5.2 Care Management Portal

How to Enter a Specialist Referral
**How to Enter a Specialist Referral**

**Note:** A specialist referral approves only the outpatient CPT codes below and some related services. Other services—including some imaging, surgeries and outpatient procedures—may require Prior Authorization (PA) instead of or in addition to a Specialist Referral. Please see our Prior Authorization list for more information.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Description</th>
<th>CPT Codes Approved</th>
<th># Visits</th>
<th>Authorized Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist: Evaluate</td>
<td>Consultation visit with a specialist provider</td>
<td>99241-99245</td>
<td>1</td>
<td>90</td>
</tr>
<tr>
<td>Specialist: Evaluate and Treat</td>
<td>Evaluation and management with a specialist provider</td>
<td>99201-99205 + 99211-99215</td>
<td>4</td>
<td>90</td>
</tr>
<tr>
<td>Behavioral Health Referral</td>
<td>Office visits with a mental health provider</td>
<td>90806</td>
<td>8</td>
<td>180</td>
</tr>
<tr>
<td>Physical Therapy: <strong>first</strong> 12 visits. (Additional require PA)</td>
<td>Physical therapy visits</td>
<td>97001, 97002, 97039, 97110, 97116, 97530</td>
<td>12</td>
<td>180</td>
</tr>
<tr>
<td>Speech Therapy: First 12 visits. (Additional require PA)</td>
<td>Speech Therapy visits</td>
<td>92506, 92507, 92610</td>
<td>12</td>
<td>180</td>
</tr>
</tbody>
</table>
How to Enter a Specialist Referral

Under the top **Provider** tab, click **New Request**.
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Enter patient information in one or multiple boxes, then click **Search**.

Click the plus symbol (➕) in the far-right column to begin the request.

**HINT:** Enter partial name for greater results. For example, first name CHR returns CHRIS, CHRISTOPHER, CHRISTIE, etc.

**HINT:** A future **Coverage Start Date** means coverage is not active today. A **Coverage End Date** means coverage has ended, and only retro referrals can be entered.
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From **Episode Type**, choose **Specialist Referral**, then click **Save**.

**HINT:**
Throughout the portal, only **red** fields are required. Black fields are often completed automatically. These fields are optional.
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From **Episode Class**, choose **Pre-cert**.

Complete **Urgency**. **Routine/Standard** is most common. **Urgent/Expedited** refers to a specific medical acuity.

Complete **Diagnosis**. **Signs and Symptoms** are optional. When finished, click **Save**.
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From the left-side menu, the following four steps are required for a Specialist Referral:

**Step 1: Edit Request** – First steps for request.

**Step 3: Add Providers** – Identify providers and/or facilities.

**Step 5: UM Services** – Identify services to be done.

**Step 9: Submit Request** – Submit request to CHPW.

Other steps are optional for Specialist Referral.
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From the left side menu, click **Step 3: Add Providers**. Click **Attach New** to attach a specialist or facility (such as a group practice).

**NOTE:** Reference# (also known as Cert#) is now available in the center screen, however the request cannot be reviewed or approved until submitted. If not submitted, status is **New**.
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Enter provider information, then click **Search**.

Complete the **Provider Network** drop-down menu.

From the **Provider Role** drop-down menu, click **Treating**.

When finished, click the add symbol (🔍) in the far-right column.

**TIP:** Search for a provider best by using only one box (such as Last Name).

Use only a partial name to return more results (such as “KENT DER” for “KENT DERMATOLOGY CLINIC”)

![Diagram of the provider entry process](image)
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From the left side menu, click **Step 5: UM Services**.
Click **Add Service** to add the specialist service.
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Complete the **Service Type** drop-down menu. When done, click **Save**.

**TIP**: Two commonly confused options are **Office Consult** and **Office Visits**. **Office Consult** is a one-time evaluation. **Office Visits** are one to four visits (with first referral) for evaluation and treatment.

**TIP**: CPT codes will be automatically added by the **Service Type** chosen. The **Service Code** box allows users to identify specific CPT codes. The **Service Code** box can only be completed after the **Service Type** box.
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From the left side menu, click
**Step 9: Submit Request**.

Click **Submit Request**, then **OK**.

**TIP**: In the top-right corner, you can delete the request at any time.
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You will receive confirmation that your request has been submitted successfully.

Click on the dashboard to see **Approved Requests**. Many requests are auto-approved.

Click **Actions Required** to see requests **Pending for Submission**. These requests have not been received by CHPW.

Click **Search Requests** to view all requests specific to your location.
Care Management Portal (CMP) — 4.5 to 5.2 Upgrade

Have more questions?

Contact the Portal Support Team for assistance. We’re here to help.

Phone: (206) 652-7178
Email: Portal.Support@chpw.org

Also available online, one-page guides and training slideshows:

http://www.chpw.org/for-providers/provider-training/caremanagementportal/