



TRAINING MANUAL

Referrals & Pre-Certs

Welcome to Passport OneSource®! This manual is intended to supplement your training with Passport Health Communications. Please remember that Passport offers FREE Online training to your facility at any time.

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This section of Passport will allow you to both submit and view Pre-Certs and Referrals. From your home screen, click on “Referrals and Precerts.”

The screenshot shows the Passport OneSource web application running in a Windows Internet Explorer browser. The browser's address bar displays the URL: https://onesource.passporthealth.com/_members/Home/default.aspx?. The browser's toolbar includes Google, Go, Bookmarks, 78 blocked, Check, AutoLink, AutoFill, Send to, and Settings.

The application interface features a top navigation bar with the following links: CONTACT US | USER INFO | HELP | LOGOUT. Below this, a welcome message reads: "Welcome, Dan Garver (Passport Health Communications), Your User ID is 90178. Monday, June 23, 2008".

The main navigation bar contains the following links: **Referrals & Precerts** (highlighted with a red arrow), Claim Status, Address Info, Credit Reports, Financial Services, and Codes.

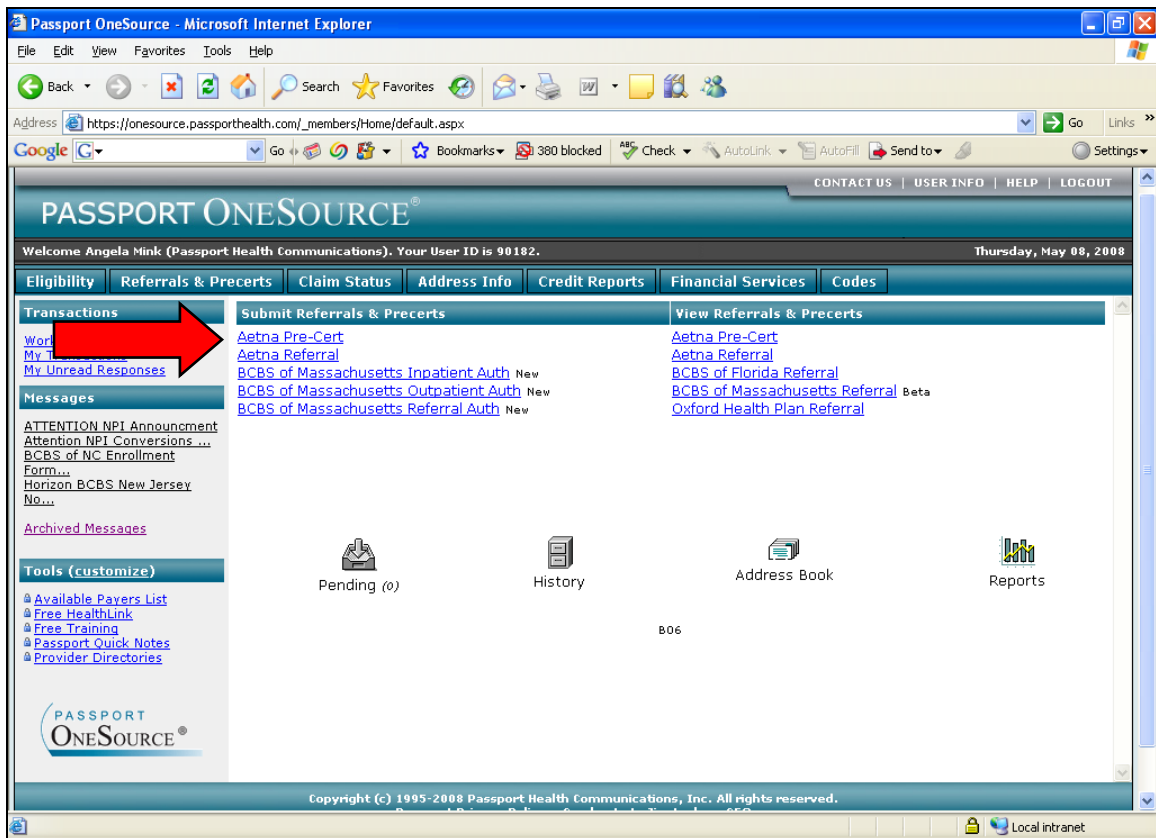
The main content area is divided into three columns:

- Transactions:**
 - Work Center
 - My Transactions
 - My Unread Responses
 - Messages
 - BC of CA - OFFLINE
 - INDIANA MD - BACK ONLINE
 - Medi-Cal NPIs and PINs
 - TriCare and BCBS SC
 - Payer ...
 - UNITEDHEALTHCARE - PROCESS...
 - Archived Messages
 - Tools (customize)
 - Available Payers List
 - Free HealthLink
 - Free Training
 - Passport Quick Notes
 - Provider Directories
- Medicaid:**
 - Alabama
 - Alabama Backup
 - AmeriChoice (NJ)
 - AmeriChoice (TN)
 - Amerigroup
 - AmeriHealth
 - Arizona
 - Arkansas
 - BCBS of Tennessee (BlueCare)
 - CareSource Health New
 - CHC Carelink
 - CHC Carenet
 - Colorado Access
 - Colorado
 - Connecticut
 - Connecticut Backup
 - Delaware
 - District of Columbia
 - Florida
 - Florida Backup
 - Florida Span of Eligibility New
 - Georgia
 - Georgia Temporary Backup
 - Hawaii
 - Health Net Medi-Cal
 - Health Partners of Philadelphia
 - Health Plan of San Joaquin
 - Healthcare USA (MO)
 - Horizon NJ Health
 - Idaho
- Commercial:**
 - Aetna
 - AFTRA Health Fund New
 - Altius Health Plans Beta
 - American Postal Workers Union
 - AmeriHealth
 - Anthem Midwest (IN, KY, OH)
 - Anthem Midwest (OH, IN, KY)
 - Anthem Northeast (CT, ME, NH) New
 - Anthem Southeast (VA)
 - Anthem West (CO, NV) New
 - BCBS of Alabama
 - BCBS of Arizona New
 - BCBS of Arkansas
 - BCBS of Florida
 - BCBS of Georgia
 - BCBS of Illinois
 - BCBS of Kansas New
 - BCBS of Louisiana Temporary Backup
 - BCBS of Louisiana
 - BCBS of Massachusetts
 - BCBS of Michigan
 - BCBS of Minnesota
 - BCBS of Mississippi
 - BCBS of Missouri Beta
 - BCBS of Nebraska New
 - BCBS of New Mexico
 - BCBS of North Carolina New
 - BCBS of Rhode Island
 - BCBS of South Carolina
 - BCBS of Tennessee (Out of State) New

The footer of the application displays the copyright notice: "Copyright (c) 1995-2008 Passport Health Communications, Inc. All rights reserved." The browser's status bar at the bottom shows "Local intranet" and "100%".

To get started, simply choose the payer and function you desire and click on the appropriate link.

For the first example we will choose “Aetna Pre-Cert” under the Submit section.



Once you have chosen your desired payer and function your screen will refresh and you will be directed to the following search screen.

Immediate response available.

Aetna Submit Pre-Cert

Submit Options:
HMO Subscriber ID

Transaction Type:
Admission

Service Type:
Alcoholism

Place of Service:
Inpatient Hospital

HMO Subscriber ID:

Requesting Provider:
The Helping Center (6009878)

Pre-Cert Contact Information

Name:

Phone Number:
Dashes, spaces, and parentheses are not allowed.

Extension:

Attending Provider ID:

Facility/Vendor ID:

Admission Information

Admitting Provider ID:
Required only for admissions.

Admission Date:
Required only for admissions.

Length of Stay: (days)
Required only for admissions.

Diagnosis Codes:
At least one diagnosis code is required.

Procedure Codes:
At least one procedure code and start date is required for non-admissions.

Code?	Start Date	Units	Type	Distance (in miles)
			-N/A-	
			-N/A-	
			-N/A-	
			-N/A-	
			-N/A-	

Go

New Batch
My Batches
My Singles

Items in **BOLD** are required.

Next, you will begin entering your patient's information.

? *NOTE: The question marks to the right of the codes below lead you to a code search.

The screen will appear as displayed below.

Immediate response available.

Aetna Submit Pre-Cert

Submit Options: HMO Subscriber ID

Transaction Type: Admission

Service Type: Alcoholism

Place of Service: Inpatient Hospital

HMO Subscriber ID:

Requesting Provider: The Helping Center (6009878)

Pre-Cert Contact Information

Name:

Phone Number: Dashes, spaces, and parentheses are not allowed.

Extension:

Attending Provider ID:

Facility/Vendor ID:

Admission Information

Admitting Provider ID: Required only for admissions.

Admission Date: Required only for admissions.

Length of Stay: Required only for admissions. (days)

Diagnosis Codes: At least one diagnosis code is required.

Procedure Codes: At least one procedure code and start date is required for non-admissions.

Code?	Start Date	Units	Type	Distance (in miles)
			-N/A-	
			-N/A-	
			-N/A-	
			-N/A-	
			-N/A-	

When you have completed the form click "GO".

Go

New Batch **My Batches** **My Singles**

Items in **BOLD** are required.

First choose your transaction type, service type, and place of service.





You will enter your contact information NOT the patient's information.

You are able to build an address book for your providers and facilities.

Enter all codes in these 2 sections (Please notice all blue text).

Pay attention to all notes written in blue text.

The "INPUT DATA" is the information you entered in the previous screen.

   					
Verify:	Payer Address				
<h3>Aetna Submit Pre-Cert</h3> <p>NOTICE: This information is classified as individually identifiable healthcare information and is intended strictly for the confidential use of the authorized requestor. Any unauthorized use or disclosure of this information is prohibited.</p>					
INPUT DATA					
Transaction Type:	Admission				
Service Type:	Medical Care				
Place of Service:	Inpatient Hospital				
Requesting Provider:	6400000				
Contact Name:	Your name here				
Contact Phone Number:	5555555555				
HMO Subscriber ID:	5555555A				
Attending Provider ID:	5555555				
Facility/Vendor ID:	5555555				
Admitting ID:	6400000				
Admission Date:	11/30/2006				
Length of Stay:	3 Days				
Diagnosis Code 1:	517.3				
REQUESTING PROVIDER					
Last Name:	The Helping Center				
First Name:	Not provided				
ETIN:	6400000				
SUBSCRIBER					
Name:	RODGER, NORM				
Member ID Number:	5555555				
Date of Birth:	09/05/1978				
DIAGNOSIS					
	<table><thead><tr><th>Type Code</th><th>Industry Code</th></tr></thead><tbody><tr><td>Diagnosis 1: Diagnosis</td><td>5173</td></tr></tbody></table>	Type Code	Industry Code	Diagnosis 1: Diagnosis	5173
Type Code	Industry Code				
Diagnosis 1: Diagnosis	5173				
SERVICE PROVIDER					
Last Name:	The Helping Center				
First Name:	Not provided				
ETIN:	6400000				
Telephone:	(555)555 5555				

Diagnosis code entered on the previous screen.

In this case this pre-cert requires further medical review.



Service Provider



If the certification action was approved, it would be indicated here, along with your certification number.



Identifies the Passport reference number.



SERVICE LEVEL

Request Category: Admission Review
Certification Type: Initial
Service Type: Medical Care
Certification Action: Pending
Certification Number: P218878220000
Reject Reason: Requires Medical Review
Admission Date: 11/30/2006
Message: AETNA WILL NEED MORE DETAILED INFORMATION ABOUT THE PATIENTS CLINICAL STATUS AND SERVICES FROM THE FACILITY UR DEPARTMENT WITHIN THE NEXT 48 HOURS WE WILL MAKE A DETERMINATION WITHIN 72 HOURS BASED ON THE AVAILABLE CLINICAL INFORMATION

SERVICE PROVIDER

Last Name: The Helping Center
First Name: Not provided
ETIN: 6400000
Telephone: (555)555 5555

SERVICE LEVEL

Request Category: Admission Review
Certification Type: Initial
Certification Action: Pending
Certification Number: 55555555555555555555
Reject Reason: Requires Medical Review

SERVICE PROVIDER

Last Name: The Helping Center
First Name: Not provided
ETIN: 6400000
Telephone: (555)555 5555

TransRef Number - 357746468

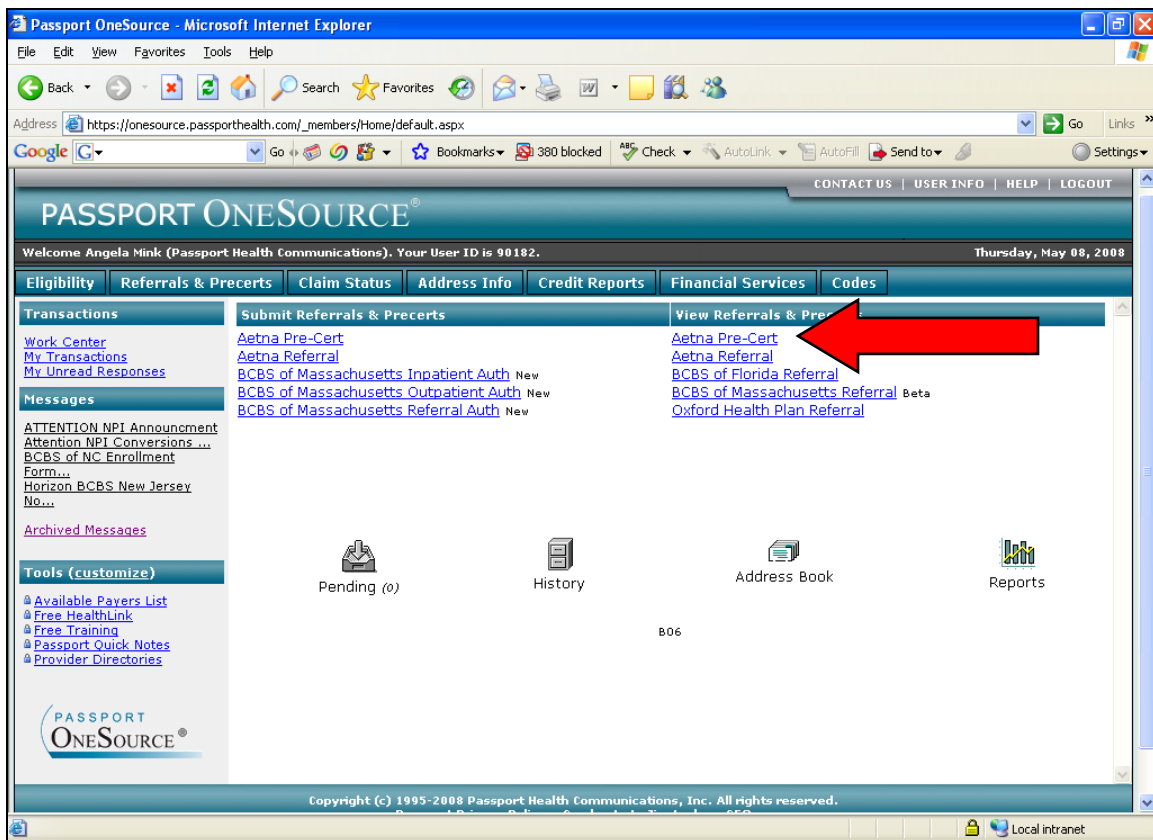
Passport Reference Number: [20061204-1457917](#)

Transaction run on 12/4/2006 at 1:44:16 PM CT by Bob Smith - The Helping Center



The next section of Passport OneSource will allow you to VIEW any Pre-Certs that have been submitted thru Passport OR directly with the payer. To get started simply select your desired payer.

For this example we will choose “Aetna Pre-Cert” under the View section.



Once you have chosen your payer you will be directed to the following search screen.

The screenshot shows a Microsoft Internet Explorer browser window displaying the Passport OneSource web application. The address bar shows the URL: https://onesource.passporthealth.com/_members/home/default.aspx. The page header includes the Passport OneSource logo and navigation links: CONTACT US, USER INFO, HELP, LOGOUT. A welcome message reads: "Welcome Angela Mink (Passport Health Communications). Your User ID is 90182." The date "Thursday, May 08, 2008" is displayed. A navigation bar contains tabs: Eligibility, Referrals & Precerts, Claim Status, Address Info, Credit Reports, Financial Services, and Codes. The left sidebar has sections for Transactions (Work Center, My Transactions, My Unread Responses), Messages (ATTENTION NPI Announcement, Attention NPI Conversions..., BCBS of NC Enrollment Form..., Horizon BCBS New Jersey No..., Archived Messages), and Tools (customize) (Available Payers List, Free HealthLink, Free Training, Passport Quick Notes, Provider Directories). The main content area is titled "Aetna Pre-Cert Inquiry" and includes a "Go" button. Below the "Go" button is a checkbox for "Create Test Transaction" and a button for "Test Transaction Fields". At the bottom of the main content area are buttons for "New Batch", "My Batches", and "My Singles". A footer note states: "Items in **BOLD** are required." The browser's status bar at the bottom shows "Done" and "Local intranet".

Passport OneSource®

Welcome Angela Mink (Passport Health Communications). Your User ID is 90182. Thursday, May 08, 2008

Eligibility Referrals & Precerts Claim Status Address Info Credit Reports Financial Services Codes

Transactions

Work Center
My Transactions
My Unread Responses

Messages

ATTENTION NPI Announcement
Attention NPI Conversions ...
BCBS of NC Enrollment
Form...
Horizon BCBS New Jersey
No...
Archived Messages

Tools (customize)

Available Payers List
Free HealthLink
Free Training
Passport Quick Notes
Provider Directories

Passport OneSource®

Immediate response available.

Aetna Pre-Cert Inquiry

Search Options: HMO Subscriber ID

Requesting Provider: Alva Bethurum (4205050)

Transaction Type: Admission Review

HMO Subscriber ID:

Previous Certification ID:

Go

☐ Create Test Transaction

Test Transaction Fields

New Batch My Batches My Singles

Items in **BOLD** are required.

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Done Local intranet

***NOTE:** Within this payer you will have search options listed at the top of the entry form as displayed below.

Immediate response available.

Aetna Pre-Cert Inquiry

Search Options:

Requesting Provider:

Transaction Type:

HMO Subscriber ID:

Previous Certification ID:

HMO Subscriber ID

HMO Subscriber ID

Subscriber ID, DOB

Subscriber ID, Dependent DOB

Subscriber ID, Dependent DOB, Name

Go

New Batch

My Batches

My Singles

Items in **BOLD** are required.

Once you have chosen your desired search option simply enter your patient's information and click "Go" or "Enter."

Immediate response available.

Aetna Pre-Cert Inquiry

Search Options:

Requesting Provider:

Transaction Type:

HMO Subscriber ID:

Previous Certification ID:

HMO Subscriber ID

The Helping Center (60089798)

Admission Review

555535556

Go

New Batch

My Batches

My Singles

Items in **BOLD** are required.

Once the response returns it will appear as follows.

Data entered on the previous entry screen.

Requesting Provider

Subscriber returned from input data.

Diagnosis codes.

Verify:

[Payer Address](#)

Aetna View Pre-Cert

NOTICE: This information is classified as individually identifiable healthcare information and is intended strictly for the confidential use of the authorized requestor. Any unauthorized use or disclosure of this information is prohibited.

INPUT DATA

Referred By Provider ID:

60089798

Transaction Type:

Admission Review

Subscriber ID:

5555355556

Date of Birth:

11/03/1957

REQUESTING PROVIDER

Last Name:

The Helping Center

First Name:

Not provided

ETIN:

60089798

SUBSCRIBER

Name:

KISH, PAT

Member ID Number:

5555355556

Date of Birth:

11/03/1957

DIAGNOSIS

Type Code

Industry Code

Diagnosis 1:

Diagnosis

71515

Certification Action.
*In this example, "Certified in
Total."

Service Provider

Procedure Codes.

Service Provider

Identifies the Passport
reference number.

SERVICE PROVIDER

Last Name: The Helping Center
First Name: Not provided
ETIN: 60089798
Telephone: (555) 555-5000

SERVICE LEVEL

Request Category: Admission Review
Service Type: Surgical
Certification Action: Certified in Total
Certification Number: 701270000000000
Admission Date: 01/05/2007
Effective Date: 01/05/2007 - 01/08/2007

SERVICE PROVIDER

Name: Duff, Tom
ETIN: 3234133
Telephone: (555) 566-5660
Provider Type: Attending
Provider Taxonomy Code: General Practice

SERVICE LEVEL

Request Category: Health Services Review
Certification Action: Certified in Total
Certification Number: 701270000000000

PROCEDURE

	Type Code	Industry Code	Date
Procedure 1:	CPT	27130	01/05/2007-01/05/2007

SERVICE PROVIDER

Name: Duff, Tom
ETIN: 3234133
Telephone: (555) 566-5660
Provider Type: Attending
Provider Taxonomy Code: General Practice

SERVICE LEVEL

Request Category: Admission Review
Certification Action: Certified in Total
Certification Number: 701278220000000

TransRef Number - 2579

Passport Reference Number: [20061208-2002008](#)

Transaction run on 12/8/2006 at 8:44:23 AM CT by Bob Fields - The Helping Center



This next section of Passport OneSource will allow you to Submit Referrals. To get started simply select your desired payer.

For this example we will choose Aetna Referral under the Submit section.

Passport OneSource - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address https://onesource.passporthealth.com/_members/Home/default.aspx

Google [Go](#) [Links](#)

CONTACT US | USER INFO | HELP | LOGOUT

PASSPORT ONESOURCE®

Welcome Angela Mink (Passport Health Communications). Your User ID is 90182. Thursday, May 08, 2008

Eligibility Referrals & Precerts Claim Status Address Info Credit Reports Financial Services Codes

Transactions **Submit Referrals & Precerts** View Referrals & Precerts

Work Center
My T
My L

Messages

ATTENTION NPI Announcement
Attention NPI Conversions ...
BCBS of NC Enrollment
Form...
Horizon BCBS New Jersey
No...

Archived Messages

Tools (customize)

Available Payers List
Free HealthLink
Free Training
Passport Quick Notes
Provider Directories

Aetna Pre-Cert
Aetna Referral
BCBS of Massachusetts Inpatient Auth New
BCBS of Massachusetts Outpatient Auth New
BCBS of Massachusetts Referral Auth New

Aetna Pre-Cert
Aetna Referral
BCBS of Florida Referral
BCBS of Massachusetts Referral Beta
Oxford Health Plan Referral

Pending (0) History Address Book Reports

803

PASSPORT ONESOURCE®

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Local intranet

Once you have chosen your payer you will be directed to the search screen shown below.


Immediate response available.

Aetna Submit Referral

Submit Options:

HMO Subscriber ID:

Referred BY Provider:

Referred TO Provider: 

OR

Taxonomy (Specialty) Code:

Facility Type Code:


Diagnosis Codes: ?

Procedure Codes: ?

Procedure Quantities:

Number of Visits:

Message to Payer:



Items in **BOLD** are required.

You will first choose from various submit options as shown. Once you have chosen your submit option, you will enter the appropriate information in the following fields.

***NOTE:** In this example we have chosen to search by “HMO Subscriber ID.”

In the “Referred TO Provider” section you are able to enter a NPI number or choose one from your address book.

Immediate response available.

Aetna Submit Referral

Submit Options:

HMO Subscriber ID

HMO Subscriber ID

Subscriber ID, DOB

Subscriber ID, Dependent DOB

Subscriber ID, Dependent DOB, Name

HMO Subscriber ID:

Referred BY Provider:

The Helping Center (6009878)

Referred TO Provider:

OR

Taxonomy (Specialty) Code:

Facility Type Code:

Office

Diagnosis Codes:

?

Procedure Codes:

?

Procedure Quantities:

Number of Visits:

Message to Payer:

Go

New Batch

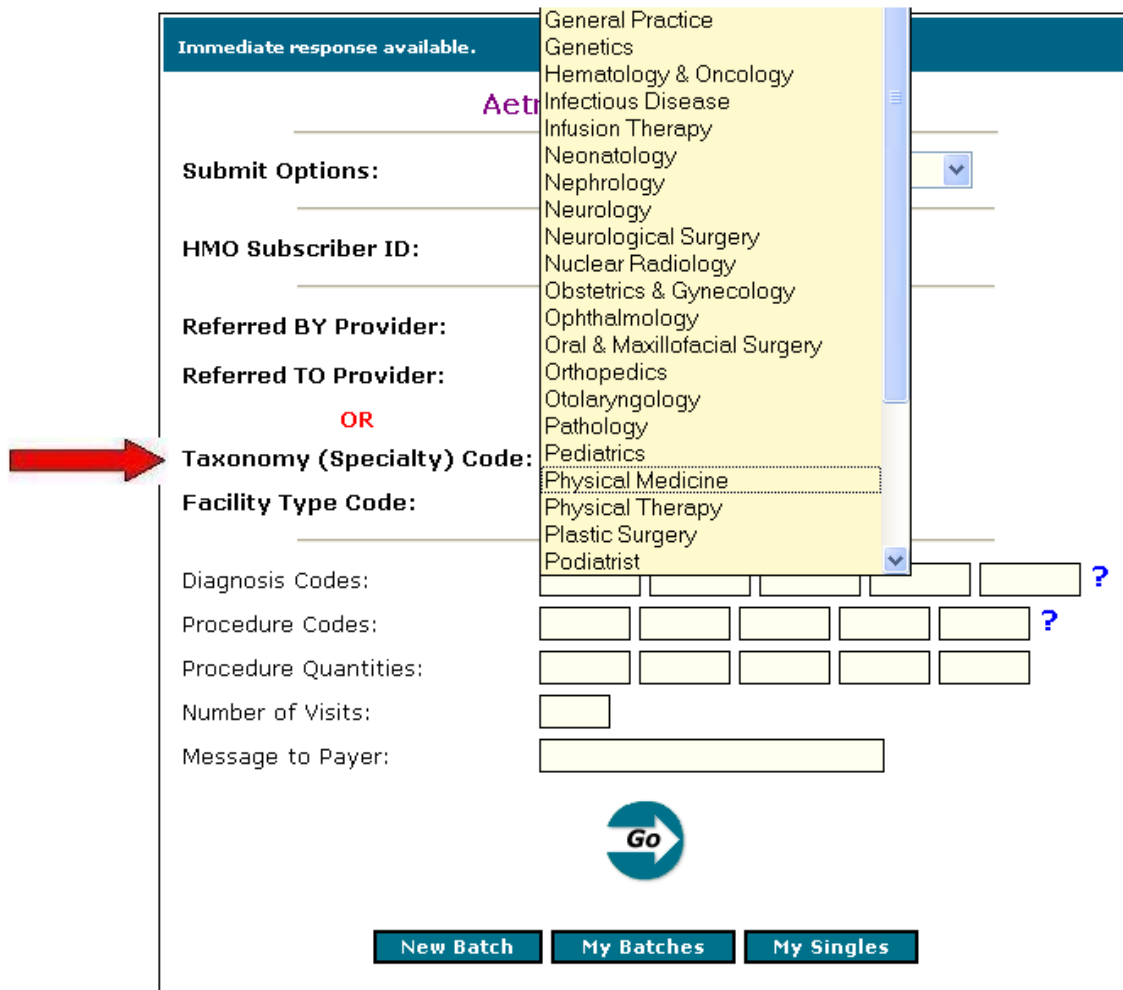
My Batches

My Singles

You are able to build an address book for your providers.

Items in **BOLD** are required.

You also have the **OPTION** to choose the appropriate taxonomy (specialty) code as displayed.



The screenshot shows a medical coding form with a dropdown menu for 'Taxonomy (Specialty) Code' open. A red arrow points to the 'Taxonomy (Specialty) Code' label. The dropdown menu lists various medical specialties, with 'Physical Medicine' and 'Physical Therapy' highlighted. The form includes fields for 'Submit Options', 'HMO Subscriber ID', 'Referred BY Provider', 'Referred TO Provider', 'OR', 'Taxonomy (Specialty) Code', 'Facility Type Code', 'Diagnosis Codes', 'Procedure Codes', 'Procedure Quantities', 'Number of Visits', and 'Message to Payer'. At the bottom, there is a 'Go' button and three buttons: 'New Batch', 'My Batches', and 'My Singles'.

Immediate response available.

Submit Options:

HMO Subscriber ID:

Referred BY Provider:

Referred TO Provider:

OR

Taxonomy (Specialty) Code:

Facility Type Code:

Diagnosis Codes:

Procedure Codes:

Procedure Quantities:

Number of Visits:

Message to Payer:

Go

New Batch **My Batches** **My Singles**

General Practice
Genetics
Hematology & Oncology
Infectious Disease
Infusion Therapy
Neonatology
Nephrology
Neurology
Neurological Surgery
Nuclear Radiology
Obstetrics & Gynecology
Ophthalmology
Oral & Maxillofacial Surgery
Orthopedics
Otolaryngology
Pathology
Pediatrics
Physical Medicine
Physical Therapy
Plastic Surgery
Podiatrist

Items in **BOLD** are required.

Next, choose the appropriate facility type code.

Immediate response available.

Aetna Submit Referral

Submit Options: HMO Subscriber ID

HMO Subscriber ID: 55555555A

Referred BY Provider: The Helping Center (6009878)

Referred TO Provider: (55555555)

OR

Taxonomy (Specialty) Code:

Facility Type Code: Office

Office

Inpatient Hospital

Outpatient Hospital

Ambulatory Surgical Center

Diagnosis Codes:

Procedure Codes:

Procedure Quantities:

Number of Visits:

Message to Payer:

Go

New Batch

My Batches

My Singles

Items in **BOLD** are required.

You will have the option to input diagnosis or procedure codes along with any message you will like to include for the payer.

When you have completed the form, click “Go” or “Enter” as displayed below.

Immediate response available.

Aetna Submit Referral

Submit Options: HMO Subscriber ID

HMO Subscriber ID: 55555555A

Referred BY Provider: The Helping Center (6008978)

Referred TO Provider: (55555555)

OR

Taxonomy (Specialty) Code:

Facility Type Code: Outpatient Hospital

Diagnosis Codes: 724.5

Procedure Codes: 72148

Procedure Quantities:

Number of Visits: 01

Message to Payer:

Go

New Batch My Batches My Singles

*Optional Fields since they are not in bold.

Items in **BOLD** are required.

When the response returns it will appear as follows.

Certification Status. In this example the certification action is "Certified in Total."





→

Requesting Provider.

→

Subscriber.

→



Verify: [Payer Address](#)

Aetna Submit Referral

NOTICE: This information is classified as individually identifiable healthcare information and is intended strictly for the confidential use of the authorized requestor. Any unauthorized use or disclosure of this information is prohibited.

CERTIFICATION STATUS
Certification Action: **Certified in Total**
Certification Number: **5555555555**

INPUT DATA
Referred By Provider ID: 6008978
Referred To Provider ID: 55555555
HMO Subscriber ID: 55555555A
Diagnosis Code 1: 724.5
Facility Type Code: Outpatient Hospital
Procedure Code 1: 72148
Number of Visits: 01

REQUESTING PROVIDER
Name: THE HELPING CENTER
ETIN: 6008978

SUBSCRIBER
Name: JONES, MARY
Member ID Number: 55555555A
Date of Birth: 03/31/1940

Information entered on the previous entry screen.

←

Any diagnosis codes you have entered.



Service Provider.



Certification Status. In this example the certification action is "Certified in Total."



Any procedure codes you have entered.



Identifies the Passport Reference Number.



DIAGNOSIS

Type Code	Industry Code
-----------	---------------

Diagnosis 1: Diagnosis 7245

SERVICE PROVIDER

Last Name: HOPE COVE HOSPITAL

First Name: Not provided

ETIN: 55555555

SERVICE LEVEL

Request Category: Specialty Care Review

Certification Type: Initial

Certification Action: Certified in Total

Certification Number: 55555555

Issue Date: 12/07/2006

Expiration Date: 03/06/2007

Service Quantity: 1 Visit(s)

PROCEDURE

Type Code	Industry Code
-----------	---------------

Procedure 1: CPT 72148

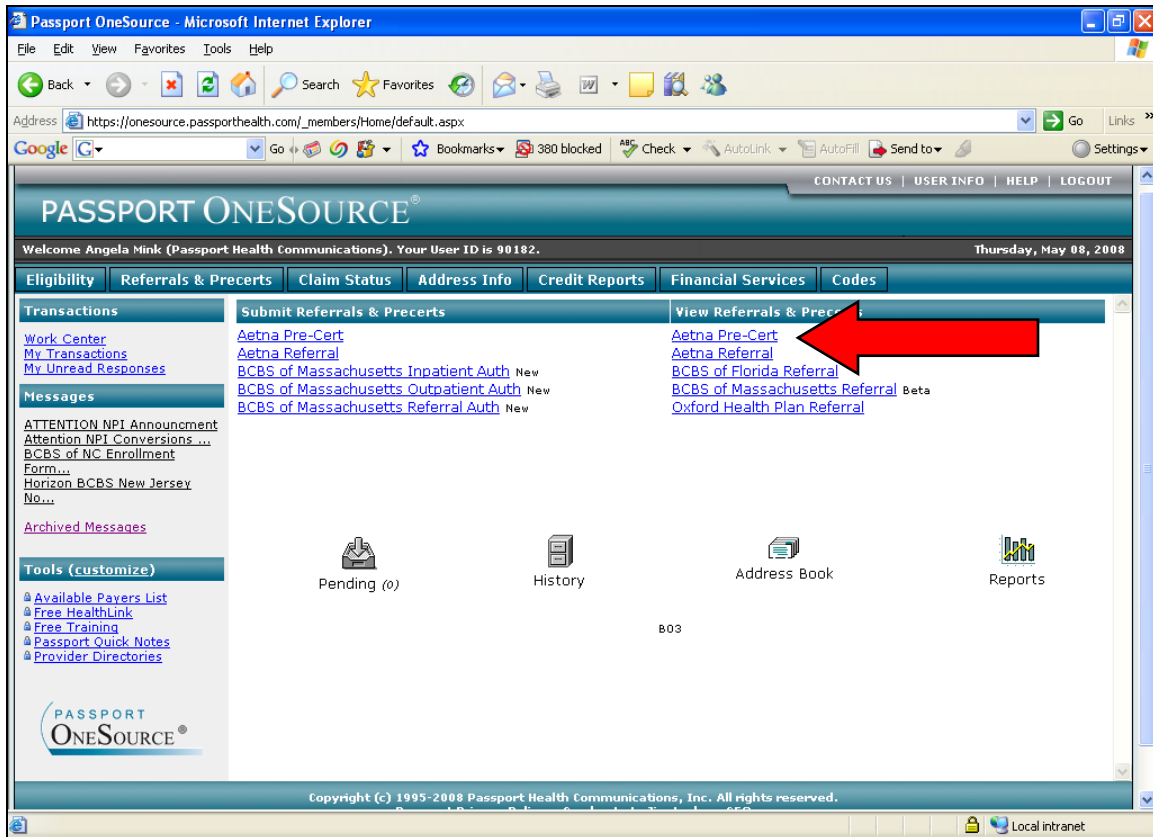
Passport Reference Number: [20061207-55555555](#)

Transaction run on 12/7/2006 at 9:50:52 AM CT by Bob Smith - The Helping Center



This section of Passport OneSource will allow you to View Referrals. To get started simply select your desired payer.

For this example we will choose “Aetna Referral” under the View section.



Once you have chosen your payer you will be directed to the following search screen.

The screenshot shows the Passport OneSource web application in a Microsoft Internet Explorer browser. The address bar displays the URL: https://onesource.passporthealth.com/_members/Home/default.aspx. The page header includes the Passport OneSource logo and navigation links: CONTACT US, USER INFO, HELP, and LOGOUT. A welcome message for Angela Mink (Passport Health Communications) is displayed, along with the date Thursday, May 08, 2008. The main navigation bar includes tabs for Eligibility, Referrals & Precerts, Claim Status, Address Info, Credit Reports, Financial Services, and Codes. The left sidebar contains links for Transactions (Work Center, My Transactions, My Unread Responses), Messages (ATTENTION NPI Announcement, Attention NPI Conversions..., BCBS of NC Enrollment Form..., Horizon BCBS New Jersey No..., Archived Messages), and Tools (customize) (Available Payers List, Free HealthLink, Free Training, Passport Quick Notes, Provider Directories). The main content area displays the "Aetna Pre-Cert Inquiry" form. The form includes a "Search Options:" dropdown menu set to "HMO Subscriber ID", a "Requesting Provider:" dropdown menu set to "Alva Bethurum (4205050)", a "Transaction Type:" dropdown menu set to "Admission Review", and input fields for "HMO Subscriber ID:" and "Previous Certification ID:". A "Go" button is located below the input fields. Below the "Go" button is a checkbox for "Create Test Transaction" and a "Test Transaction Fields" button. At the bottom of the form are buttons for "New Batch", "My Batches", and "My Singles". A footer note states: "Items in **BOLD** are required."

***NOTE:** Within this payer you will have various search options listed at the top of the entry form.

The close-up view of the "Aetna View Referral" form shows the "Search Options:" dropdown menu open, displaying a list of search criteria: "HMO Subscriber ID", "HMO Subscriber ID", "Non-HMO Subscriber ID, DOB", "Non-HMO Subscriber ID, Dependent DOB", and "Non-HMO Subscriber ID, Dependent Name, DOB". A red arrow points to the dropdown menu. The form also includes input fields for "Provider ID:", "HMO Subscriber ID:", and "Previous Certification ID:". A "Go" button is located below the input fields. At the bottom of the form are buttons for "New Batch", "My Batches", and "My Singles". A footer note states: "Items in **BOLD** are required."

Once you have chosen your search option, you will enter the patient's corresponding information.

***NOTE:** In this example we have chosen to search by "HMO Subscriber ID." Only items in bold are required.

Immediate response available.

Aetna View Referral

Search Options:

HMO Subscriber ID

Provider ID:

The Helping Center (6009878)

HMO Subscriber ID:

55555555A

Previous Certification ID:

Go

New Batch

My Batches

My Singles

Items in **BOLD** are required.

Once you have completed this form, simply click "Go" or "Enter."

Immediate response available.

Aetna View Referral

Search Options:

HMO Subscriber ID

Provider ID:

The Helping Center (6009878)

HMO Subscriber ID:

55555555A

Previous Certification ID:

Go

New Batch

My Batches

My Singles





Items in **BOLD** are required.

Once the response returns it will appear as follows.

Certification Status. In this example the certification action is "Certified in Total."

Requesting Provider.

Subscriber.



Verify: [Payer Address](#)

Aetna Submit Referral

NOTICE: This information is classified as individually identifiable healthcare information and is intended strictly for the confidential use of the authorized requestor. Any unauthorized use or disclosure of this information is prohibited.

CERTIFICATION STATUS
Certification Action: **Certified in Total**
Certification Number: **5555555555**

INPUT DATA
Referred By Provider ID: 6008978
Referred To Provider ID: 55555555
HMO Subscriber ID: 55555555A
Diagnosis Code 1: 724.5
Facility Type Code: Outpatient Hospital
Procedure Code 1: 72148
Number of Visits: 01

REQUESTING PROVIDER
Name: THE HELPING CENTER
ETIN: 6008978

SUBSCRIBER
Name: JONES, MARY
Member ID Number: 55555555A
Date of Birth: 03/31/1940

Information entered on the previous entry screen.

Any diagnosis
codes you have
entered.



Service Provider.



Certification Status. In
this example the
certification action is
"Certified in Total."



Any procedure codes
you have entered.



Identifies the
Passport Reference
Number.



DIAGNOSIS

Type Code	Industry Code
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Diagnosis 1: Diagnosis 7245

SERVICE PROVIDER

Last Name: HOPE COVE HOSPITAL

First Name: Not provided

ETIN: 55555555

SERVICE LEVEL

Request Category: Specialty Care Review

Certification Type: Initial

Certification Action: Certified in Total

Certification Number: 55555555

Issue Date: 12/07/2006

Expiration Date: 03/06/2007

Service Quantity: 1 Visit(s)

PROCEDURE

Type Code	Industry Code
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Procedure 1: CPT 72148

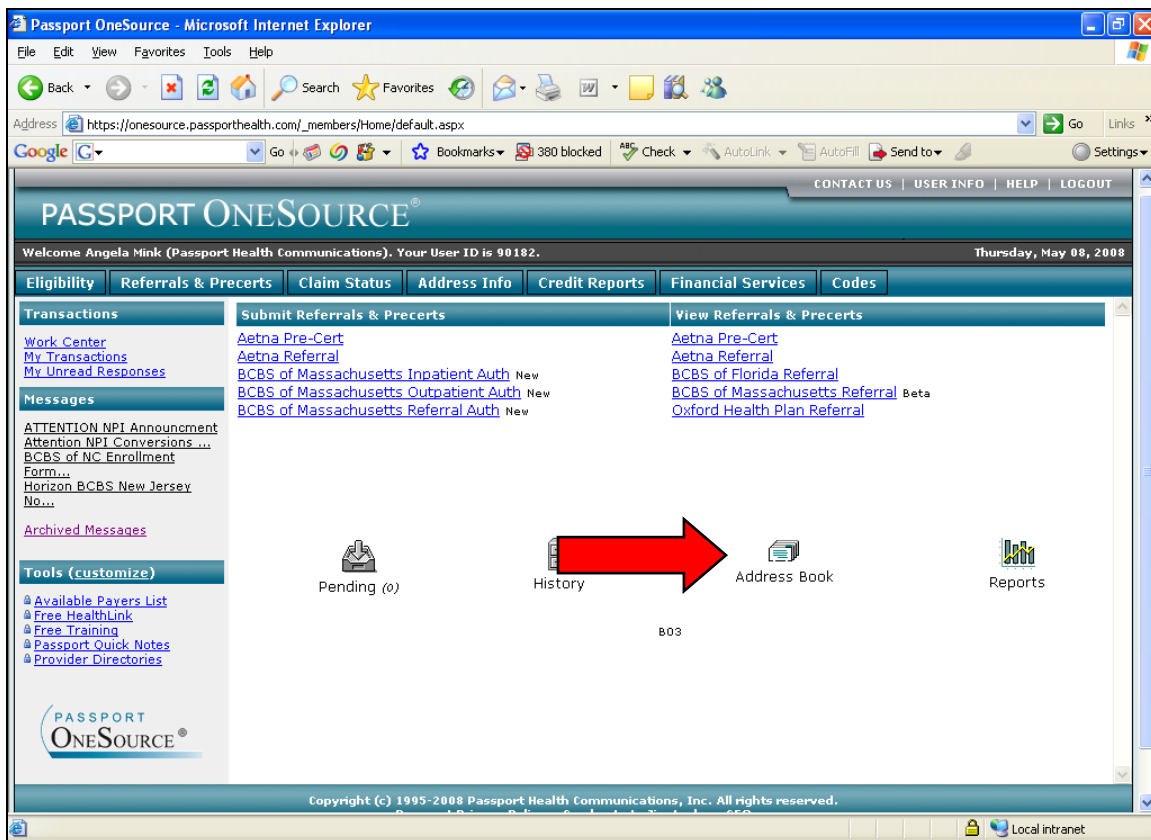
Passport Reference Number: [20061207-55555555](#)

Transaction run on 12/7/2006 at 9:50:52 AM CT by Bob Smith - The Helping Center



Within the Referrals & Pre-Certs section you are able to build out an address book for your providers. This process is very simple and will be explained over the next three pages.


First, click “Address Book” located at the bottom of your Referrals & Precerts page as displayed below.



When your screen refreshes it will be appear as shown below. To add a new entry, simply choose “Create from Custom.”

Referrals, Authorizations, & Pre-Certs - My Address Book

A D DDone

1. [Create from Custom](#) 

My Address Book

-Choose-

View

Mark all as shared

* - denotes Shared entries

Next, you will see the following screen.

Address Book - Provider Entry Form

☒ **shared entry**

Last/Facility Name:

First Name:

Middle Name:

Suffix:

Phone:

Fax:

Address 1: Address 2:

City: State:

Zip Code: County:

E-Mail:

Selected	Payer Name	Provider ID
<input type="checkbox"/>	Aetna_Pre_Cert	<input type="text"/>
<input type="checkbox"/>	Aetna_Referral	<input type="text"/>


Simply enter the Provider's information into the fields shown.

Choose the appropriate payer and enter the corresponding provider numbers (NPI numbers) to the right.

When you have completed these steps click “Save.” This entry will now be saved in the “Aetna Submit Pre-Cert” form.

Address Book - Provider Entry Form

☒ **shared entry**

Last/Facility Name: 

First Name:

Middle Name:

Suffix:

Phone:


Fax:

Address 1: Address 2:

City: State:

Zip Code: County:

E-Mail:

Selected	Payer Name	Provider ID
<input checked="" type="checkbox"/>	Aetna_Pre_Cert	<input type="text" value="5678912"/> 
<input type="checkbox"/>	Aetna_Referral	<input type="text"/>

