remaining

Back Next



Elective

DIAGNOSIS CODE(S)  SHOW OPTIONAL FIELDS

Diagnosis Code • ⓘ

R69 - Illness unspecified

[+ Add another diagnosis code](#)

PROCEDURE CODE(S)  SHOW OPTIONAL FIELDS

Procedure Code • ⓘ

Type • ⓘ CPT/HCPCS

To Date • ⓘ

- xray
- 3570F RPRT BONE SCINT XREF W XRAY
  - 5100F RSK FX REF W/N 24 HRS XRAY
  - Q0092 Set up port xray equipment
  - 75984 XRAY CONTROL CATHETER CHANGE
  - 75956 XRAY ENDOVASC THOR AO REPR
  - 75957 XRAY ENDOVASC THOR AO REPR
  - 75959 XRAY PLACE DIST EXT THOR AO

Provider Notes optional

264 Remaining

Elective

DIAGNOSIS CODE(S)  SHOW OPTIONAL FIELDS

Diagnosis Code • ⓘ

R69 - Illness unspecified

[+ Add another diagnosis code](#)

PROCEDURE CODE(S)  SHOW OPTIONAL FIELDS

Procedure Code • ⓘ Type • ⓘ

75957 - XRAY ENDOVASC THOR AO REPR CPT/HCPCS

From Date • ⓘ To Date • ⓘ

04/01/2024 04/01/2024

[+ Add another procedure code](#)

MESSAGE  SHOW OPTIONAL FIELDS

Provider Notes optional

264 Remaining

U123456789	1980-01-01	Female
<b>Eligibility Status</b> Active Coverage	<b>Group Number</b> 12345	<b>Plan / Coverage Date</b> 2024-01-01
<b>Transaction Type</b> Outpatient Authorization	<b>Organization</b> Example Provider1	<b>Payer</b> OKLAHOMA COMPLETE HEALTH

SERVICE PROVIDER  Show Optional Fields

Can't find who you are searching for? [Search Again](#) [Enter Manually](#) [Back to Results](#)

Rendering Provider Role •

Service Provider

First Name •  Last Name •

NPI •

Specialty / Taxonomy •

Address Line 1 •

City •  State •  ZIP Code •

[Back](#) [Next](#)

Home > Authorizations & Referrals > Authorizations

Need help? [Watch a demo](#) about Authorizations and Referrals.

# A Authorizations

Give Feedback | [Go to Dashboard](#) | [New Request](#)

- 1 Start an Authorization
- 2 Add Service Information
- 3 Rendering Provider/Facility
- 4 Add Attachments**
- 5 Review and Submit

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**PATIENT1, EXAMPLE** Patient

<b>Member ID</b> U123456789	<b>Date of Birth</b> 1980-01-01	<b>Gender</b> Female	
<b>Eligibility Status</b> Active Coverage	<b>Group Number</b> 12345	<b>Plan / Coverage Date</b> 2024-01-01	
<b>Transaction Type</b> Outpatient Authorization	<b>Organization</b> Example Provider1	<b>Payer</b> OKLAHOMA COMPLETE HEALTH	

ADD ATTACHMENT(S)

[+ Add files](#)

**i** Requests submitted without clinical information will result in outreach for records and delay the time to respond to the authorization.

[Back](#) | [Next](#)

Home > Authorizations & Referrals > Authorizations

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**PATIENT1, EXAMPLE** Patient

<b>Member ID</b> U123456789	<b>Date of Birth</b> 1980-01-01	<b>Gender</b> Female	
<b>Eligibility Status</b> Active Coverage	<b>Group Number</b> 12345	<b>Plan / Coverage Date</b> 2024-01-01	
<b>Transaction Type</b> Outpatient Authorization	<b>Organization</b> Example Provider1	<b>Payer</b> OKLAHOMA COMPLETE HEALTH	

ADD ATTACHMENT(S)

[+ Add files](#) | ExampleFile.xlsx |

**i** Requests submitted without clinical information will result in outreach for records and delay the time to respond to the authorization.

[Back](#) | [Next](#)

# A Authorizations


[Give Feedback](#) | 
 [Go to Dashboard](#) | 
 [New Request](#)

- 1
 Start an Authorization
- 2
 Add Service Information
- 3
 Rendering Provider/Facility
- 4
 Add Attachments
- 5
**Review and Submit**

i Please submit newborn inpatient requests under the parent. For requests for NICU, members not found in search, and to update a request or request additional inpatient days ONLY, fax to 844-565-0865. Please reference the Authorization Requirements Tool in Payor Spaces for authorization requirements, including submission of services managed by an Oklahoma Complete Health vendor partner.

**PATIENT1, EXAMPLE** Patient

<b>Member ID</b> U123456789	<b>Date of Birth</b> 1980-01-01	<b>Gender</b> Female
<b>Eligibility Status</b> Active Coverage	<b>Group Number</b> 12345	<b>Plan / Coverage Date</b> 2024-01-01
<b>Transaction Type</b> Outpatient Authorization	<b>Organization</b> Example Provider1	<b>Payer</b> OKLAHOMA COMPLETE HEALTH



**Member Information** [Back to Step 1](#)

<b>Patient Name</b> EXAMPLE, PATIENT1	<b>Patient Date of Birth</b> 1980-01-01	<b>Patient Gender</b> Female
<b>Member ID</b> U123456789	<b>Relationship to Subscriber</b> Self	<b>Subscriber Name</b> EXAMPLE PATIENT1

**Requesting Provider** [Back to Step 1](#)

<b>Name</b> Provider1, Example	<b>NPI</b> 1234567893	<b>Tax Id</b> 123456789
<b>Specialty</b> 207Q00000X	<b>Provider Role</b> Provider	
<b>Address</b> 123 Main St, Somewhere, OK 12345		
<b>Phone</b>	<b>Fax</b>	<b>Contact Name</b>

**Service Information** [Back to Step 2](#)

<b>Service Type</b> 33 - Chiropractic	<b>Place of Service</b> 11 - Office	<b>Service From - To Date</b> 2024-03-25 - 2024-03-25
<b>Quantity</b> 1 Visits		
<b>Level of Service</b> Elective		
<b>Diagnosis Code 1</b> R69 - Illness unspecified		
<b>Procedure Code 1 (CPT/HCPCS)</b> A4719 - "y set" tubing	<b>Procedure From - To Date</b> 2024-03-25 - 2024-03-25	

**Rendering Provider/Facility** [Back to Step 3](#)

<b>Provider</b>		
<b>Name</b> Provider1, Example	<b>NPI</b> 1234567893	<b>Tax Id</b> 123456789
<b>Specialty</b> 207Q00000X	<b>Provider Role</b> Service Provider	
<b>Address</b> 123 Main St, Somewhere, OK 12345		

**Attachment(s)** [Back to Step 4](#)

<b>Attachment 1</b>	
<b>File Name</b> <a href="#">ExampleFile.xlsx</a>	<b>Document Id</b> 123229/d2cdf92-145a-439f-a187-b66479489c9f

[Back](#) [Submit](#)



# A Authorization Response

[Give Feedback](#) | 
 [Go to Dashboard](#) | 
 [New Request](#)

Please submit newborn inpatient requests under the parent. For requests for NICU, members not found in search, and to update a request or request additional inpatient days ONLY, fax to 844-565-0865. Please reference the Authorization Requirements Tool in Payor Spaces for authorization requirements, including submission of services managed by an Oklahoma Complete Health vendor partner.

Transaction ID: 29002398      Customer ID: 1194      Transaction Date: 2024-03-25

<b>PATIENT1, EXAMPLE</b> Patient			
<b>Member ID</b>	<b>Date of Birth</b>	<b>Gender</b>	
U123456789	1980-01-01	Female	
<b>Eligibility Status</b>	<b>Group Number</b>	<b>Plan / Coverage Date</b>	
Active Coverage	12345	2024-01-01	
<b>Transaction Type</b>	<b>Organization</b>	<b>Payer</b>	
Outpatient Authorization	Example Provider1	OKLAHOMA COMPLETE HEALTH	

[Print](#) | 
 [Save New Template](#)

Certificate Information	
<b>Reference Number</b>	<b>Status</b>
NA	<b>PENDED</b>

Member Information		
<b>Patient Name</b>	<b>Patient Date of Birth</b>	<b>Patient Gender</b>
PATIENT1, EXAMPLE	1980-01-01	Female
<b>Member ID</b>	<b>Relationship to Subscriber</b>	<b>Subscriber Name</b>
U123456789	Self	PATIENT1, EXAMPLE

Requesting Provider		
<b>Name</b>	<b>NPI</b>	<b>Tax Id</b>

# A Authorization Request

[Go to Dashboard](#) [New Request](#)

Please submit newbo  
request additional inpatie  
authorization requirement

to update a request or  
or Spaces for

Transaction ID: 29002398

**PATIENT1, EXA**  
**Member ID**  
U123456789  
**Eligibility Status**  
Active Coverage  
**Transaction Type**  
Outpatient Authorization

024-03-25  
health.

[Print](#) [Save New Template](#)

### Save Template

Template Name: \*

Save the following data from this request to my template:

- Member
- Requesting Provider
- Service Information
- Diagnosis and Procedure Codes
- Rendering Provider(s)

[Save Template](#) [Cancel](#)

## Certificate Information

<b>Reference Number</b>	<b>Status</b>
NA	PENDED

## Member Information

<b>Patient Name</b> PATIENT1, EXAMPLE	<b>Patient Date of Birth</b> 1980-01-01	<b>Patient Gender</b> Female
<b>Member ID</b> U123456789	<b>Relationship to Subscriber</b> Self	<b>Subscriber Name</b> PATIENT1, EXAMPLE

## Requesting Provider

<b>Name</b>	<b>NPI</b>	<b>Tax Id</b>
-------------	------------	---------------

# Follow up on Authorizations

---

*Authorization and Referral user role required.*



- EB Eligibility and Benefits Inquiry
- A&R Authorizations & Referrals
- EP View Essentials Plans
- PCS Patient Care Summary Inquiry

Tell us what you think.

Inquiry

You have no notifications.

CS Claim Status

Payer List

CE Claims & Encounters

**Messaging**

- Unassigned
- Unread
- Pending
- Recently Resolved

**My Account Dashboard**

- My Account
- Maintain User
- Add User
- Manage My Organization
- 'How To' Guide for Dental Providers
- Enrollments Center
- FTP and EDI Connection Services
- EDI Companion Guide
- Manage My Team(s)


Demo User  
demo@availity.com  
My Job Title

**News and Announcements** NEW ALERT

**⚠ Scheduled Maintenance Message on Availity Essentials under Scheduled Maintenance** 03/15/2024

Commercial Dispute Claim option will be unavailable for maintenance for a short duration for Anthem Blue Cross California providers.  
More...

**Mark your calendars.**  
Oklahoma Complete Health is coming to Essentials April 1.



Availity | oklahoma complete health Get Trained

Home > Authorizations & Referrals

# A&R Authorizations & Referrals

### Multi-Payer Authorizations and Referrals

- AR** [Authorization/Referral Inquiry](#) [View Payers](#)
- A** [Authorization Request](#) [View Payers](#)
- R** [Referral Request](#) [View Payers](#)
- AR** [Authorization/Referral Dashboard](#)
- P** [Drug Prior Authorization](#) [View Payers](#)

### Additional Authorizations and Referrals

- [Radiology Referral Submission \(Humana\)](#)
- [Cohere Health](#)
- [Prior Authorization - Pharmacy Benefit Drugs \(CoverMyMeds\)](#)
- [Premera Code Check \(including Premera and its suite of plans\)](#)

**Looking for provider portals?**  
Check under the 'Payer Spaces' menu.

# Authorization/Referral Inquiry

Give Feedback | Go to Dashboard | New Request

SELECT A PAYER

Organization •

Providers R Us

Payer •

OKLAHOMA COMPLETE HEALTH

Request Type •

Outpatient Authorization

PATIENT INFORMATION SHOW OPTIONAL FIELDS

Select a Patient (Enter one or more to search: patient name (first or last), DOB, or Member ID.)

Q Select...

Patient	DOB	Payer	Member ID
RECENT PATIENTS			
PATIENT, EXAHMPE	01/01/1980	OKLAHOMA COMPLETE HEALTH	123456789

Enter a search term in the search field above or create a new Eligibility & Benefits Inquiry to add a patient. POWERED BY CLAIR

Patient Date of Birth •

mm/dd/yyyy

PATIENT INFORMATION  SHOW OPTIONAL FIELDS

Select a Patient ⓘ (Enter one or more to search: patient name (first or last), DOB, or Member ID.)

Member ID ⓘ

Patient First Name ⓘ  Patient Last Name ⓘ

Patient Date of Birth ⓘ

REQUESTING PROVIDER  Show Optional Fields

NPI ⓘ

SERVICE INFORMATION ⓘ  SHOW OPTIONAL FIELDS

Authorization or Referral Number ⓘ




Home > Authorizations & Referrals > Authorization/Referral Inquiry Results

Need help? [Watch a demo](#) about Authorizations and Referrals.

# Authorization/Referral Inquiry Results

[Give Feedback](#) [Go to Dashboard](#) [New Request](#)

Transaction ID: [12345678](#) Customer ID: 1234 Transaction Date: 2024-03-07

<b>PATIENT, EXAMPLE</b> <small>Patient</small>			
<b>Member ID</b> 123456789	<b>Date of Birth</b> 1980-01-01		
<b>Transaction Type</b> Outpatient Authorization	<b>Organization</b> Example Provider1	<b>Payer</b> OKLAHOMA COMPLETE HEALTH	

[Print](#) [Edit Inquiry](#) [Pin to Dashboard](#)

## Certificate Information

<b>Certification Number</b> 123456789	<b>Status</b> <span style="background-color: yellow;">PENDED</span>
--	--

## Service Information

<b>Diagnosis Code 1</b> R69 - Illness unspecified		
<b>Procedure Code 1 (CPT/HCPCS)</b> 74018 - X-RAY EXAM ABDOMEN 1 VIEW	<b>Quantity</b> 0 Units	<b>Procedure From - To Date</b> 2024-03-07 - 2999-12-31
<b>Status</b> <span style="background-color: yellow;">PENDED</span>		

## Requesting Provider

<b>Name</b>	<b>NPI</b> 1234567893	
<b>Provider Role</b> Provider		
<b>Phone</b>	<b>Fax</b>	<b>Contact Name</b>

- EB Eligibility and Benefits Inquiry
- A&R Authorizations & Referrals
- EP View Essentials Plans
- PCS Patient Care Summary Inquiry

Tell us what you think.



Inquiry

You have no notifications.



Claim Status



Payer List



Claims & Encounters

Messaging



- Unassigned
- Unread
- Pending
- Recently Resolved

My Account Dashboard

- My Account
- Maintain User
- Add User
- Manage My Organization
- 'How To' Guide for Dental Providers
- Enrollments Center
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Demo User  
demo@availity.com  
My Job Title

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More...

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Get Trained

Home > Authorizations & Referrals

# A&R Authorizations & Referrals

### Multi-Payer Authorizations and Referrals

- AR** [Authorization/Referral Inquiry](#) [View Payers](#)
- A** [Authorization Request](#) [View Payers](#)
- R** [Referral Request](#) [View Payers](#)
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- [Premera Code Check \(including Premera and its suite of plans\)](#)

**Looking for provider portals?**  
Check under the 'Payer Spaces' menu.

Search [ ] Filter List [ ] Last Updated Date [ ]

# AR Authorization/Referral Dashboard

Give Feedback | New Request

All Items | Follower Items | Drafts | Trash | 25 Results | < Prev 1 2 3 ... 21 Next > | All Orgs | All Payers | OP, IP | Denied, Error, Cance...

Status / Last Updated	Certificate Number	Patient	Payer	Type	Submitted	Actions
<b>Pending Review</b> 2 hours ago	123456789	PATIENT, EXAMPLE ABC123456789 DOB: 01/01/1980	OK COMPLETE HEALTH oklahoma complete health.	Authorization Outpatient	03/11/2024	[Menu] [Star]
<b>Incomplete</b> 12 hours ago	N/A	PATIENT, EXAMPLE ABC123456789 DOB: 01/01/1980	OK COMPLETE HEALTH oklahoma complete health.	Authorization Outpatient	03/11/2024	[Menu] [Star]
<b>Error</b> 18 hours ago	123456789	PATIENT, EXAMPLE ABC123456789 DOB: 01/01/1980	OK COMPLETE HEALTH oklahoma complete health.	Authorization Outpatient	03/05/2024	[Menu] [Star]
<b>No Action Required</b> 18 hours ago	123456789	PATIENT, EXAMPLE ABC123456789 DOB: 01/01/1980	OK COMPLETE HEALTH oklahoma complete health.	Authorization Outpatient	03/11/2024	[Menu] [Star]

Search

Home > Authorizations & Referrals > Auth/Referral Dashboard

Need help? Watch a demo about the Auth/Referral Dashboard.

# AR Authorization/Referral Dashboard

Give Feedback [New Request](#)

All Items [★ Followed Items](#) [Drafts](#) [Trash](#) 25 Results [< Prev](#)

Status / Last Updated	Certificate Number	Patient
<span>Pending Review</span> 2 hours ago	<a href="#">123456789</a>	PATIENT, EXA ABC123456 DOB: 01/01/1
<span>Incomplete</span> 12 hours ago	N/A	PATIENT, EXA 12345678 DOB: 01/01/1
<span>Error</span> 18 hours ago	<a href="#">123456789</a>	PATIENT, EXA ABC123456 DOB: 01/01/1
<span>No Action Required</span> 18 hours ago	<a href="#">123456789</a>	PATIENT, EXA ABC123456 DOB: 01/01/1

Submitted	Actions
03/11/2024	<a href="#">≡</a> <a href="#">☆</a>
03/11/2024	<a href="#">≡</a> <a href="#">☆</a>
03/05/2024	<a href="#">≡</a> <a href="#">☆</a>
03/11/2024	<a href="#">≡</a> <a href="#">☆</a>

### Filter

**Status**

Denied x Error x Cancelled x Incomplete x  
Partially Approved x Pending Action x  
Pending Review x Approved x Received x  
Appeal Approved x Appeal Partially Approved x  
Appeal in Progress x Appeal Denied x  
No Action Required x Awaiting Response x

**Transaction Type**

Outpatient x Inpatient x

**Organization**

**Payer**

Preset Date Range  Custom Date Range

**Date Range**

**Search**

[Save](#) [Apply Saved](#) [Reset](#) [Filter](#) [Cancel](#)

Search [ ] Filter List [ ] Last Updated Date [ ]

# AR Authorization/Referral Dashboard

Give Feedback | New Request

All Items | Followed Items | Drafts | Trash | 25 Results | < Prev 1 2 3 ... 21 Next > | All Orgs | All Payers | OP, IP | Denied, Error, Cance...

Status / Last Updated	Certificate Number	Patient	Payer	Type	Submitted	Actions
<b>Pending Review</b> 2 hours ago	123456789	PATIENT, EXAMPLE ABC123456789 DOB: 01/01/1980	OK COMPLETE HEALTH oklahoma complete health.	Authorization Outpatient	03/11/2024	[Menu] [Star]
<b>Incomplete</b> 12 hours ago	N/A	PATIENT, EXAMPLE ABC123456789 DOB: 01/01/1980	OK COMPLETE HEALTH oklahoma complete health.	Authorization Outpatient	03/11/2024	[Menu] [Star]
<b>Error</b> 18 hours ago	123456789	PATIENT, EXAMPLE ABC123456789 DOB: 01/01/1980	OK COMPLETE HEALTH oklahoma complete health.	Authorization Outpatient	03/05/2024	[Menu] [Star]
<b>No Action Required</b> 18 hours ago	123456789	PATIENT, EXAMPLE ABC123456789 DOB: 01/01/1980	OK COMPLETE HEALTH oklahoma complete health.	Authorization Outpatient	03/11/2024	[Menu] [Star]

- ▼ Last Updated Date
- Admission Date
- Discharge Date
- Patient Name
- Facility
- Patient Class
- Authorization Status
- Ascending
- ▼ Descending

[Need help? Watch a demo about the Auth/Referral Dashboard.](#)

[Home](#) > [Authorizations & Referrals](#) > Auth/Referral Dashboard

# AR Authorization/Referral Dashboard

[All Items](#) | [★ Followed Items](#) | [📄 Drafts](#) | [🗑️ Trash](#) | [25 Results](#) | [◀ Prev](#) | [1](#) | [2](#) | [3](#) | [...](#) | [21](#) | [Next ▶](#)

|

Status / Last Updated	Certificate Number	Patient	Payer	Type	Submitted	Actions
<span>Pending Review</span> 2 hours ago	123456789	PATIENT, EXAMPLE ABC123456789 DOB: 01/01/1980	OK COMPLETE HEALTH 	Authorization Outpatient	03/11/2024	
<span>Incomplete</span> 12 hours ago	N/A	PATIENT, EXAMPLE 123456789 DOB: 01/01/1980	OK COMPLETE HEALTH 	Authorization Outpatient	03/11/2024	
<span>Error</span> 18 hours ago	123456789	PATIENT, EXAMPLE ABC123456789 DOB: 01/01/1980	OK COMPLETE HEALTH 	Authorization Outpatient	03/05/2024	
<span>No Action Required</span> 18 hours ago	123456789	PATIENT, EXAMPLE ABC123456789 DOB: 01/01/1980	OK COMPLETE HEALTH 	Authorization Outpatient	03/11/2024	

[25 Results](#) | [◀ Prev](#) | [1](#) | [Next ▶](#)

Showing results 1 - 4 of 4



Search [ ] Filter List [ ] Last Updated Date [ ]

# AR Authorization/Referral Dashboard

Give Feedback | New Request

All Items | Follower Items | Drafts | Trash | 25 Results | < Prev 1 2 3 ... 21 Next > | All Orgs | All Payers | OP, IP | Denied, Error, Cance...

Status / Last Updated	Certificate Number	Patient	Payer	Type	Submitted	Actions
<b>Pending Review</b> 2 hours ago	123456789	PATIENT, EXAMPLE ABC123456789 DOB: 01/01/1980	OK COMPLETE HEALTH oklahoma complete health.	Authorization Outpatient	03/11/2024	[Menu] [Star]
<b>Incomplete</b> 12 hours ago	N/A	PATIENT, EXAMPLE ABC123456789 DOB: 01/01/1980	OK COMPLETE HEALTH oklahoma complete health.	Authorization Outpatient	03/11/2024	[Menu] [Star]
<b>Error</b> 18 hours ago	123456789	PATIENT, EXAMPLE ABC123456789 DOB: 01/01/1980	OK COMPLETE HEALTH oklahoma complete health.	Authorization Outpatient	03/05/2024	[Menu] [Star]
<b>No Action Required</b> 18 hours ago	123456789	PATIENT, EXAMPLE ABC123456789 DOB: 01/01/1980	OK COMPLETE HEALTH oklahoma complete health.	Authorization Outpatient	03/11/2024	[Menu] [Star]

# AR Authorization/Referral Dashboard

All Items | ★ Followed Items | Drafts | Trash | 25 Results | < Prev | 1 | 2 | 3 | ... | 21 | Next > | All Orgs | All Payers | OP, IP | Denied, Error, Cance...

Status / Last Updated	Certificate Number	Patient	Payer	Type	Submitted	Actions
<span>Pending Review</span> 2 hours ago	123456789	PATIENT, EXAMPLE ABC123456789 DOB: 01/01/1980	OK COMPLETE HEALTH 	Authorization Outpatient	03/07/2024	<ul style="list-style-type: none"> <li>View Details</li> <li>Click to Copy</li> <li>UnFollow</li> <li>Trash</li> </ul> <span>☰</span> <span>★</span>
<span>Incomplete</span> 12 hours ago	123456789	PATIENT, EXAMPLE 123456789 DOB: 01/01/1980	OK COMPLETE HEALTH 	Authorization Outpatient	03/11/2024	<span>☰</span> <span>☆</span>
<span>Error</span> 1 hour ago	123456789	PATIENT, EXAMPLE 123456789 DOB: 01/01/1980	OK COMPLETE HEALTH 	Authorization Outpatient	03/04/2024	<span>☰</span> <span>☆</span>
<span>Approved</span> 3 hours ago	123456789	PATIENT, EXAMPLE 123456789 DOB: 01/01/1980	OK COMPLETE HEALTH 	Authorization Outpatient	02/26/2023	<span>☰</span> <span>☆</span>

[All Items](#) | [★ Followed Items](#) | [📄 Drafts](#) | [🗑️ Trash](#) | 25 Results | [◀ Prev](#) | [1](#) | [2](#) | [3](#) | ... | [21](#) | [Next ▶](#) | [🏠 All Orgs](#) | [👤 All Payers](#) | [📄 OP, IP](#) | [⚠️ Denied, Error, Cance...](#)

**PATIENT, EXAMPLE**  
 DOB: 01/01/1980 ★

**OK COMPLETE HEALTH**  
 123456789

**Authorization**  
 Outpatient

**Certificate Number**  
 123456789 [📄](#)

Pending Review  
**Last updated**  
 8 minutes ago

**Submitted**  
 03/07/2024

|  |  |

Transaction ID: 28664301      Customer ID: 1234      Transaction Date: 2024-03-07

**PATIENT, EXAMPLE** Patient

<b>Member ID</b> 123456789	<b>Date of Birth</b> 1980-01-01	
<b>Transaction Type</b> Outpatient Authorization	<b>Organization</b> Providers R Us	
<b>Payer</b> OK COMPLETE HEALTH		

**PATIENT, EXAMPLE**  
 DOB: 01/01/1980 ☆

**OK COMPLETE HEALTH**  
 123456789

**Authorization**  
 Outpatient

**Certificate Number**  
 123456789 [📄](#)

Approved  
**Last updated**  
 3 hours ago

**Submitted**  
 02/26/2023

**Certificate Information**

<b>Certification Number</b> 123456789	<b>Status</b> <span style="background-color: yellow; padding: 2px;">PENDED</span>
--	--

**Service Information**

**Expedited**  
NA

**Diagnosis Code 1**  
R69 - Illness unspecified

<b>Procedure Code 1 (CPT/HCPCS)</b> 74018 - X-RAY EXAM ABDOMEN 1 VIEW	<b>Quantity</b> 0 Units	<b>Procedure From - To Date</b> 2024-03-07 - 2999-12-31
--	----------------------------	--

**Status**  
PENDED

**Requesting Provider**

<b>Name</b> EXAMPLE PROVIDER1	<b>NPI</b> 1234567893
----------------------------------	--------------------------

# Finding Help & Support

---



# Support Tools



## Wondering what's new and changed?

Select **Help & Training > Find Help**. Then, select **What's New?**



## Help System database

**Help & Training > Find Help**

Search for information by category or keyword in the help system. Or, click question mark icons on forms to launch field-level help.



## Live and on-demand training for your needs

**Help & Training > Get Trained**

Search by keyword or filter by category, then enroll in courses. Or, click the **Watch a demo** link on pages to view a demo.



## Need some support?

- Select **My Account > Open a ticket**.
- Select **Help & Training > Availability Support**.
- Call toll free 1.800.AVAILITY (282.4548).



# Q&A

---



# Thank you!

---



## Oklahoma Complete Health: Submit and Follow-up on Authorization Requests

### Today's applications covered:

- 1 Authorization Request
- 2 Authorization & Referral Inquiry
- 3 Authorization & Referral Dashboard
- 4 Payer Spaces



#### Note:

- In this session, we are only covering the above applications.
- In addition, the *below* applications are available in Availity Essentials for Oklahoma Complete Health providers:
  - Eligibility & Benefits Inquiry
  - Attachments
  - Claims & Encounters
  - Claim Status

### Roles & permissions needed:

To access applications in Availity Essentials, your user account will need the correct role(s) assigned. For today's topic(s), you will need the:

- ❖ **Authorization and Referral Request** role to submit authorization requests.
- ❖ **Authorization and Referral Inquiry** role to access the Authorization/Referral Inquiry application and the Authorization/Referral Dashboard.

Your organization's Availity Administrator assigns roles and permissions. To locate who your organization's Availity Administrator is, navigate to Your Account at the top of your Availity Essentials home page. Select **My Account | Organization(s) | Open My Administrator(s)**.

### Key Takeaways

- ✓ To access Availity's self-service tools, pop-ups must be enabled in your browser tab. Click [here](#) for a guide to enable pop-ups.
- ✓ Prior to completing a transaction, check the state dropdown from your home page. The state selected will dictate which payers you will see.
- ✓ Run an Eligibility & Benefits Inquiry prior to using other applications in Availity. This confirms the patient's eligibility and the patient's information will be saved for you to access in other Essentials applications.
- ✓ From Oklahoma Complete Health's Payer Space, access specific resources, applications, and news & announcements for Oklahoma Complete Health.
  - From Oklahoma Complete Health's payer spaces, access the Authorization Requirements Tool. This will open a new browser tab to verify if an authorization is needed.
- ✓ Use the Authorization/Referral Inquiry application to search for authorizations submitted outside of Availity Essentials. Then pin the inquiry to your Authorization/Referral dashboard for easy follow-up.



## Help & Training Resources

From the Availity Essentials home page, select **Help & Training** then:

### Find Help

Select the application tile, or search by keyword(s) or Oklahoma Complete Health's name for specific content. Locate today's content in the provider help center by selecting the:

- **Authorization and referrals** tile.



**Are you the Availity Administrator for your organization?**

Click [here](#) for an FAQ to learn more about your role as the administrator.

### Get Trained

Find training demos, sign-up for live webinars, or read forum posts in the Availity Learning Center (ALC).



#### Training demos on today's topics:

- Auth/Referral Inquiry – Training Demo
- Navigating Availity's Authorization and Referral Tools – Training Demo

#### Other helpful courses and webinars in the ALC for getting started:

- Payer List- Training Demo
- My Account Dashboard – Training Demo
- Safeguarding Your Availity Essentials Account- Training Demo
- Using Availity Support Tools for Self-Service – Training Demo
- Manage My Organization- Add Providers – Training Demo
- We recommend signing up for the quarterly webinar *Tips for Navigating Availity Essentials* or you can watch the recording webinar at any time!

**i** There are other live webinars being offered to Oklahoma Complete Health Providers - to see the live webinars being offered, navigate to the [ALC](#). All webinars have been or will be recorded and available in the ALC; to access the recordings, from the Catalog, type *Oklahoma Complete Health* into the search field and all recordings will display.

**Availity Support** to access online support tickets and online chat. Or Call 1. 800.AVAILITY (282.4548).

## Oklahoma Complete Health Support

- Provider manual: <https://www.oklahomacompletehealth.com/providers/resources.html>
- Auth tracker tool: <https://www.oklahomacompletehealth.com/providers/preauth-check.html>
- OCH Provider Services: 1-833-752-1664

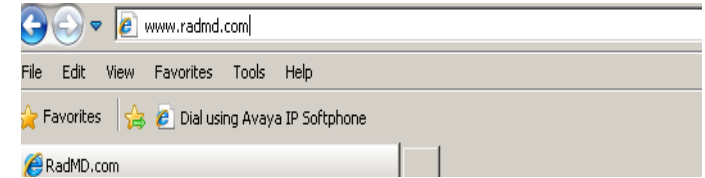
# New User: Go to [www.RadMD.com](http://www.RadMD.com)



Open your internet browser and navigate to

[www.RadMD.com](http://www.RadMD.com)

“Click **New User**” on the right side of the page



Home | [NIAhealthcare.com](#) | [Help](#) | [Contact Us](#)

**NIA**  
A Magellan Health Company

[Sign In](#) [Authorizations](#) [Join The Network](#) [Solutions-](#) [Resources](#) [About Us](#)

### RadMD Sign In

For URGENT/EXPEDITED authorization requests, please contact the toll free number for the health plan of the patient in question.

[Sign In](#) [New User](#)

### Track an Authorization

Authorization Tracking Number  [Go](#)

## Welcome to RadMD.com

Powered by NIA (National Imaging Associates), RadMD offers providers and contracted health plans a wealth of powerful resources and information. To obtain on-line authorization requests, view specific health plan clinical guidelines and provider education documents, please log on to RadMD or if you are a new user, you may request a RadMD user ID on this page.

For additional information on NIA, visit [www.NIAhealthcare.com](http://www.NIAhealthcare.com).

# Fill Out All Fields and Click The Submit Application


RadMD.com

**Application for a New Account**

Please fill out this form only for yourself. *Shared accounts are not allowed.*

In order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDSupport@magellanhealth.com can be received.

Which of the following best describes your company?

Health Insurance company  What about read-only radiology offices 

New Account User Information		Your Direct Report	
<b>Choose a User ID:</b> <input type="text"/>		<b>The manager or supervisor responsible for terminating your access. This cannot be yourself.</b>	
<b>First Name:</b> <input type="text"/>	<b>Last Name:</b> <input type="text"/>	<b>First Name:</b> <input type="text"/>	<b>Last Name:</b> <input type="text"/>
<b>Phone:</b> <input type="text"/>	<b>Fax:</b> <input type="text"/>	<b>Phone:</b> <input type="text"/>	<b>Email:</b> <input type="text"/>
<b>Email:</b> <input type="text"/>	<b>Confirm Email:</b> <input type="text"/>		
<b>Company Name:</b> <input type="text"/>	<b>Job Title:</b> <input type="text"/>		
<b>Address Line 1:</b> <input type="text"/>	<b>Address Line 2:</b> <input type="text"/>		

Select **Health Insurance Company** from the Description Drop Down Menu

# Existing Users: Log In to RadMD

**NIA** MEDICAL SPECIALTY SOLUTIONS | **MAGELLAN** HEALTH SERVICES

[Home](#) [Help](#)

## RadMD.com Login

**Welcome to RadMD.com**

Please enter your Account ID and password to login:

Account ID:

Password:

[Login](#)

Forgot your password? [Request a new password.](#)

Need an account or your account has expired? [Request a new account.](#)

Questions? Comments? Need more help? [Contact RadMdSupport@magellanhealth.com.](mailto:RadMdSupport@magellanhealth.com)

# Exam Request Verification



## RadMD Request Verification - Search

### Request Verification

<b>Patient Name Search</b>	<b>Patient's Health Plan ID:</b>	<b>Exam Request ID:</b>
Last Name: <input type="text"/>	Patient Health Plan ID: <input type="text"/>	Request ID: <input type="text"/>
First Name: <input type="text"/>		
<input type="button" value="Reset"/> <input type="button" value="Name Search"/>	<input type="button" value="Reset"/> <input type="button" value="Health Plan Search"/>	<input type="button" value="Reset"/> <input type="button" value="Request Search"/>

[View Radiology Exams](#) [View Radiation Oncology Treatments](#)

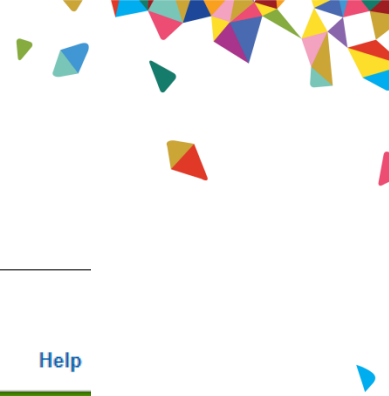
There were 4 authorizations found:

Member Name	Member Id	Procedure	Request Id	Date of Service	Call Rec'd	Status
<a href="#">Doe, John</a>	99999999	70450: Brain CT	11111111	Not Given	3/1/2011	IN REVIEW
<a href="#">Doe, John</a>	99999999	70540: Orbits MRI	11111123	Not Given	4/15/2011	IN REVIEW
<a href="#">Doe, John</a>	123800001	0148T: CTA Coronary Arteries	11111187	Not Given	6/1/2011	IN REVIEW
<a href="#">Doe, John</a>	99999999	70540: Orbits MRI	11111165	Not Given	6/10/2011	APPROVED

Search By:

Name, Health Plan ID or Authorization Number  
Details- Click on Member Name

# Exam Request Verification



**NIA Magellan**<sup>SM</sup> [Main Menu](#) [Logout](#) [Help](#)

## RadMD Request Verification - Search

### Request Verification

Patient Name Search	Patient's Health Plan ID:	Exam Request ID:	Tracking Number:
Last Name: <input type="text"/>	Patient Health Plan ID: <input type="text"/>	Request ID: <input type="text"/>	Tracking Number: <input type="text"/>
First Name: <input type="text"/>			
<input type="button" value="Reset"/> <input type="button" value="Name Search"/>	<input type="button" value="Reset"/> <input type="button" value="Health Plan Search"/>	<input type="button" value="Reset"/> <input type="button" value="Request Search"/>	<input type="button" value="Reset"/> <input type="button" value="Request Search"/>

Please be advised that all data was current as of Tuesday, January 05, 2016 at 7:17 AM MST

< > 100%

# Authorization Details Including Validity Period



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## Request Verification Details

### Exam Request Verification: Detail

[Print Fax Coversheet](#)

[Upload Clinical Document](#)

Member		Referring Physician		Imaging Provider	
Name:	John Doe	Name:	Example Physician MD	Name:	COUNTY MEDICAL CENTER
Gender:	M	Phone:	(999) 9999999	Address:	
Date of Birth:	10/27/1929	Tax ID:		Tax ID:	999999999
Member ID:	999999999	UPIN:			
Health Plan:		Specialty:	Internal Medicine		

Case		Radiology			
Case Description:	Brain MRI	Request ID:	13060NKY0025	Date of Service:	Not Available
Request Date:	3/1/2013	Status:	Other/Pending	Expedited:	No
Entry Method:	Call Center	Validity Dates:	3/1/2013-3/31/2013	CPT4:	70551 <a href="#">Billable Codes</a>
ICD9:	799.89			Clinical Rcvd:	[none]

### Medical Necessity Evaluation

Question	Answer
Is this a request for a Brain MRI?	Yes
Which of the following best describes the reason that you have requested this test?	None of the above
Which of the following best describes the reason that you have requested this test?	None of the above

# *Review Medical Necessity Evaluation*



<b>Medical Necessity Evaluation</b>	
<b>Question</b>	<b>Answer</b>
Is this a request for a Brain MRI?	Yes
Which of the following best describes the reason that you have requested this test?	None of the above
Which of the following best describes the reason that you have requested this test?	None of the above
Which of the following best describes the reason that you have requested this test?	None of the above



# View Authorization Notes



## Comments

Date Entered	User	Comment
Jan 25, 2007 9:09 AM MST	Request RadMD	PRIMARY REASON FOR STUDY: abdominal pain, hematuria, hx kidney stones
Jan 25, 2007 9:09 AM MST	Request RadMD	NO ICD-9 CODE PROVIDED AT TIME OF INITIAL CALL.
Jan 25, 2007 9:10 AM MST	Rightfax Administrator	DISCLAIMER GIVEN: This authorization is not a guarantee of payment. All claims are subject to eligibility, medical necessity, limitations and/or exclusions
Jan 25, 2007 9:10 AM MST	Request RadMD	Fax Initiated
Jan 25, 2007 9:30 AM MST	Request RadMD	Fax: Approval Fax/Letter generated
Jan 25, 2007 9:41 AM MST	Rightfax Administrator	Fax: Approval Fax/Letter successful

# *Click on Link to View Approval and Denial Letters*

[Click here to see letters sent related to this case](#)

Please be advised that all data was current as of Thursday, May 01, 2008 at 12:34 PM MST

[Back to Search Criteria](#)

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**Requested Service Approval Notification**  
January 27, 2014

\*\*00001

JANE DOE  
923 E 2ND  
HUTCHINSON KS 67501

Para obtener ayuda para traducir o entender esta información, sírvase llamar al 1-877-644-4623 o TDD/TTY 1-888-282-6428, entre 8 a.m. y 5 p.m.

Dear Jane Doe:

National Imaging Associates, Inc. (NIA) reviews certain radiology requests to determine if they are medically necessary and a covered service under the Health Plan's benefit plan.

We have looked at a request for Abdomen and Pelvis CT received on Jan 27, 2014 for the following member:

Jane Doe  
00103155301  
02/20/1986

After reviewing the request, the services are approved as follows:  
Authorization #: 000000000  
Procedure or Service Authorized: Abdomen and Pelvis CT Date of Service:  
02/07/2014

Authorization is based upon medical information provided. This authorization is not a guarantee of benefits or payment.

*View Approval and Denial Letters*



# View Customer Service Calls

## Customer Service Call Lookup

### Customer Service Call Lookup

#### Date Search

Start Date:  /  /  to End Date:  /  /

#### Member Health Plan ID Search

Health Plan ID:

#### Member Name Search

Last Name:

First Name:

1 customer service call found:

Contact Name	Contact Location	Member Name	Member ID	Call Date
Jane Smith	Unknown	JOHN DOE	9999999999999999	9/2/2011

# Details of Customer Service Call



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## Customer Service Call Details

### Customer Service Call Details

#### Caller

**Name:** Jane Smith  
**Caller Phone:** (555) 5555555  
**Caller Location:** Unknown

#### Member

**Name:** JOHN DOE  
**Gender:** M  
**Date of Birth:** 1/9/1977  
**Member ID:** 999999999999999  
**Health Plan:** 9999 Sample Health Plan - PPO FI

#### Call

**Auth ID:**  
**Service Date:** Not Available  
**Procedure:**  
**Reason:** Status of auth request

#### Employee

**Employee Name:** [none]

# Change Password



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## RadMD.com

### Change your RadMD.com Password

Please make sure your new password meets **\*all\*** of these rules:

Current Password:

New Password:

Confirm New Password:

- 6-30 characters in length
- UPPER AND lower case letters
- At least 1 number or symbol

**Submit Password Change**

*Thanks*

