Facilitator Guide

Clinical Operations Utilization Management (UM) Specialists

UM Specialist Role and Systems Training – Prospective Review, v.1.0

Contents

Overview

Course Overview

This seven-hour training prepares UM specialists to conduct their role for prospective reviews. It covers the step-by-step process to create an authorization using CareRadius. In addition, this training reviews medical coding and request profile codes so that learners can apply the knowledge and processes to practice creating authorizations.

Objectives

At the end of this course, learners will be able to:

- Ensure completeness of medical documentation and adherence to workflow timelines
- Apply common medical terminology and coding systems such as Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and International Classification of Diseases (ICD-10) within request profiles
- Identify request profile codes and their function within the review process
- Recall how to create authorizations in CareRadius

Audience

- UM specialists

Course at a Glance

Welcome (20 minutes)

- Introduction and Norms
- Participant Guide
- Agenda
- Objectives

Section One: Timelines (20 minutes)

- Timelines for Pre-authorizations/Authorizations
- Timelines for Referrals
- **Knowledge Check 1**

Section Two: Medical Codes (40 minutes)

- What is medical coding?
- Why Medical Coding Matters for UM Specialists
- Code Types
- **Knowledge Check 2**

- **Knowledge Check 3**
- **Knowledge Check 4**

Section Three: Request Profile Codes (120 minutes)

- Medical Priority Terms
- Common Medical Procedures
- Medical Specialties
- Inpatient Profiles
- Outpatient Profiles
- Home Health Profiles
- Behavioral Health Profiles
- Looking Up Profile Codes
- **Demonstration One: Looking Up Profile Codes**
- **Activity One: Looking Up Profile Codes**
- Request Codes and Profile Review Job Aid
- **Knowledge Check 5**
- **Knowledge Check 6**

Section Four: Request Profile Code Scenarios (30 minutes)

- Scenario One
- Scenario Two
- Scenario Three
- Scenario Four
- Scenario Five

Section Five: Creating an Authorization in CareRadius (70 minutes)

- Essential Fields When Creating an Authorization
- Creating a New Authorization in CareRadius
- **Demonstration Two: Creating an Authorization**
- **Activity Two: Creating an Authorization**
- **Knowledge Check 7**
- **Knowledge Check 8**

Section Six: Prospective Review Scenarios (105 minutes)

- Scenario One
- **Activity Three: Prospective Review Scenario One**

- Scenario Two
- **Activity Four: Prospective Review Scenario Two**
- Scenario Three Scenario Three
- **Activity Five: Prospective Review Scenario Three**

Wrap Up (15 minutes)

- Questions & Answers
- Mastery Check & Learner Satisfaction Questionnaire
- Thank you!

Course Preparation

Instructors and Producer Preparation

Prior to training

Ensure participants have the following:

- Microsoft Teams
- Access to the Content Library
- Access to the Learning Management System
- Participant Guide
- Access to CareRadius NP3 and login credentials

Day of training

- Have access to CareRadius NP3
- Be ready to use the computer camera for introductions and various activities
- Have the Facilitator Guide opened and/or printed
- Join the training session at least **30 minutes before start time** for audio/visual checks
- Open and share the PowerPoint presentation for the training session
- Ensure functionality of the built-in Microsoft Teams Timer feature for learner activities

Materials

- Have the Facilitator Guide opened and/or printed
- Review the link directory section to ensure all links open and are accurate.

Parking Lot

This is a running list of questions documented by the facilitator or producer. They should add questions to the parking lot if:

- There is not adequate time in the session to address the question.
- The question does not relate to the material, but another lesson/session will cover it.
- The instructor requires additional clarification to answer the question.

The instructor and producer will revisit parking lot questions throughout the course.

Course Wrap Up

Day of training

Before participants leave, please ensure they are aware that they must complete the following:

- Mastery Check
- Learner Satisfaction Questionnaire

Once training is complete, please complete the following actions on the day of training:

- If multi-day, send logistics a daily email with what the course covered, or where the course left off
- Record all parking lot questions in the parking lot section of the roster
- Document attendance for the day in the Learning Management System.

After training

Within five business days after training is complete:

- Post answers to any unanswered questions in chat
- If you're unable to answer all questions, post a message in the chat within the one-week timeframe acknowledging this, explaining that we are working on gathering the correct information, and expressing our appreciation for their patience

Pronunciation Guide

Acronyms

- **CPT** – *see-pee-tee*
- **esophagogastroduodenoscopy** – *ee-sof-uh-go-gas-troh-doo-oh-den-AH-skuh-pee*
- **HCPCS** – *hick-picks*
- **HOMEINFUS** – *home-in-fyooz*
- **PGBA** – *pee-gee-bee-ay*
- **UM** – *you-em*

Welcome

This 20-minute section provides a brief introduction to the course.

Slide 1 – Slide Title

Instructor Notes:

- No animation on this slide, advance to the next slide when done.

Producer Notes:

- Monitor chat for questions and react to statements.

[Script:]

Hello, and welcome to the Utilization Management, or UM, Specialist Role and Systems Training that is focused on prospective review.

[Advance slide]

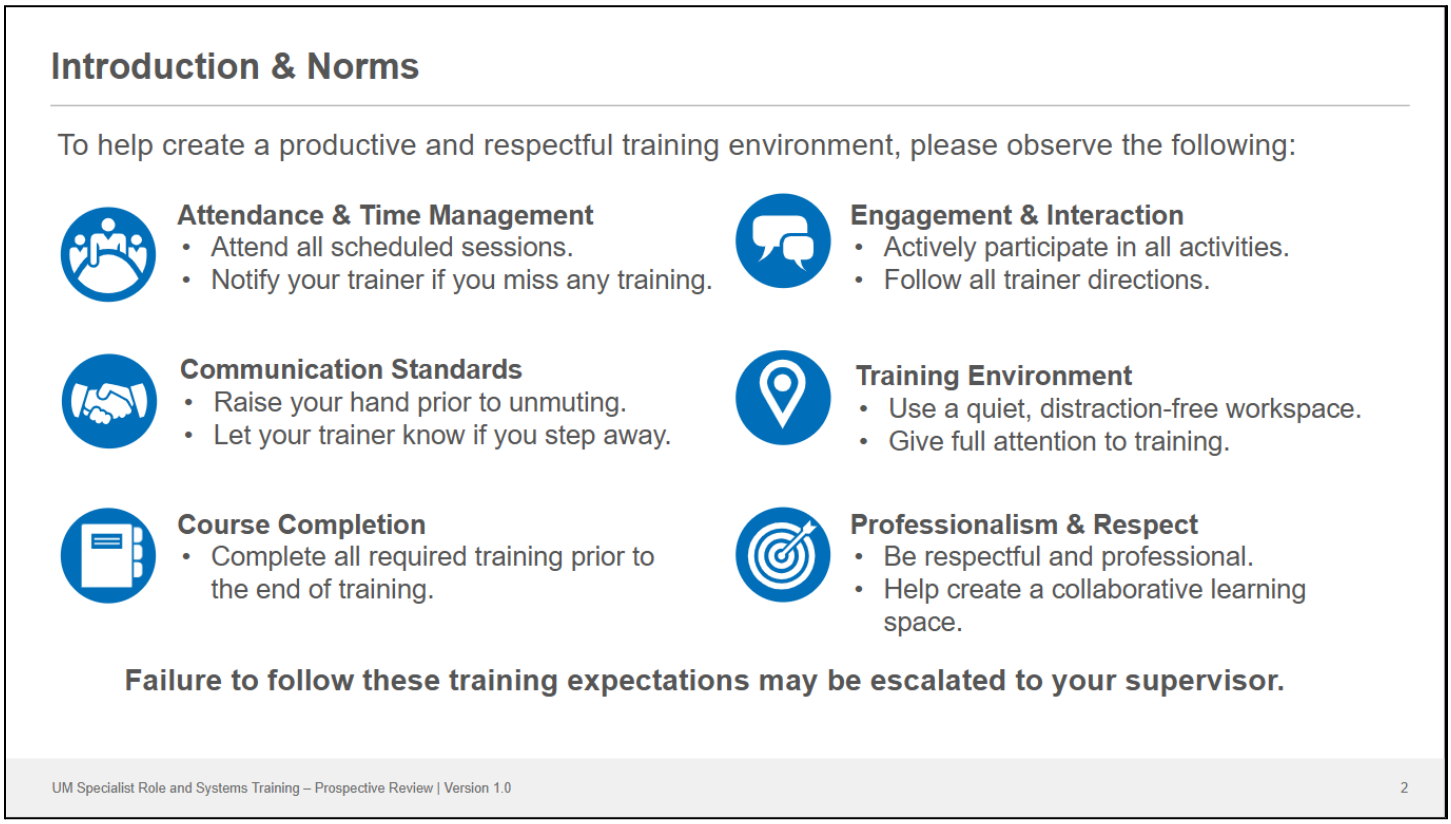
Slide 2 – Introduction & Norms

Instructor Notes:

- No animation on this slide, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] We will start with an introduction and the training session norms.

[Introduce yourself and producer including first and last name and 1-2 sentences about your relevant training].

As the facilitator, I will be leading us through this training, which includes direct instruction, knowledge checks, demonstrations, real-time practice activities, and scenarios.

As I facilitate, our producer will be working in the background to ensure everything runs smoothly and will also be monitoring the chat for any questions you may have.

[At this point, introduce any Subject Matter Experts present and anyone else helping to run the training. Post your name, the date, and the name of the training into the chat.]

[Example chat post: "Facilitator: Jane Smith | Producer: Joe Smith | Date: March 13, 2025 | Training: Utilization Management (UM) Specialist Role and Systems Training – Prospective Review "]

To ensure an optimal training experience, we kindly ask you to keep a few things in mind:

Please arrive on time for each segment and remain in training for the whole session.

If you miss a session, notify the training team by email, and separately, email your supervisor.

[Producer: Paste facilitator and producer emails in the chat.]

Please use our chat or the Teams Raise your hand feature if you have a question.

If you need to step away for a moment, please let us know.

You must complete all components of the training session for credit.

Be an active participant and try to minimize any distractions.

Join training in a quiet, distraction-free environment.

It is important to respect each other and the learning environment as we are all here to learn; there are no silly questions.

Just a reminder, we are planning on recording this training for you to access in the future if needed, so long as there are no objections. We'll pause now in case anyone would like us to not record.

[Allow 5 seconds]

Thank you all for agreeing to record this session. We will start the recording now.

To better understand who is attending training today, please share in the chat how long you have been with this company.

[Pause for responses and respond to answers]

Thank you for sharing. As we continue, keep in mind that everyone's level of experience is valuable in this training environment.

[Advance slide]

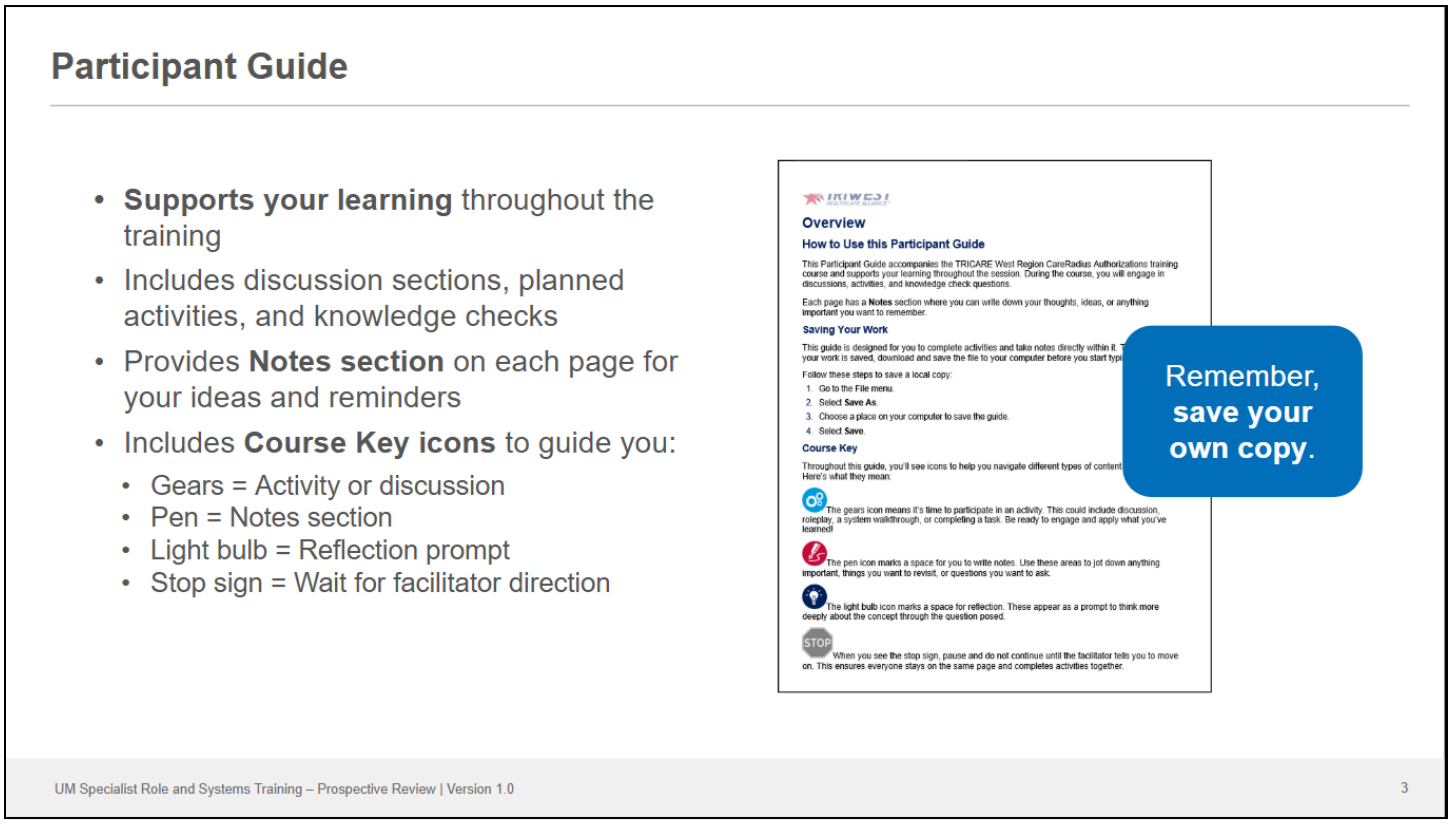
Slide 3 – Participant Guide

Instructor Notes:

- No animation on this slide, advance to the next slide when done.

Producer Notes:

- Place Participant Guide in the chat.
- Monitor chat for questions and react to statements.



[Script:] Let's take a moment to go over your Participant Guide which will be shared in the chat.

[Producer places the link to the Participant Guide in the chat.]

This guide will support your learning throughout today's training. You'll use it to follow along during discussions, complete activities, and check your understanding with knowledge questions.

Each page has a Notes section, so feel free to jot down key takeaways, ideas, or questions you want to revisit later.

If you are planning to use the participant guide digitally, before you start typing in the guide, make sure you save your own copy. To do that, go to File, then Save As, choose a location on your computer, and click Save.

You'll also see several icons throughout the guide that help you navigate the material: the gears icon tells you it's time to participate, such as a discussion, roleplay, or system walkthrough, the pen icon

marks a spot for your notes, and the light bulb icon means there's a reflection question to think through.

When you see the stop sign, pause and wait for direction before moving forward. This helps us all stay together during the session.

Keep your guide handy because you'll be using it throughout the course.

[Advance slide]

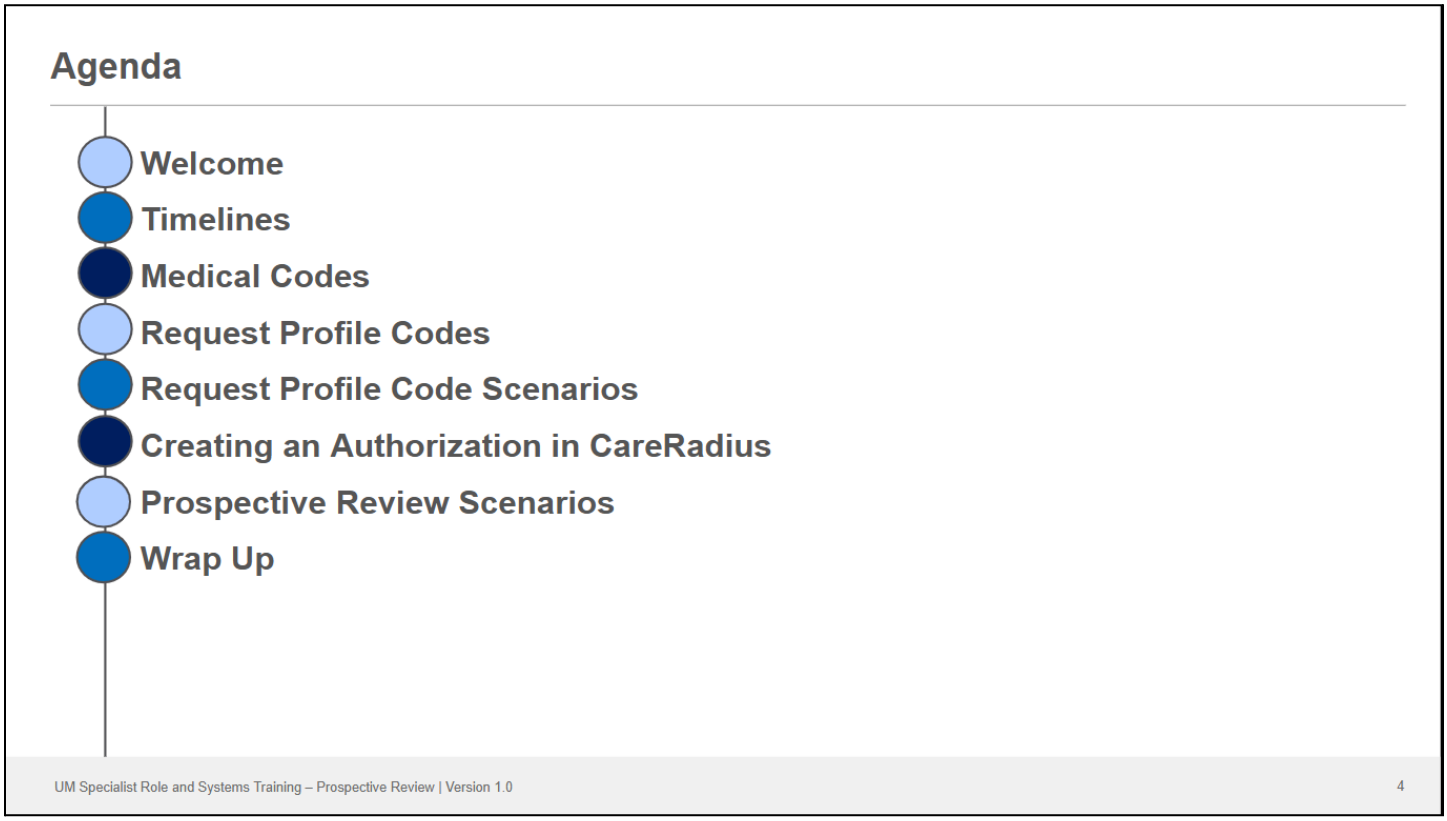
Slide 4 – Agenda

Instructor Notes:

- No animation on this slide, advance to the next slide when done.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Let's go over what we will learn in this training. First, we'll discuss timelines for pre-authorizations, authorizations, and referrals. Then, we'll learn about how to locate a UM folder in DOMA and export DOMA faxes to CareRadius. After that, we'll review medical codes and request profile codes, which you learned about in the Introduction to Medical Coding WBT and CareRadius Authorizations training. One of the trickiest parts of creating authorizations in CareRadius is making sure that the request profile codes are correct, so we'll get extra practice with them using various scenarios. Then, we'll review how to create an authorization and end the training with additional scenarios in which you need to apply everything you learn in this training to create authorizations.

[Advance slide]

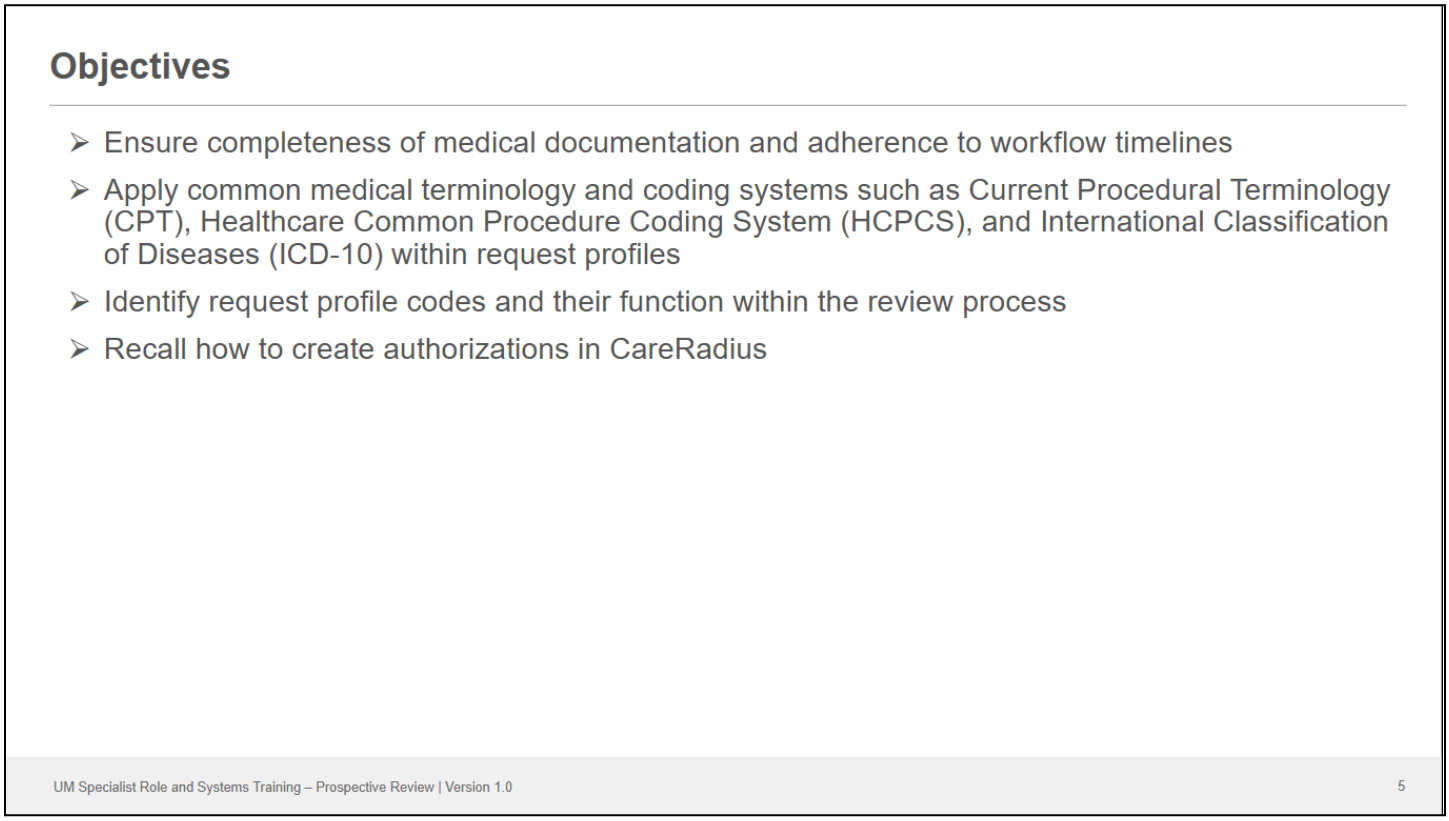
Slide 5 – Objectives

Instructor Notes:

- No animation on this slide, advance to the next slide when done.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] By the end of today's training, you will be able to ensure completeness of medical documentation and adherence to workflow timelines;

apply common medical terminology and coding systems such as Current Procedural Terminology (CPT); Healthcare Common Procedure Coding System (HCPCS) and International Classification of Diseases (ICD-10) within request profiles;

identify request profile codes and their function within the review process;

and recall how to create authorizations in CareRadius. **[Advance slide]**

Section One: Timelines

This 20-minute section introduces learners to timelines for pre-authorizations, authorizations, and referrals.

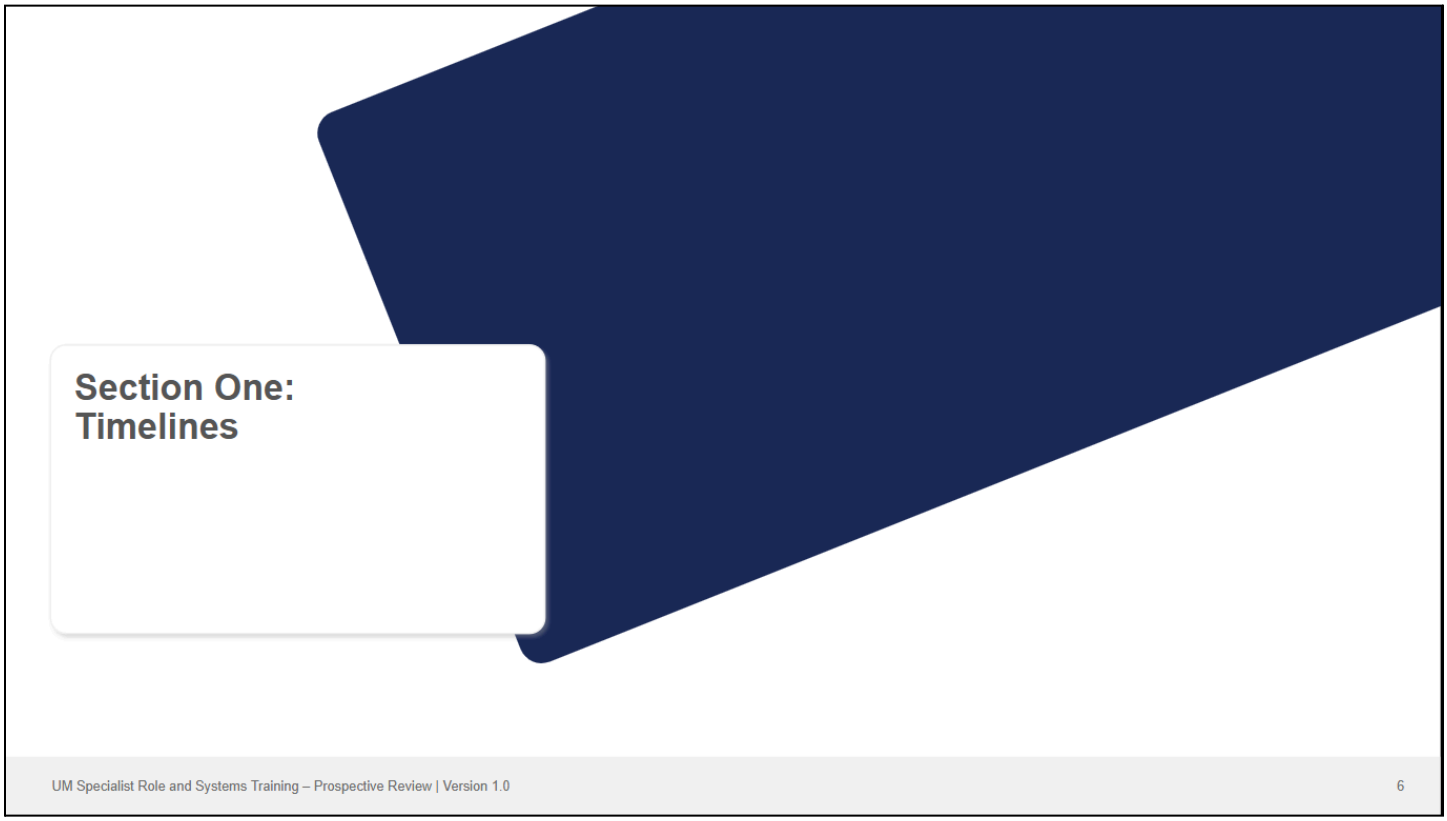
Slide 6 – Timelines

Instructor Notes:

- No animation on this slide, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] First, we'll learn about timelines for pre-authorizations, authorizations, and referrals. This is important for you to keep in mind when working on prospective reviews, because we need to adhere to these timelines as part of the T-5 contract.

[Advance slide]

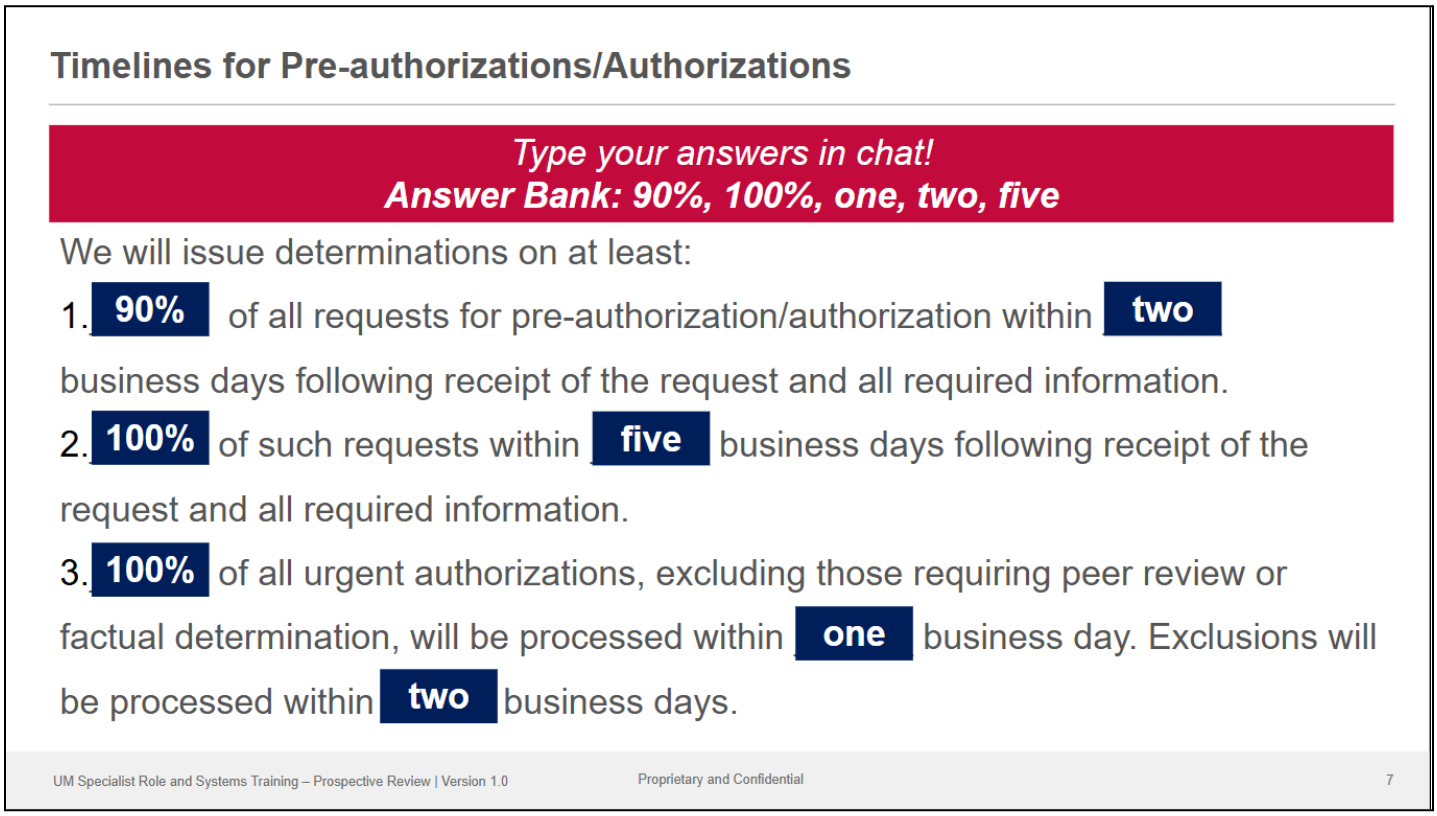
Slide 7 – Timelines for Pre-authorizations/Authorizations

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Let's start with the timelines for pre-authorizations and authorizations. I know we haven't gone over these yet but take your best guess at what you think goes into these blanks based on the context. I will read each sentence, and you will type your answers in chat. The answer bank consists of 90%, 100%, one, two, and five.

[Pause for responses]

Number one, we will issue determinations on at least _____ of all requests for pre-authorization/authorization within _____ business days following receipt of the request and all required information. Type your two answers in chat.

[Advance for animation]

The answers are 90% and two, so we will issue determinations on at least 90% of all requests for pre-authorization/authorization within two business days following receipt of the request and all required information.

Number two, we will issue determinations on _____ of such requests within _____ business days following receipt of the request and all required information. Type your two answers in chat.

[Advance for animation]

The answers are 100% and five, so we will issue determinations on 100% of such requests within five business days following receipt of the request and all required information.

Number three, _____ of all urgent authorizations, excluding those requiring peer review or factual determination, will be processed within _____ business day. Exclusions will be processed within _____ business days.

[Advance for animation]

The answers are 100%, one, and two, so 100% of all urgent authorizations, excluding those requiring peer review or factual determination, will be processed within one business day. Exclusions will be processed within two business days.

Great job! Now, let's move on to timelines for referrals.

[Advance slide]

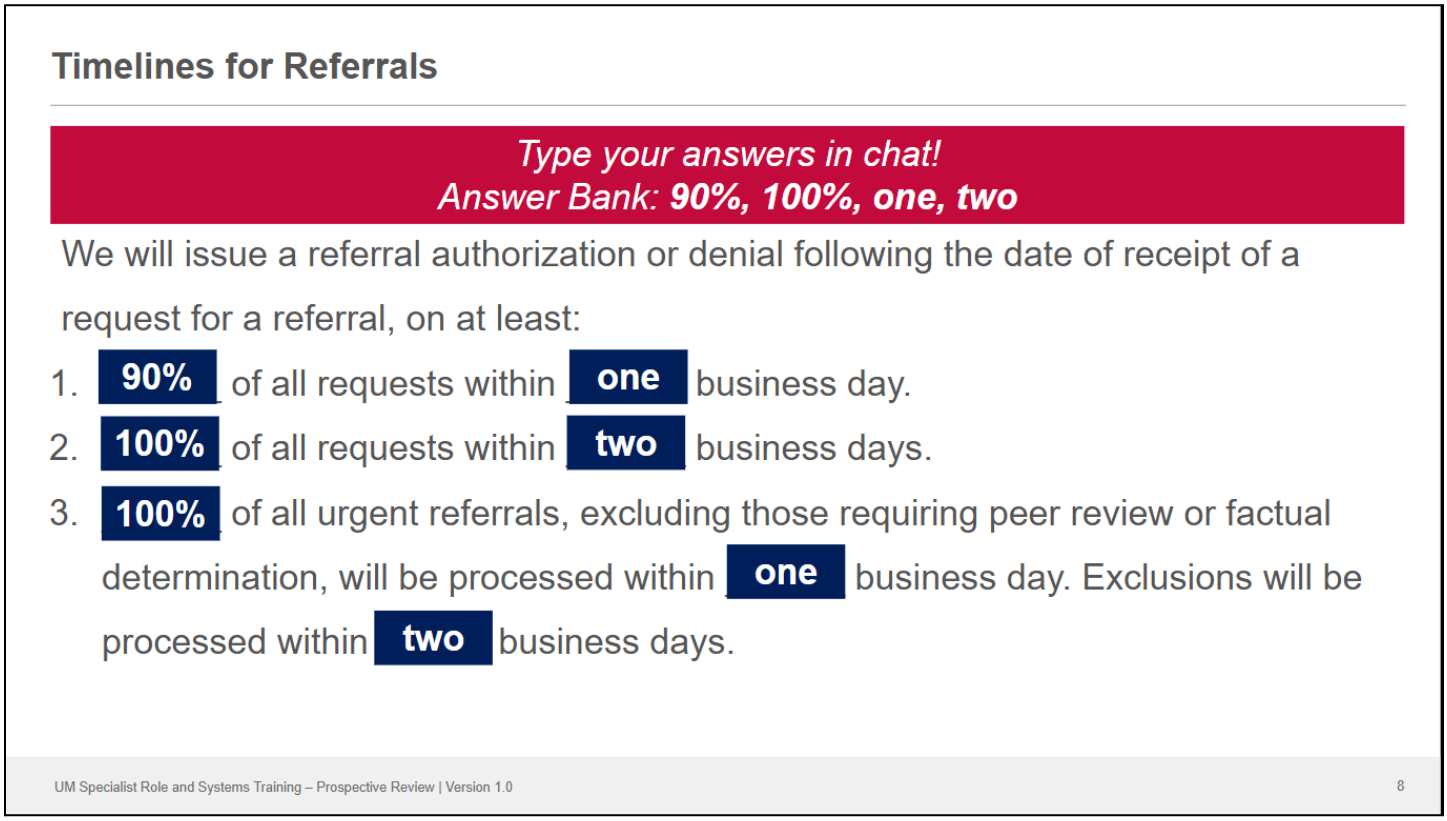
Slide 8 – Timelines for Referrals

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Just like the previous slide, I will read each sentence, and you will type your answers in chat. The answer bank consists of 90%, 100%, one, and two.

[Pause for responses]

Number one, we will issue a referral authorization or denial following the date of receipt of a request for a referral, on at least _____ of all requests within _____ business day. Type your two answers in chat.

[Advance for animation]

The answers are 90% and one, so we will issue a referral authorization or denial following the date of receipt of a request for a referral, on at least 90% of all requests within one business day.

Number two, we will issue a referral authorization or denial following the date of receipt of a request for a referral, on _____ of all requests within _____ business days. Type your two answers in chat.

[Advance for animation]

The answers are 100% and two, so we will issue a referral authorization or denial following the date of receipt of a request for a referral, on 100% of all requests within two business days.

Number three, _____ of all urgent referrals, excluding those requiring peer review or factual determination, will be processed within _____ business day. Exclusions will be processed within _____ business days.

[Advance for animation]

The answers are 100%, one, and two, so 100% of all urgent referrals, excluding those requiring peer review or factual determination, will be processed within one business day. Exclusions will be processed within two business days. Great job!

[Advance slide]

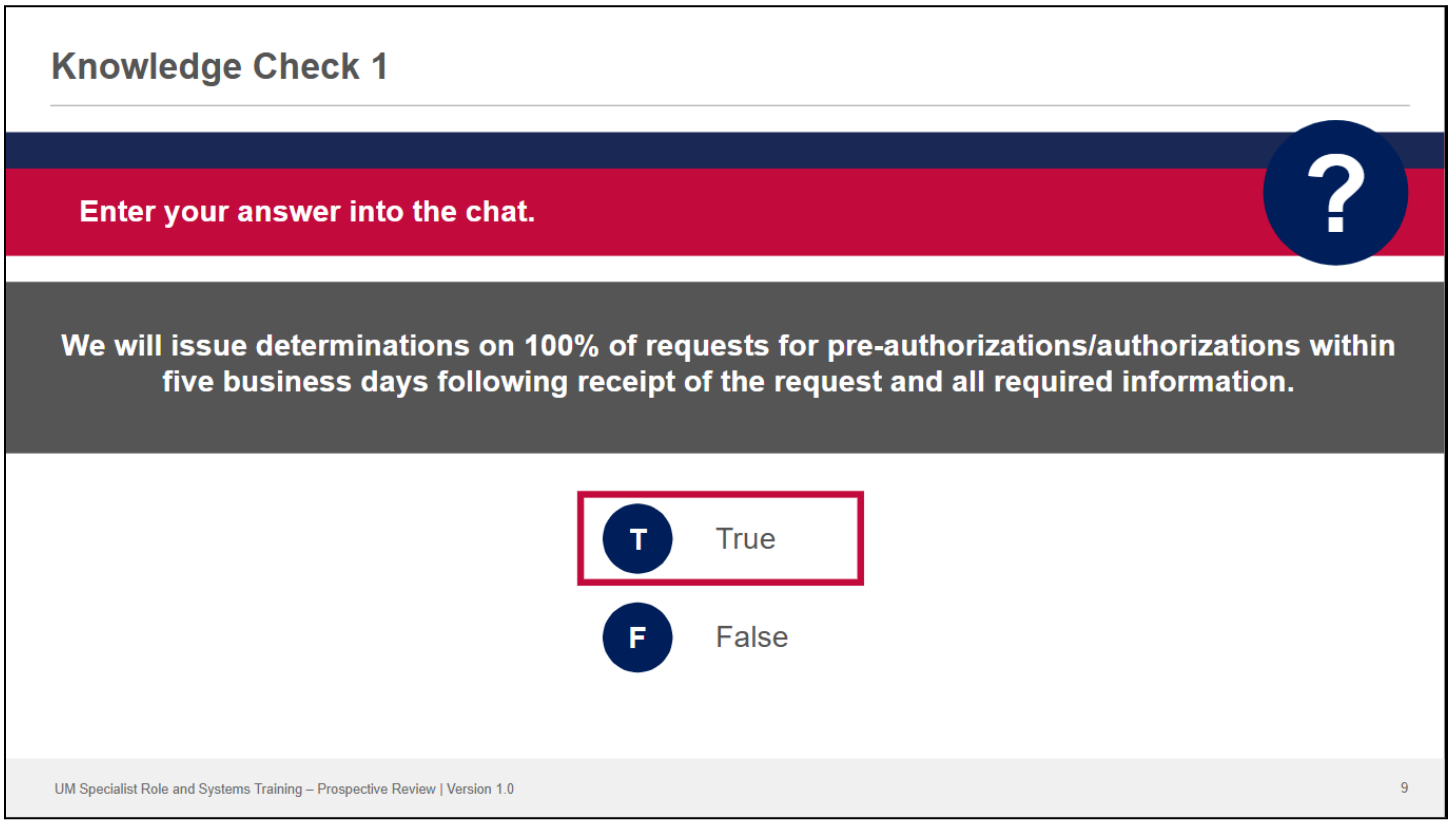
Slide 9 – Knowledge Check 1

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Let's check our knowledge:

We will issue determinations on 100% of requests for pre-authorizations and authorizations within five business days following receipt of the request and all required information. Is this statement true or false?

T. True

F. False

Send your answer to our chat. We'll give about 15 seconds to enter the best response.

[Pause for discussion] [Advance for animation]

Well done! Thank you for sharing what you think the best answer is, which is T – True.**[Advance slide]**

Section Two: Medical Codes

This 40-minute section helps learners review and reinforce CPT, HCPCS, and ICD-10 codes.

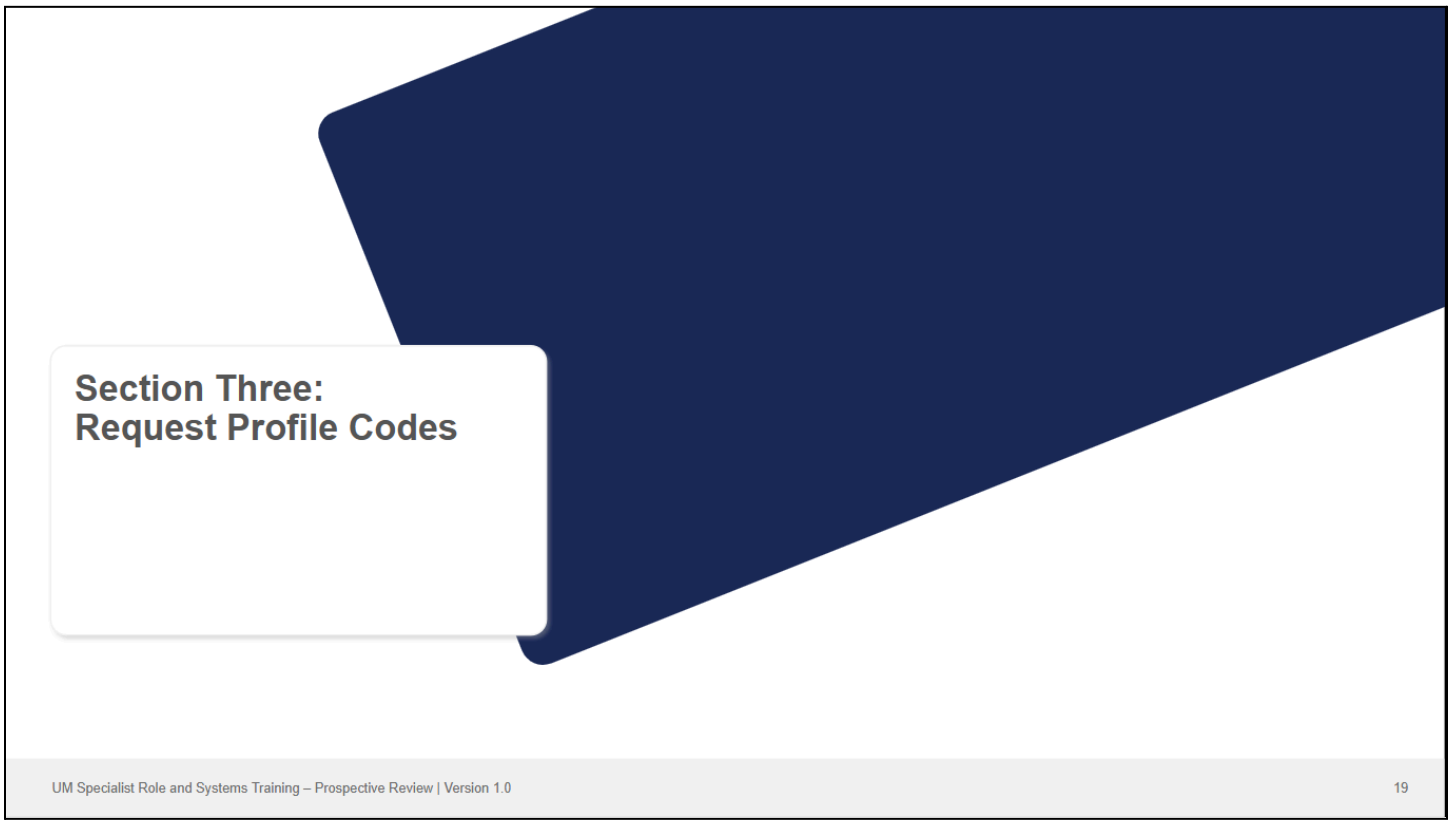
Slide 10 – Medical Codes

Instructor Notes:

- No animations on this slide, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Previously, you took an Introduction to Medical Coding WBT. In this next section, we'll review what you learned about medical codes, because they are a very important part of building authorizations in CareRadius. Let's get started!

[Advance slide]

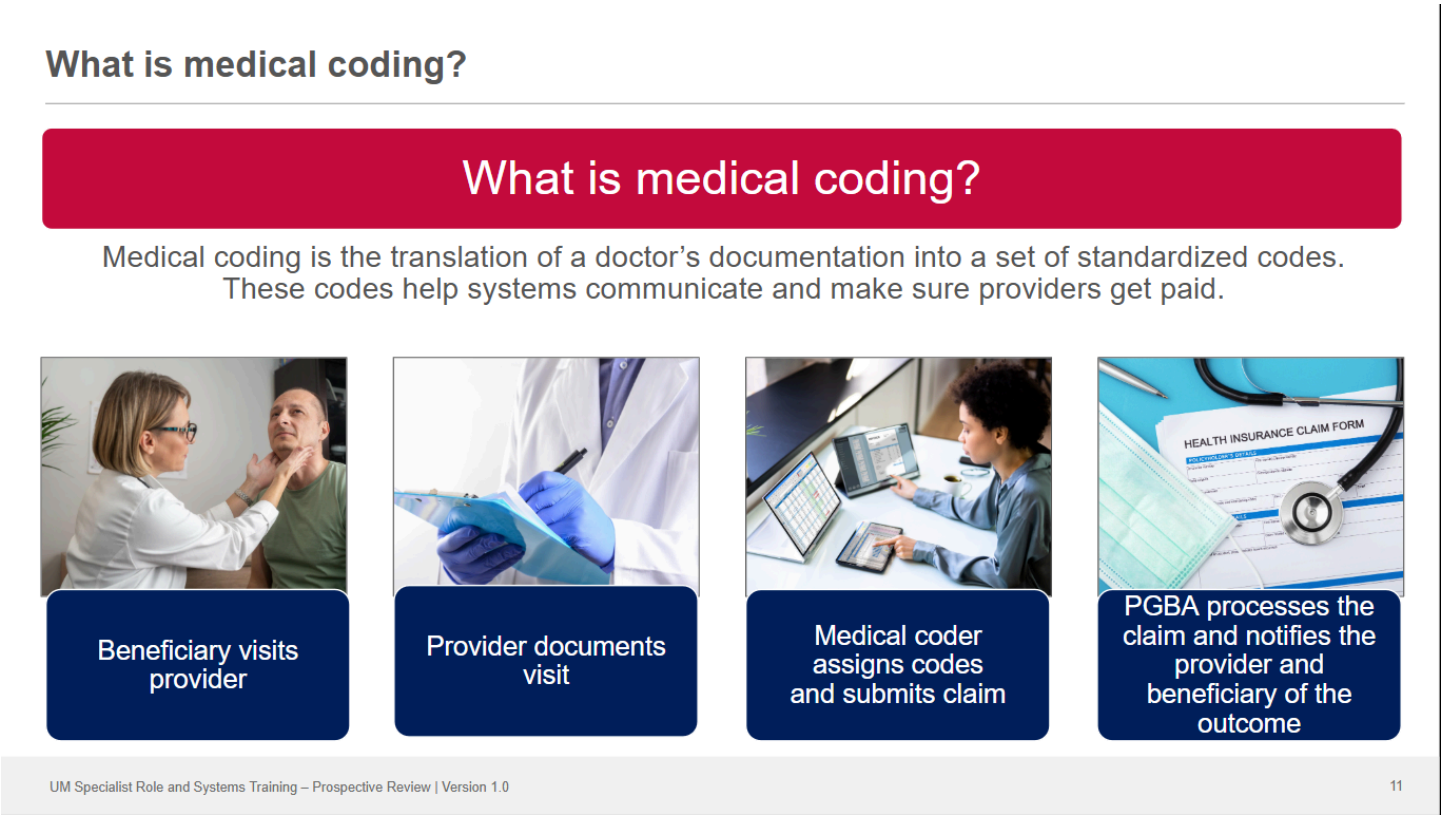
Slide 11 – What is Medical Coding?

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Let's start with the basics. Who can tell me what they think medical coding might be?

[Pause for responses]

Those are great thoughts!

[Advance for animation]

Medical coding is essentially a translation system that converts healthcare services into a universal language of codes. Think of it as transforming the story of a patient's healthcare visit into a standardized format that can be understood by healthcare providers, insurance companies, and billing systems across the country.

Let me give you a simple example.

[Advance for animation]

When a patient visits their doctor for a sore throat,

[Advance for animation]

the doctor might diagnose them with strep throat and prescribe antibiotics. Instead of writing out "strep throat" and "antibiotic prescription" on a claim form,

[Advance for animation]

the medical coder assigns specific codes. They might use J02.0 for the strep throat diagnosis, 99213 for the office visit and perhaps another code for the throat culture they performed before submitting the claim.

[Advance for animation]

After the medical coder submits the claim, PGBA processes the claim and notifies the provider and beneficiary of the outcome.

These codes tell the entire story of that visit in a standardized way.

[Advance slide]

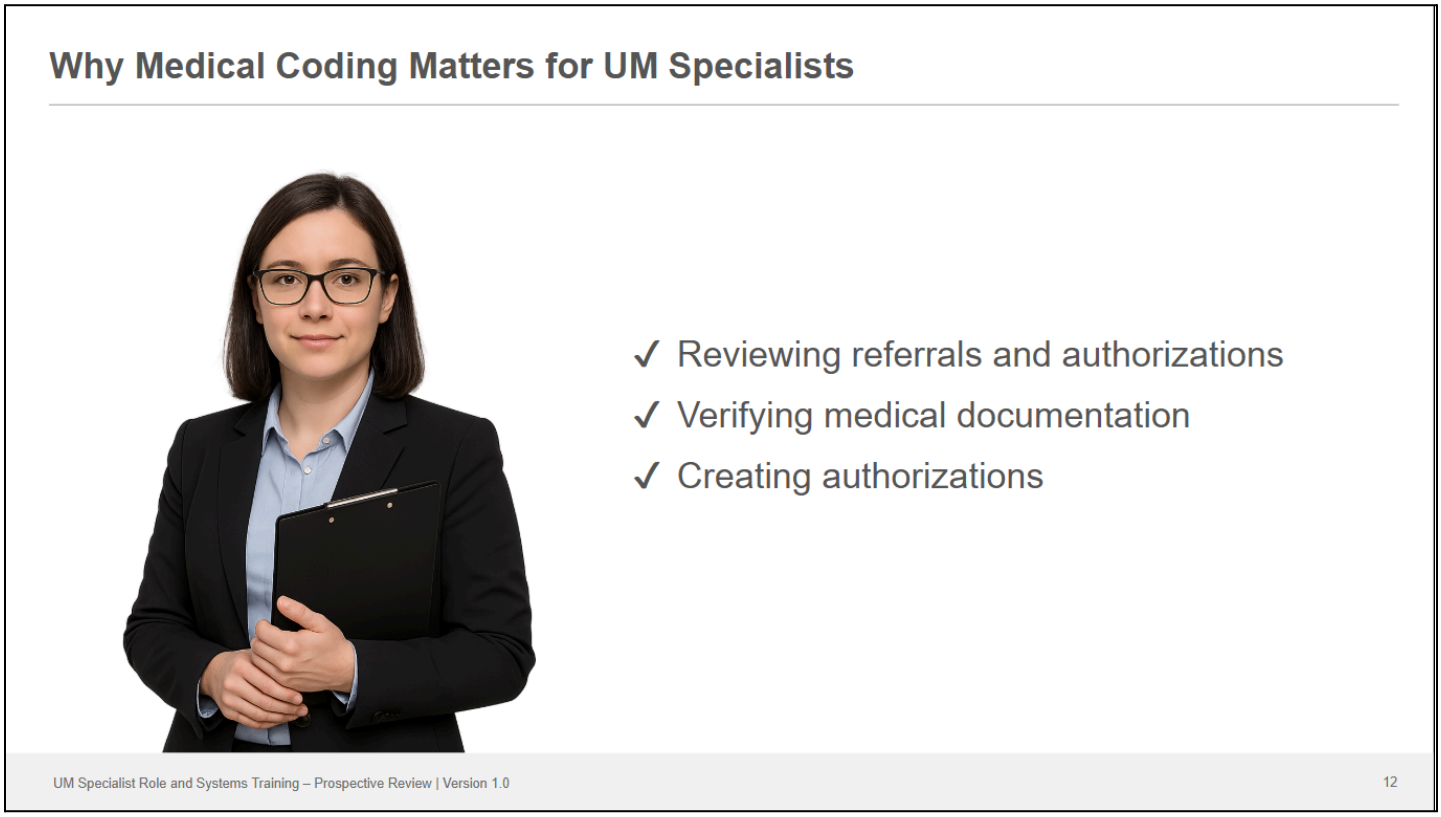
Slide 12 – Why Medical Coding Matters for UM Specialists

Instructor Notes:

- No animations on this slide, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Now, why should you care about medical coding in your UM specialist role? Let's discuss this.

Medical codes are everywhere in your work, even if you're not creating or interpreting them clinically. You'll see them in referrals and authorizations, medical documentation, and CareRadius. Your job isn't to explain the medical reason behind a code but to understand it so that you can verify the codes and create authorizations in CareRadius. Let's take a few moments to explore what medical codes are and how they show up in your work.

[Advance slide]

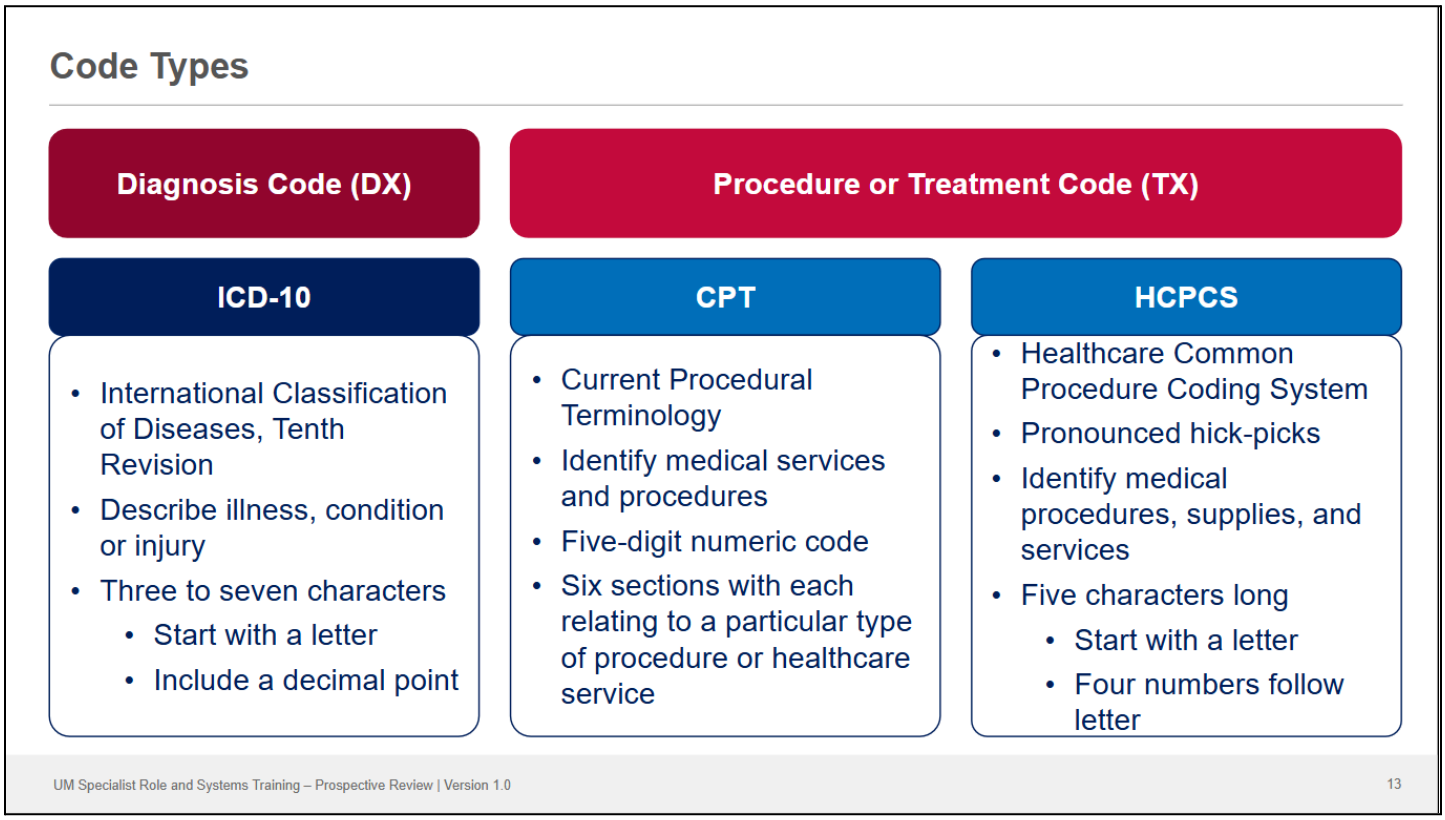
Slide 13 – Code Types

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] First, let's go over code types. There are diagnosis codes and procedure or treatment codes. Diagnosis codes are often abbreviated as DX, and procedure or treatment codes are abbreviated as TX. As the names suggest, diagnosis codes describe an illness, condition, or injury, whereas procedure or treatment codes identify the medical services, procedures, and supplies needed to treat the patient. When working with referral and authorization forms, you will see one to four diagnosis codes and at least one treatment code.

There are three types of medical codes you need to know: ICD-10, CPT, and HCPCS. ICD-10 is a diagnosis code, while CPT and HCPCS are procedure codes. Now, let's look at the details of each code type.

[Advance for animation]

First up is our category of **diagnosis codes.** ICD-10, which stands for International Classification of Diseases Tenth Revision, codes describe an illness, condition, or injury. They are always three to seven characters long, start with a letter, and include a decimal point.

[Advance for animation]

Next is the first of our two types of **procedure codes.** CPT is short for Current Procedural Terminology, and these codes identify medical services and procedures. CPT codes always have five numbers and are divided into six main sections. Each section relates to a particular type of procedure or healthcare service.

[Advance for animation]

HCPCS, pronounced hick-picks, stands for the Healthcare Common Procedure Coding System. HCPCS codes identify medical procedures, supplies, and services. They also have five characters, but they begin with one letter followed by four numbers.

Note that both CPT and HCPCS codes identify medical services and procedures, but HCPCS codes also identify medical supplies.

[Advance slide]

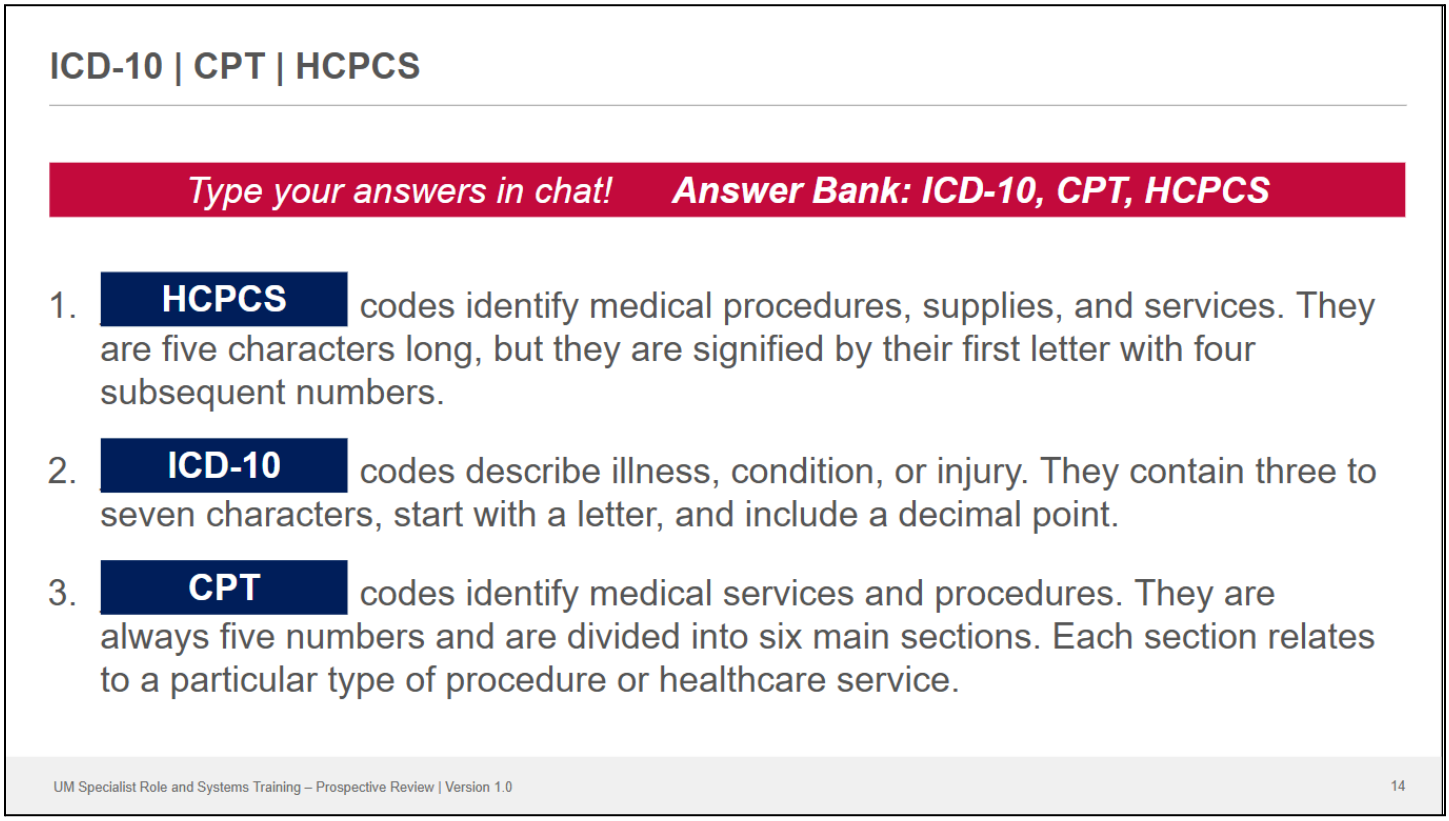
Slide 14 – ICD-10 | CPT | HCPCS

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Let's identify the codes! Here is the description of the three code types. Type your answers in chat, and remember, the answer bank consists of ICD-10, CPT, and HCPCS.

[Pause for responses]

Time to go over the answers! Number one, _____[Blank] codes identify medical procedures, supplies, and services. They are five characters long, but they are signified by their first letter with four subsequent numbers.

[Advance for animation]

The answer is HCPCS. Number two, _____[Blank] codes describe illness, condition, or injury. They contain three to seven characters, start with a letter, and include a decimal point.

[Advance for animation]

The answer is ICD-10. Number three, _____[Blank] codes identify medical services and procedures. They are always five numbers and are divided into six main sections. Each section

relates to a particular type of procedure or healthcare service.

[Advance for animation]

The answer is CPT.

[Advance slide]

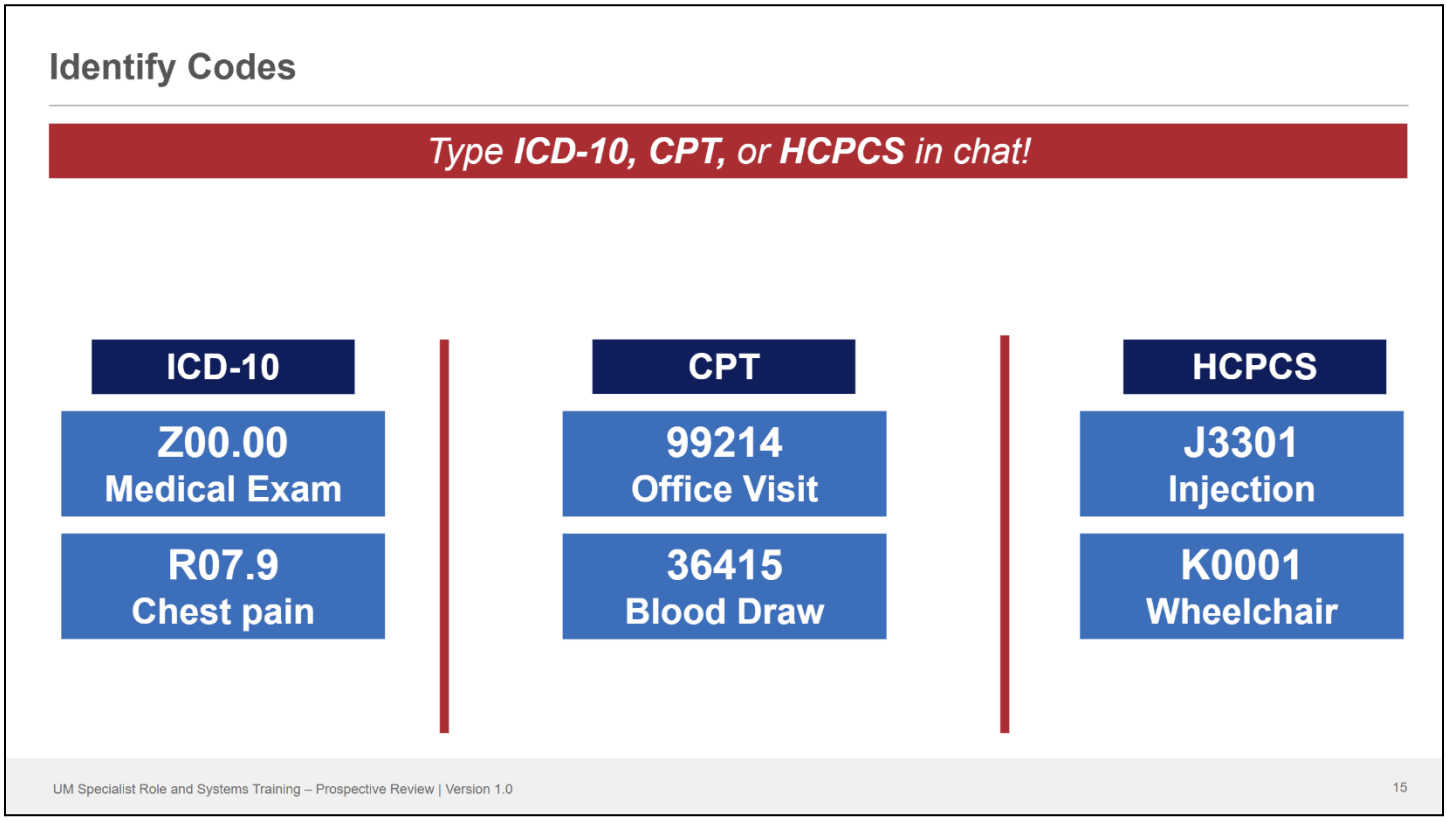
Slide 15 – Identify Codes

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Moving on… Let's apply our knowledge of codes to identify codes. Decide if each code is an ICD code, a CPT code, or a HCPCS **[pronounced hick-picks]**. Type ICD, CPT, or HCPCS in the chat as we go!

[Advance for animation]

Our first code is Z00.00, which is general medical exam. Is that an ICD, CPT, or HCPCS code? Type your answer in the chat.

[Pause for responses. Advance for animation twice]

ICD-10 is correct! ICD codes start with a letter and have a decimal point.

[Advance for animation]

Our next code is 99214, which is an office visit. Is that an ICD, CPT, or HCPCS code? Type your answer in the chat.

[Pause for responses. Advance for animation twice]

99214 is a CPT code! Remember, CPT codes are five numbers.

[Advance for animation]

Our next code is R07.9, which is chest pain. Is that an ICD, CPT, or HCPCS code? Type your answer in the chat.

[Pause for responses. Advance for animation twice]

ICD-10 is correct! ICD codes start with a letter and have a decimal point.

[Advance for animation]

Our next code is J3301, which is an injection. Is that an ICD, CPT, or HCPCS code? Type your answer in the chat.

[Pause for responses. Advance for animation twice]

HCPCS is correct! HCPCS codes start with a letter and have four numbers after the letter.

[Advance for animation]

Our next code is 36415, which is a blood draw. Is that an ICD, CPT, or HCPCS code? Type your answer in the chat.

[Pause for responses. Advance for animation twice]

CPT is correct! CPT codes are five numbers.

[Advance for animation]

Our last code is K0001, which is a wheelchair. Is that an ICD, CPT, or HCPCS code? Type your answer in the chat.

[Pause for responses. Advance for animation twice]

HCPCS is correct! HCPCS codes start with a letter and have four numbers after the letter.

Great job with identifying ICD-10, CPT, and HCPCS codes!

[Advance slide]

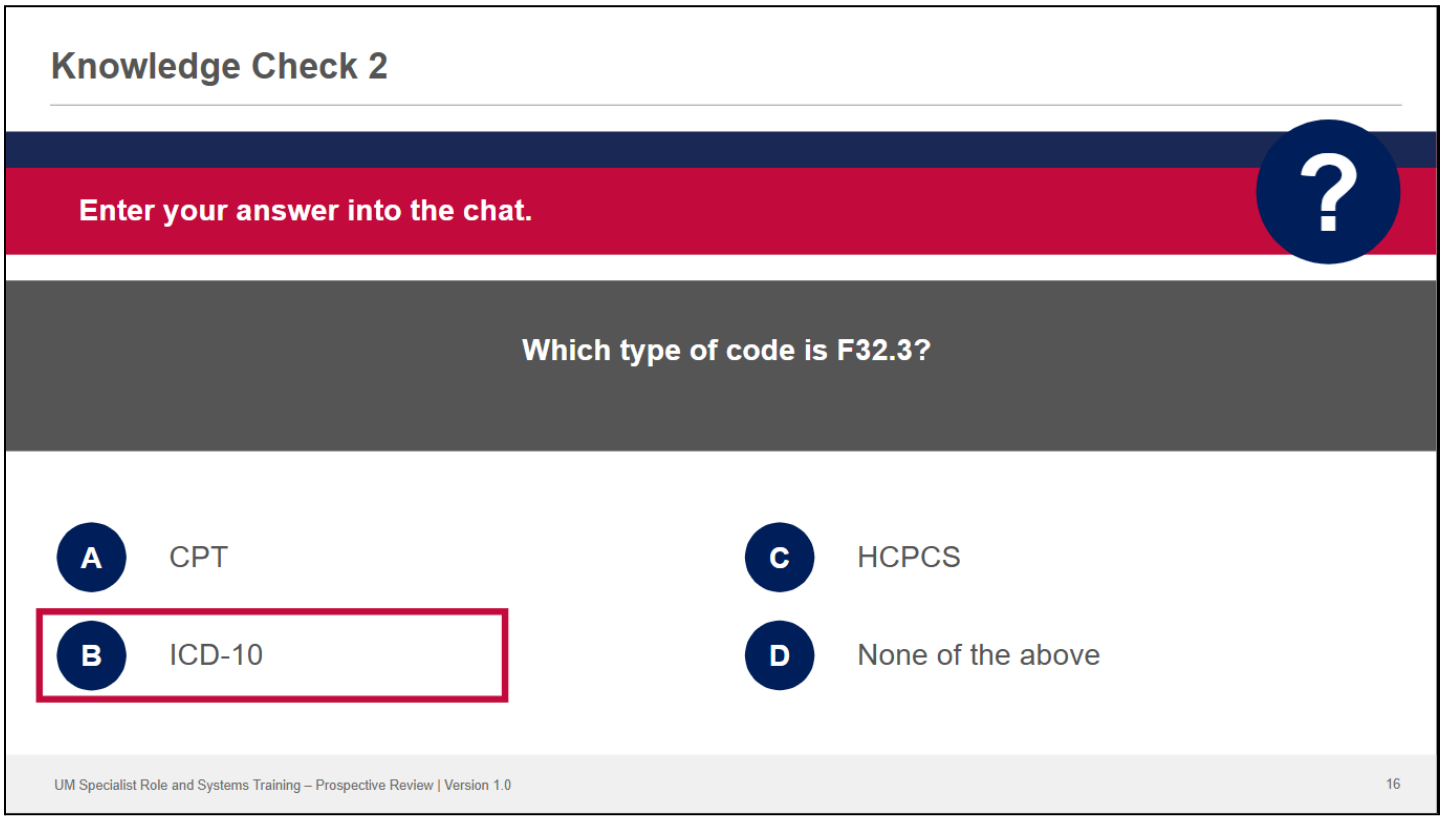
Slide 16 – Knowledge Check 2

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Let's check our knowledge:

Which type of code is F32.3?

A. CPT
B. ICD-10
C. HCPCS
D. None of the above

Send your answer to our chat. We'll give about 15 seconds to enter the best response.

[Pause for discussion]

[Advance for animation]

Well done! Thank you for sharing what you think the best answer is, which is B – ICD-10, because F32.3 is three to seven characters long, starts with a letter, and includes a decimal point.

[Advance slide]

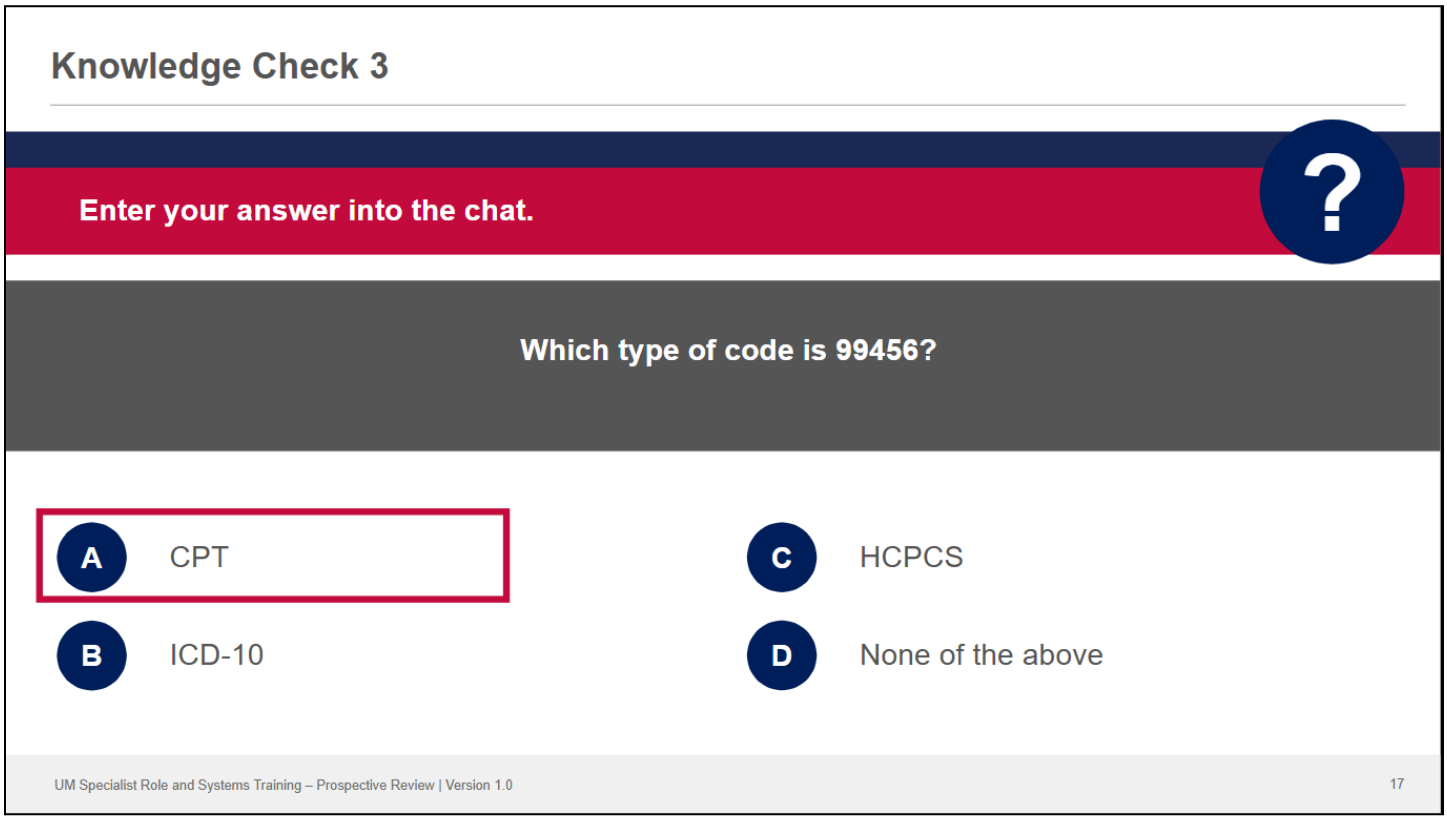
Slide 17 – Knowledge Check 3

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Let's check our knowledge:

Which type of code is 99456?

A. CPT
B. ICD-10
C. HCPCS
D. None of the above

Send your answer to our chat. We'll give about 15 seconds to enter the best response.

[Pause for discussion]

[Advance for animation]

Well done! Thank you for sharing what you think the best answer is, which is A – CPT code, because 99456 is a five-digit numeric code.

We have one more knowledge check for this section.

[Advance slide]

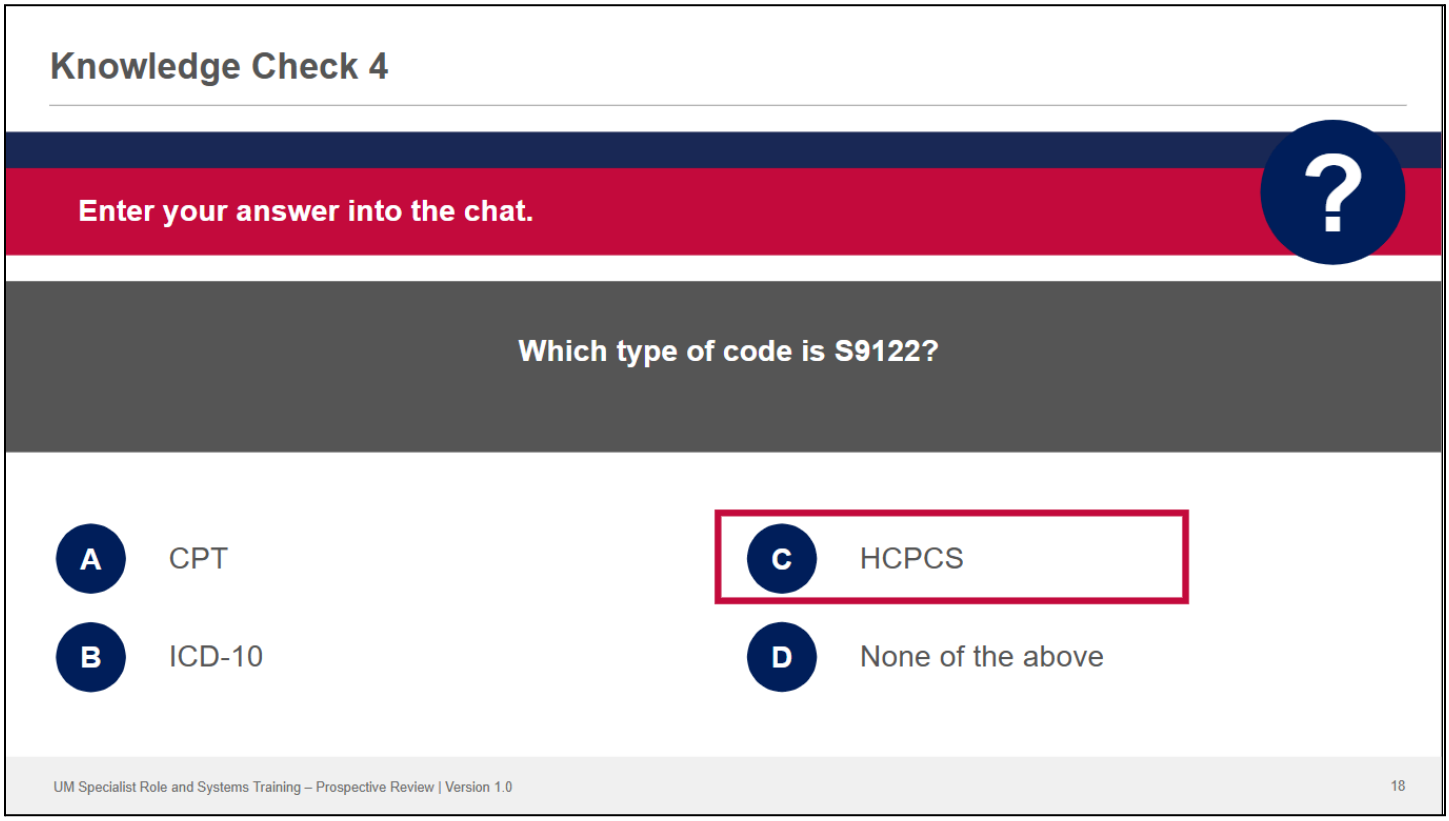
Slide 18 – Knowledge Check 4

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Let's check our knowledge:

Which type of code is S9122?

A. CPT
B. ICD-10
C. HCPCS
D. None of the above

Send your answer to our chat. We'll give about 15 seconds to enter the best response.

[Pause for discussion]

[Advance for animation]

Well done! Thank you for sharing what you think the best answer is, which is C – HCPCS, because S9122 has five characters, starts with a letter, and has four numbers following the letter.

[Advance slide]

Section Three: Request Profile Codes

This 120-minute section helps learners review and practice with request profile codes.

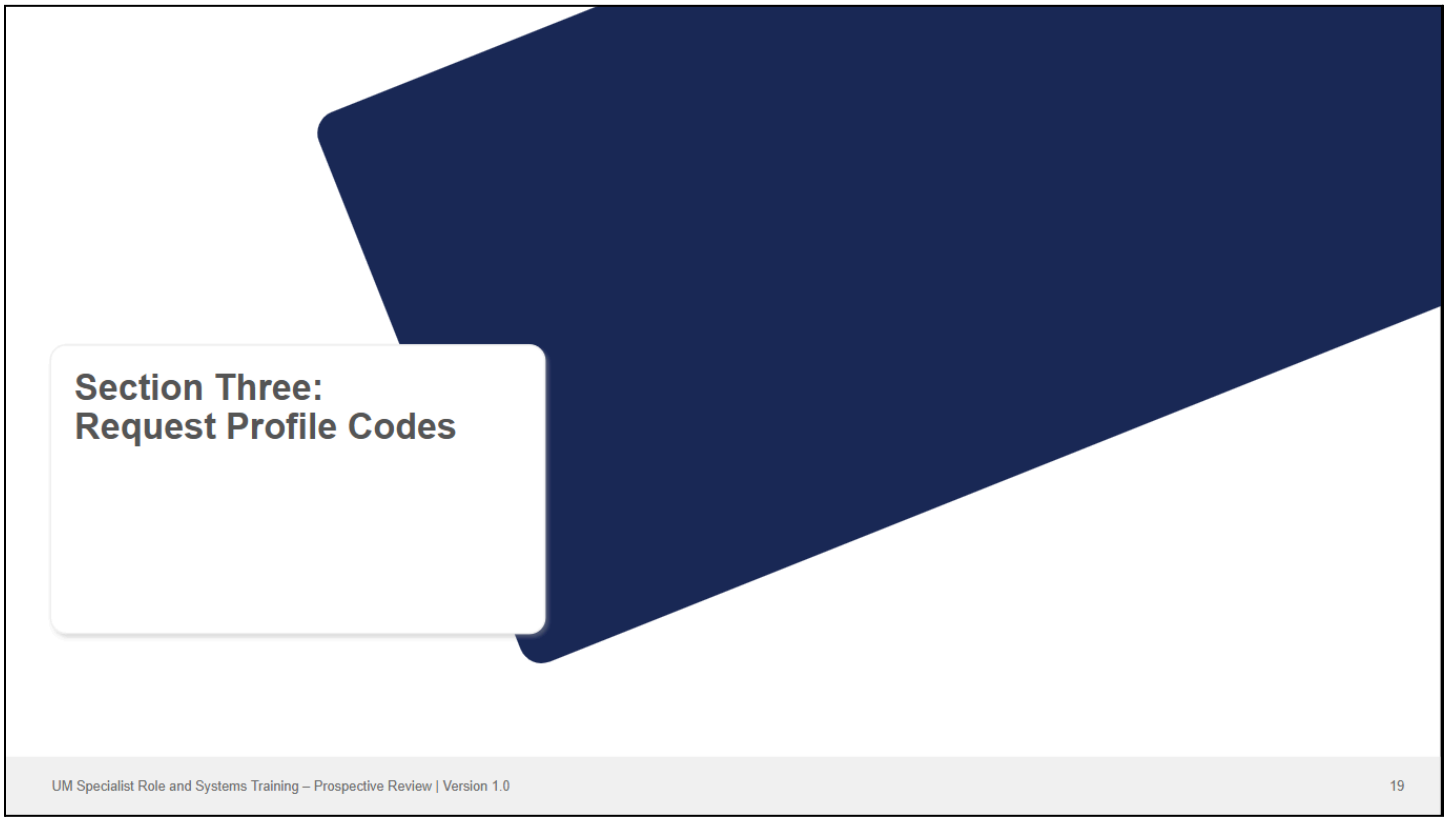
Slide 19 – Request Profile Codes

Instructor Notes:

- No animations on this slide, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Next, we'll review request profile codes, which you already learned about in the CareRadius Authorizations training. In addition to reviewing the request profile codes, we'll also practice looking them up in CareRadius.

[Advance slide]

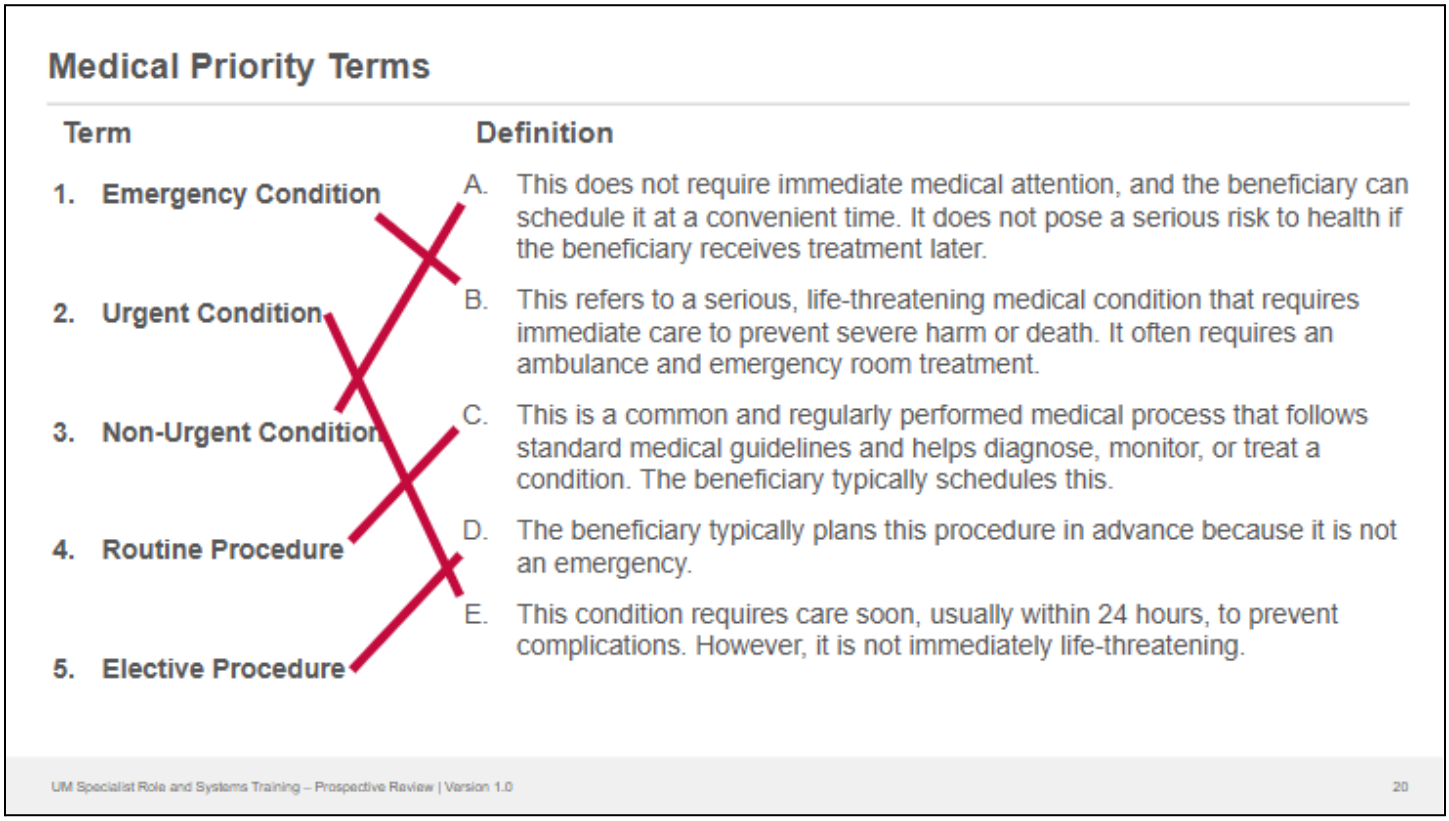
Slide 20 – Medical Priority Terms

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Before we get into request profile codes, we're going to first review some medical terminology that you learned in the Introduction to Medical Terminology WBT. This will refresh your memory and help frame this request profile codes section. We'll begin with medical priority terms. You will match the definition to the term by typing the letter of the definition in the chat. Let's get started!

Number one is emergency condition. Type the letter of the corresponding definition in chat.

[Pause for responses. Advance for animation]

B is correct! An emergency condition refers to a serious, life-threatening medical condition that requires immediate care to prevent severe harm or death. It often requires an ambulance and emergency room treatment. Number two is urgent condition. Type the letter of the corresponding definition in chat.

[Pause for responses. Advance for animation]

E is correct! An urgent condition requires care soon, usually within 24 hours, to prevent

complications. However, it is not immediately life-threatening. Number three is non-urgent condition. Type the letter of the corresponding definition in chat.

[Pause for responses. Advance for animation]

A is correct! A non-urgent condition does not require immediate medical attention, and the beneficiary can schedule it at a convenient time. It does not pose a serious risk to health if the beneficiary receives treatment later. Number four is routine procedure.

[Pause for responses. Advance for animation]

C is correct! A routine procedure is a common and regularly performed medical process that follows standard medical guidelines and helps diagnose, monitor, or treat a condition. The beneficiary typically schedules this. Number five is elective procedure.

[Pause for responses. Advance for animation]

D is correct! An elective procedure is a procedure that the beneficiary typically plans in advance because it is not an emergency.

Great job! Let’s move on to common medical procedures.

[Advance slide]

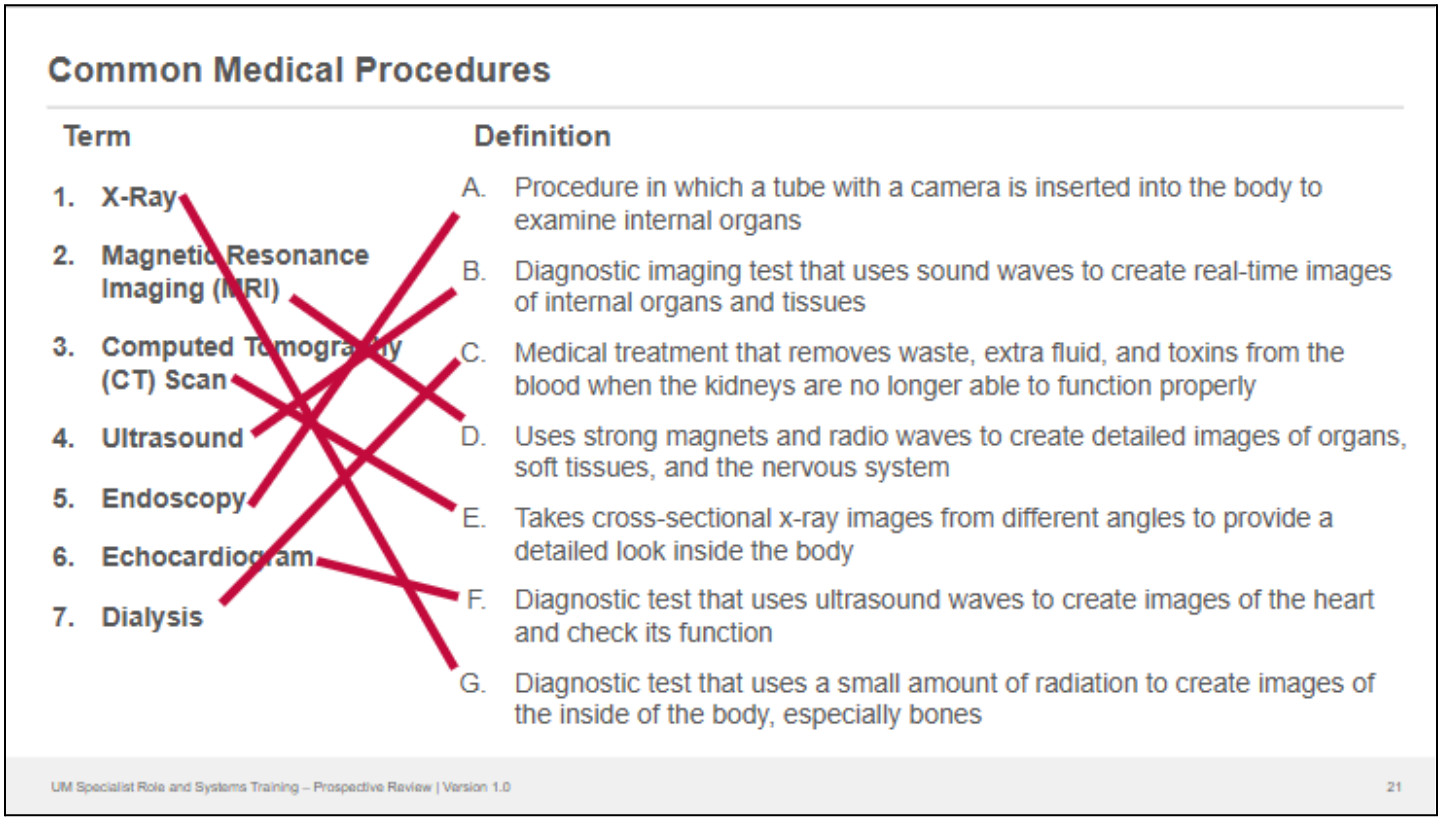
Slide 21 – Common Medical Procedures

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Just like the last slide, you will match the definition to the term by typing the letter of the definition in chat. Let's get started!

Number one is x-ray.

[Pause for responses. Advance for animation]

G is correct! X-ray is a diagnostic test that uses a small amount of radiation to create images of the inside of the body, especially bones. Number two is Magnetic Resonance Imaging (MRI).

[Pause for responses. Advance for animation]

D is correct! MRI uses strong magnets and radio waves to create detailed images of organs, soft tissues, and the nervous system. Number three is Computed Tomography (CT) Scan.

[Pause for responses. Advance for animation]

E is correct! A CT scan takes cross-sectional x-ray images from different angles to provide a detailed

look inside the body. Number four is ultrasound.

[Pause for responses. Advance for animation]

B is correct! An ultrasound is a diagnostic imaging test that uses sound waves to create real-time images of internal organs and tissues. Number five is endoscopy.

[Pause for responses. Advance for animation]

A is correct! Endoscopy is a procedure in which a tube with a camera is inserted into the body to examine internal organs. Number six is echocardiogram.

[Pause for responses. Advance for animation]

F is correct! Echocardiogram is a diagnostic test that uses ultrasound waves to create images of the heart and check its function. Number seven is dialysis.

[Pause for responses. Advance for animation]

C is correct! Dialysis is a medical treatment that removes waste, extra fluid, and toxins from the blood when the kidneys are no longer able to function properly.

Great job! Let’s move on to medical specialties.

[Advance slide]

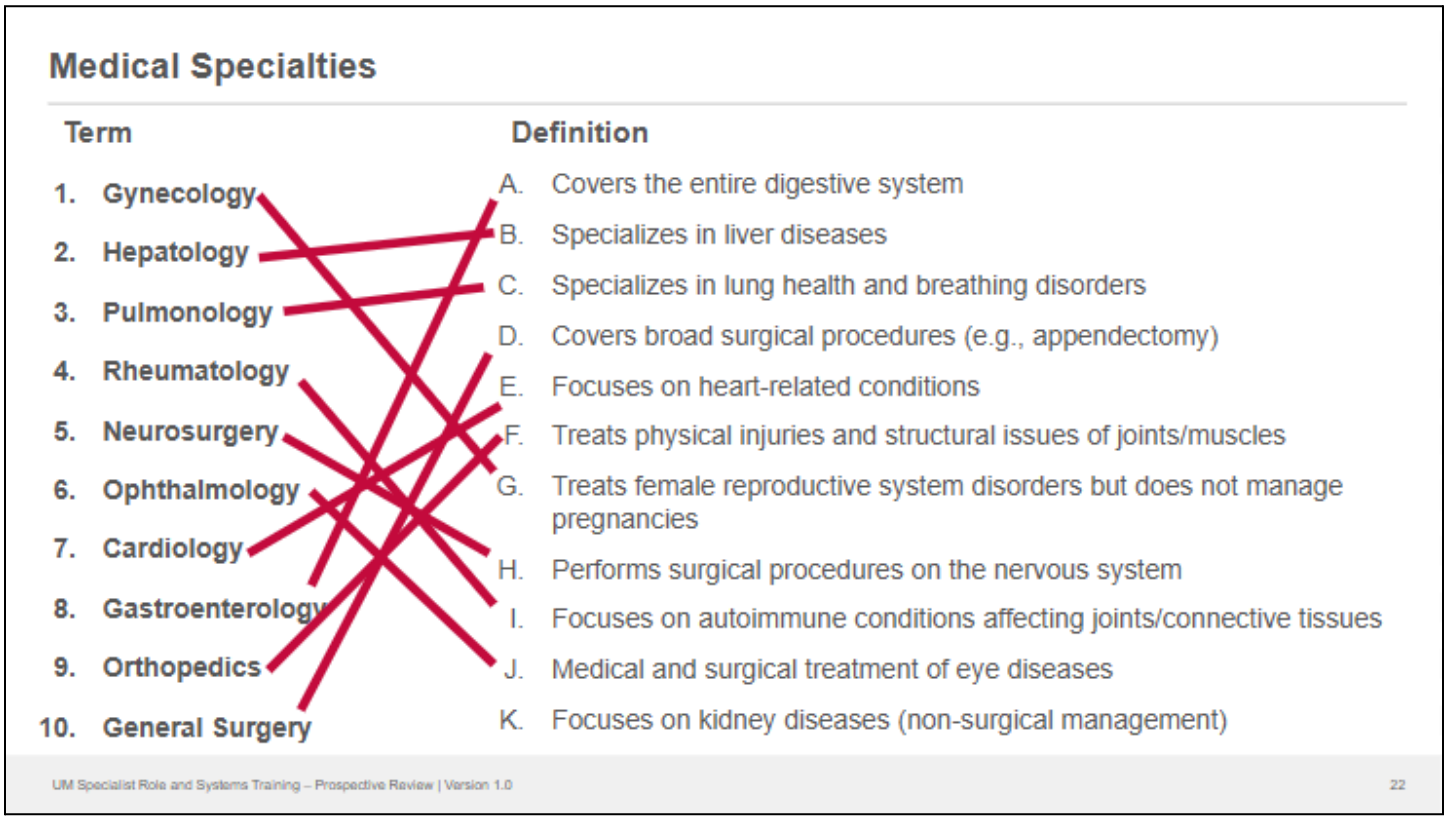
Slide 22 – Medical Specialties

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Just like the last slide, you will match the definition to the term by typing the letter of the definition in chat. Let's get started!

Number one is gynecology.

[Pause for responses. Advance for animation]

G is correct! Gynecology treats female reproductive system disorders but does not manage pregnancies. Number two is hepatology.

[Pause for responses. Advance for animation]

B is correct! Hepatology specializes in liver diseases. Number three is pulmonology.

[Pause for responses. Advance for animation]

C is correct! Pulmonology specializes in lung health and breathing disorders. Number four is rheumatology.

[Pause for responses. Advance for animation]

I is correct! Rheumatology focuses on autoimmune conditions affecting joints and connective tissues. Number five is neurosurgery.

[Pause for responses. Advance for animation]

H is correct! Neurosurgery performs surgical procedures on the nervous system. Number six is ophthalmology.

[Pause for responses. Advance for animation]

J is correct! Ophthalmology refers to medical and surgical treatment of eye diseases. Number seven is cardiology.

[Pause for responses. Advance for animation]

E is correct! Cardiology focuses on heart-related conditions. Number eight is gastroenterology.

[Pause for responses. Advance for animation]

A is correct! Gastroenterology covers the entire digestive system. Number nine is orthopedics.

[Pause for responses. Advance for animation]

F is correct! Orthopedics treats physical injuries and structural issues of joints and muscles. Number ten is general surgery.

[Pause for responses. Advance for animation]

D is correct! General surgery covers broad surgical procedures such as an appendectomy.

Great job! Let’s move on to levels of care to prepare you to better understand request profile codes.

[Advance slide]

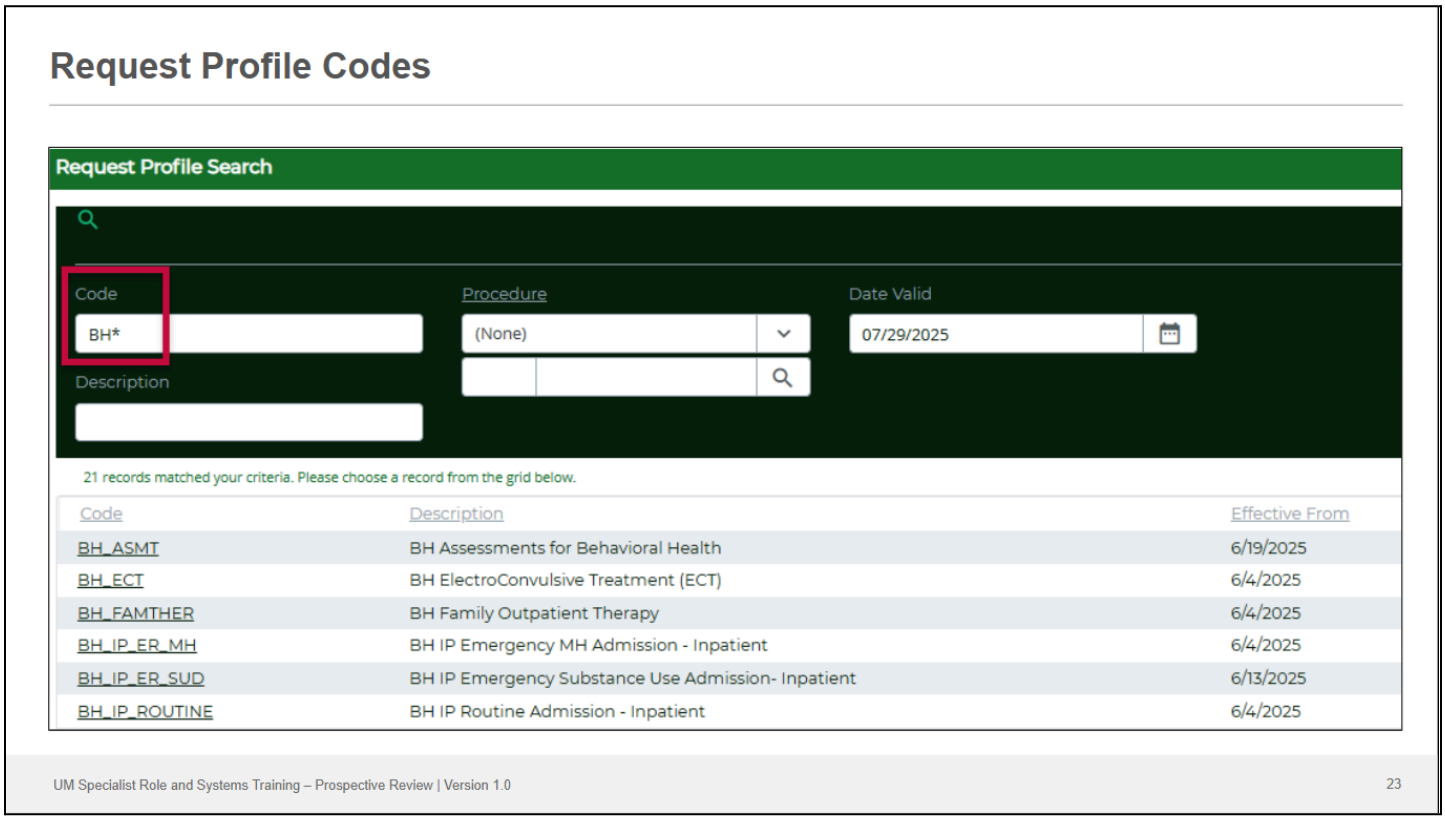
Slide 23 – Request Profile Codes

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] From the CareRadius Authorizations training session, you learned about request profile codes and how to create an authorization with them. In these next slides, we're going to review request profile codes and delve deeper into them.

When building an authorization in CareRadius, the most complicated part is finding the correct request profile code. They start with abbreviations, also known as shortcut codes, such as IP for inpatient, OP for outpatient, HH for home health, and BH for behavioral health. Let's examine this screenshot of request profile codes for behavioral health as an example.

When you input one of these abbreviations (IP, OP, HH, or BH) and add an asterisk in CareRadius to search for a request profile code, a set of codes will pre-populate, and you can choose the code that corresponds with the authorization. These codes affect billing, and they must align with CareRadius. While they start with BH, they have letters afterward that correspond with their description.

[Advance for animation]

For instance, BH_ECT stands for BH Electroconvulsive Treatment (ECT).

[Advance for animation]

There are also three behavioral codes that are inpatient, so they start with “BH_IP”.

These next slides go into a little more detail on the type of codes you can select and then will give you a chance to practice searching for request profile codes. So, our next step is to log in to CareRadius NP3 environment.

[Advance slide]

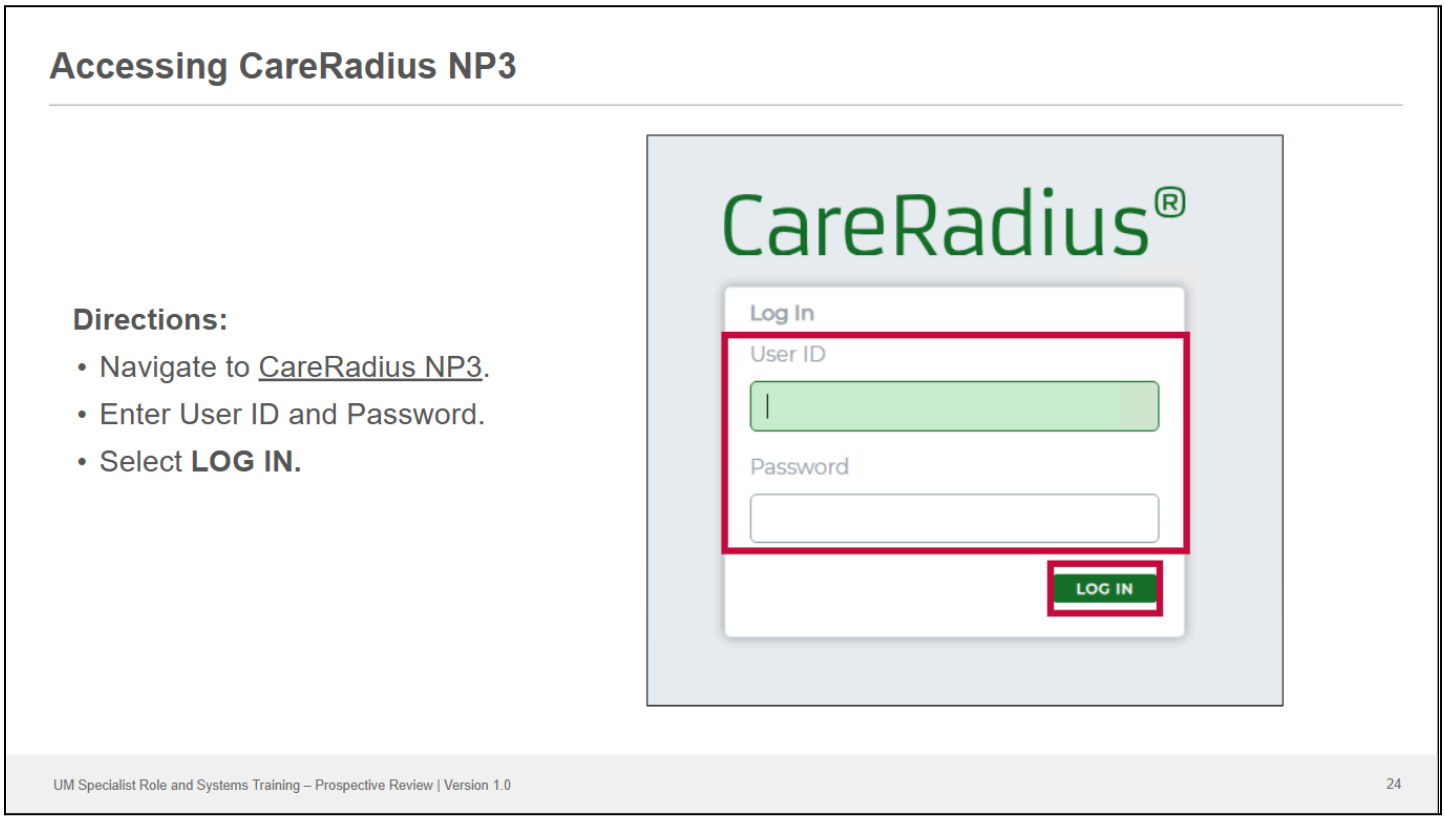
Slide 24 – Accessing CareRadius NP3

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] As you may see in your participant guide, our activities for today require you to log in to CareRadius, so we'll walk you through that right now. If you have any questions along the way, please raise your hand or type in chat for assistance.

To start accessing the CareRadius NP3 site, please navigate to the site using the link in your Participant Guide or selecting the link in chat. There is not currently a link to the NP3 site on TriNet so please bookmark this site in your browser.

[Producer pastes CareRadius NP3 link to chat: CareRadius NP3]

[Advance for animation]

Enter your User ID and password into their respective fields.

[Advance for animation]

Select LOG IN.

[Advance slide]

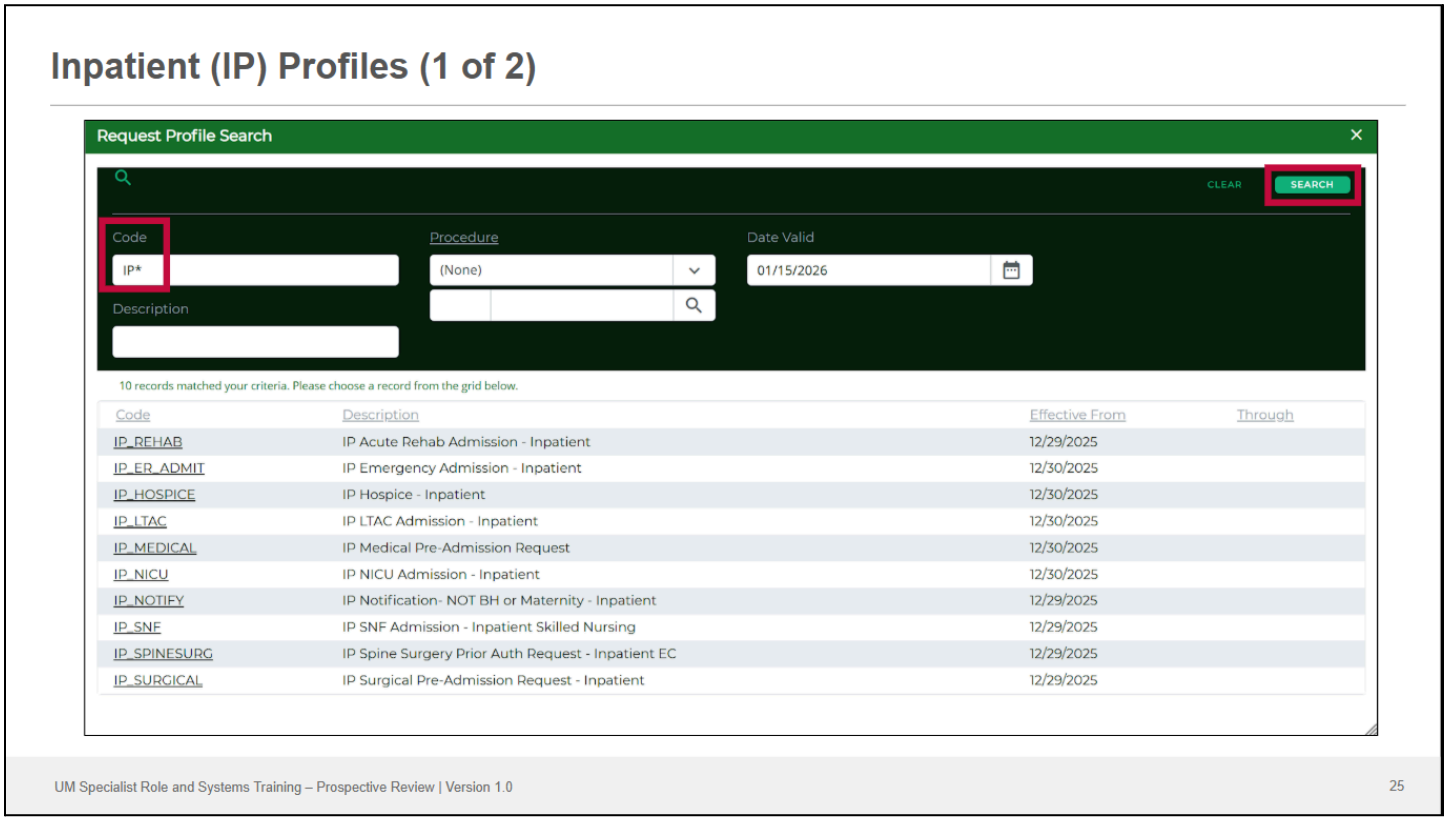
Slide 25 – Inpatient (IP) Profiles (1 of 2)

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] First, we'll go over the inpatient (IP) codes. In Request Profile Search, we type "IP*" and then select Search to view all the inpatient codes. The following results appear: Rehab, Emergency Room (ER) Admit, Hospice, Long Term Acute Care (LTAC), Medical, Neonatal Intensive Care Unit (NICU), Notify, SNF, SpineSurg [pronounced spyne-surge], and Surgical.

Now, it's your turn to practice! In the NP3 environment, type IP* and select Search. This should give you the same list of results that I have here. React with a thumbs up when you have the same codes that are in this screenshot. You have one minute.

[Producer: Set timer for one minute]

Great job! It looks like everyone successfully got a list of inpatient codes! Let's move on to understanding and practicing with each of these codes. **[Advance slide]**

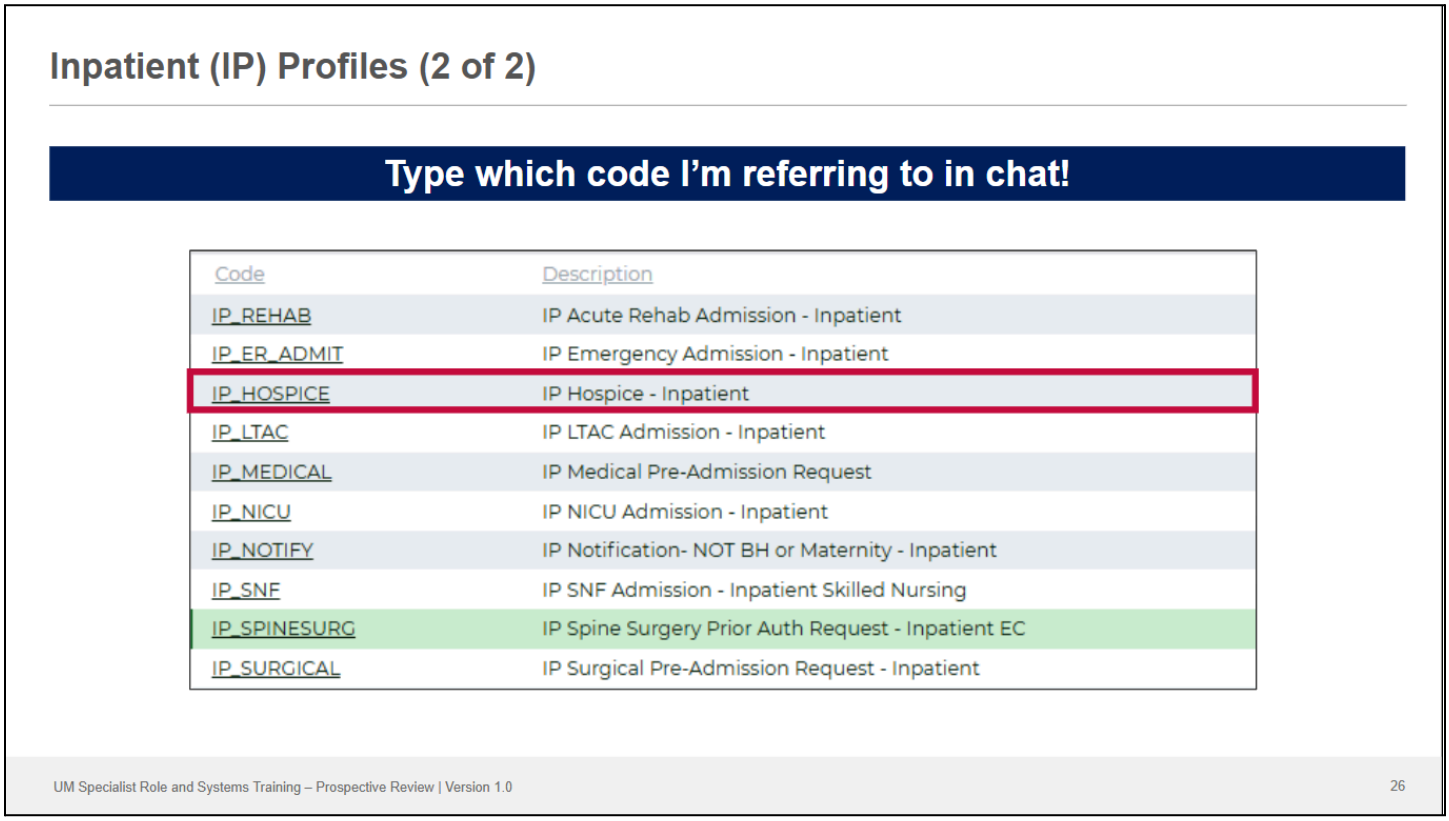
Slide 26 – Inpatient (IP) Profiles (2 of 2)

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Take a moment and look over the inpatient codes listed before we begin.

[Pause a minute]

Now, I am going to describe the codes one by one, and you will type the code I'm referring to in chat. Let's get started!

This type of admission is for beneficiaries requiring end-of-life care. Enter the code you think fits this in the chat.

[Pause for responses. Advance for animation]

Well done! The answer is IP_HOSPICE for Hospice – Inpatient.

[Advance for animation]

Next, this is considered a routine pre-authorization for a non-emergent inpatient admission. Enter the code you think fits this in the chat.

[Pause for responses. Advance for animation]

Great job! The answer is IP_MEDICAL for Medical Pre-Admission Request.

[Advance for animation]

Next, this applies to infants who are born with intensive medical needs, such as the need for ventilator support. Enter the code you think fits this in the chat.

[Pause for responses. Advance for animation]

Well done! The answer is IP_NICU for Neonatal Intensive Care Unit Admission.

[Advance for animation]

Next, this refers to a prior authorization specifically for spine surgery. Enter the code you think fits this in the chat.

[Pause for responses. Advance for animation]

Good job! The answer is IP_SPINESURG for spine surgery prior auth request.

[Advance for animation]

Next, this typically occurs when a beneficiary is discharged from an acute inpatient hospitalization and requires rehabilitation. For example, a patient who underwent a double hip repair may need acute inpatient rehabilitation and medical support and is able to tolerate at least three hours of therapy per day.

[Pause for responses. Advance for animation]

The answer is IP_REHAB for Acute Rehab Admission – Inpatient.

[Advance for animation]

Next, a beneficiary may be discharged from an acute hospitalization to this facility for continued therapy, such as physical therapy. Typically, only one to two types of therapy are provided, and not every day. These units may also administer one IV infusion and perform basic wound care.

[Pause for responses. Advance for animation]

The answer is IP_SNF for Skilled Nursing Facility Admission.

[Advance for animation]

Next, this refers to an inpatient admission through the emergency room due to a crisis situation.

[Pause for responses. Advance for animation]

The answer is IP_ER_ADMIT for Emergency Admission – Inpatient.

[Advance for animation]

Next, this is a prior authorization request for all other types of inpatient surgeries and does not include spine surgeries.

[Pause for responses. Advance for animation]

The answer is IP_SURGICAL.

[Advance for animation]

Next, a beneficiary may be discharged to this type of facility for extended medical care needs such as ventilator weaning or treatment of third- or fourth-degree wounds. These patients typically have multiple complex medical needs.

[Pause for responses. Advance for animation]

The answer is IP_LTAC for Long-Term Acute Care Hospital – Inpatient.

[Advance for animation]

Last one, this indicates that the hospital is notifying the health plan of a routine inpatient admission, possibly one that was preauthorized earlier in the year. It is not related to behavioral health or maternity care.

[Pause for responses. Advance for animation]

The answer is IP_NOTIFY for notifications that are not related to behavioral health or maternity care.

[Advance slide]

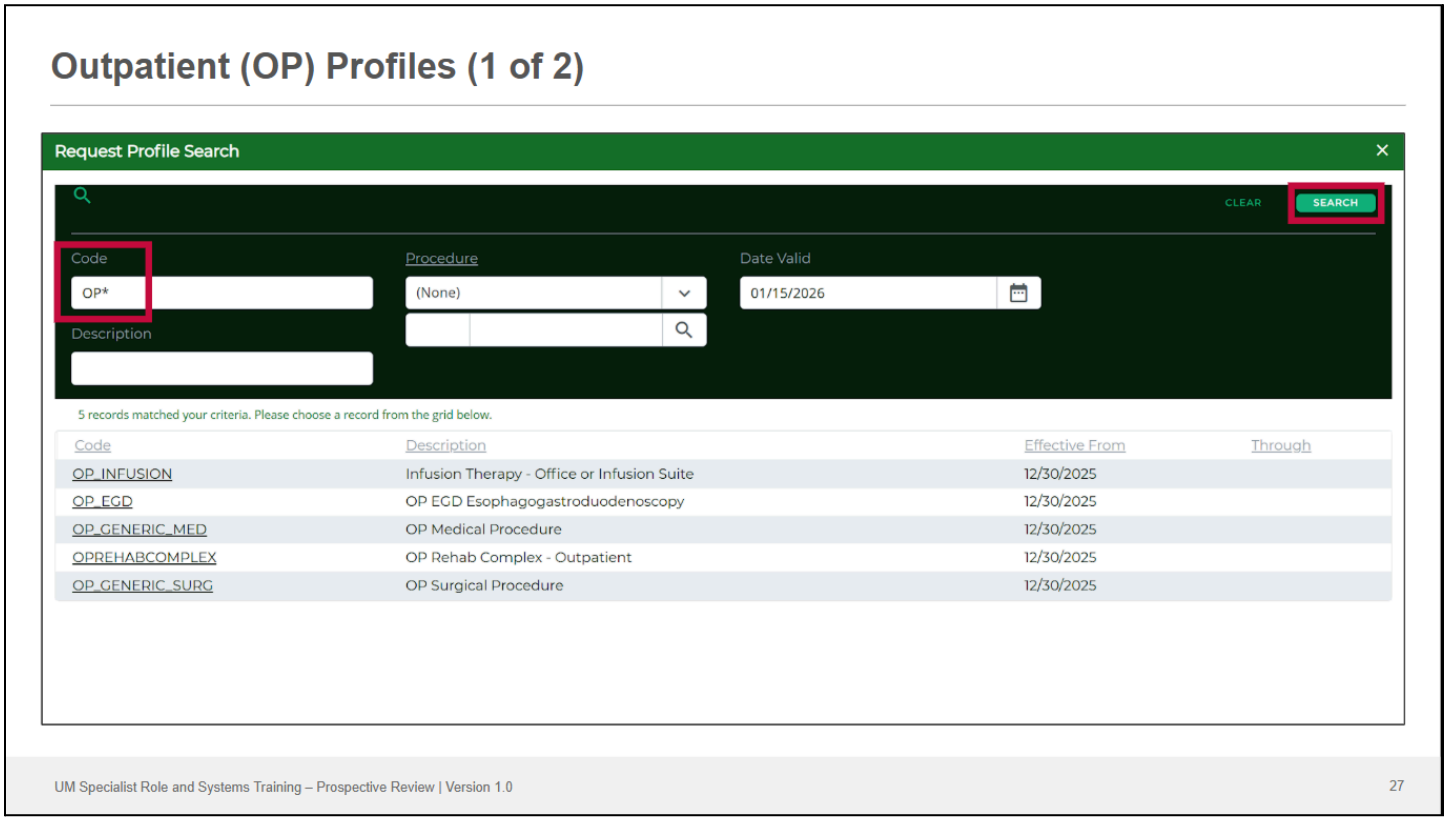
Slide 27 – Outpatient (OP) Profiles (1 of 2)

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Now, we'll go over the outpatient (OP) codes. In Request Profile Search, we type "OP*" and then select Search to view all the outpatient codes. The following results appear: Infusion, EGD or esophagogastroduodenoscopy [pronounced ee-sof-uh-go-gas-troh-doo-oh-den-AH-skuh-pee], Generic Med, Rehab Complex, and Generic Surg.

Now, it's your turn to practice! In the NP3 environment, type OP* and select Search. This should give you same list of results that I have here. React with a thumbs up when you have the same codes that are in this screenshot. You have one minute.

[Producer: Set timer for one minute]

Great job! It looks like everyone successfully got a list of outpatient codes! Let's move on to understanding and practicing with each of these codes. **[Advance slide]**

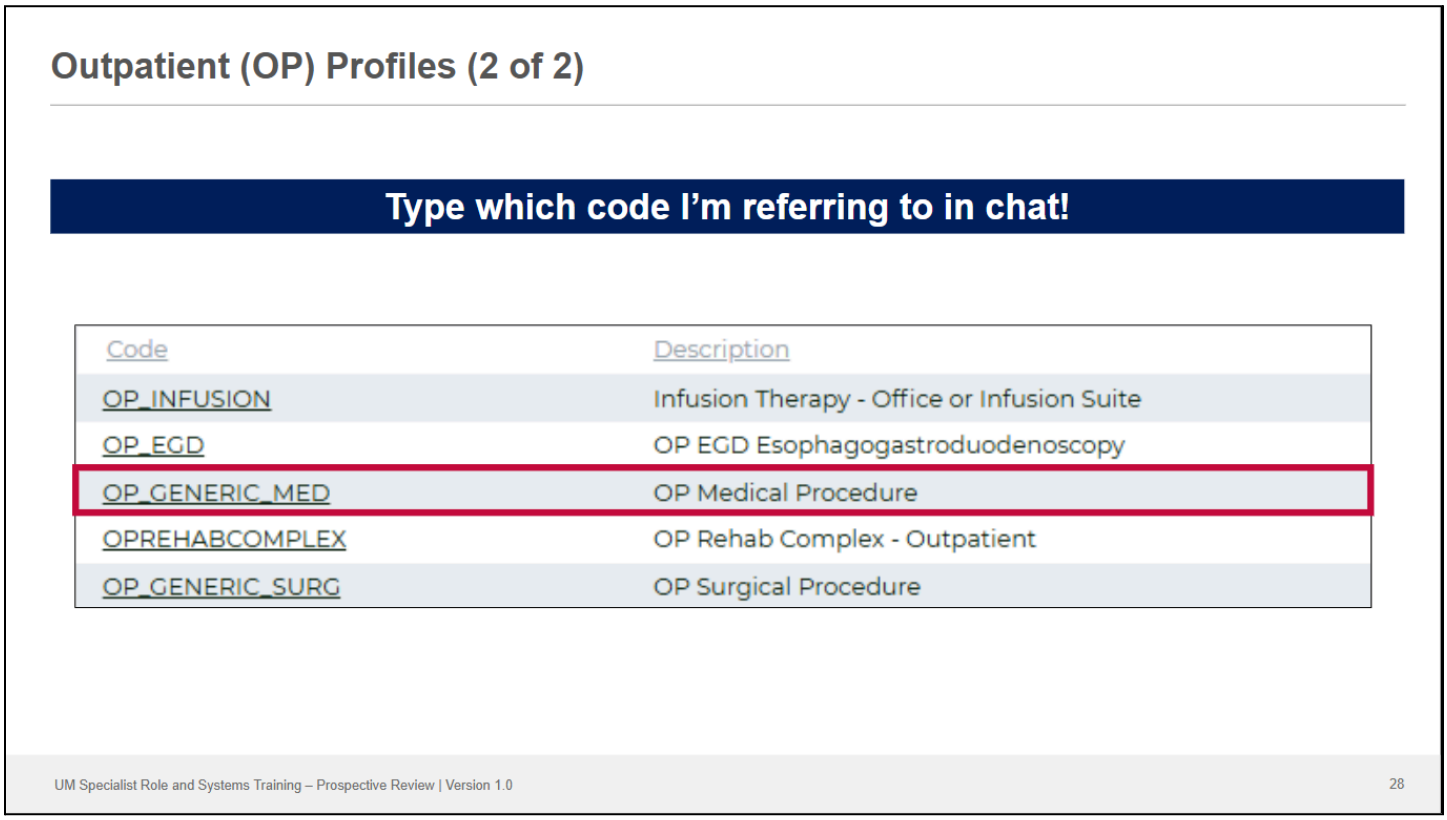
Slide 28 – Outpatient (OP) Profiles (2 of 2)

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Take a moment again and look over the inpatient codes listed before we begin.

[Pause a minute]

Now, I am going to describe the codes one by one, and you will type the code I'm referring to in chat. Let's get started!

This refers to any outpatient medical procedure that is not specifically listed in the outpatient profiles, such as a colonoscopy or diagnostic testing. Enter the code you think fits this in the chat.

[Pause for responses. Advance for animation]

Great job! The answer is OP_GENERIC_MED for outpatient medical procedures.

[Advance for animation]

Next, this involves the intravenous infusion of medication. Enter the code you think fits this in the chat.

[Pause for responses. Advance for animation]

Well done! The answer is OP_INFUSION for infusion therapy in an office or infusion suite.

[Advance for animation]

Next, this involves outpatient rehabilitation services such as physical therapy (PT), speech therapy (ST), occupational therapy (OT), or a combination of all three, typically provided at a facility. Enter the code you think fits this in the chat.

[Pause for responses. Advance for animation]

Great job! The answer is OPREHABCOMPLEX.

[Advance for animation]

Next, this is an outpatient procedure commonly referred to as an upper GI scope.

[Pause for responses. Advance for animation]

The answer is OP_EGD. EGD stands for esophagogastroduodenoscopy.

[Advance for animation]

Last one for OP, this includes any outpatient surgical procedures, such as meniscus repairs, hernia repairs, tonsillectomies, arthroscopies, tendon and muscle repairs, and laparoscopic surgeries like gallbladder removal or appendectomy.

[Pause for responses. Advance for animation]

The answer is OP_GENERIC_SURG.

[Advance slide]

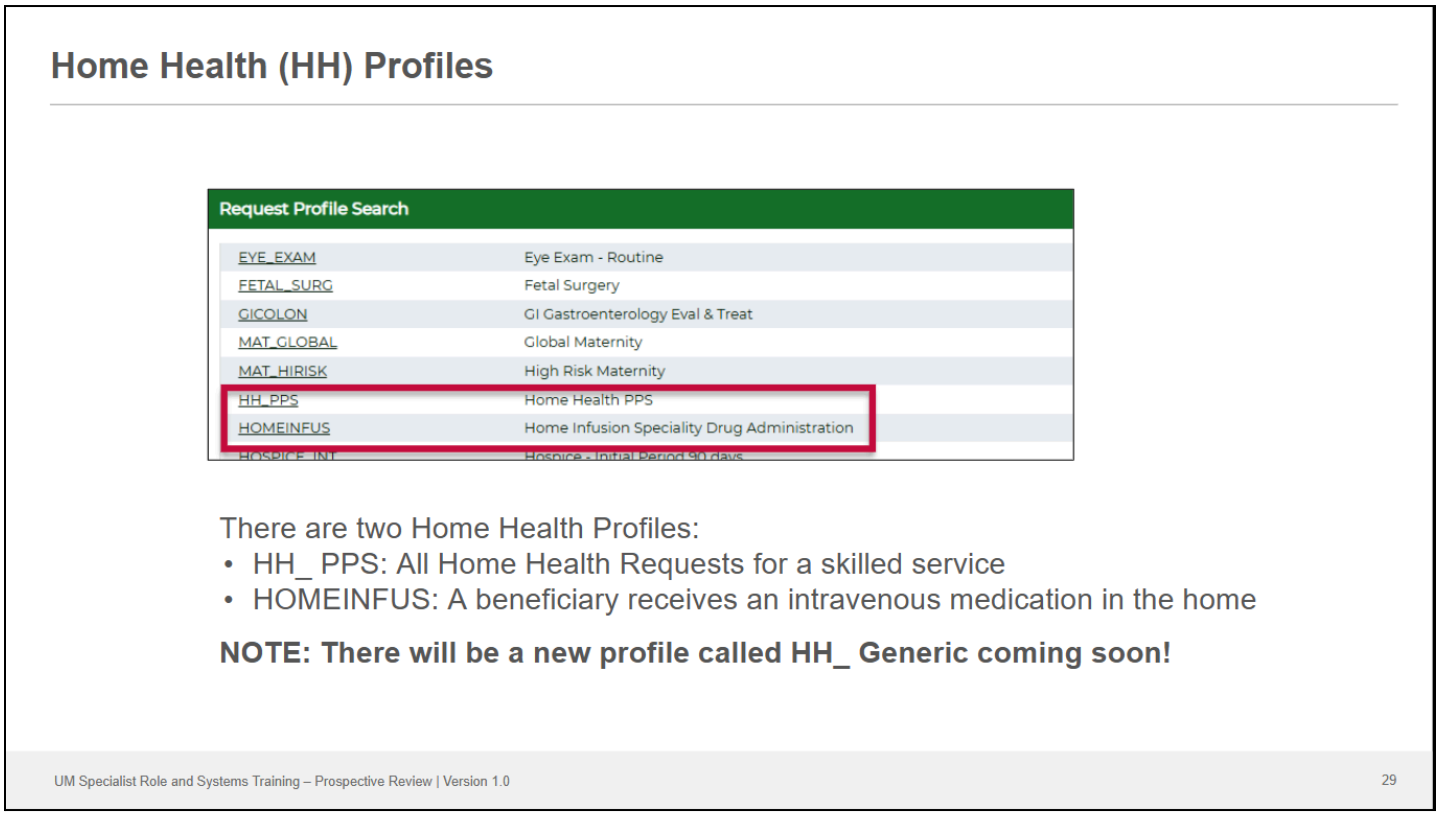
Slide 29 – Home Health (HH) Profiles

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.
- Set a timer.



[Script:] To pull up home health profiles, type “HH*” in the Code field and then select Search.

There are two home health profiles. We use HH_ PPS for all home health requests for a skilled service. PPS stands for Prospective Payment Service, and it will be on the request. The other profile is HOMEINFUS [pronounced home-in-fyooz], which is the profile for home infusion specialty drug administration. We use this when a beneficiary receives an intravenous medication at home.

Note that there will be a new profile called HH_ Generic coming soon!

Now, it’s your turn to practice! In the NP3 environment, type HH* and select Search. This should give you same list of results that I have here. React with a thumbs up when you have the same codes that are in this screenshot. You have one minute.

[Producer: Set timer for one minute]

Great job! It looks like everyone successfully got a list of home health codes! Let’s move on to

behavioral health!

[Advance slide]

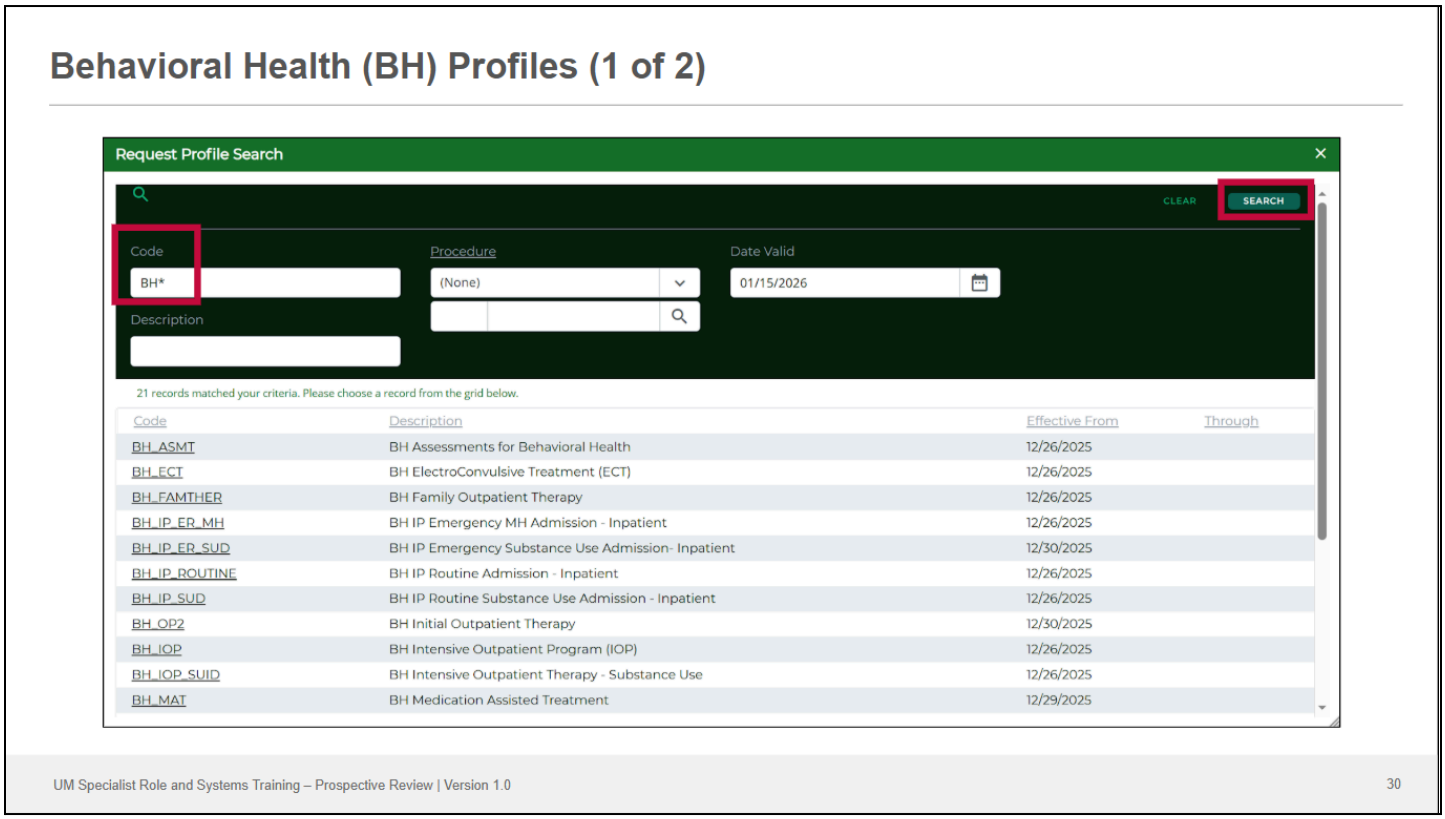
Slide 30 – Behavioral Health (BH) Profiles (1 of 2)

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.
- Set a timer.



[Script:] Now, we'll go over the behavioral health (BH) codes. In Request Profile Search, we type "BH*" and then select Search to view all the behavioral health codes. 21 results appear, but we'll only go over the more frequent ones.

As a general note, all these descriptions for profiles – IP, OP, BH, and so on – are in alphabetical order. If you're looking for a specific code, keep that in mind.

Now, it's your turn to practice! In the NP3 environment, type BH* and select Search. This should give you same list of results that I have here. React with a thumbs up when you have the same codes that are in this screenshot. You have one minute.

[Producer: Set timer for one minute]

Great job! It looks like everyone successfully got a list of behavioral health codes! Let's move on to understanding and practicing with each of these codes.

[Advance slide]

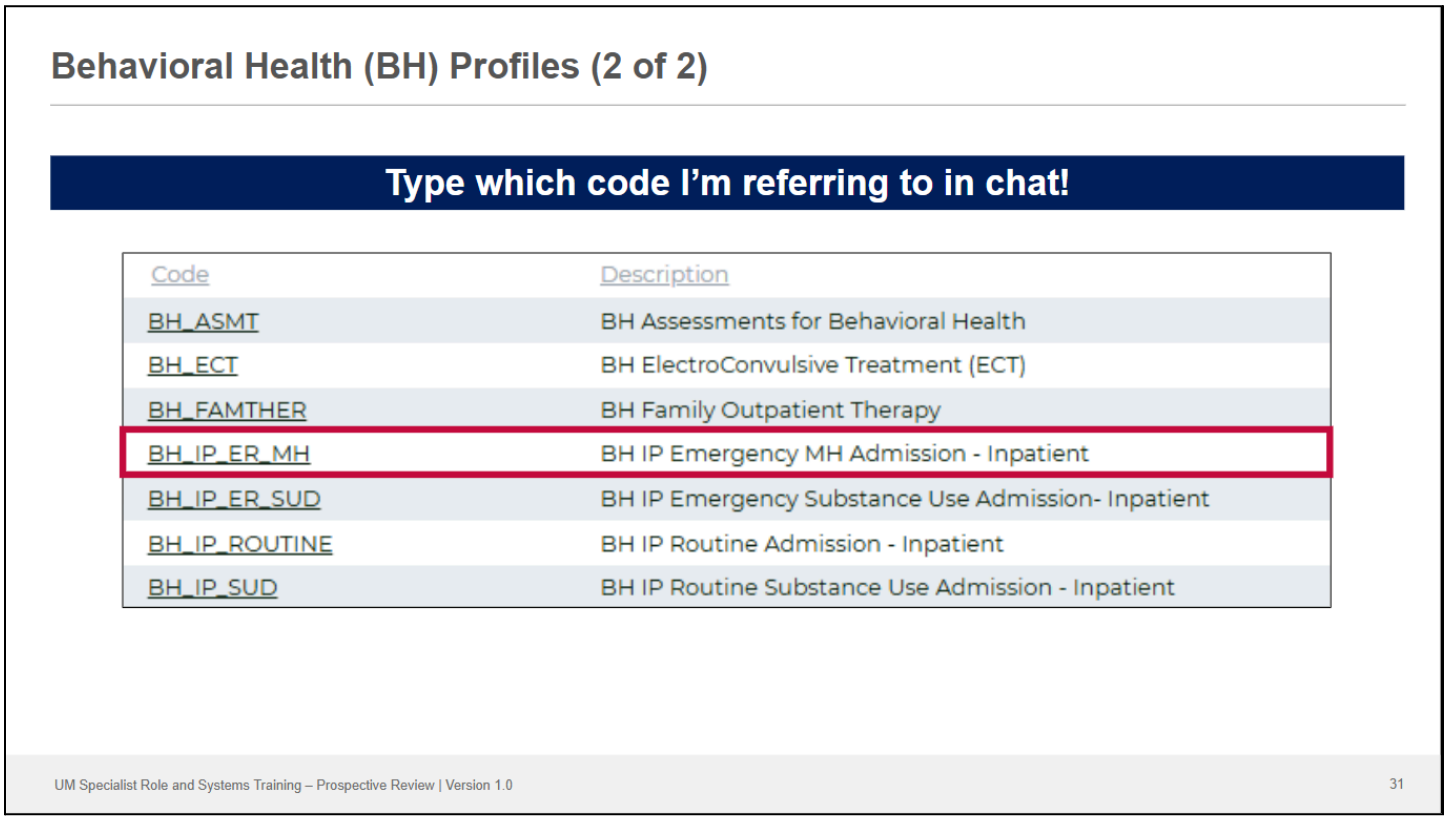
Slide 31 – Behavioral Health (BH) Profiles (2 of 2)

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] And one more time, take a moment and look over the inpatient codes listed before we begin.

[Pause a minute]

Just like the other profiles, I am going to describe the codes one by one, and you will type the code I'm referring to in chat. Let's get started!

This refers to an emergency admission to the hospital for a mental health issue, such as manic-depressive disorder, a suicide attempt, or suicidal ideation. Enter the code you think fits this in the chat.

[Pause for responses. Advance for animation]

Great job! The answer is BH_IP_ER_MH.

[Advance for animation]

Next, this refers to a non-emergency inpatient admission for treatment of substance use disorder.

Enter the code you think fits this in the chat.

[Pause for responses. Advance for animation]

Well done! The answer is BH_IP_SUD.

[Advance for animation]

Next, this is a prior authorization request for a routine inpatient admission for a behavioral health diagnosis. Enter the code you think fits this in the chat.

[Pause for responses. Advance for animation]

Great job! The answer is BH_IP_ROUTINE.

[Advance for animation]

Next, this refers to an emergency admission to the hospital for substance use disorder (SUD).

[Pause for responses. Advance for animation]

The answer is BH_IP_ER_SUD.

[Advance for animation]

There are two other codes that you should know.

[Advance for animation]

First, BH_RTC is a non-emergency admission to a residential treatment center for behavioral health services. Second, RTF_SUD refers to a routine, non-emergency admission to a residential treatment facility for substance use disorder treatment.

[Advance slide]

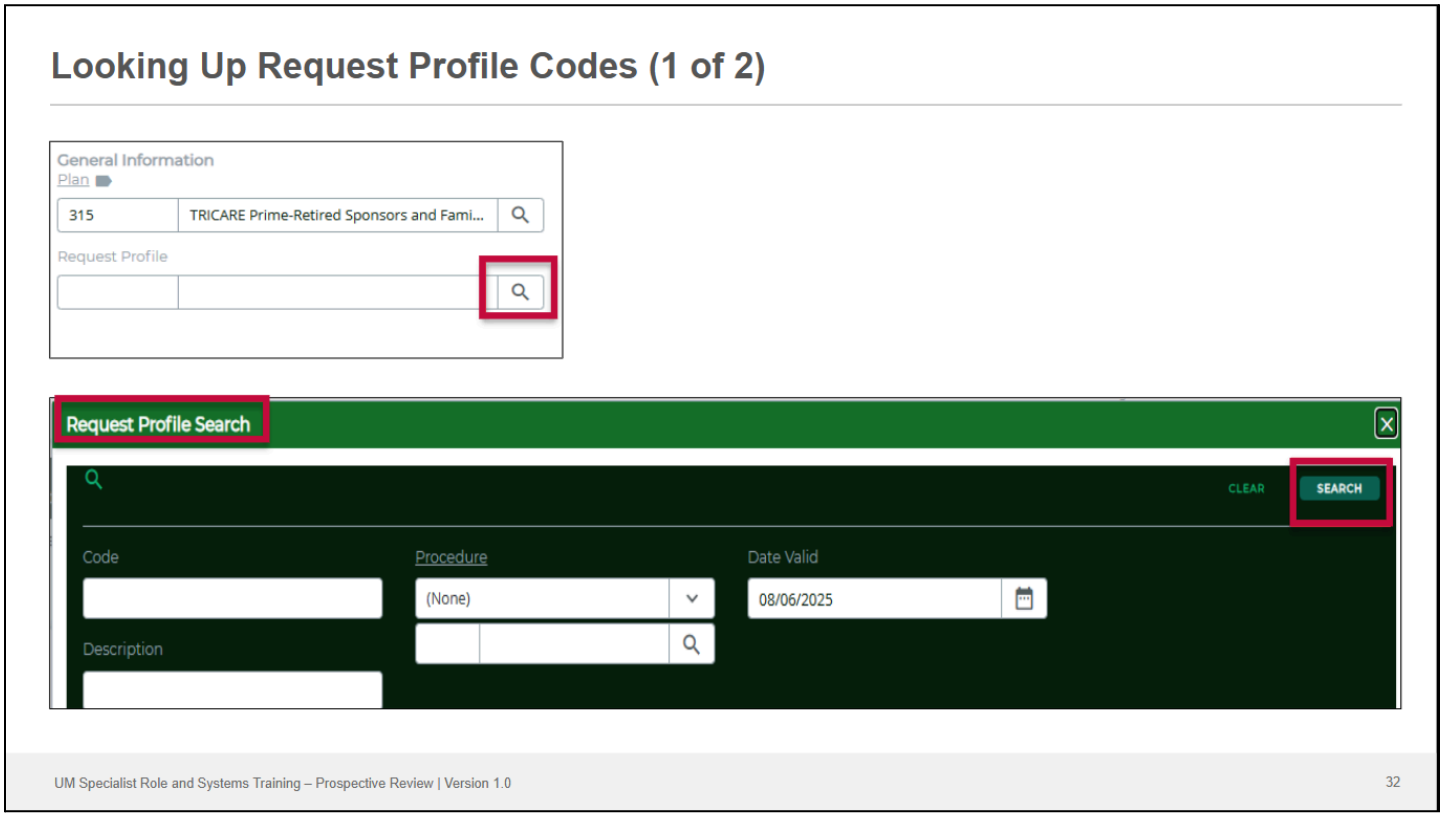
Slide 32 – Looking Up Request Profile Codes (1 of 2)

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] If you can't find what you're looking for, you can also pull up all the request profile codes in CareRadius.

[Advance for animation]

First, select the Search icon in the Request Profile field.

[Advance for animation]

Then, the Request Profile Search window will display. Select the Search button without typing anything in the Search section.

[Advance slide]

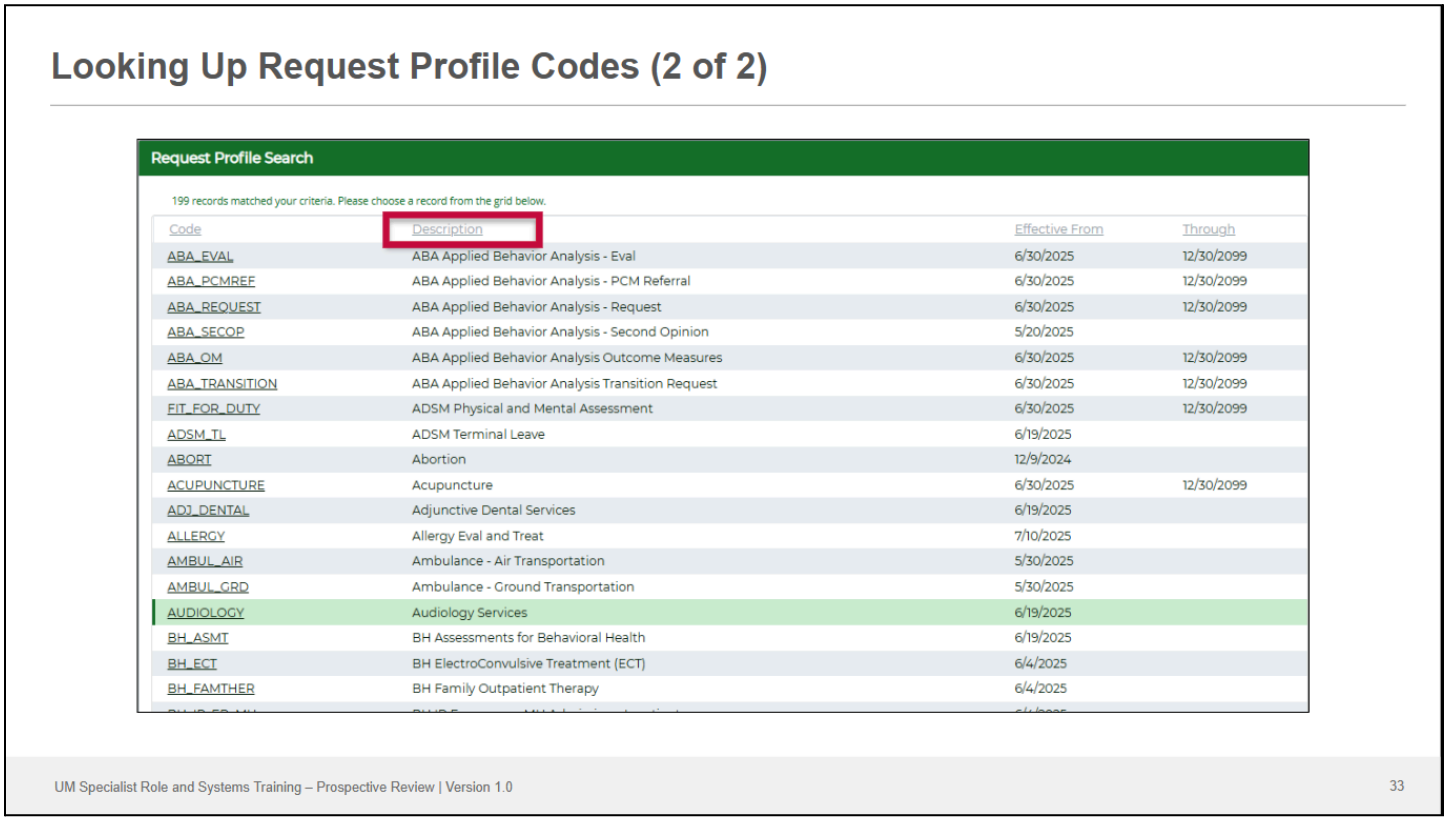
Slide 33 – Looking Up Request Profile Codes (2 of 2)

Instructor Notes:

- No animations on this slide, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Selecting the Search button will open all the profiles that are in CareRadius, sorted in alphabetical order. This will allow you to find the correct profile to match your request.

[Advance slide]

Slide 34 – Demonstration One: Looking Up Request Profile Codes

Instructor Notes:

- No animations on this slide, advance to the next slide when complete.
- Transition to demonstration, which you can find steps for in Appendix B of your Facilitator Guide.

Producer Notes:

- Monitor chat for questions and react to statements.
- Transition to demonstration, which you can find steps for in Appendix B of your Facilitator Guide.

[Script:] We will now begin the live demonstration of looking up request profile codes. Feel free to take notes in your participant guide to prepare for your activity that follows, in which you'll have a chance to complete these steps on your own.

[Transition to demonstration, which you can find steps for in Appendix B of your Facilitator Guide]

[Advance slide]

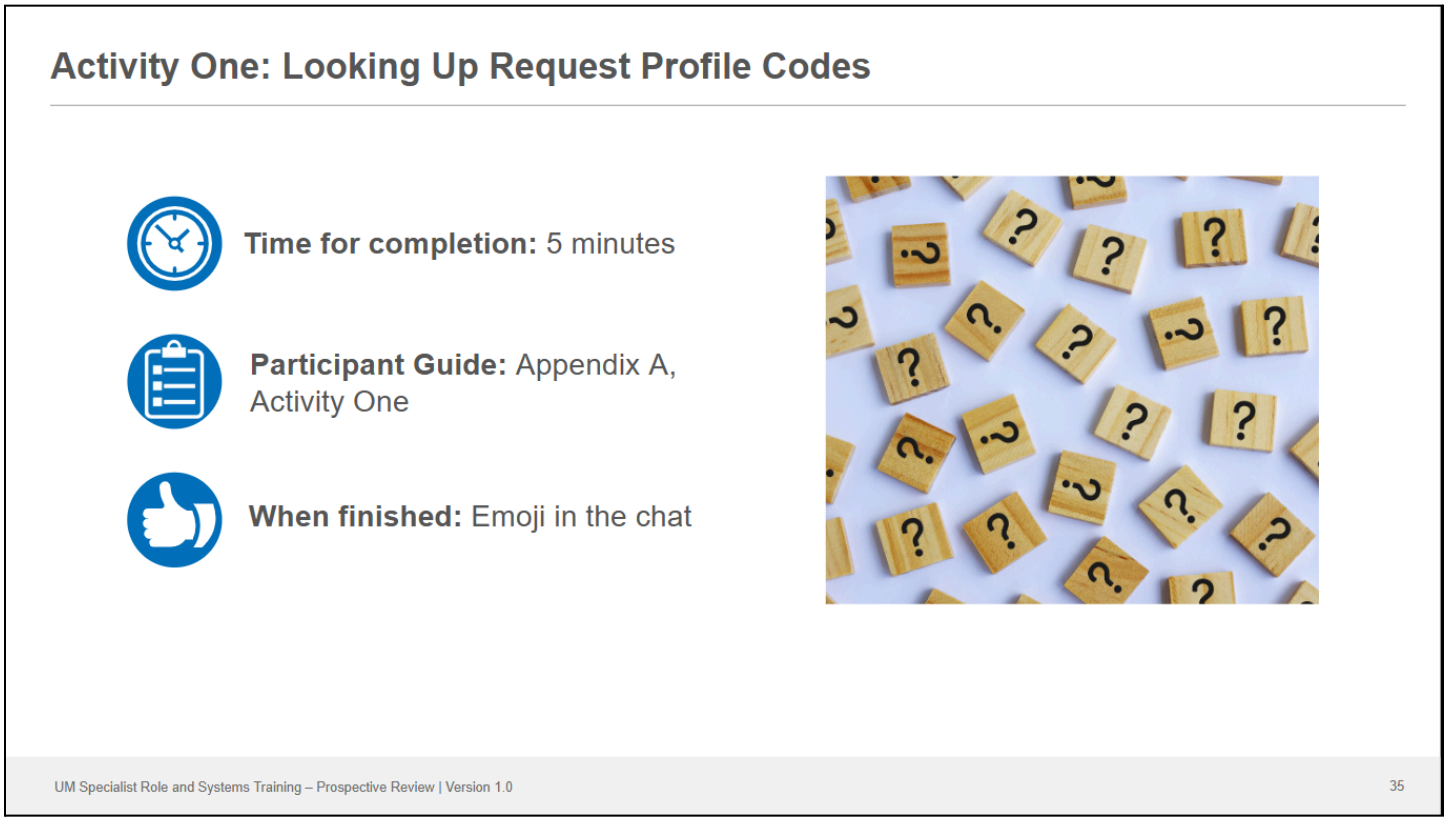
Slide 35 – Activity One: Looking Up Request Profile Codes

Instructor Notes:

- No animations on this slide, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.
- Re-add the Participant Guide link to the chat, stating: “We will now begin Activity One: Looking Up Request Profile Codes, which you will find steps for in Appendix A of your Participant Guide.”
- Begin the 5-minute timer.



[Script:] We will now begin our next activity, which is to look up request profile codes.

In your Participant Guide, select the activity link and follow the steps to complete your activity.

[Producer re-adds the Participant Guide link to the chat, stating: “We will now begin Activity One: Looking Up Request Profile Codes, which you will find steps for in Appendix A of your Participant Guide.”]

We’ll start our timer for 5 minutes, which gives us plenty of time to complete the activity. If you encounter difficulties along the way or have questions that pertain to the activity, use the chat to communicate those, and we’ll assist you.

If you complete the activity before the time is up, we ask that you put an emoji of your choice in the

chat.

Are there any questions before we start the timer? **[Pause for discussion]** Okay, you may begin.

[Facilitator begins the built-in Microsoft Teams Timer and monitors the chat for questions.]

Great job with completing Activity One! Now, we're going to move on.

[End of Activity]

[Advance slide]

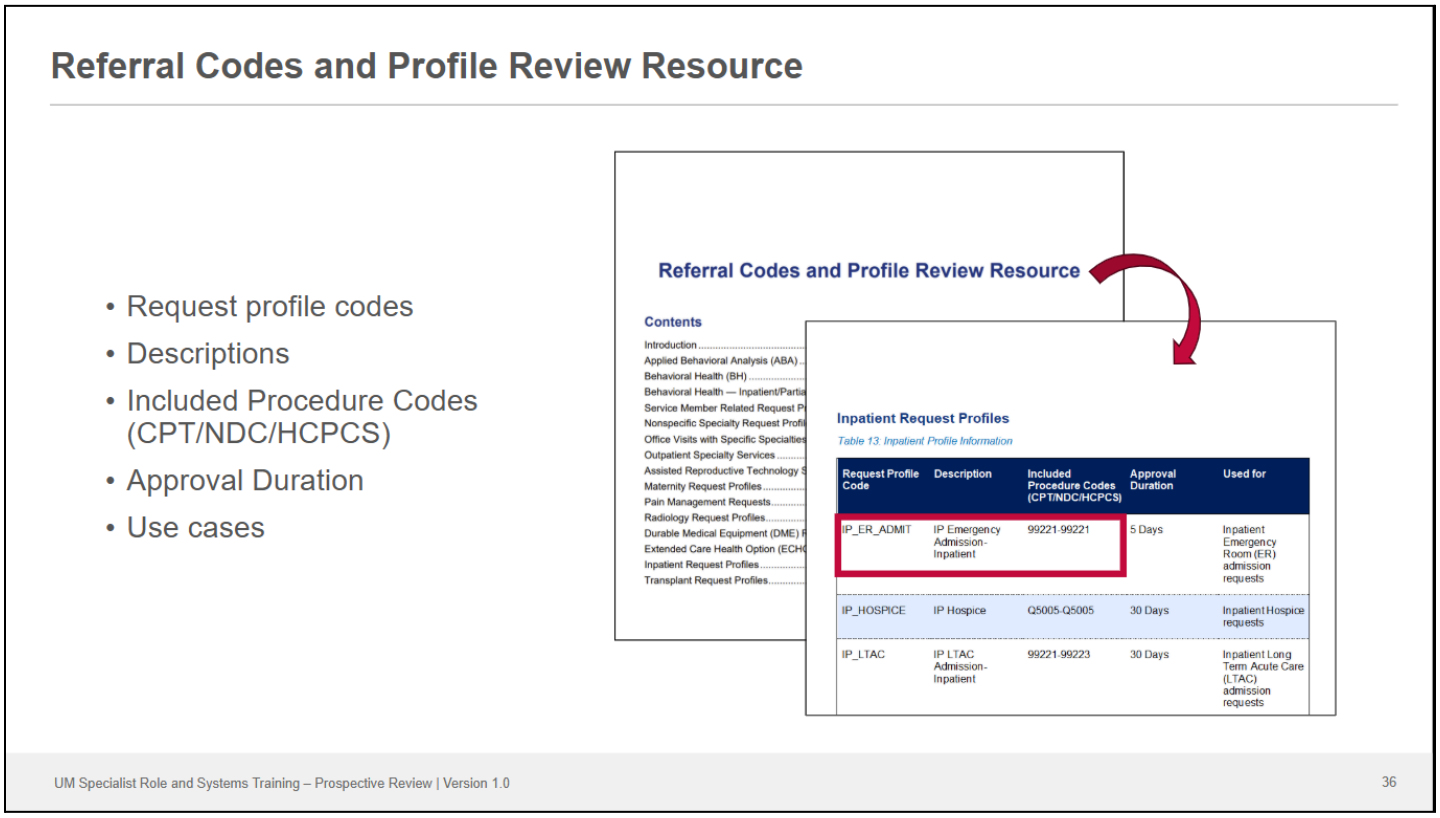
Slide 36 – Referral Codes and Profile Review Resource

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.
- Paste referral code and request profile guide link to chat. You can find this in the Link Directory of the Facilitator Guide.



[Script:] Let's take a moment to look at an existing resource in our Content Library, which you can find in the Link Directory of your Participant Guide. In addition, the producer will paste the link into our chat right now.

[Producer pastes referral code and request profile guide link to chat. You can find this in the Link Directory of the Facilitator Guide.]

[Advance for animation]

This guide displays request profile codes, descriptions, procedure codes, approval duration, and use cases, and can serve as an essential reference point for request profile categories.

When working with referral and authorization forms, you will see one to four diagnosis codes and at least one treatment code. Using Ctrl+F, find those same codes in the Included Procedure Codes (CPT/NDC/HCPCS) column of this resource. After locating the procedure code, use the

corresponding request profile code when building the authorization in CareRadius.

[Advance for animation]

For instance, if the procedure code on the referral or authorization form is 99221, I will use Ctrl+F to search “99221” in this Referral Codes and Profile Review Resource and then use the corresponding request profile code in CareRadius, which is IP_ER_ADMIT.

Now, let’s play a game. Keep the Referral Codes and Profile Review Resource open because you’ll need it to play the game!

[Advance slide]

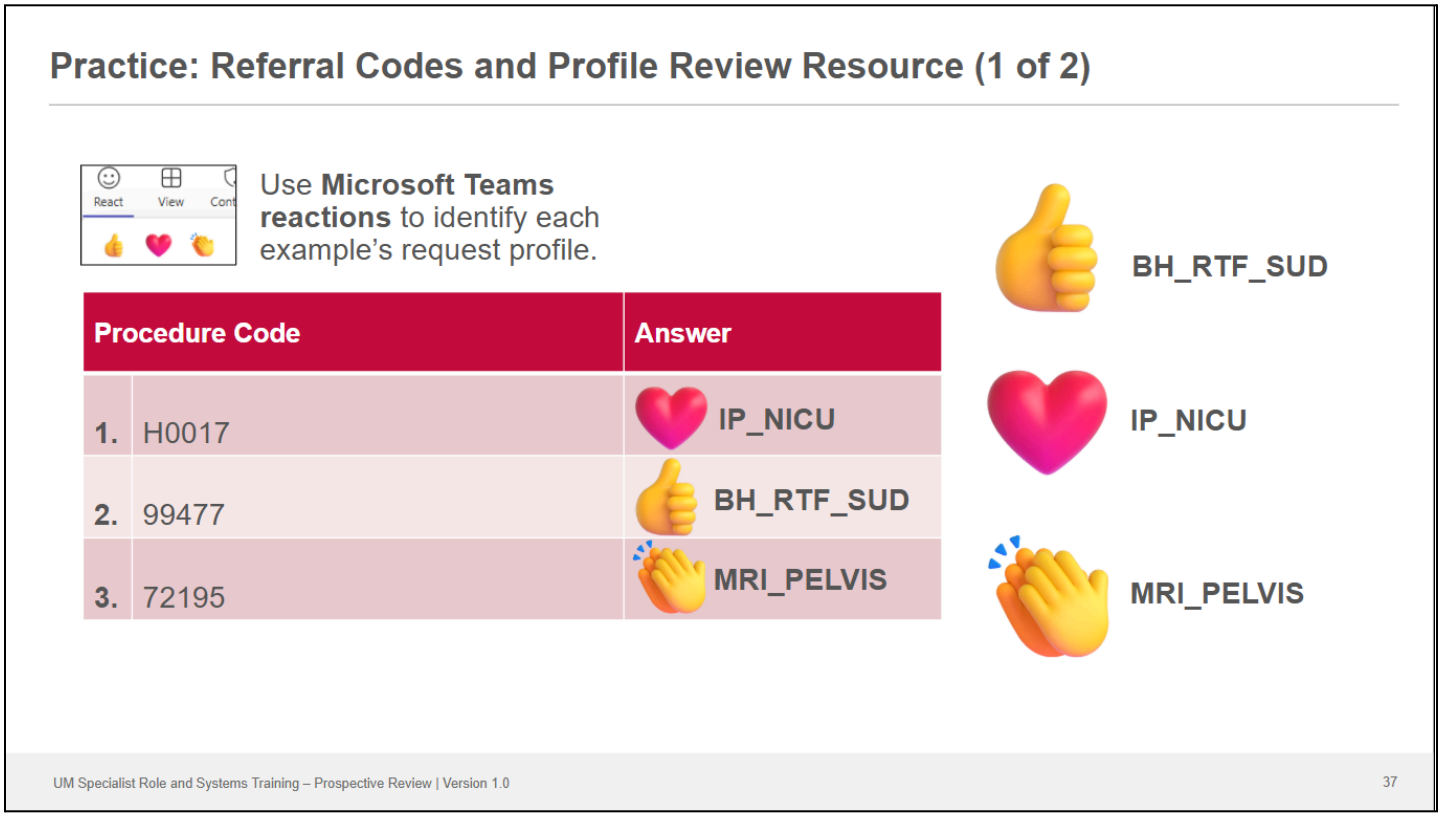
Slide 37 – Practice: Referral Codes and Profile Review Resource (1 of 2)

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Let's do a quick practice with these using our Teams reactions. As a say a procedure code, search for it in the Referral Codes and Profile Review Resource and then use the Microsoft Teams reaction to associate each code with the correct profile code. Any questions?

1. The procedure code H0017 is… **[Pause for discussion, advance for animation] IP_NICU**.

2. The procedure code 99477 is… **[Pause for discussion, advance for animation] BH_RTF_SUD**.

3. The procedure code 72195 is… **[Pause for discussion, advance for animation] MRI_PELVIS**.

Great work! We have one more set to practice with, so let's continue!

[Advance slide]

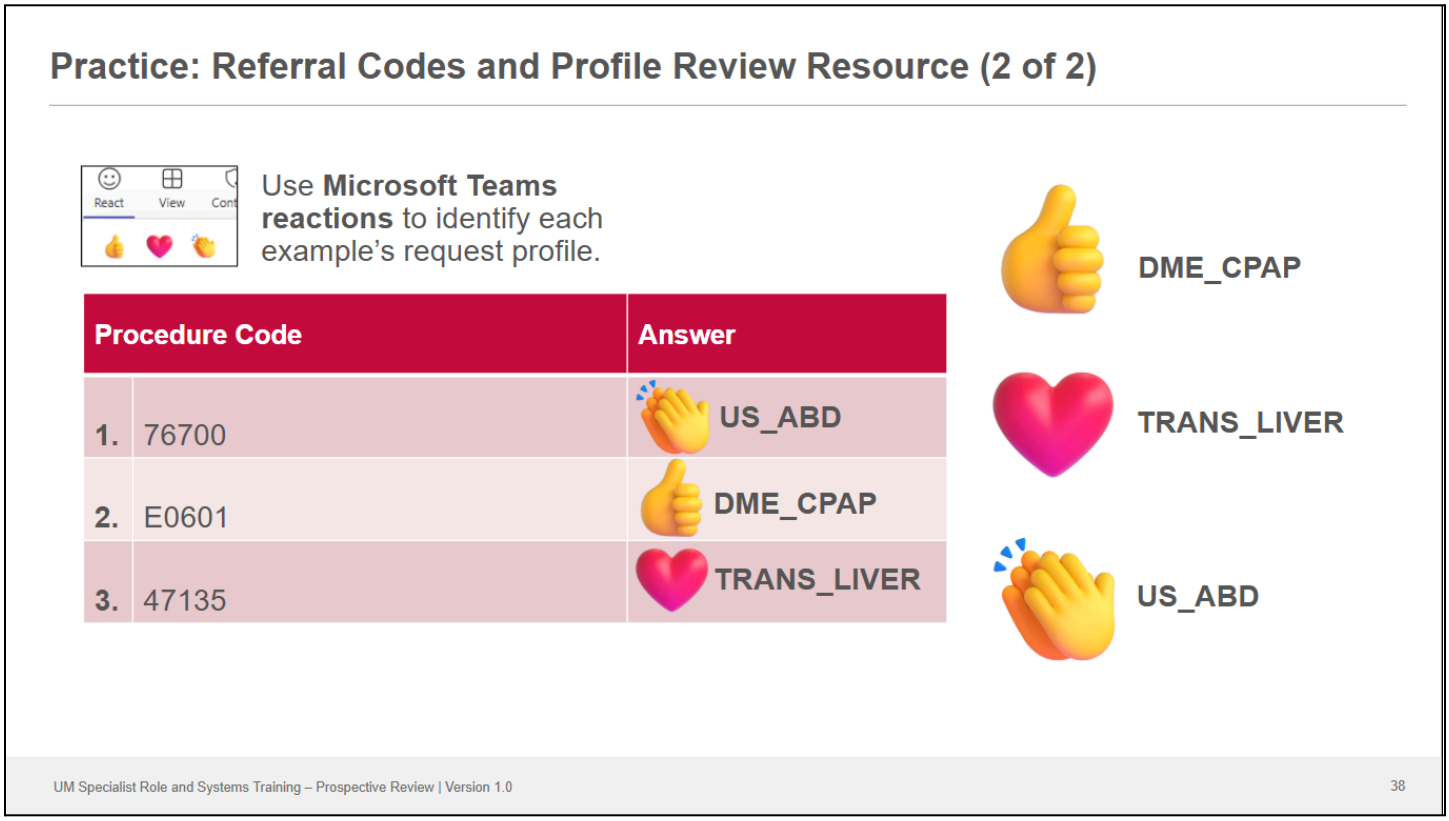
Slide 38 – Practice: Referral Codes and Profile Review Resource (2 of 2)

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Let's continue practicing with the request profile codes using our Teams reactions.

1. The procedure code 76700 is… **[Pause for discussion, advance for animation] US_ABD**.

2. The procedure code E0601 is… **[Pause for discussion, advance for animation] DME_CPAP**.

3. The procedure code 47135 is… **[Pause for discussion, advance for animation] TRANS_LIVER**.

Great work! Now, let's move on to our knowledge checks for this section.

[Advance slide]

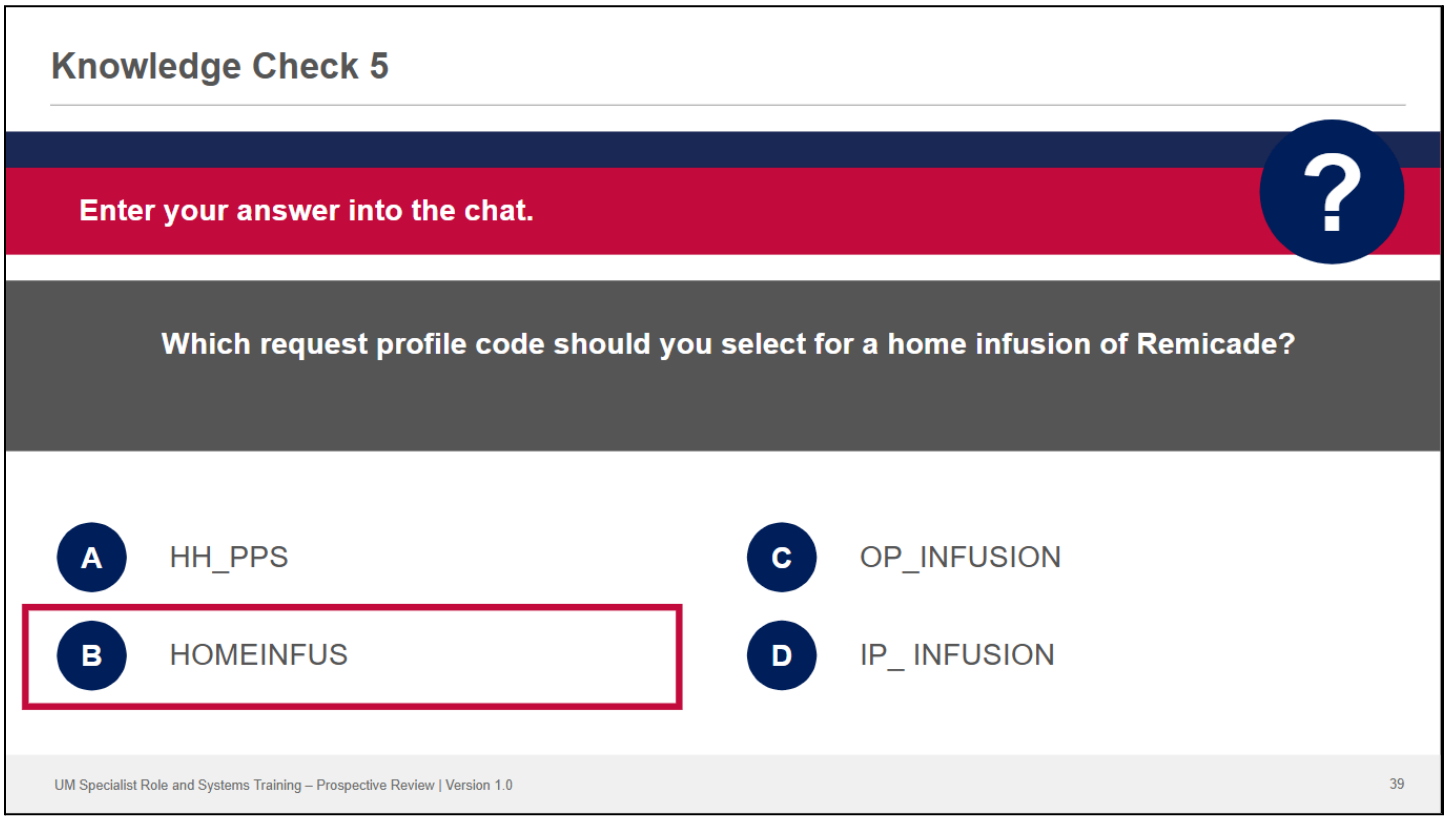
Slide 39 – Knowledge Check 5

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Let's check our knowledge:

Which request profile code should you select for a home infusion of Remicade?

A. HH_PPS
B. HOMEINFUS
C. OP_INFUSION
D. IP_ INFUSION

Send your answer to our chat. We'll give about 15 seconds to enter the best response.

[Pause for discussion]

[Advance for animation]

Well done! Thank you for sharing what you think the best answer is, which is B – HOMEINFUS. This is the request profile code for a beneficiary receiving an intravenous medication at home.

[Advance slide]

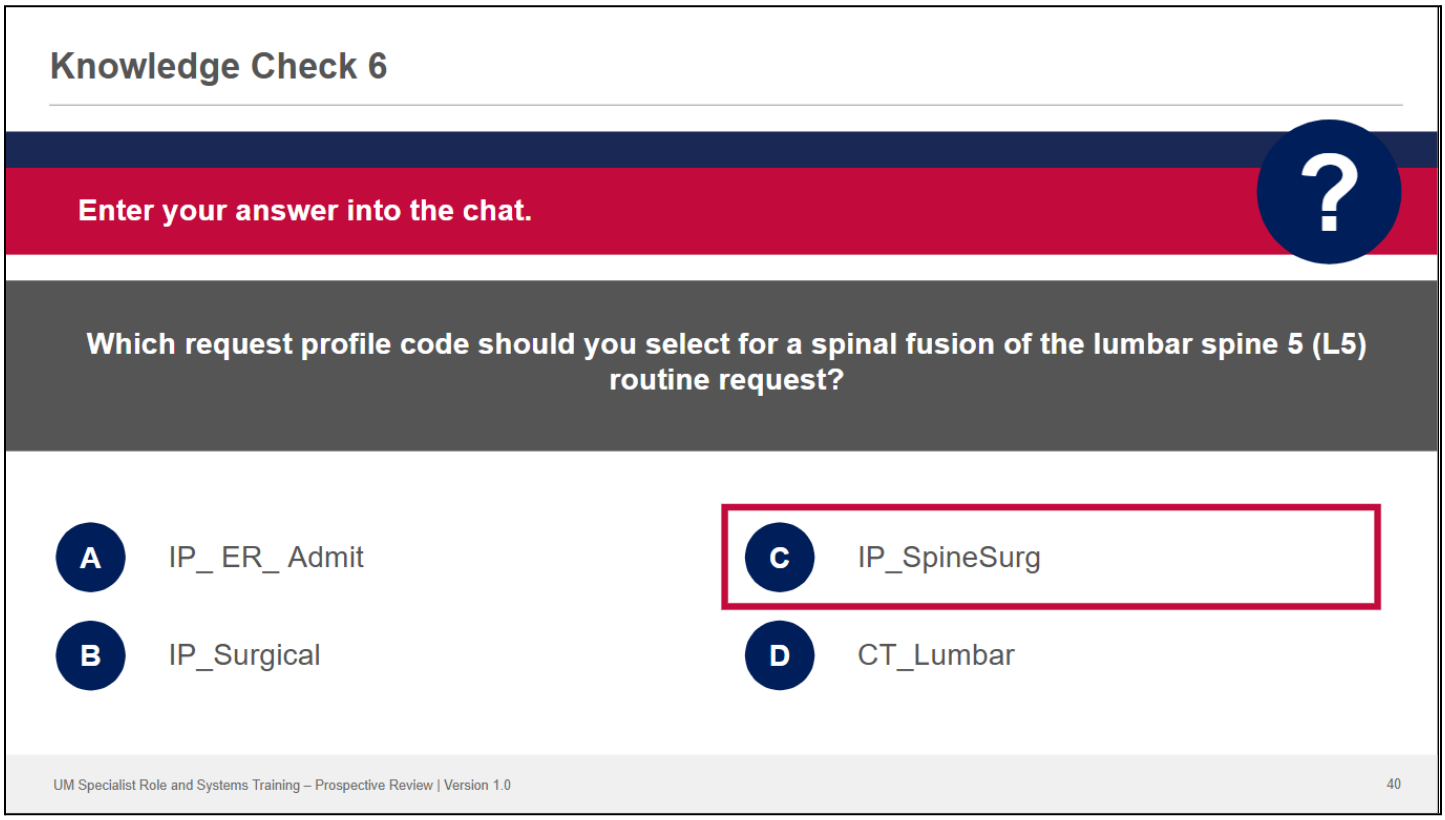
Slide 40 – Knowledge Check 6

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Let's check our knowledge:

Which request profile code should you select for a spinal fusion of the lumbar spine 5 (L5) routine request?

A. IP_ ER_ Admit
B. IP_Surgical
C. IP_SpineSurg
D. CT_Lumbar

Send your answer to our chat. We'll give about 15 seconds to enter the best response.

[Pause for discussion]

[Advance for animation]

Well done! Thank you for sharing what you think the best answer is, which is C – IP_SpineSurg. This

is the request profile code for spine surgeries.

[Advance slide]

Section Four: Request Profile Code Scenarios

This 30-minute section gives learners opportunities to apply what they have learned about request profile codes with scenarios.

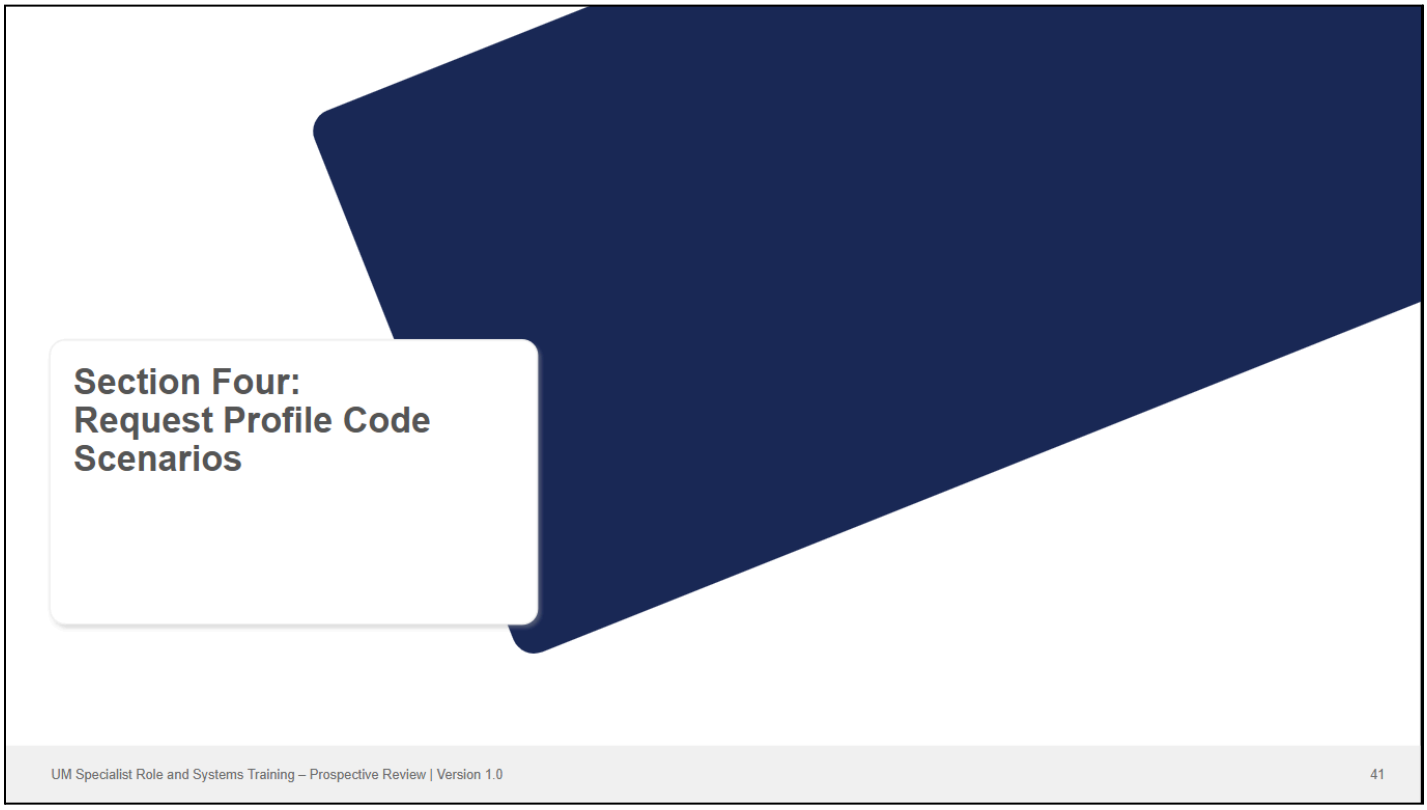
Slide 41 – Request Profile Code Scenarios

Instructor Notes:

- No animations on this slide, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Now that we've covered request profile codes, let's look at five scenarios you may encounter.

[Advance slide]

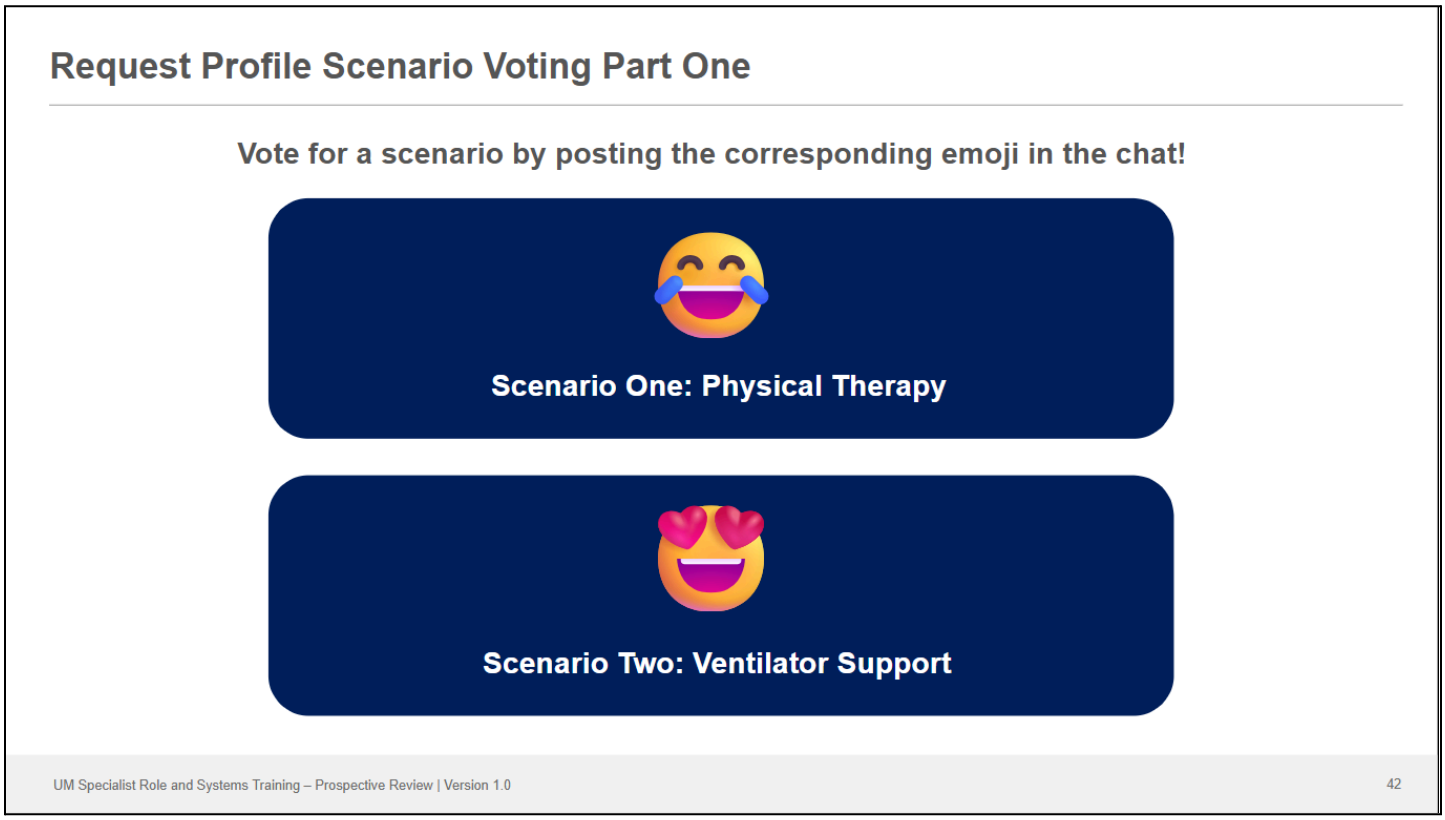
Slide 42 – Request Profile Scenario Voting Part One

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] You get to vote on which scenario we'll explore first. Each scenario is represented by a unique emoji. Cast your vote by selecting the emoji that matches your preferred option. You will post the emoji in the chat.

[Advance for animation]

To cast your vote for scenario one, a scenario about physical therapy, post a laughing face emoji in the chat.

[Advance for animation]

To cast your vote for scenario two, a scenario about ventilator support, post a heart eyes emoji in the chat.

[Pause for responses]

[Producer: make a quick count or rule by majority of which emoji had the most votes]

It looks like scenario ____ is the winner! Let's head that way first.

[Instructor: Select the winning scenario to be directed to the designated slide]

[Advance slide]

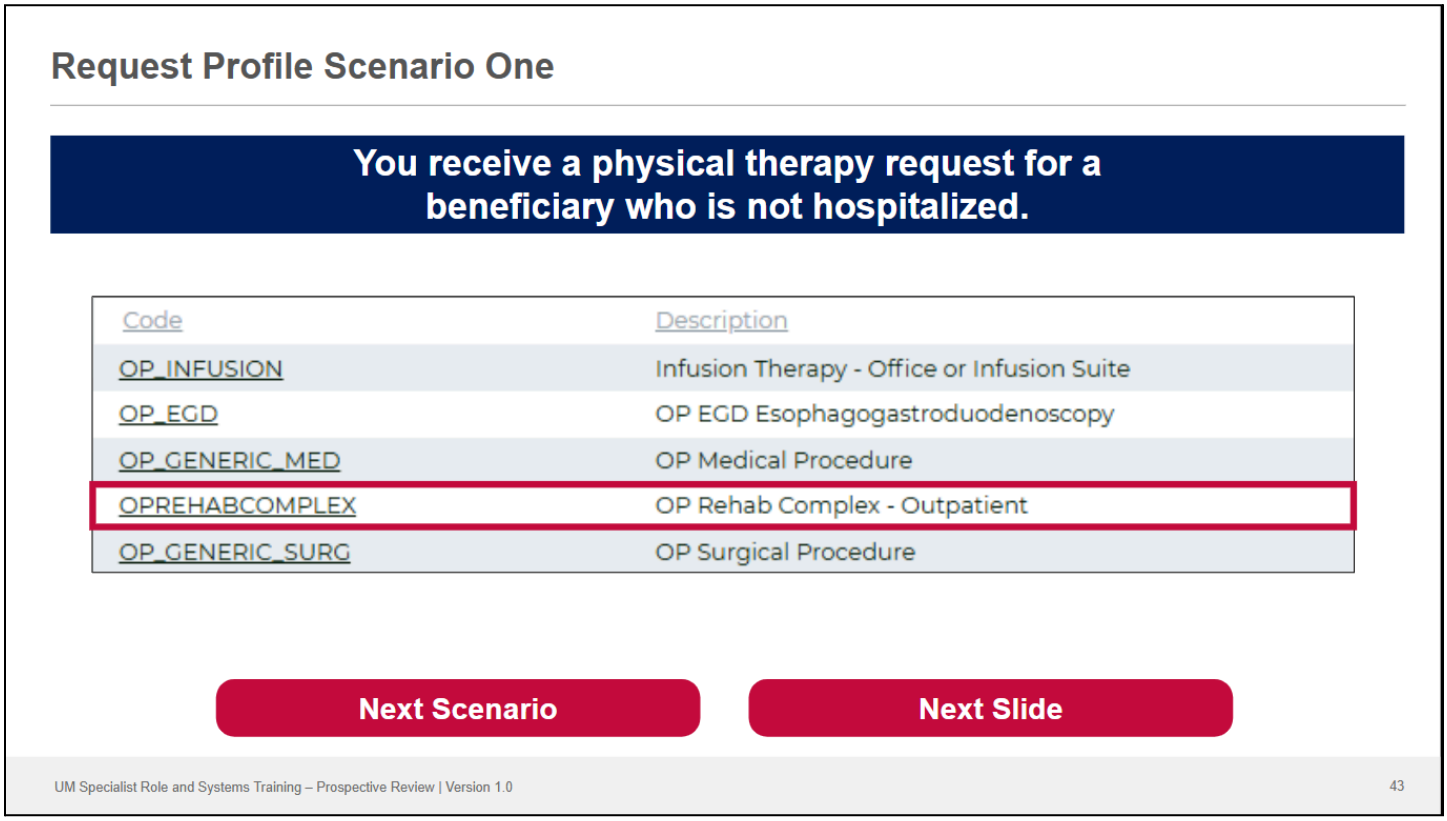
Slide 43 – Request Profile Scenario One

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] You receive a physical therapy request for a beneficiary who is not hospitalized. Which abbreviation would you type in the Code field when performing a request profile search? Type the code in chat.

[Pause for responses]

[Advance for animation]

That's correct! You would type OP*, because physical therapy would be an outpatient service. Now, let's look at the results after you type OP*.

[Advance for animation]

Which request profile code should you choose?

[Pause for responses]

[Advance for animation]

The correct answer is OPREHABCOMPLEX, because this code is for outpatient rehabilitation services such as physical therapy (PT), speech therapy (ST), occupational therapy (OT), or a combination of all three, typically provided at a facility.

[Advance for animation]

[Instructor: Select the “Next Scenario” button if you haven’t covered Scenario Two. If you have covered Scenario Two, select the “Next Slide” button.]

[Advance slide]

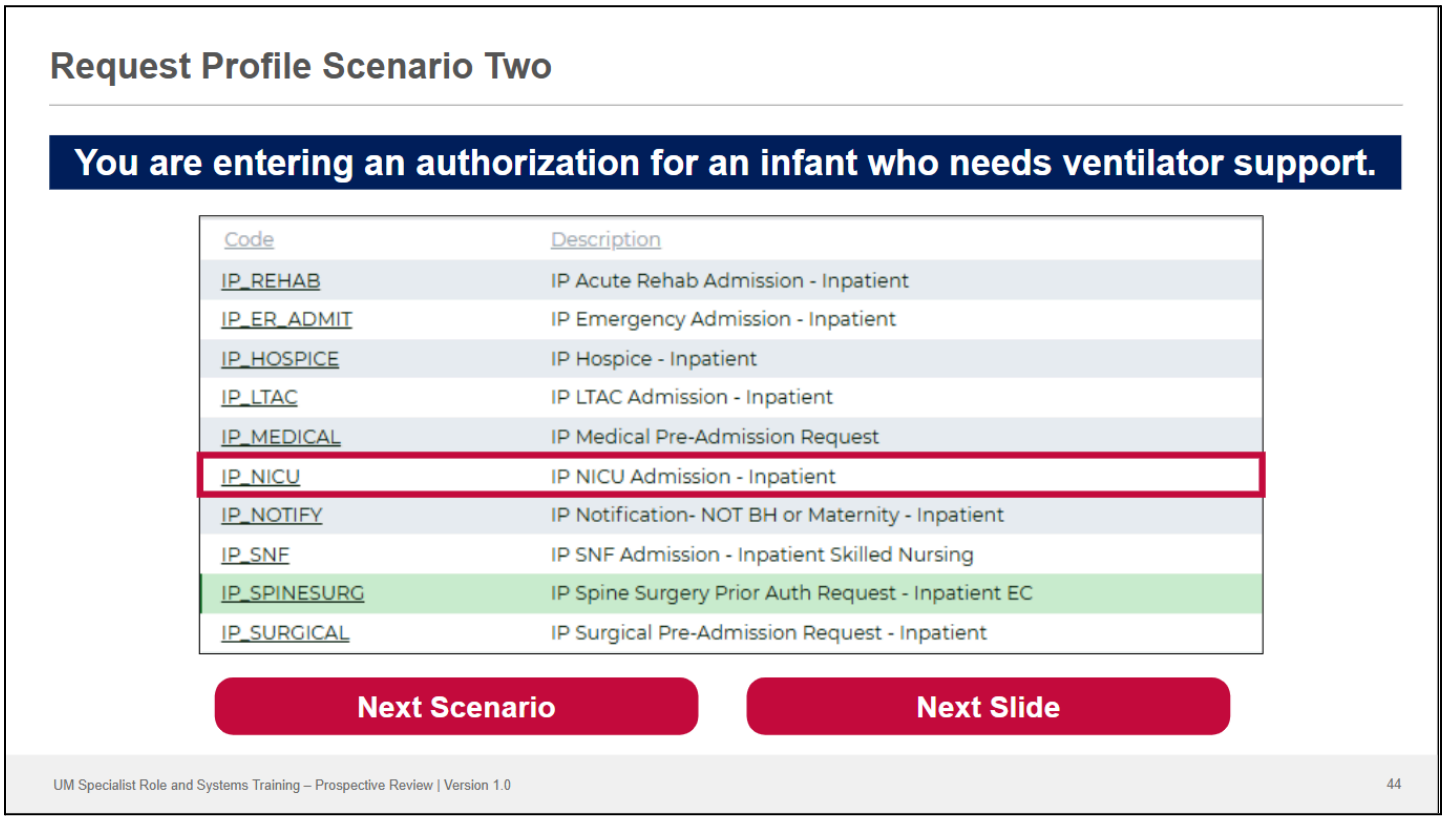
Slide 44 – Request Profile Scenario Two

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] You are entering an authorization for an infant who needs ventilator support. Which abbreviation would you type in the Code field when performing a request profile search? Type the code in chat.

[Pause for responses]

[Advance for animation]

That's correct! You would type IP*, because the infant would require inpatient services. Now, let's look at the results after you type IP*.

[Advance for animation]

Which request profile code should you choose?

[Pause for responses]

[Advance for animation]

The correct answer is IP_NICU. An infant on ventilator support will need to be in the neonatal intensive care unit (NICU).

[Advance for animation]

[Instructor: Select the “Next Scenario” button if you haven’t covered Scenario One. If you have covered Scenario One, select the “Next Slide” button.]

[Advance slide]

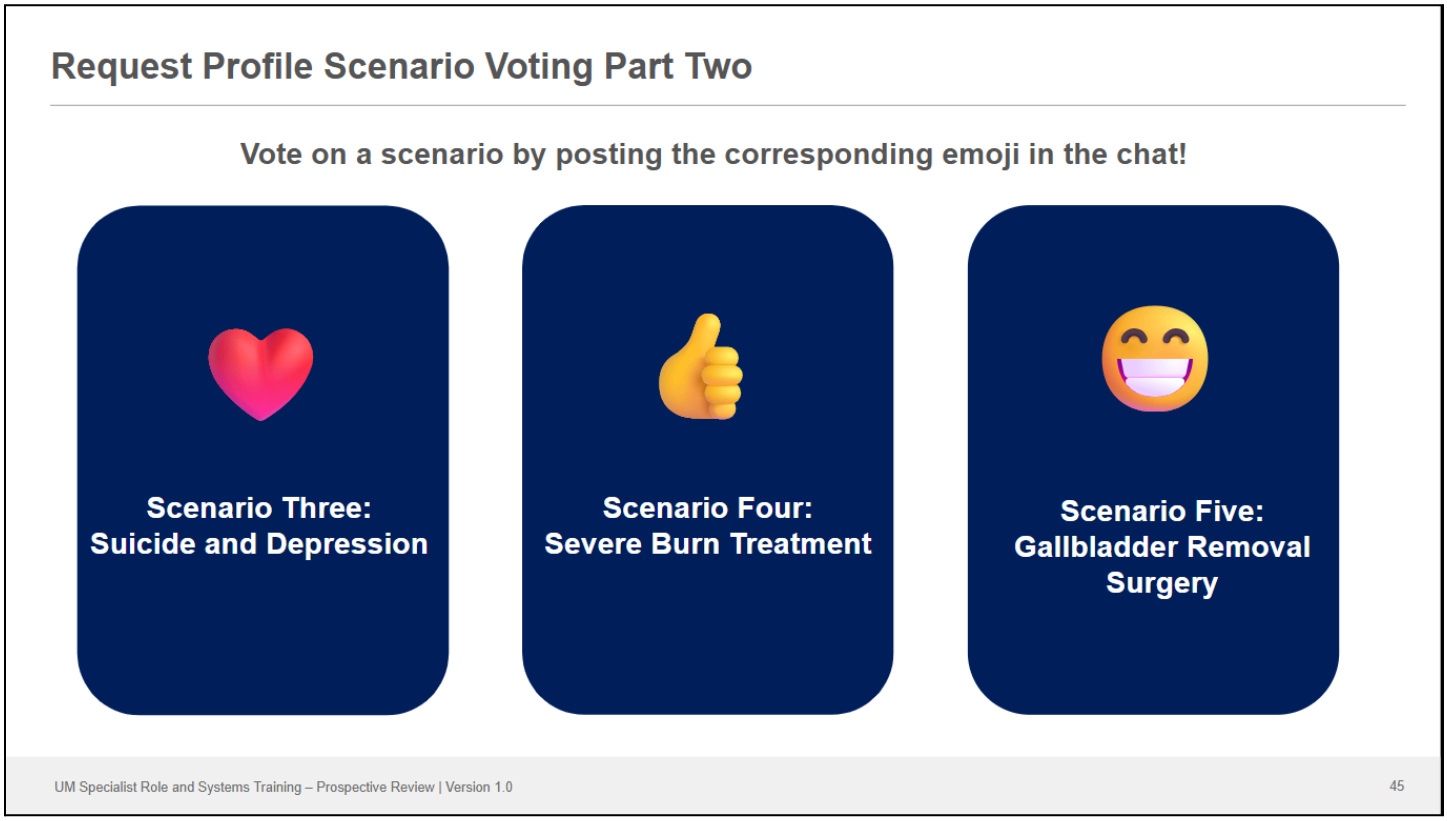
Slide 45 – Request Profile Scenario Voting Part Two

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] The same as our last scenario vote, you will vote for a scenario based on its corresponding emoji.

[Advance for animation]

Your first option is scenario three, a scenario about suicide and depression, which you can vote for with a heart emoji.

[Advance for animation]

The second option is scenario four, a scenario about severe burn treatment, which you can vote for with a thumb's up emoji.

[Advance for animation]

The third option is scenario five, a scenario about gallbladder removal surgery, which you can vote for with a smiley face emoji. Post the emoji of the scenario you would like us to begin with in the chat.

[Pause for responses]

[Producer: Count how many votes each emoji received. Based on the count, the one with the most will be the first scenario, the one with the second most will be the second scenario review, and the one with the least number of votes will be the third scenario.]

It looks like scenario ____ is the winner! Followed by scenario _____ in second and scenario _____ in last place. This is the order we'll go in to review the scenarios. Thanks for voting!

[Instructor: Select the winning scenario to be directed to the designated slide.]

[Advance slide]

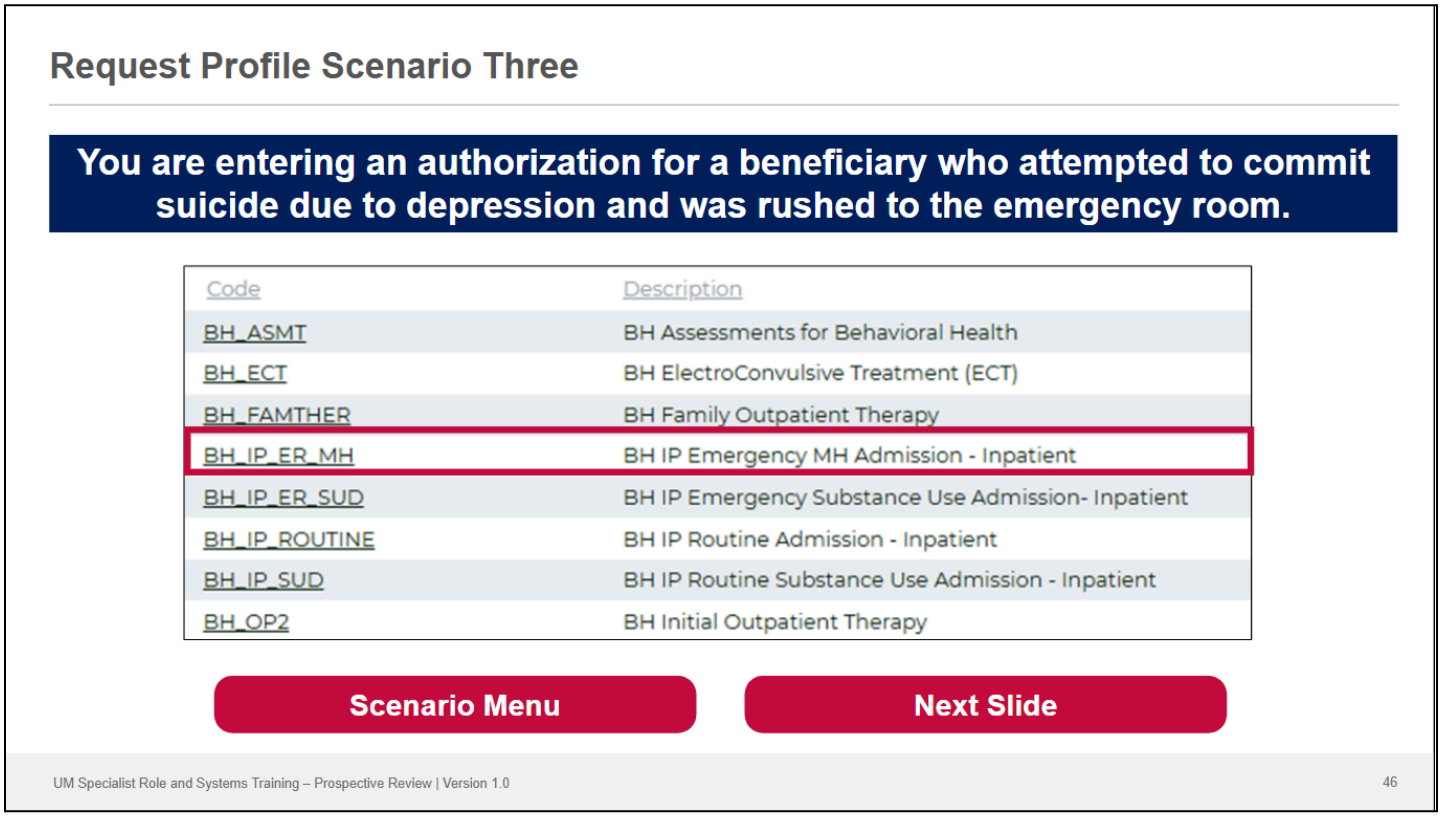
Slide 46 – Request Profile Scenario Three

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] You are entering an authorization for a beneficiary who attempted to commit suicide due to depression and was rushed to the emergency room. Which abbreviation would you type in the Code field when performing a request profile search? Type the code in chat.

[Pause for responses]

[Advance for animation]

That's correct! You would type BH* for behavioral health because the suicide attempt was due to depression, a mental health issue. Now, let's look at the results after you type BH*.

[Advance for animation]

Which request profile code should you choose?

[Pause for responses]

[Advance for animation]

The correct answer is BH_IP_ER_MH, because this code is for an emergency admission to the hospital for a mental health issue, such as manic-depressive disorder, a suicide attempt, or suicidal ideation.

[Advance for animation]

[Instructor: Select the Scenario Menu button if you haven't covered Scenario Four or Scenario Five yet. From the menu, select the next scenario based on the order that was voted on. If you have covered Scenario Four and Scenario Five, select the Next Slide button.]

[Advance slide]

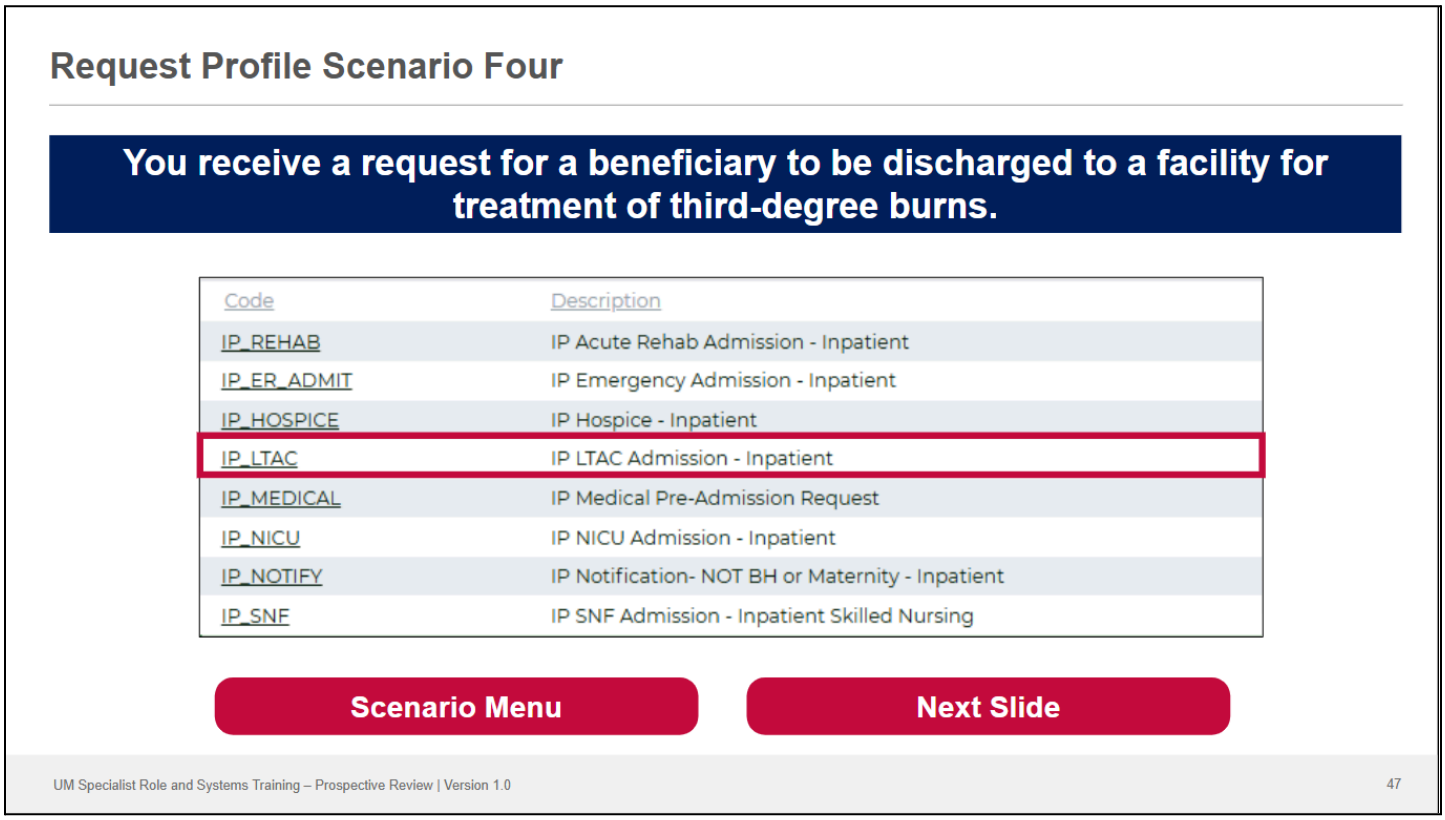
Slide 47 – Request Profile Scenario Four

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] You receive a request for a beneficiary to be discharged to a facility for treatment of third-degree burns. Which abbreviation would you type in the Code field when performing a request profile search? Type the code in chat.

[Pause for responses]

[Advance for animation]

That's correct! You would type IP*, because they require inpatient services. Now, let's look at the results after you type IP*.

[Advance for animation]

Which request profile code should you choose?

[Pause for responses]

[Advance for animation]

The correct answer is IP_LTAC. A beneficiary may be discharged to long term acute care for extended medical care needs such as ventilator weaning or treatment of third- or fourth-degree wounds. These patients typically have multiple complex medical needs.

[Advance for animation]

[Instructor: Select the Scenario Menu button if you haven't covered Scenario Three or Scenario Five yet. From the menu, select the next scenario based on the order that was voted on. If you have covered Scenario Three and Scenario Five, select the Next Slide button.]

[Advance slide]

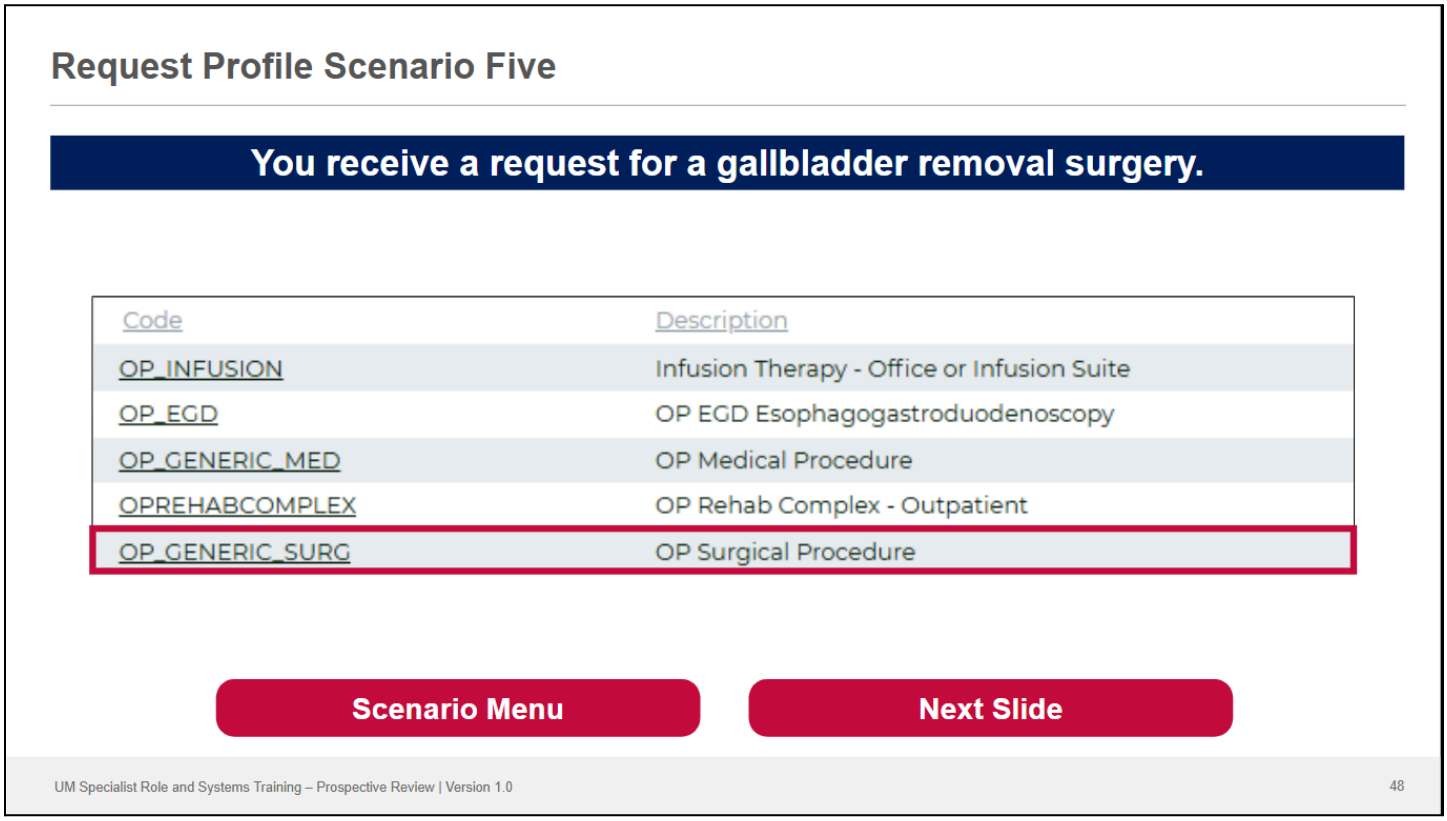
Slide 48 – Request Profile Scenario Five

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] You receive a request for gallbladder removal surgery. Which abbreviation would you type in the Code field when performing a request profile search? Type the code in chat.

[Pause for responses]

[Advance for animation]

That's correct! You would type OP* because gallbladder removal is an outpatient surgical procedure. Now, let's look at the results after you type OP*.

[Advance for animation]

Which request profile code should you choose?

[Pause for responses]

[Advance for animation]

The correct answer is OP_GENERIC_SURG, because this code is for outpatient surgical procedures, such as meniscus repairs, hernia repairs, tonsillectomies, arthroscopies, tendon and muscle repairs, and laparoscopic surgeries like gallbladder removal or appendectomy.

[Advance for animation]

[Instructor: Select the Scenario Menu button if you haven't covered Scenario Three or Scenario Four yet. From the menu, select the next scenario based on the order that was voted on. If you have covered Scenario Three and Scenario Four, select the Next Slide button]

[Advance slide]

Section Five: Creating an Authorization in CareRadius

This 70-minute section walks learners through the full process of building and editing an authorization.

Slide 49 – Creating an Authorization in CareRadius

Instructor Notes:

- No animations on this slide, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.

[Script:] Next, we'll review how to create authorizations, which you already learned about in the CareRadius Authorizations training.

[Advance slide]

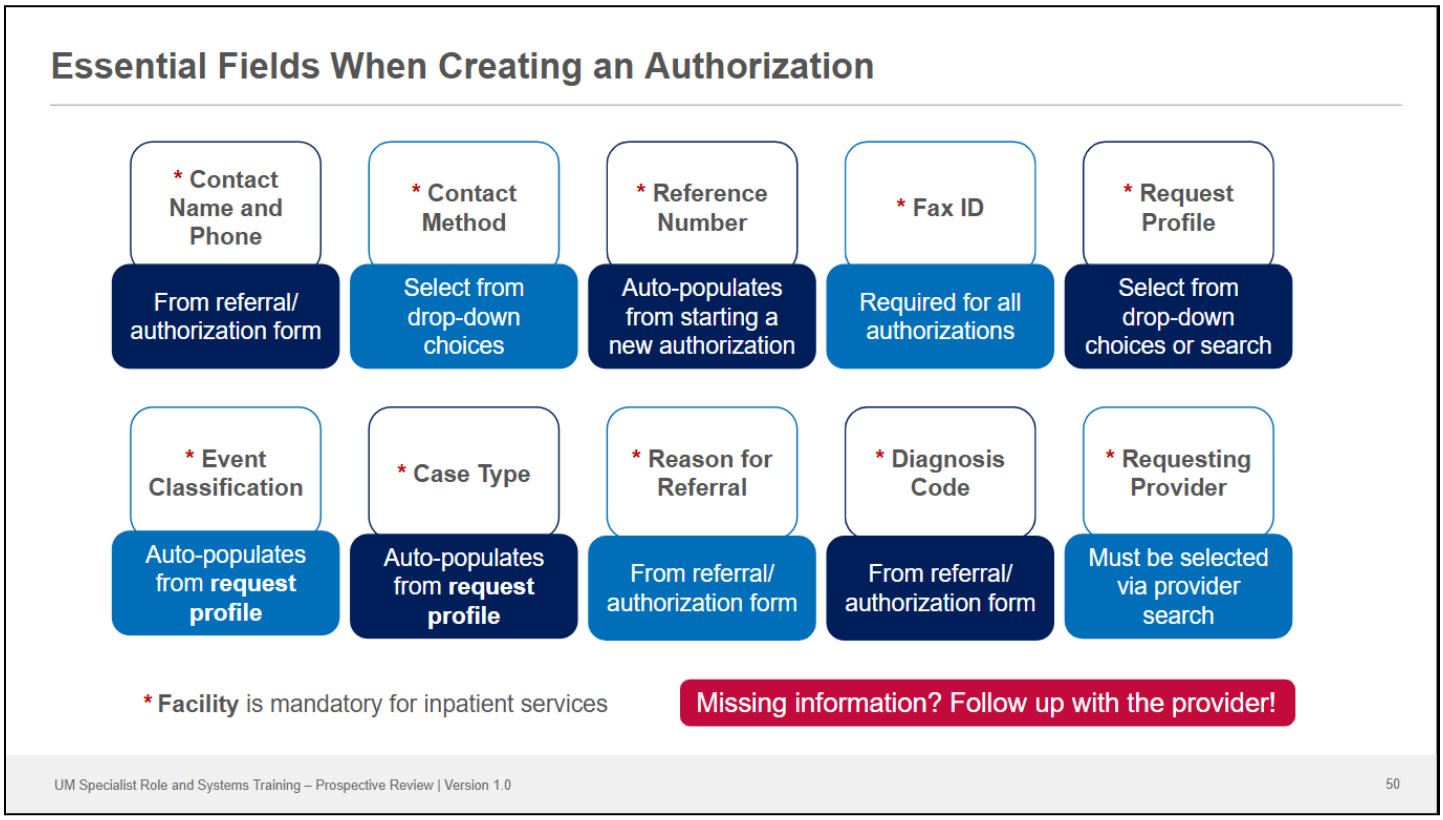
Slide 50 – Essential Fields When Creating an Authorization

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] When creating an authorization in CareRadius, we must complete several fields every time to ensure the request processes correctly.

These include:

[Advance for animation]

The **contact name and phone number**, which come from the referral and authorization form. If this information is missing, we can just enter the provider name.

[Advance for animation]

The **contact method**, which will be 'Fax' if the request came through DOMA.

[Advance for animation]

The **reference number**, which auto-populates as soon as you open the new authorization.

[Advance for animation]

The **Fax ID** field, which all authorizations require to ensure they route correctly. If the request comes through phone, we will just enter “1234”.

[Advance for animation]

The **request profile**, which populates once you search for a request profile code and choose the code that corresponds with the authorization.

[Advance for animation]

The **event classification,** which auto-populates from the request profile.

[Advance for animation]

The **case type,** which also auto-populates from the request profile.

[Advance for animation]

The **reason for referral**, which comes from the referral and authorization form.

[Advance for animation]

The **diagnosis code,** which also comes from the referral and authorization form.

[Advance for animation]

And the **requesting provider.**

[Advance for animation]

Also, if the service is impatient, entering a **facility** is mandatory.

If an incoming referral and authorization form appears to be incomplete, then you will be unable to complete these fields properly and should not continue with creating the authorization. In this case,

[Advance for animation]

we always follow up with the provider to obtain the required information. Completing these fields accurately helps ensure the authorization saves and routes correctly through the system.

Now that we covered the information needed when building an authorization, let’s explore how to create one.

[Advance slide]

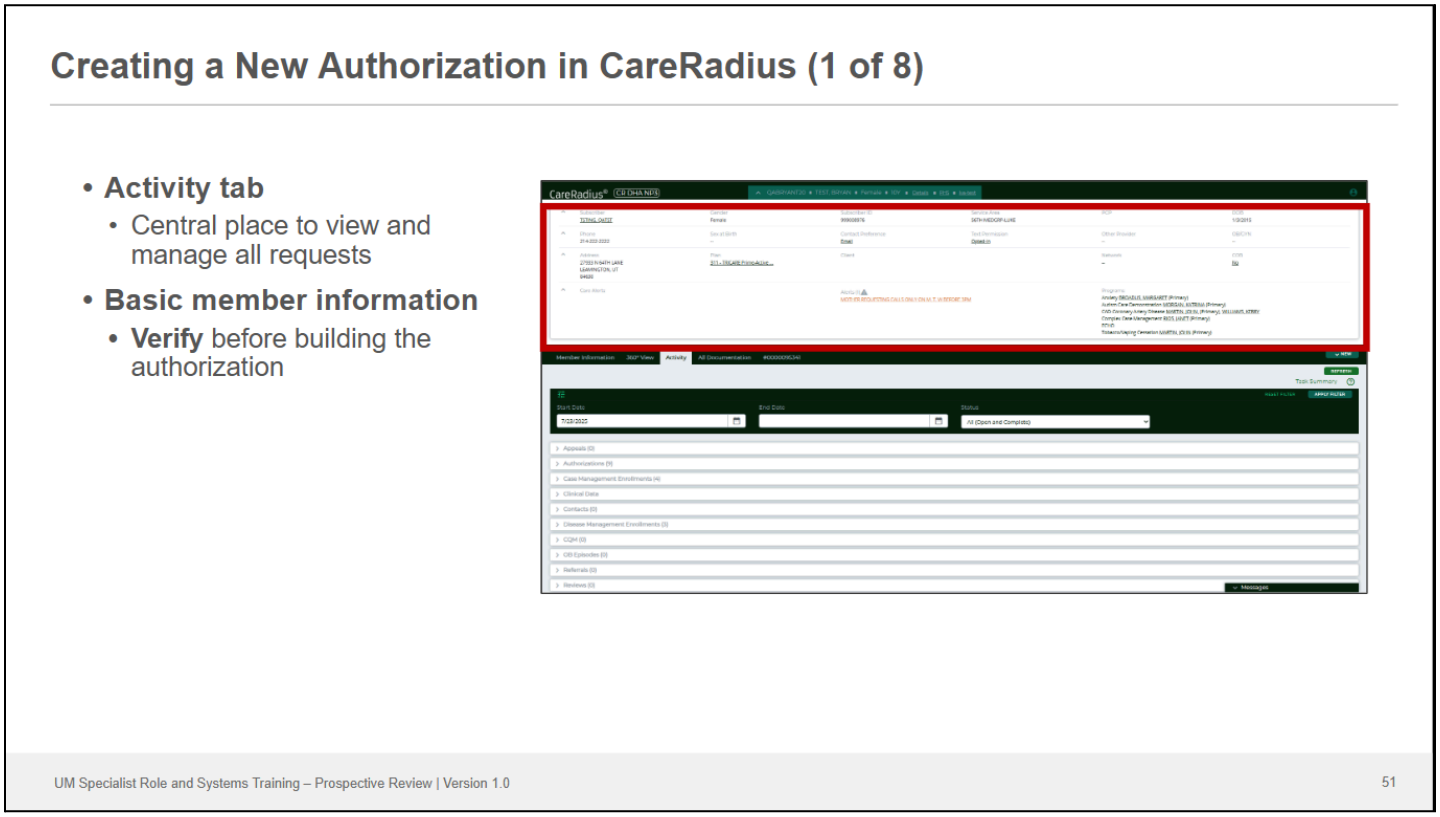
Slide 51 – Creating a New Authorization in CareRadius (1 of 8)

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Before I begin to explain this process, I want to note, again, that the following slides are an overview of the process to create a new authorization in CareRadius, which I'll follow with a full demonstration in the system. This is just a preview to ease us in.

To begin a new prior authorization in CareRadius, we start in the beneficiary's **Activity** tab. Of course, before initiating anything, we always confirm that we are in the correct beneficiary's chart. At the top of the screen, **[Advance for animation]** we'll review the basic information displayed at the top of the chart.

[Advance slide]

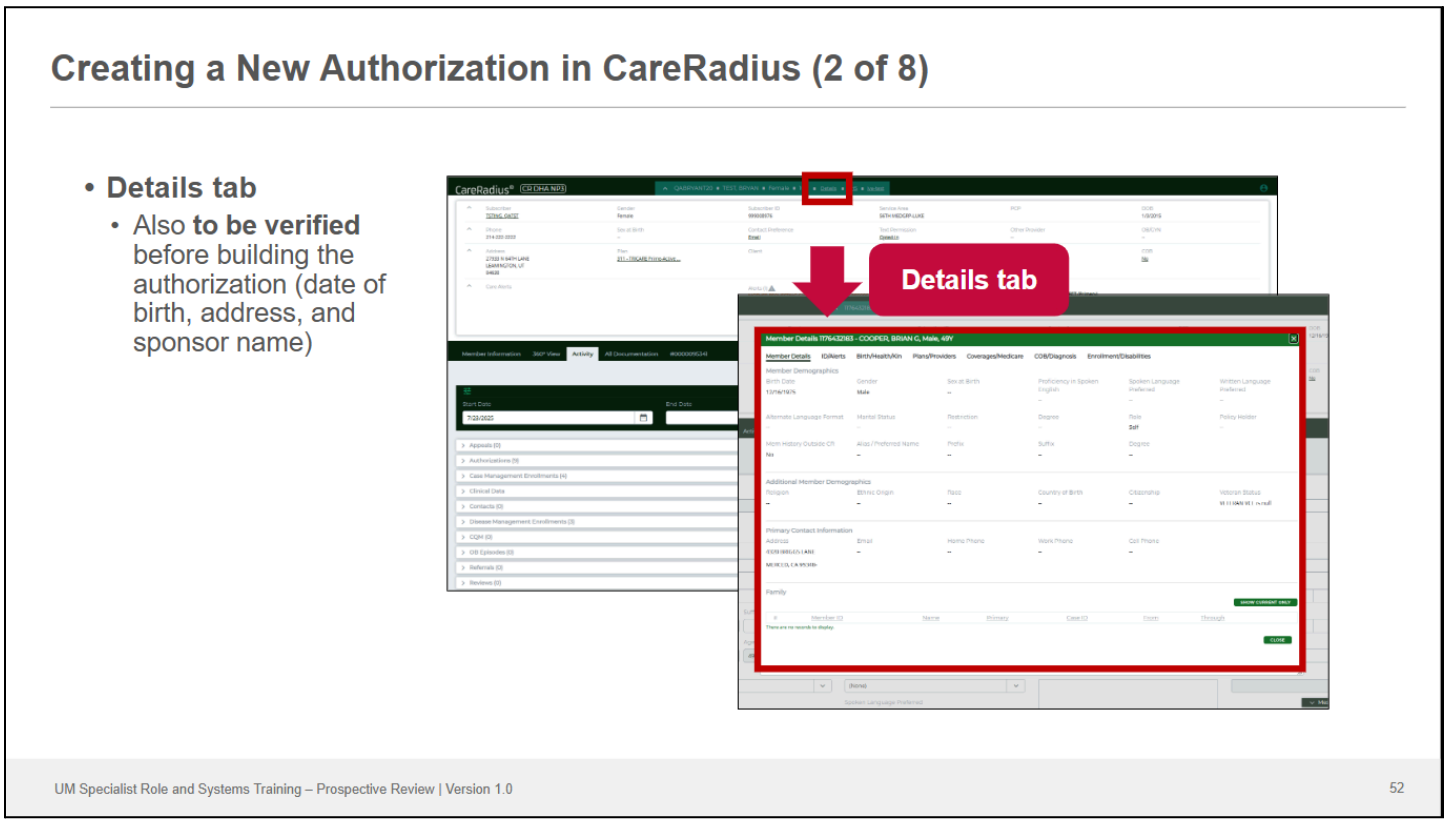
Slide 52 – Creating a New Authorization in CareRadius (2 of 8)

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] We should also review the **Details** tab,

[Advance for animation]

located in the green strip, to verify the beneficiary's date of birth, address, and sponsor name.

[Advance slide]

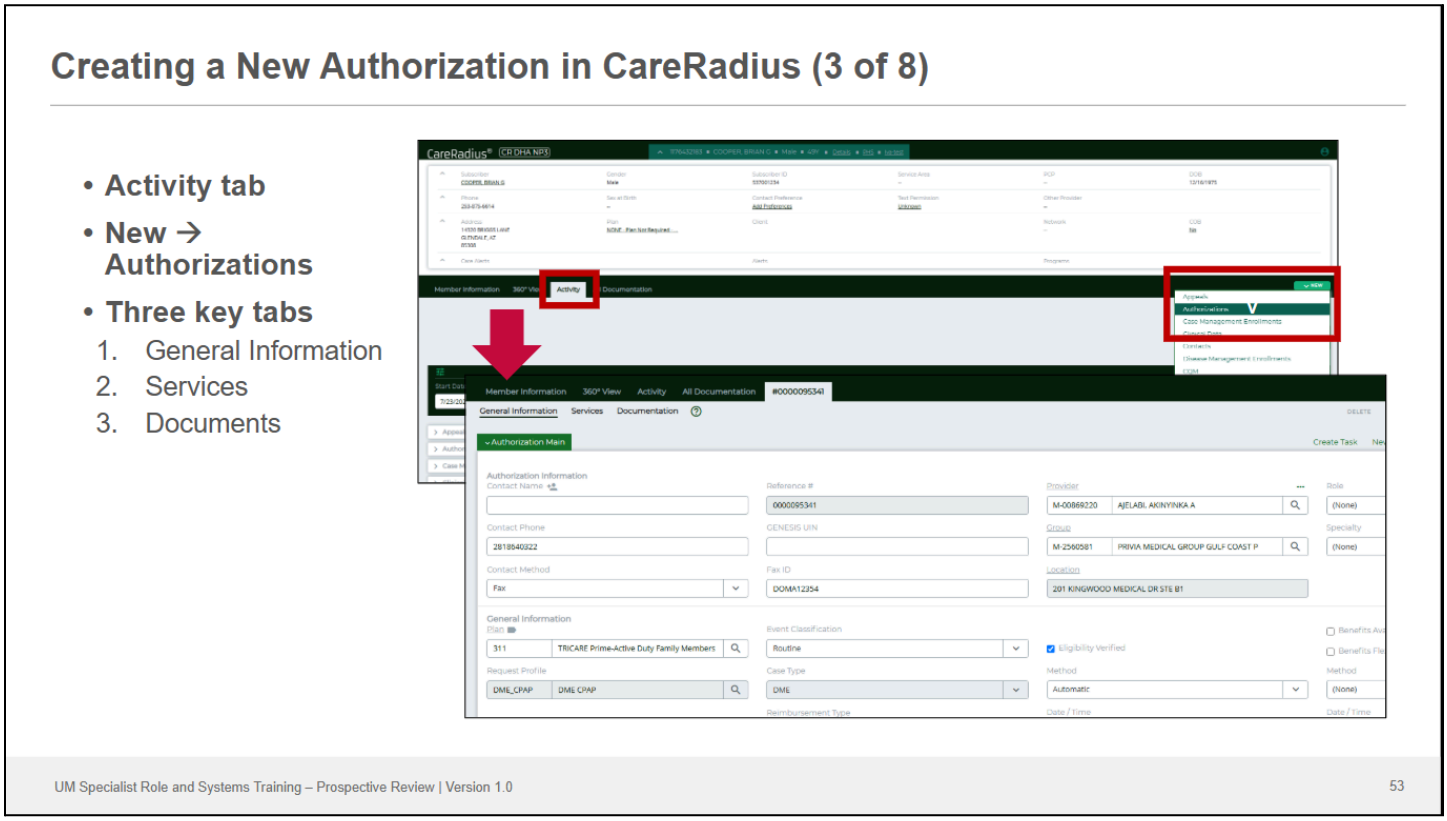
Slide 53 – Creating a New Authorization in CareRadius (3 of 8)

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Once we have confirmed the information and details, we can begin building the authorization by

[Advance for animation]

selecting the **New** option in the **Activity** tab and selecting **Authorizations**. This action opens the

[Advance for animation]

General Information tab, which is the starting point of the request.

From this screen, we move through three key tabs: **[Advance for animation]**

the **General Information** tab, where we enter contact and request details, the **Services** tab, which includes facility and procedure information, and the **Documentation** tab, where we attach supporting records. **[Advance slide]**

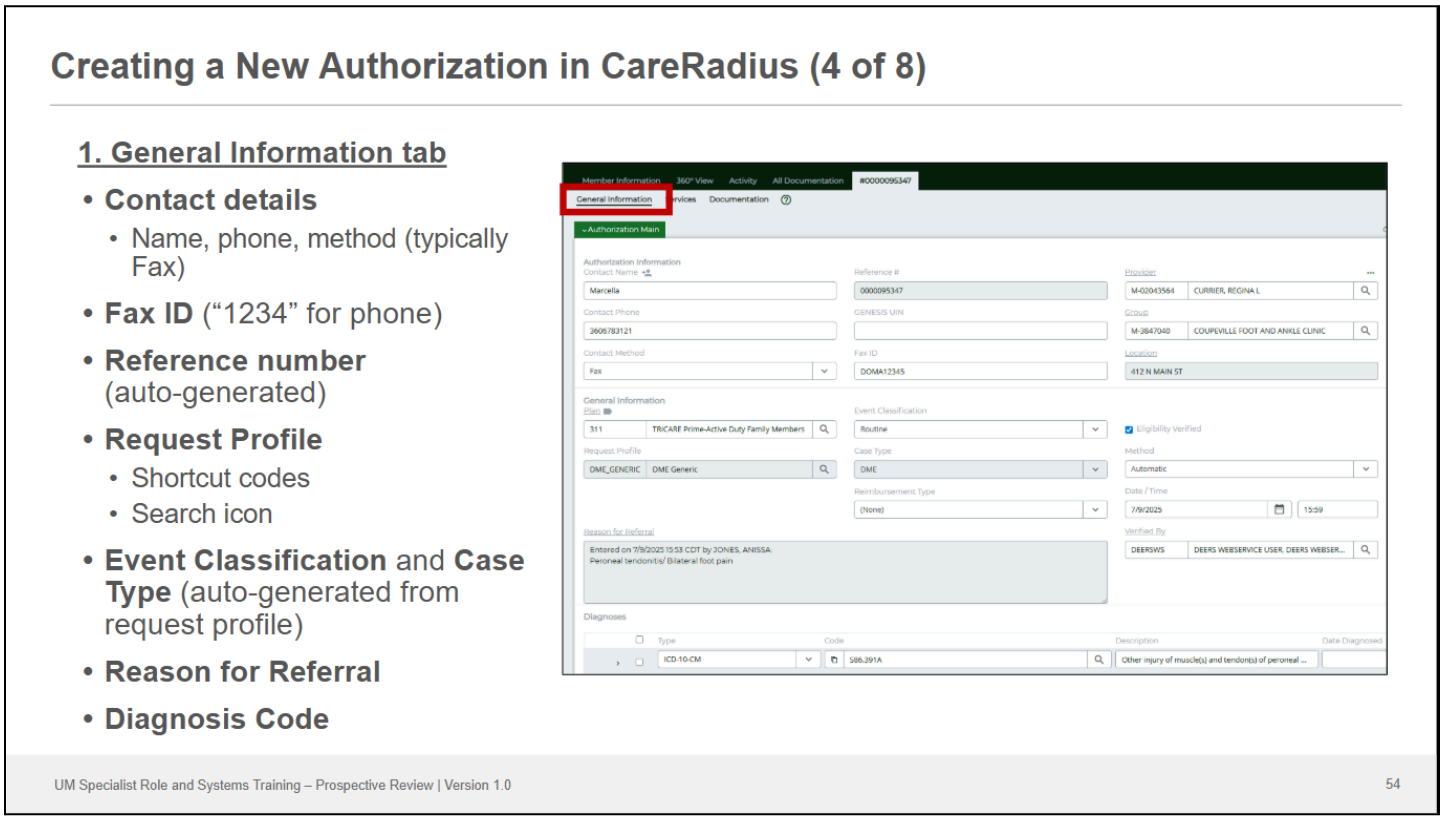
Slide 54 – Creating a New Authorization in CareRadius (4 of 8)

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Within the **General Information** tab, we enter all the required information for the request. This includes those essential fields we previewed earlier.

[Advance for animation]

The **Contact Name**, **Contact Phone Number**, and the **Contact Method** are the first few fields. For most requests that come through DOMA, fax will be the appropriate contact method to select.

[Advance for animation]

We must complete the **Fax ID** field to save the record, and we can find it listed on the fax. As mentioned earlier, if we received the request by phone, we enter a placeholder such as 1234.

[Advance for animation]

The system generates the **Reference Number**. Directly underneath this field, we may also see a field for **Genesis ID**, which is only applicable if the request came through a Genesis file. This field is optional.

[Advance for animation]

Next, we enter the correct **Request Profile**. Request profiles determine how the rest of the form populates and expected services. We enter a shortcut code to populate the correct profile. If we are unsure of the profile name, we can select the magnifying glass icon to open the **Request Profile Search**.

[Advance for animation]

Once we select the request profile, the system automatically fills in **Event Classification** and **Case Type**. Additionally, the **Eligibility Verified** select box **[Advance for animation]** auto-completes through the system, so there is no need to attempt to select or de-select it.

[Advance for animation]

We then manually enter the **Reason for Referral** and the **Diagnosis Code**. We must complete these fields as precisely as possible since they directly affect how the system and clinical reviewers process the request. Always ensure accuracy in these fields.

[Advance slide]

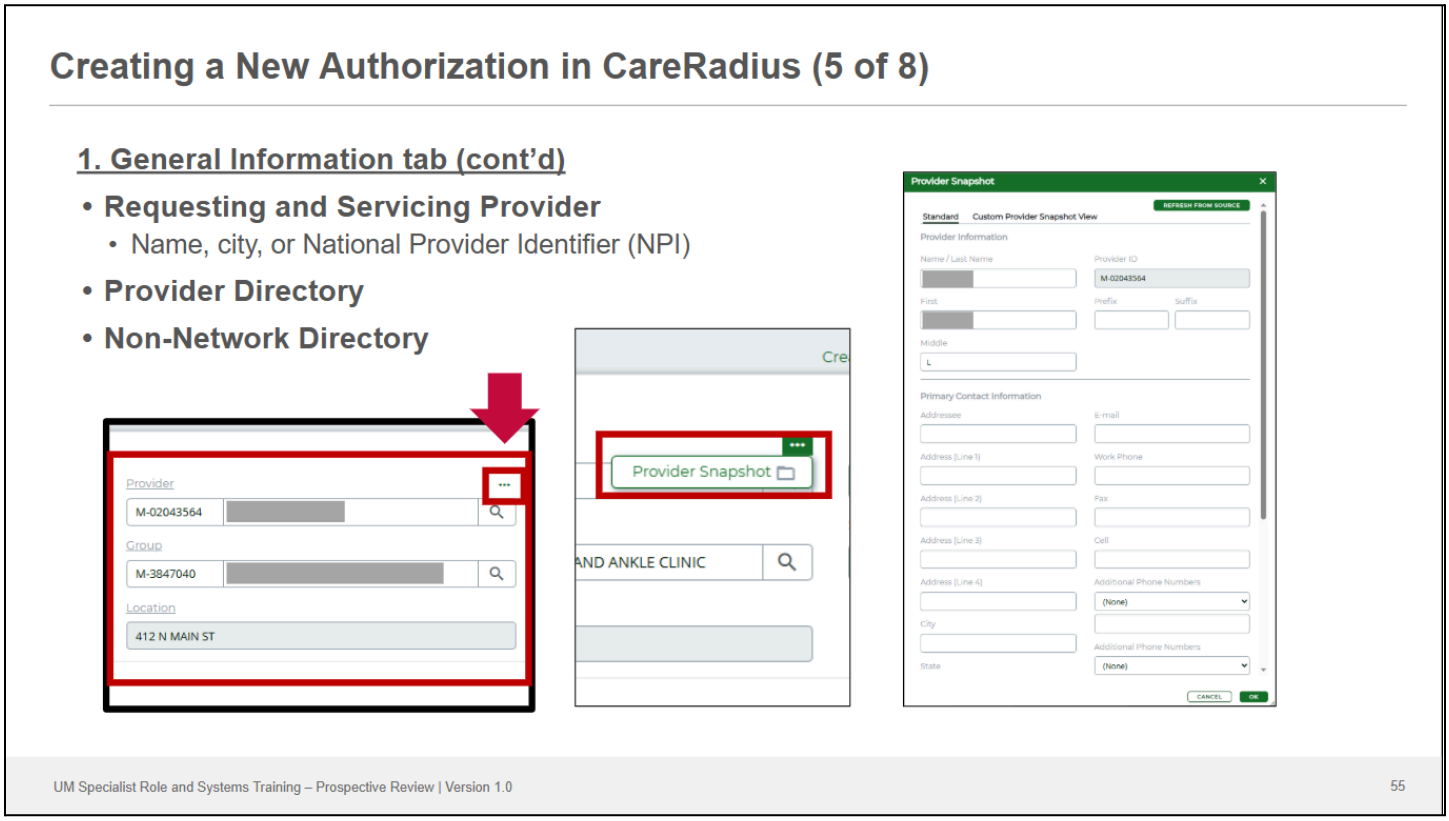
Slide 55 – Creating a New Authorization in CareRadius (5 of 8)

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] After entering the general request information, the next step is to assign the **Requesting Provider** and **Servicing Provider**, which of course must match what is on the referral and authorization form.

[Advance for animation]

We search for the provider using their name or **National Provider Identifier (NPI)**.

If the provider does not appear in the search results, we can select the three-dot menu

[Advance for animation] to open the **Provider Directory**. Within the directory, we will run a full search. In situations where the search continues to not populate the correct provider, we enter the provider manually using a generic code, which our demonstration includes. This opens the **Provider Snapshot** screen, **[Advance for animation]** where we will enter key information.

For providers who are out of network, we use the **Non-Network Directory**, which we will view later. This process is like the standard provider search and serves as a fallback.

[Advance slide]

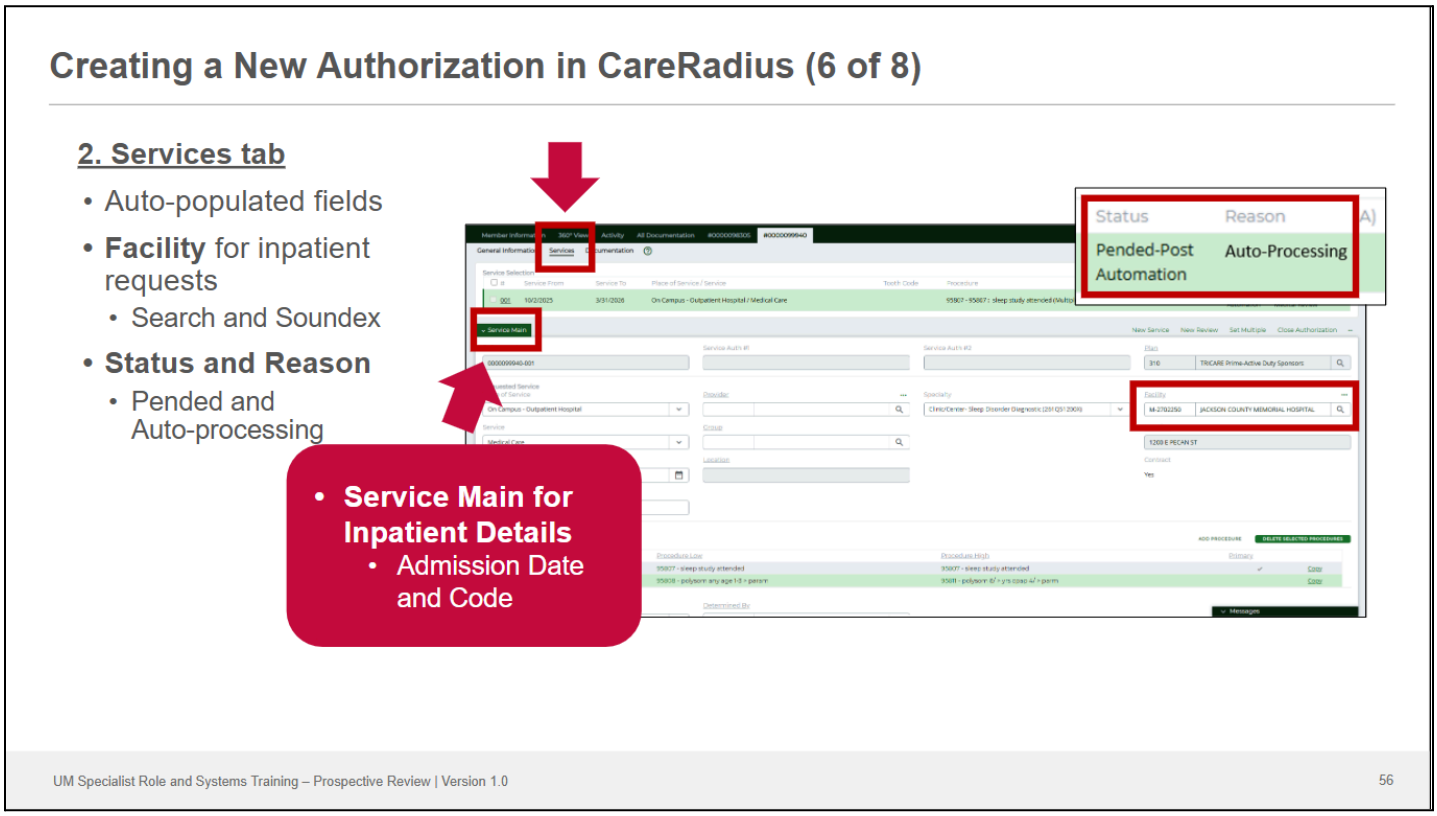
Slide 56 – Creating a New Authorization in CareRadius (6 of 8)

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Once we enter the provider, we move from the **General Information** tab to the **[Advance for animation] Services** tab. Many of the fields in this tab will auto-populate based on the information we entered in the **General Information** tab.

For inpatient admissions, as we mentioned earlier, we must enter a facility.

[Advance for animation]

After selecting **Search**, a list of facilities will appear. If more than one facility has the same address, we select the first one on the list.

Once we enter the facility, the **[Advance for animation] Service Main Inpatient Details** section is where we enter the actual admission date and the code from the referral/authorization form. Once we enter the admission date, the system automatically generates the authorization window starting from that date. With these fields completed, we can proceed to save the service information.

Before finalizing the request, we **[Advance for animation]** leave the Status as Pended and set the

Reason to Auto-processing. This setting allows the system to handle the request.

[Advance slide]

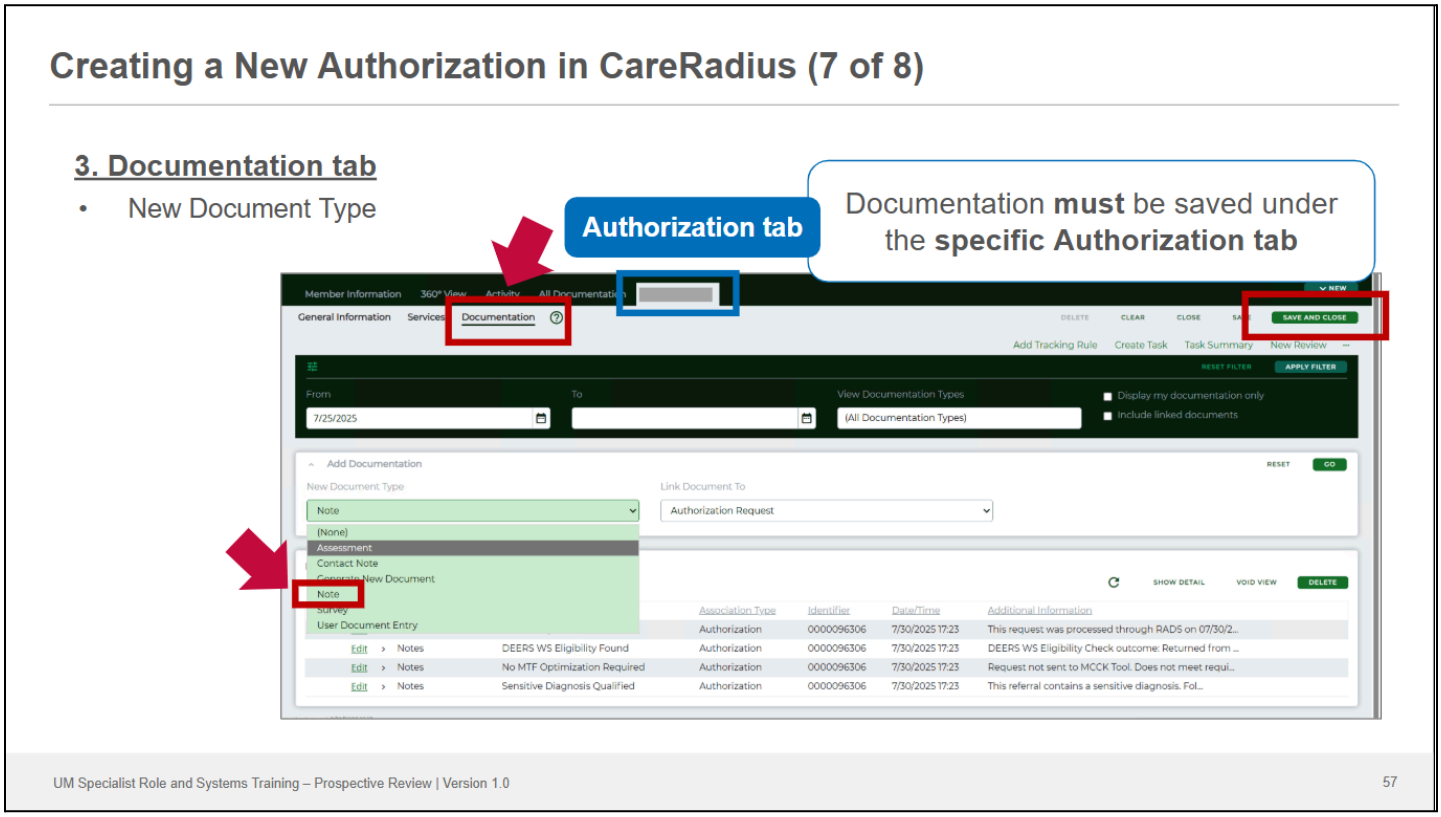
Slide 57 – Creating a New Authorization in CareRadius (7 of 8)

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Next, we go to the **[Advance for animation]**

Documentation tab to attach all supporting documentation by selecting the **New Document Type** dropdown. This may include clinical notes, medical necessity letters, or referral forms. It is important that we attach these documents under the specific **[Advance for animation]**

Authorization tab to ensure traceability and compliance with documentation standards. For all documents attached to the authorization, including any that come through DOMA, always double-check the beneficiary, service, provider, date of birth, gender, date, urgency, and any other defining factors for what is on file.

To add internal notes, use the **[Advance for animation]**

Note option. Notes are visible to reviewers and should include clarifying information such as prior contact, the urgency of the situation, or any special handling instructions. Keep notes clear, concise, and professional; only including what's necessary for understanding the request.

Of course, before submitting, we recommend always reviewing the plan and eligibility information within the **Details** tab or **Member Information** section.

Once we've completed all required fields, attached documentation, and verified the information, we **[Advance for animation]** select **Save and Close**.

[Advance slide]

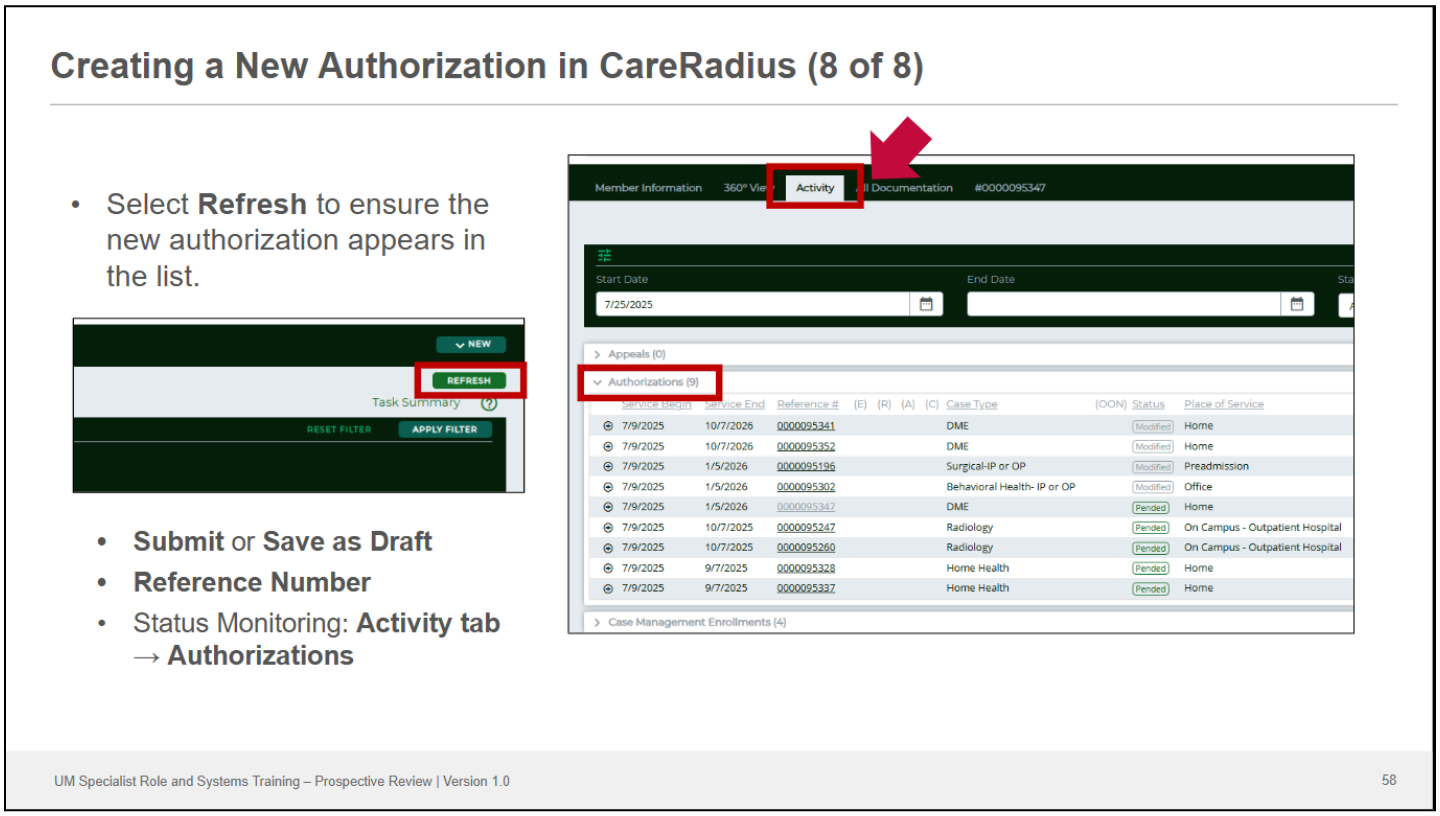
Slide 58 – Creating a New Authorization in CareRadius (8 of 8)

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] This returns us to the **Activity** tab in the beneficiary's chart, where we select **[Advance for animation] Refresh** to ensure the new authorization appears in the list.

[Advance for animation]

Submit the authorization to publish it and display it in the Activity tab. Save it as a draft if you still need to gather the required information.

After you submit the authorization, you use the reference number to list or search for it. You can monitor the status of any authorization in the Activity tab under Authorizations.

That concludes the overview of this process, and as promised, we will go through a demonstration of this shortly.

[Advance slide]

Slide 59 – Demonstration Two: Creating an Authorization

Instructor Notes:

- Transition to demonstration, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.

[Script:] We will now begin the live demonstration of Creating an Authorization. Feel free to take notes in your participant guide to prepare for your activity that follows, in which you'll have a chance to complete these steps on your own.

[Transition to demonstration, which you can find steps for in Appendix B of your Facilitator Guide. Start with Activity Two: Creating an Authorization referral and authorization form.]

[Advance slide]

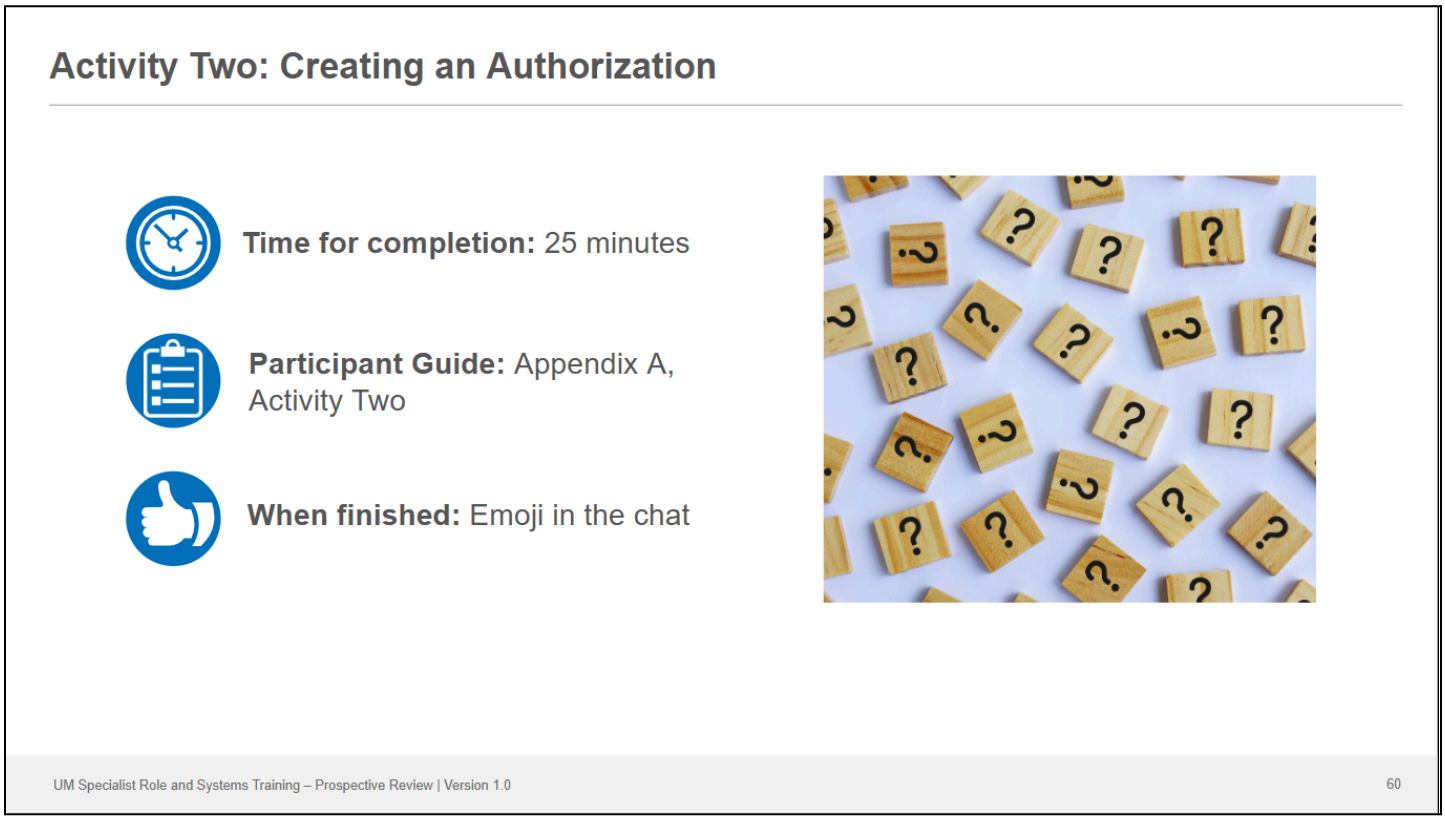
Slide 60 – Activity Two: Creating an Authorization

Instructor Notes:

- Set timer, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] We will now begin our next activity, which is to create an authorization.

In your Participant Guide, select the activity link and follow the steps to complete your activity.

[Producer re-adds the Participant Guide link to the chat, stating: "We will now begin Activity Two: Creating an Authorization, which you will find steps for in Appendix A of your Participant Guide."]

We'll start our timer for 25 minutes, which gives us plenty of time to complete the activity. If you encounter blockers along the way or have questions that pertain to the activity, use the chat to communicate those, and we'll assist you.

If you complete the activity before the time is up, we ask that you put an emoji of your choice in the chat.

Are there any questions before we start the timer?

[Pause for discussion]

Okay, you may begin.

[Facilitator begins the built-in Microsoft Teams Timer and monitors the chat for questions.]

Great job with completing Activity Two! Now, we're going to complete two knowledge checks.

[End of Activity]

[Advance slide]

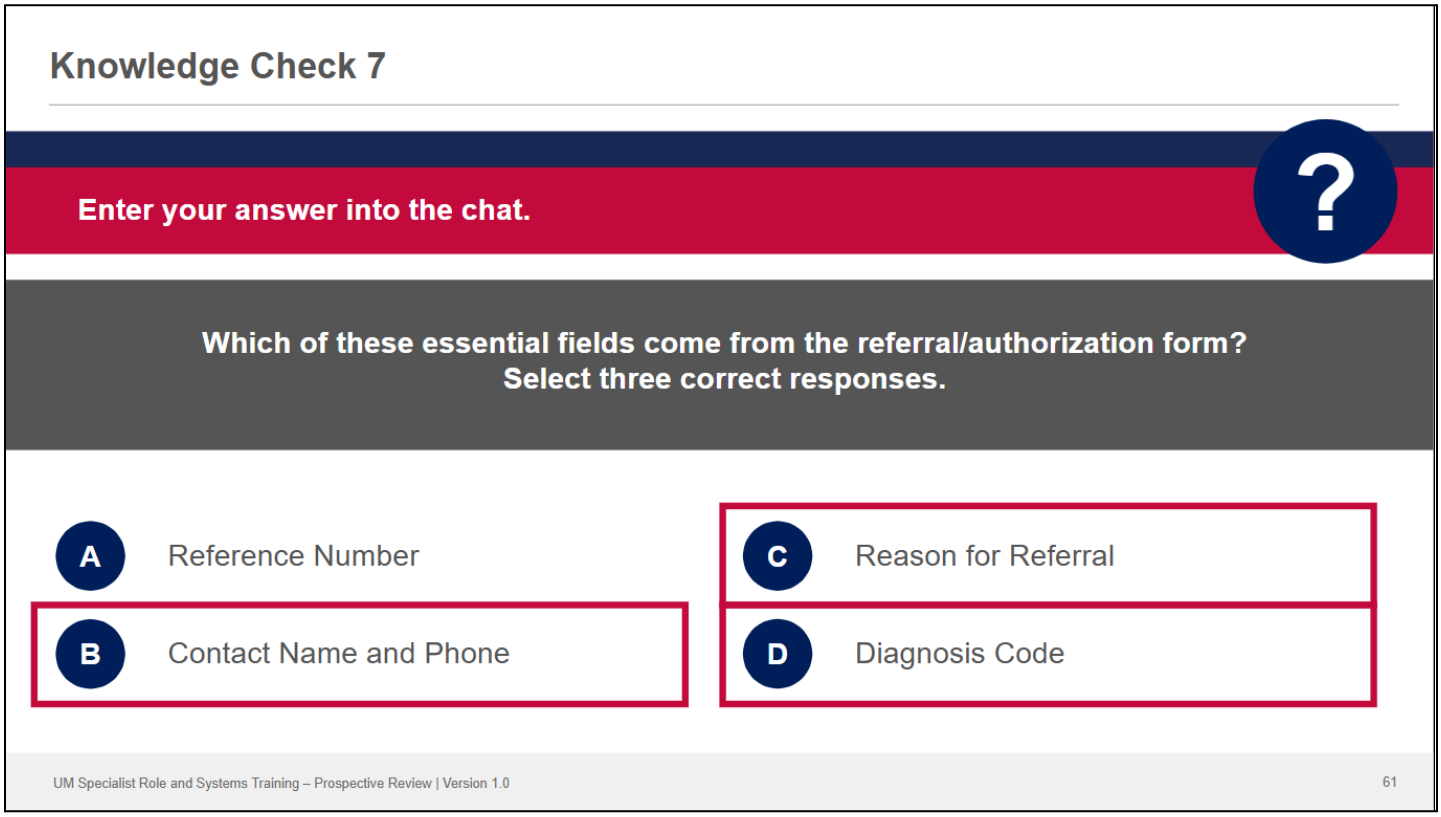
Slide 61 – Knowledge Check 7

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Let's check our knowledge:

Which of these essential fields come from the referral and authorization form? Select three correct responses.

A. Reference Number
B. Contact Name and Phone
C. Reason for Referral
D. Diagnosis Code

Send your answer to our chat. We'll give about 15 seconds to enter the best response.

[Pause for discussion]

[Advance for animation]

Well done! Thank you for sharing what you think the best answer is, which is B – Contact Name and

Phone, C – Reason for Referral, and D – Diagnosis Code. The referral and authorization form provides all the answers I just mentioned, while the reference number auto-populates from starting a new authorization.

[Advance slide]

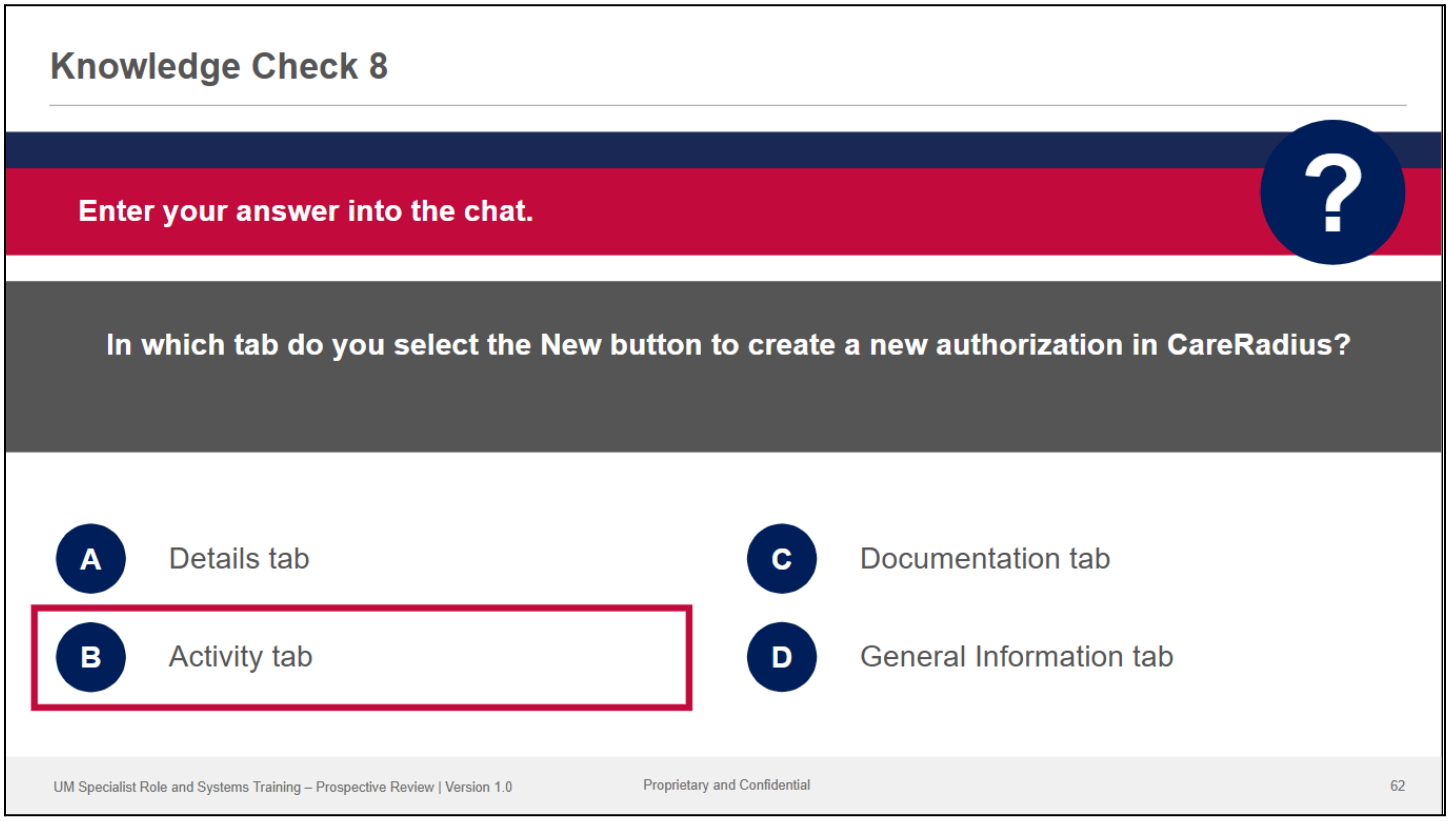
Slide 62 – Knowledge Check 8

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Let's check our knowledge:

In which tab do you select the New button to create a new authorization in CareRadius?

A. Details tab
B. Activity tab
C. Documentation tab
D. General Information tab

Send your answer to our chat. We'll give about 15 seconds to enter the best response.

[Pause for discussion]

[Advance for animation]

Well done! Thank you for sharing what you think the best answer is, which is B – Activity Tab. You select the New button in the Activity tab to create a new authorization in CareRadius.

[Advance slide]

Section Six: Prospective Review Scenarios

This 105-minute section gives learners the opportunity to apply everything they have learned in this training to prospective review scenarios.

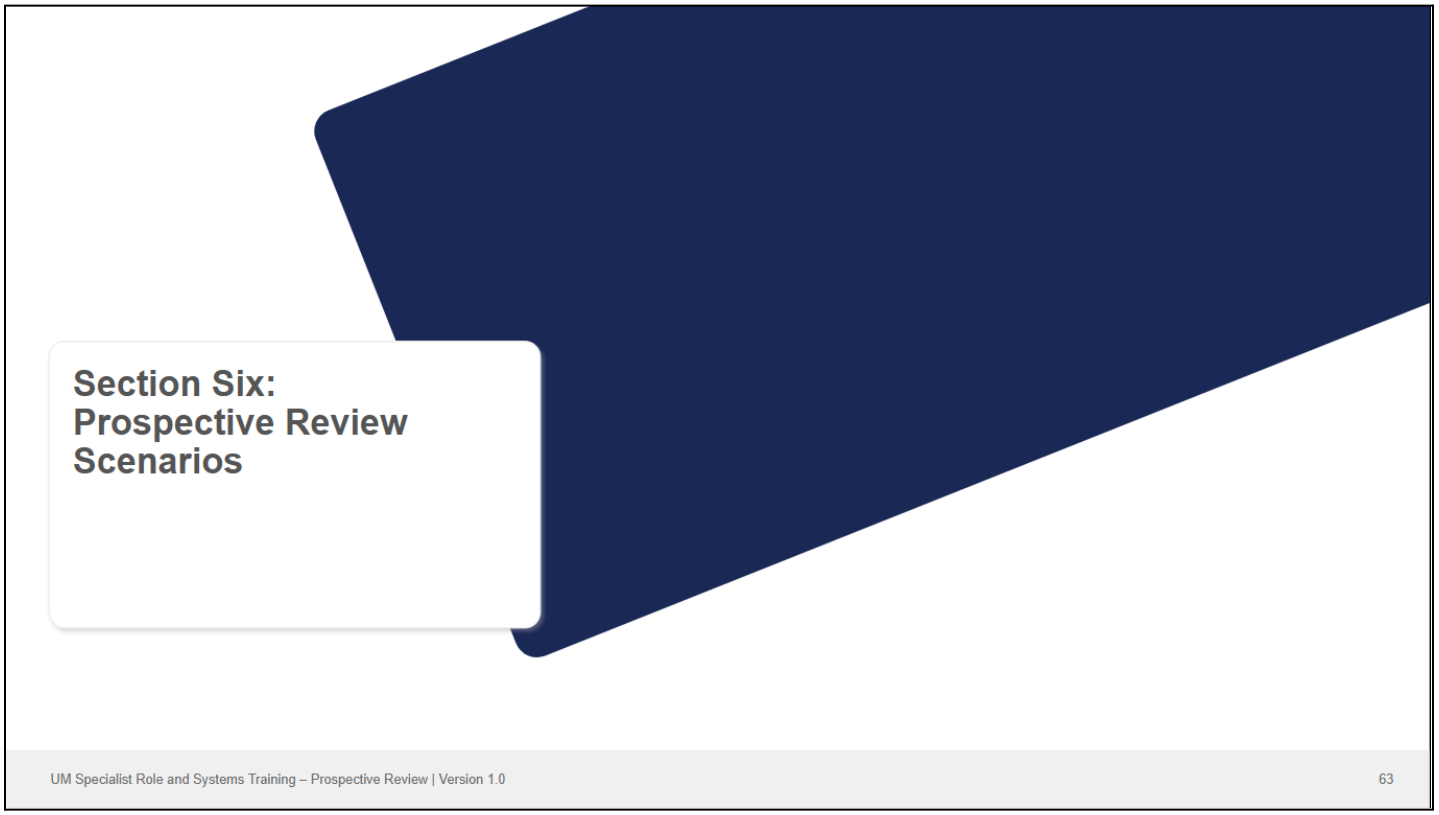
Slide 63 – Prospective Review Scenarios

Instructor Notes:

- No animations on this slide, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Now that we've covered everything that you need to know about prospective reviews as UM specialists, let's apply the entire process to three different scenarios.

[Advance slide]

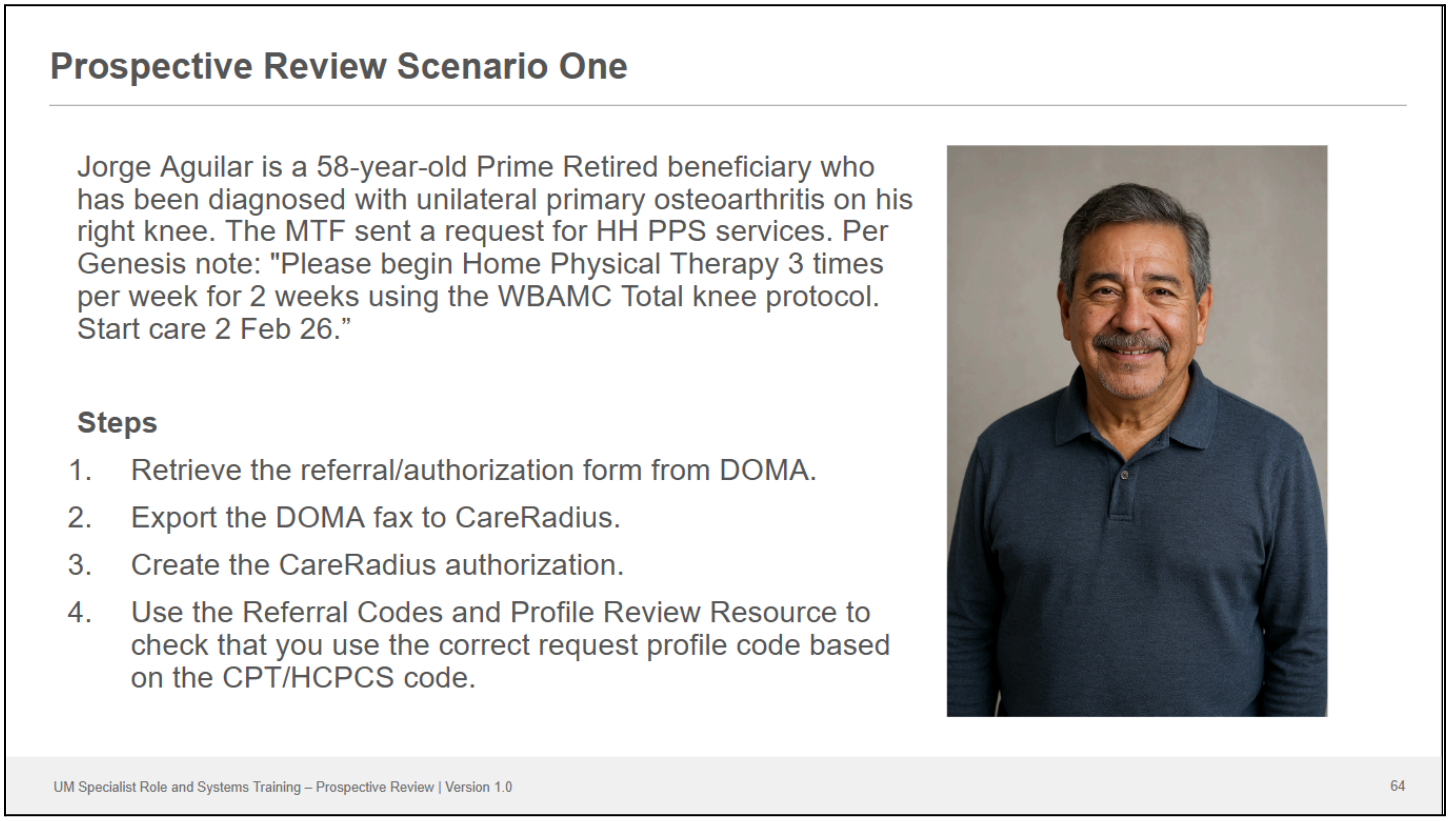
Slide 64 – Prospective Review Scenario One

Instructor Notes:

- No animations on this slide, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Here is the first scenario: Jorge Aguilar is a 58-year-old Prime Retired beneficiary who has been diagnosed with unilateral primary osteoarthritis on his right knee. The MTF sent a request for HH PPS services. Per Genesis note: "Please begin Home Physical Therapy 3 times per week for 2 weeks using the WBAMC Total knee protocol. Start care 2 Feb 26."

Here are the steps that you would perform while doing your job. First, you would retrieve the referral and authorization form from DOMA. Then, you would export the DOMA fax to CareRadius. Then, you would create the CareRadius authorization and use the Referral Codes and Profile Review Resource to check that you use the correct request profile code based on the CPT/HCPCS code.

Because we don’t have access to training environments for DOMA and DIA, we will skip steps one and two for the training and start with step three. This means that you will create the authorization in CareRadius and use the Referral Codes and Profile Review Resource to check that you use the correct request profile code based on the CPT/HCPCS code.

[Advance slide]

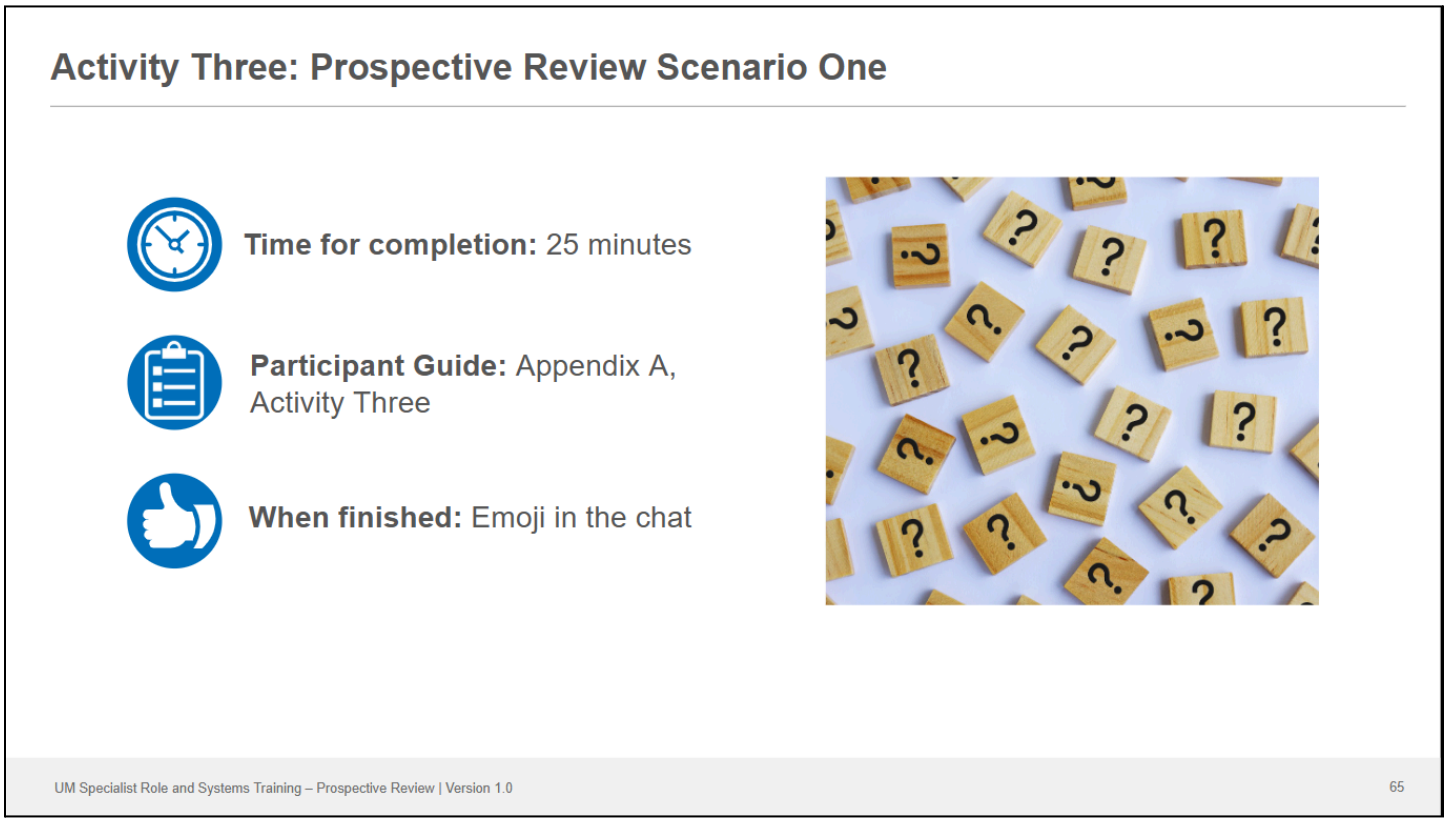
Slide 65 – Activity Three: Prospective Review Scenario One

Instructor Notes:

- No animations on this slide, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.
- Re-add the Participant Guide link to the chat, stating**: "We will now begin Activity Three: Prospective Review Scenario One, which you will find steps for in Appendix A of your Participant Guide."**
- Begin the 25-minute timer.



[Script:] We will now begin our next activity, which is to build the authorization for scenario one. In a moment, the producer will put the referral/authorization form that you would get from DOMA into the chat so that you can build it.

In your Participant Guide, select the activity link and follow the steps to complete your activity.

[Producer re-adds the Participant Guide link to the chat, stating: "We will now begin Activity Three: Prospective Review Scenario One, which you will find steps for in Appendix A of your Participant Guide."]

We'll start our timer for 25 minutes, which gives us plenty of time to complete the activity. If you encounter blockers along the way or have questions that pertain to the activity, use the chat to

communicate those, and we'll assist you.

If you complete the activity before the time is up, we ask that you put an emoji of your choice in the chat.

Are there any questions before we start the timer? **[Pause for discussion]** Okay, you may begin.

[Facilitator begins the built-in Microsoft Teams Timer and monitors the chat for questions.]

[End of Activity - Advance slide]

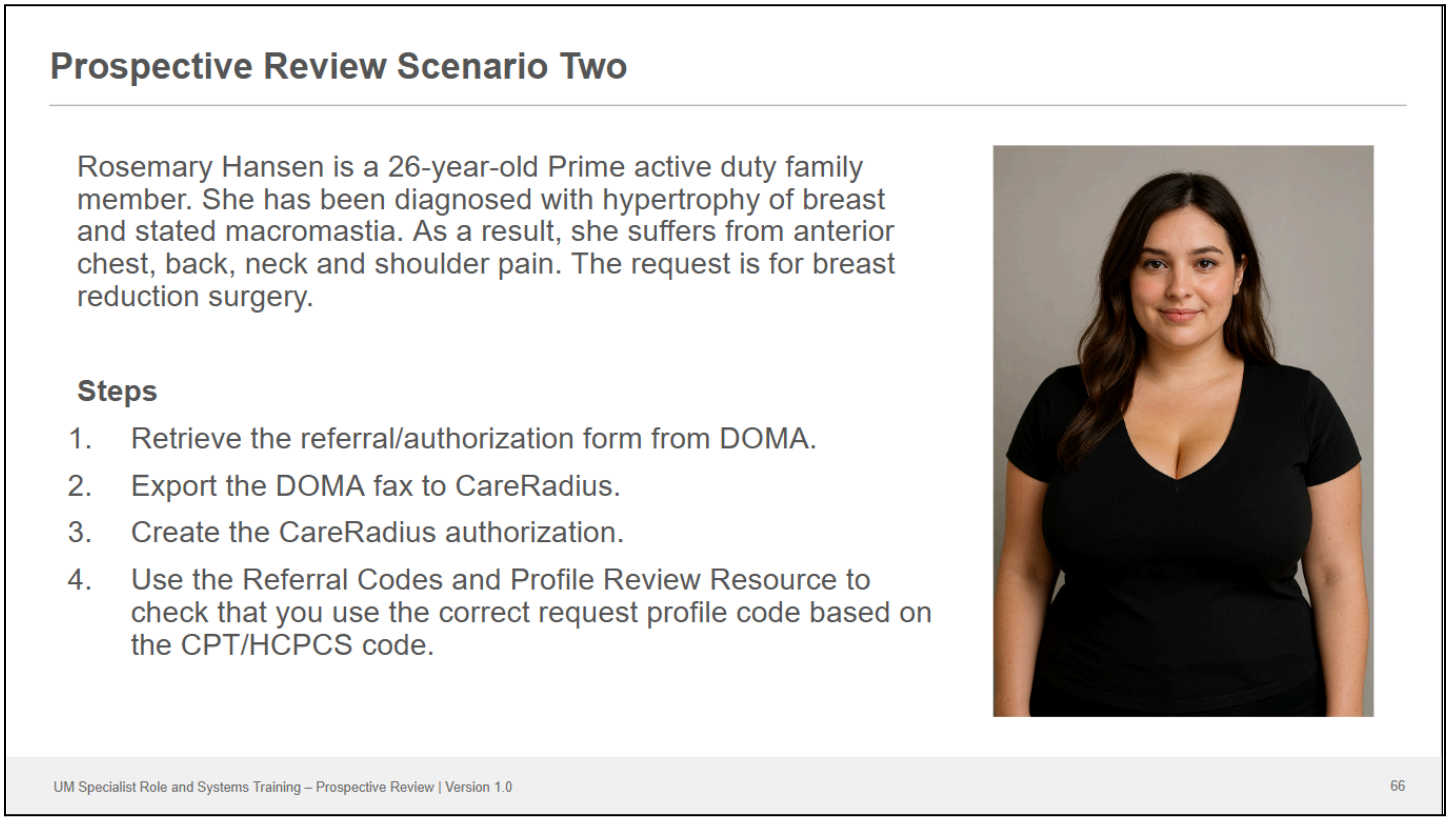
Slide 66 – Prospective Review Scenario Two

Instructor Notes:

- No animations on this slide, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Here is the second scenario: Rosemary Hansen is a 26-year-old Prime active duty family member. She has been diagnosed with hypertrophy of breast and stated macromastia. As a result, she suffers from anterior chest, back, neck and shoulder pain. The request is for breast reduction surgery.

Just like scenario one, we are only going to build out the authorization in CareRadius and use the Referral Codes and Profile Review Resource to check that you use the correct request profile code based on the CPT/HCPCS code.

[Advance slide]

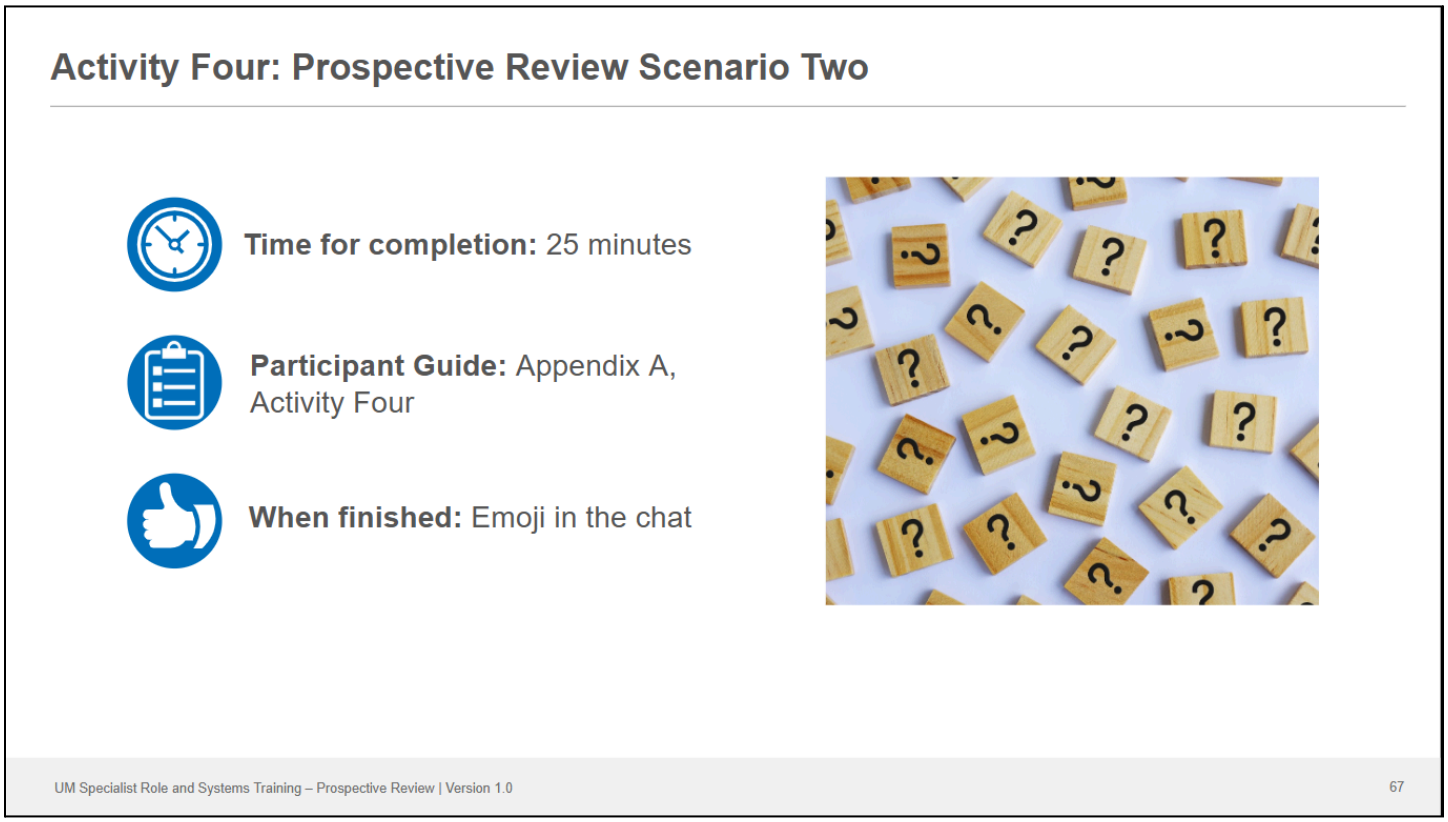
Slide 67 – Activity Four: Prospective Review Scenario Two

Instructor Notes:

- No animations on this slide, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.
- Re-add the Participant Guide link to the chat, stating: **"We will now begin Activity Four: Prospective Review Scenario Two, which you will find steps for in Appendix A of your Participant Guide."**
- Begin the 25-minute timer.



[Script:] We will now begin our next activity, which is to build the authorization for scenario two. In a moment, the producer will put the referral and authorization form that you would get from DOMA into the chat so that you can build it.

In your Participant Guide, select the activity link and follow the steps to complete your activity.

[Producer re-adds the Participant Guide link to the chat, stating: "We will now begin Activity Four: Prospective Review Scenario Two, which you will find steps for in Appendix A of your Participant Guide."]

We'll start our timer for 25 minutes, which gives us plenty of time to complete the activity. If you encounter blockers along the way or have questions that pertain to the activity, use the chat to

communicate those, and we'll assist you.

If you complete the activity before the time is up, we ask that you put an emoji of your choice in the chat.

Are there any questions before we start the timer? **[Pause for discussion]** Okay, you may begin.

[Facilitator begins the built-in Microsoft Teams Timer and monitors the chat for questions.]

[End of Activity - Advance slide]

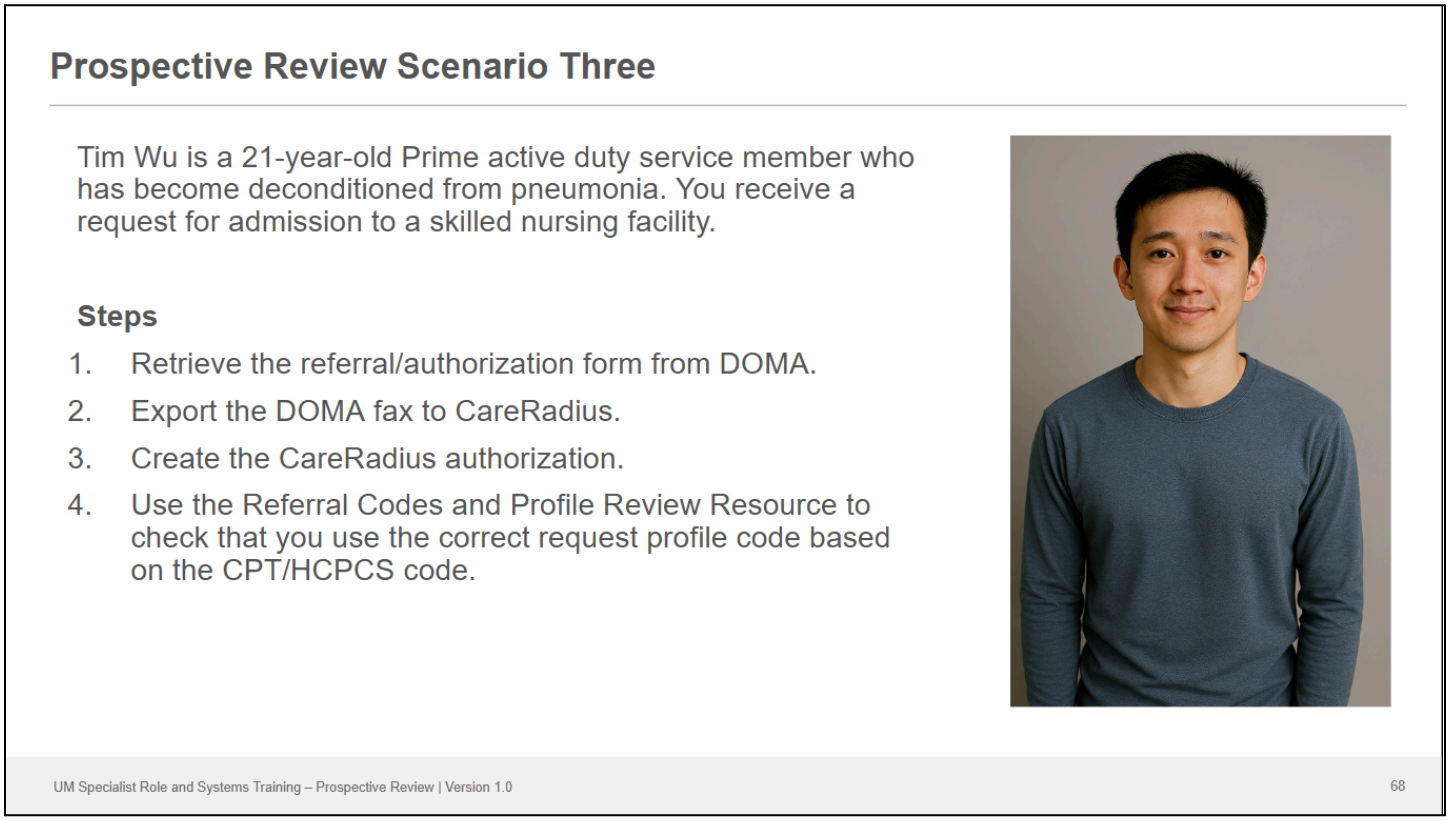
Slide 68 – Prospective Review Scenario Three

Instructor Notes:

- No animations on this slide, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Here is the third scenario: Tim Wu is a 21-year-old Prime active duty service member who has become deconditioned from pneumonia. You receive a request for admission to a skilled nursing facility.

Just like scenario one, we are only going to do steps three and four.

[Advance slide]

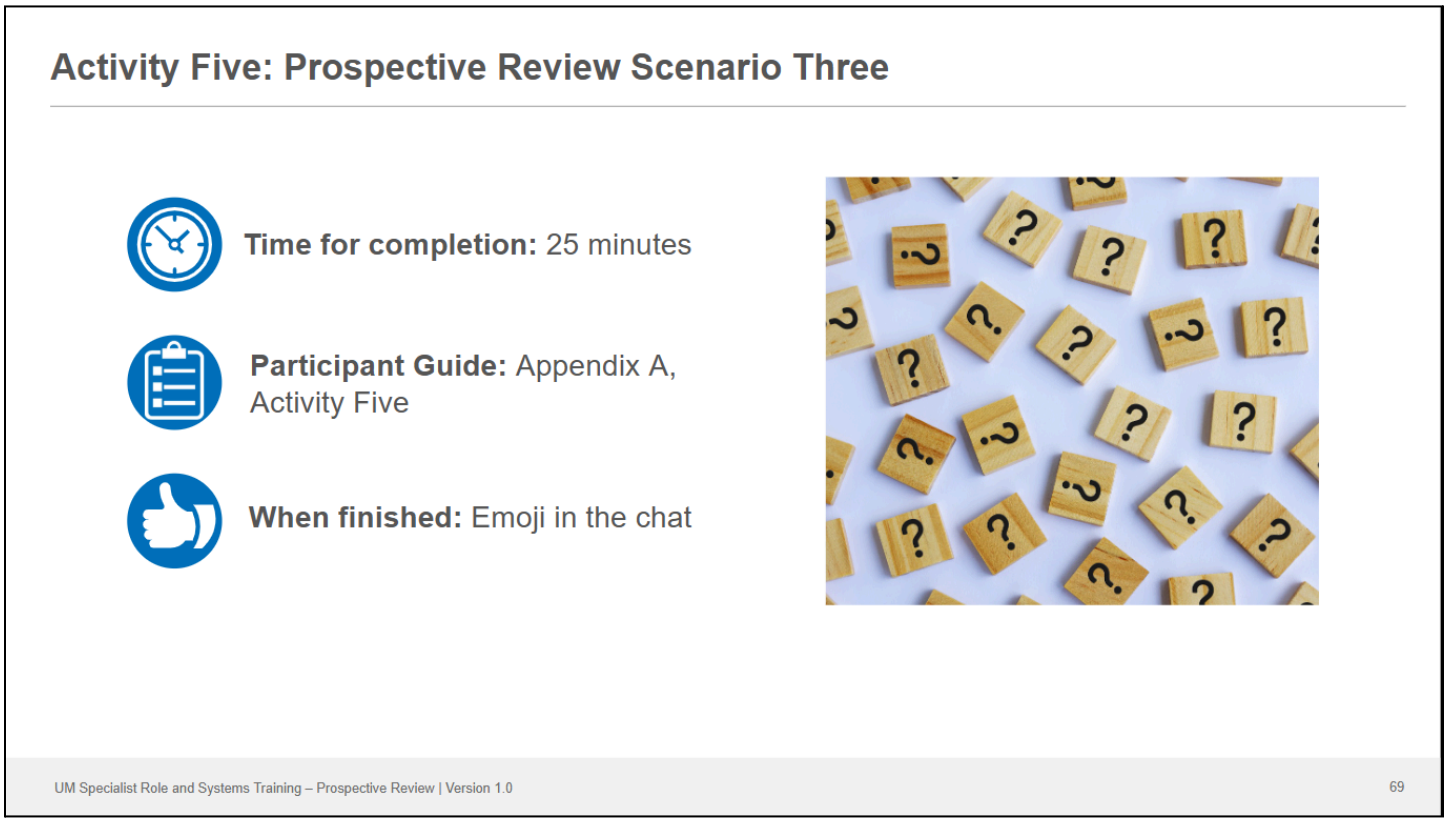
Slide 69 – Activity Five: Prospective Review Scenario Three

Instructor Notes:

- No animations on this slide, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.
- Re-add the Participant Guide link to the chat, stating: **"We will now begin Activity Five: Prospective Review Scenario Three, which you will find steps for in Appendix A of your Participant Guide."**
- Begin the 25-minute timer.



[Script:] We will now begin our next activity, which is to build the authorization for scenario three. In a moment, the producer will put the referral and authorization form that you would get from DOMA into the chat so that you can build it.

In your Participant Guide, select the activity link or turn to page 144 and follow the steps to complete your activity.

[Producer re-adds the Participant Guide link to the chat, stating: "We will now begin Activity Five: Prospective Review Scenario Three, which you will find steps for in Appendix A of your Participant Guide."]

We'll start our timer for 25 minutes, which gives us plenty of time to complete the activity. If you

encounter blockers along the way or have questions that pertain to the activity, use the chat to communicate those, and we'll assist you.

If you complete the activity before the time is up, we ask that you put an emoji of your choice in the chat.

Are there any questions before we start the timer? **[Pause for discussion]** Okay, you may begin.

[Facilitator begins the built-in Microsoft Teams Timer and monitors the chat for questions.]

[End of Activity - Advance slide]

Wrap Up

This 15-minute section concludes with Q&A and next steps.

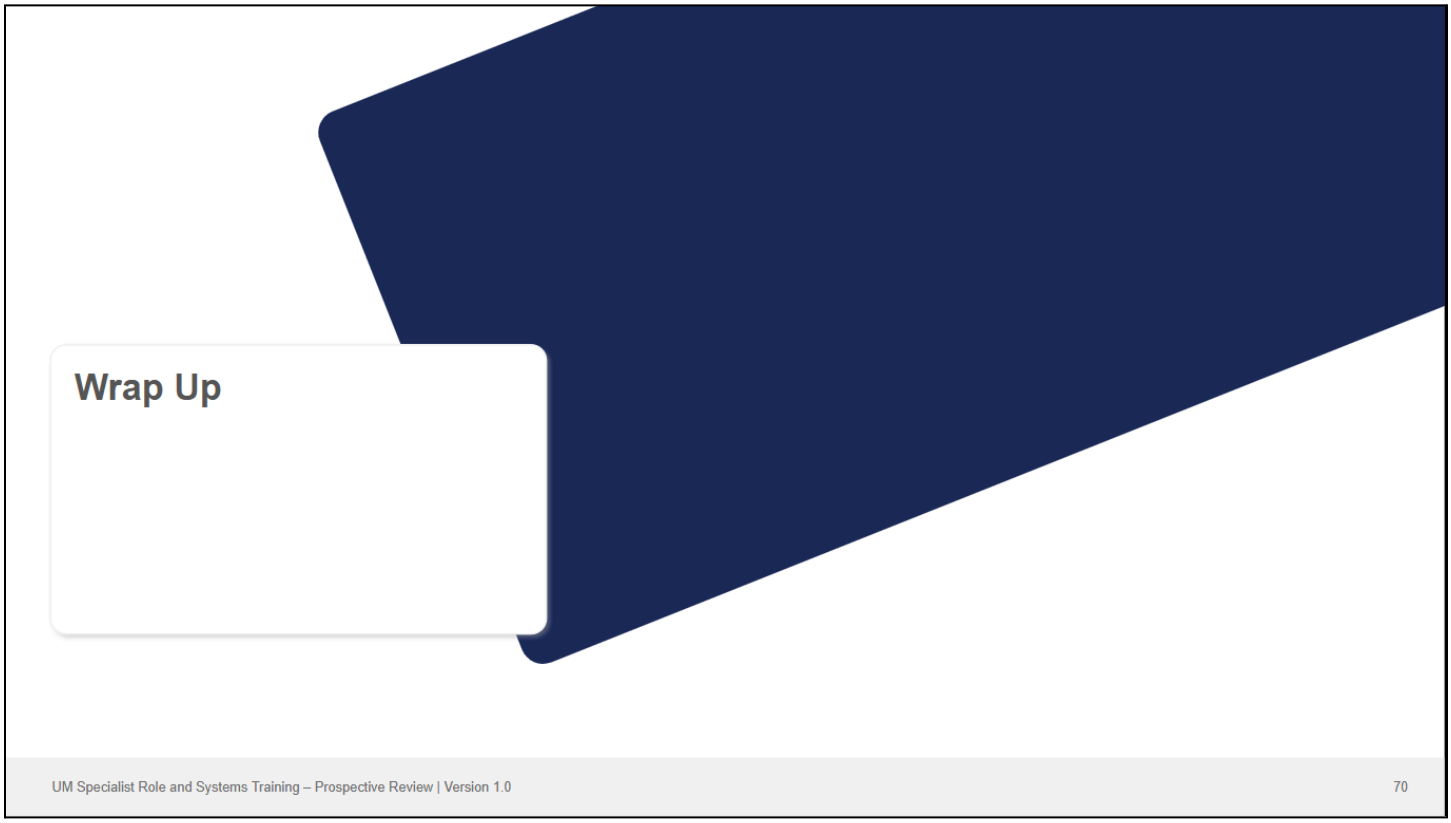
Slide 70 – Slide Title

Instructor Notes:

- No animation on this slide, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] We're going to wrap up this training now! Let's start with post-training resources.

[Advance slide]

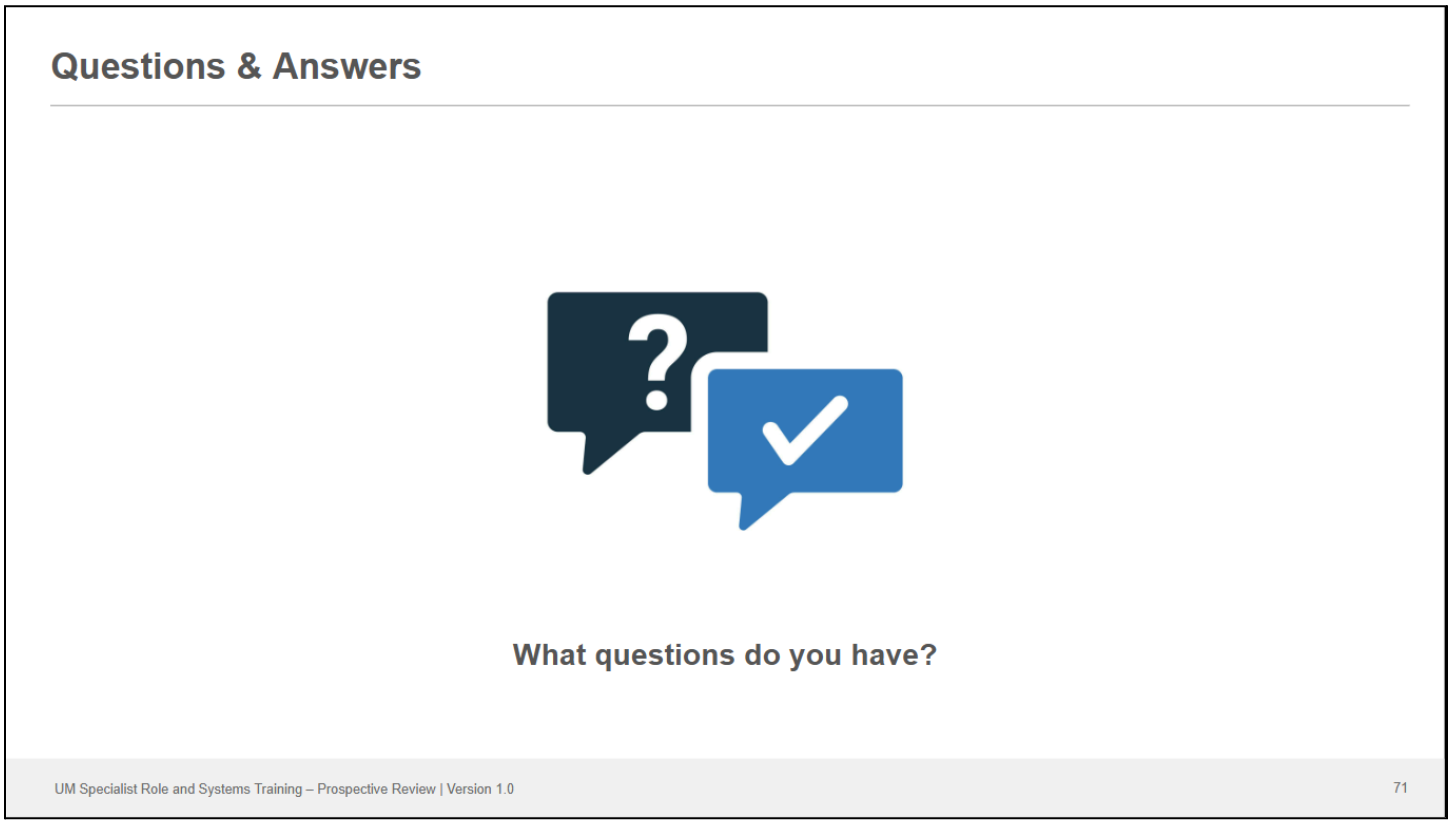
Slide 71 – Questions & Answers

Instructor Notes:

- No animation on this slide, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.



[Script:] Now that we've completed our main training, does anyone have questions on any of the points we covered today?

[Pause for questions]

[Advance slide]

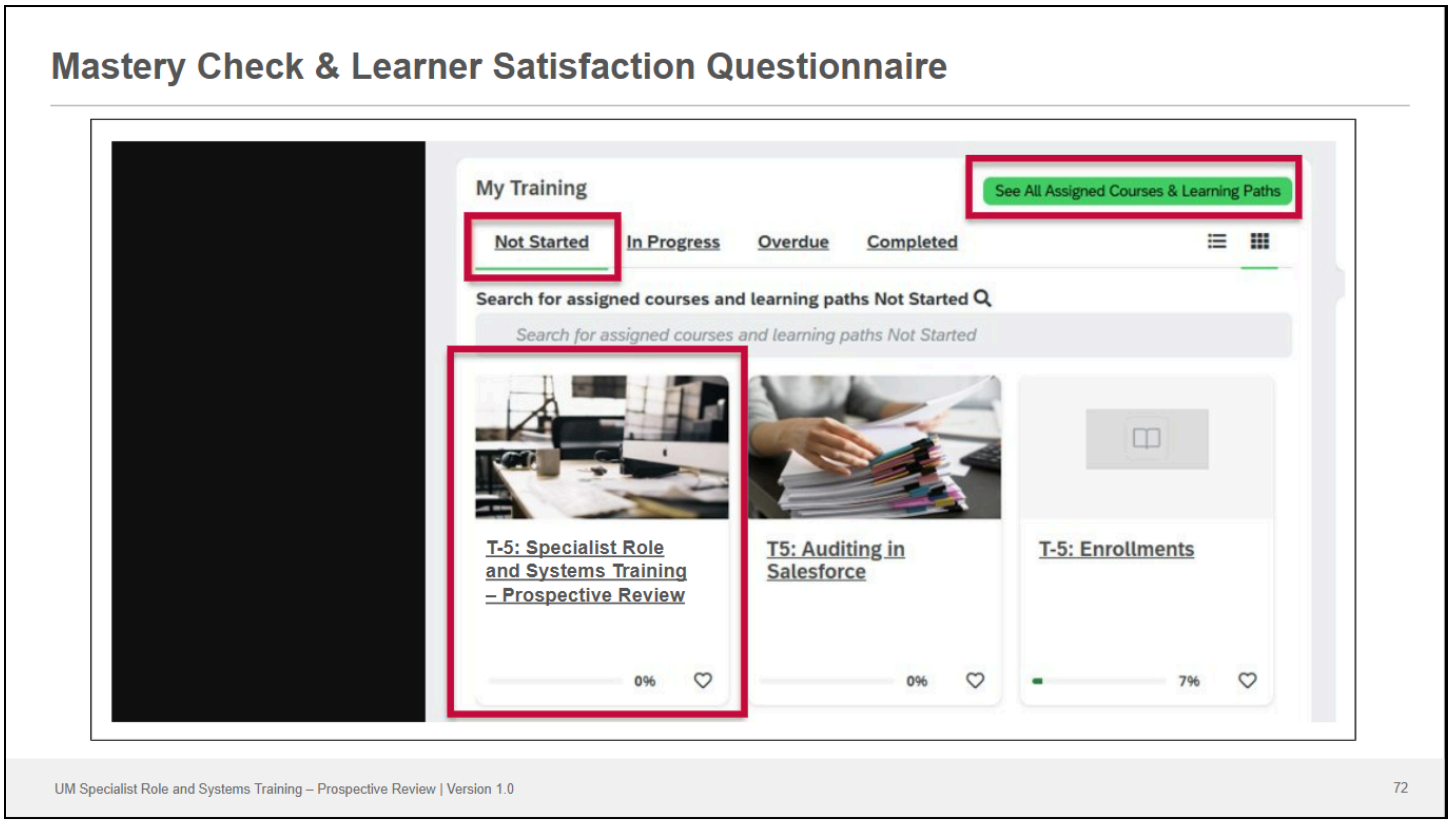
Slide 72 – Mastery Check & Learner Satisfaction Questionnaire

Instructor Notes:

- Advance to move the animation as indicated in script, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.
- Place the link to the learning management system in chat.



[Script:] Thank you for your time and engagement today. To receive credit for attending today's session, you will complete a 10-question Mastery Check, located in the learning management system. Sign into the learning management system, and then scroll to the My Training section of the Home page.

[Advance for animation]

Locate the course in the **Not Started** tab. Then, select the course titled:

[Advance for animation]

T-5: Specialist Role and Systems Training – Prospective Review.

If the course does not display for you,

[Advance for animation]

select the **See All Assigned Courses & Learning Paths** button to view a full list of assigned training.

[Producer pastes link to the LMS in chat]

Complete the 10-question Mastery Check and the Learner Satisfaction Questionnaire to provide us with valuable feedback. Both items should take less than 20 minutes to complete.

[Advance slide]

Slide 73 – Thank You!

Instructor Notes:

- No animation on this slide, advance to the next slide when complete.

Producer Notes:

- Monitor chat for questions and react to statements.

[Script:] Thank you for joining us on our mission to serve. Have a great rest of the day!

[Producer: Stop and download the recording. Complete all closing procedures before ending the training session.]

[End of presentation]

Appendix A: Demonstration Guides

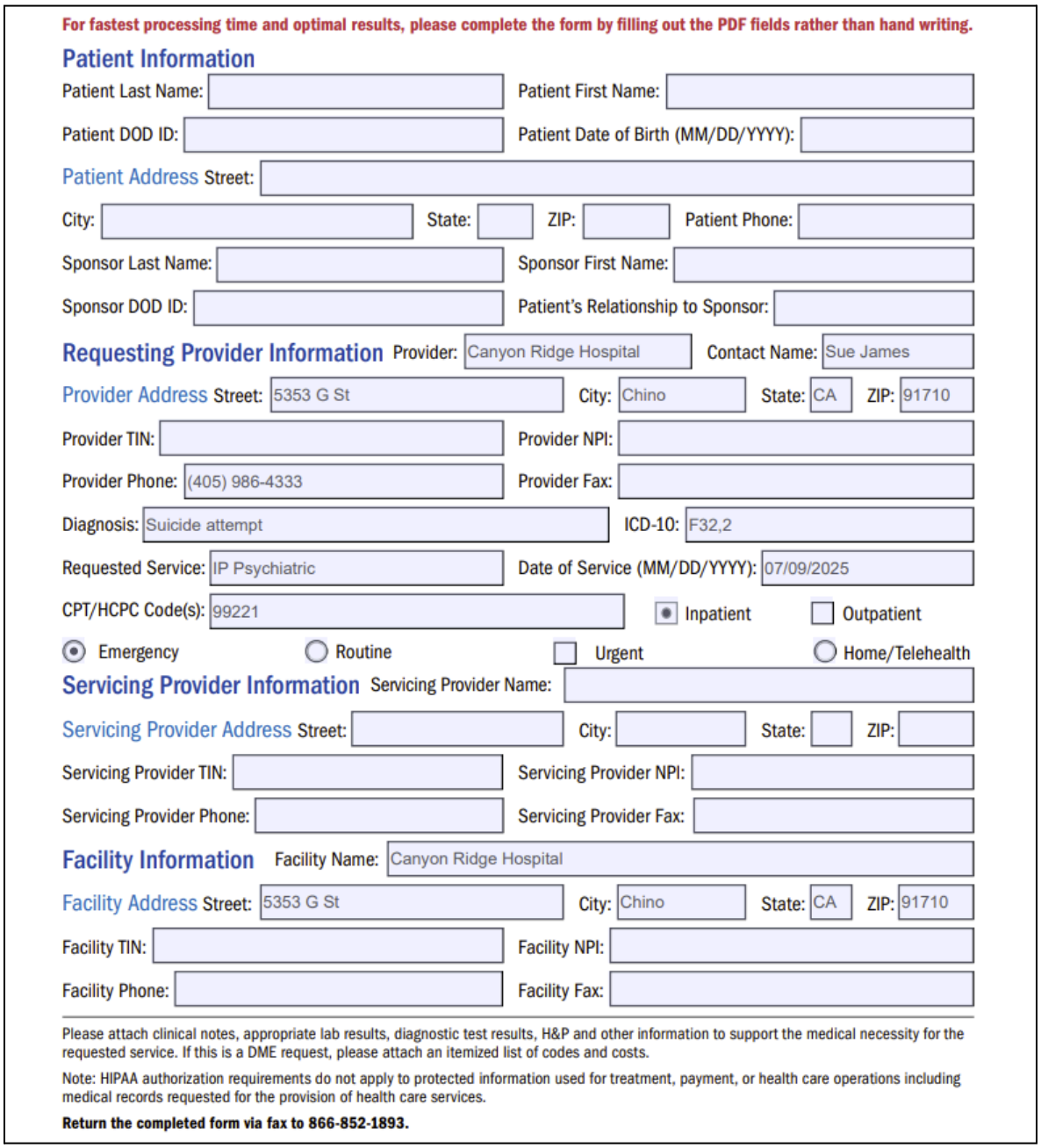
Demonstration One: Looking Up Request Profile Codes

1. Select the Search icon in the Request Profile field.
2. The Request Profile Search window will pop up. Select the Search button.

Selecting the Search button will open all the profiles that are in CareRadius, sorted in alphabetical order. This will allow you to find the correct profile to match your request.

Demonstration Two: Creating an Authorization

Referral/Authorization Form



For fastest processing time and optimal results, please complete the form by filling out the PDF fields rather than hand writing.

Patient Information

Patient Last Name: | Patient First Name:

Patient DOD ID: | Patient Date of Birth (MM/DD/YYYY):

Patient Address Street:

City: | State: | ZIP: | Patient Phone:

Sponsor Last Name: | Sponsor First Name:

Sponsor DOD ID: | Patient's Relationship to Sponsor:

Requesting Provider Information

Provider: Canyon Ridge Hospital | Contact Name: Sue James

Provider Address Street: 5353 G St | City: Chino | State: CA | ZIP: 91710

Provider TIN: | Provider NPI:

Provider Phone: (405) 986-4333 | Provider Fax:

Diagnosis: Suicide attempt | ICD-10: F32,2

Requested Service: IP Psychiatric | Date of Service (MM/DD/YYYY): 07/09/2025

CPT/HCPC Code(s): 99221 | (•) Inpatient | ☐ Outpatient

(•) Emergency | ○ Routine | ☐ Urgent | ○ Home/Telehealth

Servicing Provider Information

Servicing Provider Name:

Servicing Provider Address Street: | City: | State: | ZIP:

Servicing Provider TIN: | Servicing Provider NPI:

Servicing Provider Phone: | Servicing Provider Fax:

Facility Information

Facility Name: Canyon Ridge Hospital

Facility Address Street: 5353 G St | City: Chino | State: CA | ZIP: 91710

Facility TIN: | Facility NPI:

Facility Phone: | Facility Fax:

Please attach clinical notes, appropriate lab results, diagnostic test results, H&P and other information to support the medical necessity for the requested service. If this is a DME request, please attach an itemized list of codes and costs.

Note: HIPAA authorization requirements do not apply to protected information used for treatment, payment, or health care operations including medical records requested for the provision of health care services.

Return the completed form via fax to 866-852-1893.

Steps

1. Start from the beneficiary's **Activity** tab. This is the central place to view and manage all requests.

Note: If you didn't arrive here from a direct authorization search, double-check that this is the correct beneficiary before proceeding.

2. Verify **Member Information** to confirm you are in the right beneficiary's chart:
   - Check the **Member Information** section.
   - Expand it to review full demographics, primary care provider, service area, and any care alerts.
   - Also review the **Details** tab (green strip) to verify:
     - Date of birth, address, and sponsor name.

Note: Building an authorization under the wrong chart can cause serious delays or denials. Always verify first.

3. Initiate a new authorization.
   - In the **Activity** tab, select "**New**" and then **Authorizations**. This opens the **General Information** tab (your starting point for the request).

4. Complete the **General Information** tab.
   - Carefully enter all required fields, including:
     - **Contact Name**
       - Input "John Doe" since this form does not have a beneficiary name listed.
     - **Contact Phone**
     - **Contact Method**
     - **Fax ID**
     - **Request Profile: IP_ER_ADMIT** (Emergency Admission – Inpatient)
       - You can pull up the following profile examples quickly by entering IP*, OP*, BH*, or DME*.
       - If you cannot find the profile you are looking for, select the **Search icon**.
     - **Event Classification** (auto-populates from request profile)
     - **Case Type** (auto-populates from request profile)
     - **Reason for Referral**
     - **Diagnosis Code**

     Note: Use precise coding. It affects how the system and clinical reviewers process the request. Inaccurate codes can lead to misrouting or denials.
     - **Requesting Provider and Group**
       - Enter both the Requesting Provider and Servicing Provider:
         - Search by name or NPI.
         - Be sure the provider selected matches what's listed on the referral or documentation.

           Note: A mismatched provider may result in delays or a need for rework. Always confirm accuracy before moving on.

5. Select the **Services** tab.
    - All the fields in **Service Main** will auto-populate based on the **General Information** tab. You do not need to do anything with these fields.
6. Select the **Search** icon when entering the **Facility**.
   Note: If the service is inpatient, you must enter a **Facility**. The green border indicates that a field is mandatory.
7. To search for a facility, enter the following.
    - **Facility Name**
    - **City**
    - **Use Soundex Search**
    - **Search**
8. If you receive more than one facility from the same address, select the **first result**.
9. Leave **Status** as Pended and **Reason** as Auto-processing.
10. If the admission is **Inpatient**: Select the **Service Main** caret. Then, select **Inpatient Details** in the drop-down menu.
11. Complete the **Actual Admit Date** and **ICD 10 Code** from the request form.
12. Attach supporting documentation through the **Documentation** tab, such as:
    - Clinical notes
    - Medical necessity letters
    - Referral forms

Note: Including relevant documents at submission helps reduce back-and-forth and speeds up approval.

13. Review eligibility and plan details.
    - Double-check plan type and current eligibility.
    - Use the **Details** or **Member Information** sections for this review.

Note: The plan and eligibility info ensures coverage of the service and correct routing. This step helps avoid unnecessary rejections.

14. Add internal notes.
    - Use the **Notes** section to add any helpful context.
    - Notes are visible to reviewers and should include:
        - Clarifying info (e.g., prior contact, urgency)
        - Any special handling instructions

Note: Keep notes clear, concise, and professional (only include what's necessary for understanding the request).

15. Once all fields are complete, select **Save and Close**.
16. After selecting **Save and Close**, the system will put you back in the **Activity** tab in the beneficiary's chart. Select **Refresh** to ensure the authorization downloads into CareRadius.

Appendix B: Activity Guides

Activity One: Looking Up Request Profile Codes

Time allotted: 5 minutes

Instructions: Using the information you learned in this section,

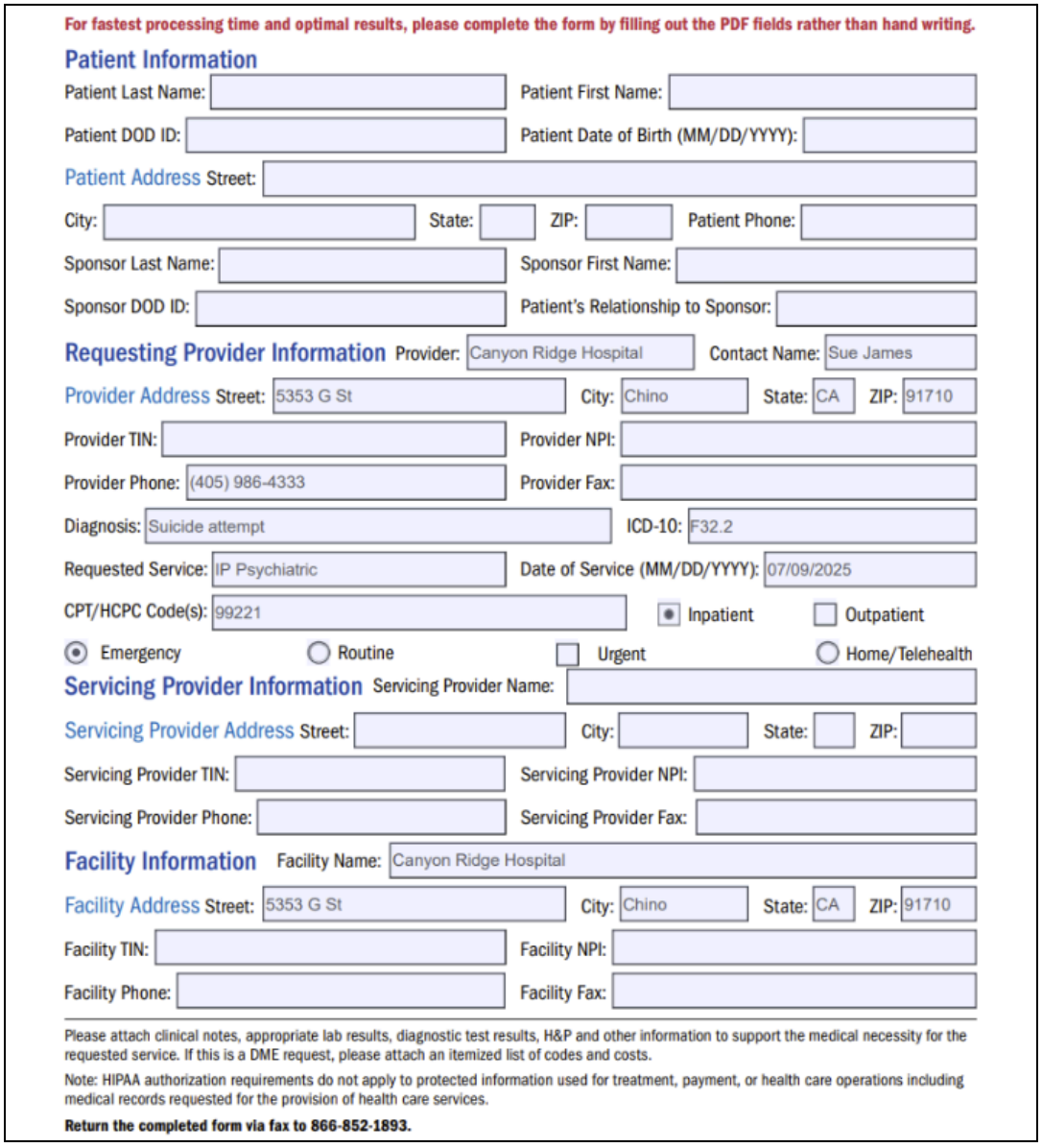
1. Select the Search icon in the Request Profile field.
2. The Request Profile Search window will pop up. Select the Search button.
    - Selecting the Search button will open all the profiles that are in CareRadius, sorted in alphabetical order. This will allow you to find the correct profile to match your request.

Activity Two: Creating an Authorization

Time allotted: 25 minutes

Instructions: Use the information you learned in this section to create an authorization in CareRadius.

Referral/Authorization Form



For fastest processing time and optimal results, please complete the form by filling out the PDF fields rather than hand writing.

Patient Information

Patient Last Name: | Patient First Name:

Patient DOD ID: | Patient Date of Birth (MM/DD/YYYY):

Patient Address Street:

City: | State: | ZIP: | Patient Phone:

Sponsor Last Name: | Sponsor First Name:

Sponsor DOD ID: | Patient's Relationship to Sponsor:

Requesting Provider Information Provider: Canyon Ridge Hospital | Contact Name: Sue James

Provider Address Street: 5353 G St | City: Chino | State: CA | ZIP: 91710

Provider TIN: | Provider NPI:

Provider Phone: (405) 986-4333 | Provider Fax:

Diagnosis: Suicide attempt | ICD-10: F32.2

Requested Service: IP Psychiatric | Date of Service (MM/DD/YYYY): 07/09/2025

CPT/HCPC Code(s): 99221 | (•) Inpatient | ( ) Outpatient

(•) Emergency | ( ) Routine | ( ) Urgent | ( ) Home/Telehealth

Servicing Provider Information Servicing Provider Name:

Servicing Provider Address Street: | City: | State: | ZIP:

Servicing Provider TIN: | Servicing Provider NPI:

Servicing Provider Phone: | Servicing Provider Fax:

Facility Information Facility Name: Canyon Ridge Hospital

Facility Address Street: 5353 G St | City: Chino | State: CA | ZIP: 91710

Facility TIN: | Facility NPI:

Facility Phone: | Facility Fax:

Please attach clinical notes, appropriate lab results, diagnostic test results, H&P and other information to support the medical necessity for the requested service. If this is a DME request, please attach an itemized list of codes and costs.

Note: HIPAA authorization requirements do not apply to protected information used for treatment, payment, or health care operations including medical records requested for the provision of health care services.

Return the completed form via fax to 866-852-1893.

Steps

1. Start from the beneficiary's **Activity** tab. This is the central place to view and manage all requests.
2. Verify **Member Information** to confirm you are in the right beneficiary's chart:
   - Check the **Member Information** section.
   - Expand it to review full demographics, primary care provider, service area, and any care alerts.
   - Also review the **Details** tab (green strip) to verify:
     - Date of birth, address, and sponsor name.
3. Initiate a new authorization.
   - In the **Activity** tab, select "**New**" and then **Authorizations**. This opens the **General Information** tab (your starting point for the request).
4. Complete the **General Information** tab.
   - Carefully enter all required fields, including:
     - **Contact Name**
     - **Contact Phone**
     - **Contact Method**
     - **Fax ID**
     - **Request Profile:**
       - You can pull up the following profile examples quickly by entering IP*, OP*, HH*, BH*, or DME*.
       - If you cannot find the profile you are looking for, select the **Search icon**.
     - **Event Classification** (auto-populates from request profile)
     - **Case Type** (auto-populates from request profile)
     - **Reason for Referral**
     - **Diagnosis Code**

     Note: Use precise coding. It affects how the system and clinical reviewers process the request. Inaccurate codes can lead to misrouting or denials.
     - **Requesting Provider and Group**
       - Enter both the Requesting Provider and Servicing Provider:
         - Search by name or NPI.
         - Be sure the provider selected matches what's listed on the referral or documentation.

           Note: A mismatched provider may result in delays or a need for rework. Always confirm accuracy before moving on.
5. Select the **Services** tab.
   - All the fields in **Service Main** will auto-populate based on the **General Information** tab. You do not need to do anything with these fields.
6. Select the **Search** icon when entering the **Facility**.

Note: If the service is inpatient, you must enter a **Facility**. The green border indicates that a field is mandatory.

7. To search for a facility, enter the following.
   - **Facility Name**
   - **City**
   - **Use Soundex Search**
   - **Search**
8. If you receive more than one facility from the same address, select the **first result**.
9. Leave **Status** as Pended and **Reason** as Auto-processing.
10. If the admission is **Inpatient**: Select the **Service Main** caret. Then, select **Inpatient Details** in the drop-down menu.
11. Complete the **Actual Admit Date** and **ICD 10 Code** from the request form.
12. Attach supporting documentation through the **Documentation** tab, such as:
    - Clinical notes
    - Medical necessity letters
    - Referral forms
13. Review eligibility and plan details.
    - Double-check plan type and current eligibility.
    - Use the **Details** or **Member Information** sections for this review.
14. Add internal notes.
    - Use the **Notes** section to add any helpful context.
    - Notes are visible to reviewers and should include:
      - Clarifying info (e.g., prior contact, urgency)
      - Any special handling instructions
15. Once all fields are complete, select **Save and Close**.
16. After selecting **Save and Close**, the system will put you back in the **Activity** tab in the beneficiary's chart. Select **Refresh** to ensure the authorization downloads into CareRadius.

Activity Three: Prospective Review Scenario One

Time allotted: 25 minutes

Instructions: Apply what you learned to create an authorization in CareRadius.

Referral/Authorization Form

For fastest processing time and optimal results, please complete the form by filling out the PDF fields rather than hand writing.

Patient Information

Patient Last Name: Aguilar
Patient First Name: Jorge
Patient DOD ID:
Patient Date of Birth (MM/DD/YYYY):
Patient Address Street:
City:
State:
ZIP:
Patient Phone:
Sponsor Last Name:
Sponsor First Name:
Sponsor DOD ID:
Patient's Relationship to Sponsor:

Requesting Provider Information

Provider: Porras, Jose L
Contact Name:
Provider Address Street: 125 W. Hague Rd Ste 550
City: El Paso
State: TX
ZIP: 79902
Provider TIN:
Provider NPI:
Provider Phone:
Provider Fax:
Diagnosis: Unilateral primary osteoarthritis, right knee
ICD-10: M17.11
Requested Service: Home physical therapy
Date of Service (MM/DD/YYYY): 02/02/2026
CPT/HCPC Code(s): G0299
☐ Inpatient ◉ Outpatient
○ Emergency ○ Routine ☐ Urgent ◉ Home/Telehealth

Servicing Provider Information

Servicing Provider Name:
Servicing Provider Address Street:
City:
State:
ZIP:
Servicing Provider TIN:
Servicing Provider NPI:
Servicing Provider Phone:
Servicing Provider Fax:

Facility Information

Facility Name: Matrix Home Health Services
Facility Address Street: 11351 James Watt Dr. Bldg. C400
City: El Paso
State: TX
ZIP: 79936
Facility TIN:
Facility NPI:
Facility Phone:
Facility Fax:

Please attach clinical notes, appropriate lab results, diagnostic test results, H&P and other information to support the medical necessity for the requested service. If this is a DME request, please attach an itemized list of codes and costs.

Note: HIPAA authorization requirements do not apply to protected information used for treatment, payment, or health care operations including medical records requested for the provision of health care services.

Return the completed form via fax to 866-852-1893.

Steps

1. Start from the beneficiary's **Activity** tab. This is the central place to view and manage all requests.
2. Verify **Member Information** to confirm you are in the right beneficiary's chart:
   - Check the **Member Information** section.
   - Expand it to review full demographics, primary care provider, service area, and any care alerts.
   - Also review the **Details** tab (green strip) to verify:
     - Date of birth, address, and sponsor name.
3. Initiate a new authorization.
   - In the **Activity** tab, select "**New**" and then **Authorizations**. This opens the **General Information** tab (your starting point for the request).
4. Complete the **General Information** tab.
   - Carefully enter all required fields, including:
     - **Contact Name**
     - **Contact Phone**
     - **Contact Method**
     - **Fax ID**
     - **Request Profile:**
       - You can pull up the following profile examples quickly by entering IP*, OP*, HH* BH*, or DME*.
       - If you cannot find the profile you are looking for, select the **Search icon**.
     - **Event Classification** (auto-populates from request profile)
     - **Case Type** (auto-populates from request profile)
     - **Reason for Referral**
     - **Diagnosis Code**

     Note: Use precise coding. It affects how the system and clinical reviewers process the request. Inaccurate codes can lead to misrouting or denials.
     - **Requesting Provider and Group**
       - Enter both the Requesting Provider and Servicing Provider:
         - Search by name or NPI.
         - Be sure the provider selected matches what's listed on the referral or documentation.

           Note: A mismatched provider may result in delays or a need for rework. Always confirm accuracy before moving on.
5. Select the **Services** tab.
   - All the fields in **Service Main** will auto-populate based on the **General Information** tab. You do not need to do anything with these fields.
6. Select the **Search** icon when entering the **Facility**.

Note: If the service is inpatient, you must enter a **Facility**. The green border indicates that a field is mandatory.

7. To search for a facility, enter the following.
   - **Facility Name**
   - **City**
   - **Use Soundex Search**
   - **Search**
8. If you receive more than one facility from the same address, select the **first result**.
9. Leave **Status** as Pended and **Reason** as Auto-processing.
10. If the admission is **Inpatient**: Select the **Service Main** caret. Then, select **Inpatient Details** in the drop-down menu.
11. Complete the **Actual Admit Date** and **ICD 10 Code** from the request form.
12. Attach supporting documentation through the **Documentation** tab, such as:
    - Clinical notes
    - Medical necessity letters
    - Referral forms
13. Review eligibility and plan details.
    - Double-check plan type and current eligibility.
    - Use the **Details** or **Member Information** sections for this review.
14. Add internal notes.
    - Use the **Notes** section to add any helpful context.
    - Notes are visible to reviewers and should include:
      - Clarifying info (e.g., prior contact, urgency)
      - Any special handling instructions
15. Once all fields are complete, select **Save and Close**.
16. After selecting **Save and Close**, the system will put you back in the **Activity** tab in the beneficiary's chart. Select **Refresh** to ensure the authorization downloads into CareRadius.

Activity Four: Prospective Review Scenario Two

Time allotted: 25 minutes

Instructions: Apply what you learned to create an authorization in CareRadius.

Referral/Authorization Form

For fastest processing time and optimal results, please complete the form by filling out the PDF fields rather than hand writing.

Patient Information

Patient Last Name: Hansen
Patient First Name: Rosemary
Patient DOD ID:
Patient Date of Birth (MM/DD/YYYY):
Patient Address Street:
City:
State:
ZIP:
Patient Phone:
Sponsor Last Name:
Sponsor First Name:
Sponsor DOD ID:
Patient's Relationship to Sponsor:

Requesting Provider Information

Provider: Berhanu, Aaron
Contact Name:
Provider Address Street: 301 W. Northern Lights Blvd STE 110
City: Anchorage
State: AK
ZIP: 99508
Provider TIN:
Provider NPI:
Provider Phone:
Provider Fax:
Diagnosis: Hypertrophy of breast
ICD-10: N62
Requested Service: Breast reduction stated macromastia
Date of Service (MM/DD/YYYY): 01/02/2026
CPT/HCPC Code(s): 19318

☐ Inpatient ◉ Outpatient

○ Emergency ◉ Routine ☐ Urgent ○ Home/Telehealth

Servicing Provider Information

Servicing Provider Name:
Servicing Provider Address Street:
City:
State:
ZIP:
Servicing Provider TIN:
Servicing Provider NPI:
Servicing Provider Phone:
Servicing Provider Fax:

Facility Information

Facility Name: Alaska Surgery Center
Facility Address Street: 1230 Northway Dr
City: Anchorage
State: AK
ZIP: 99508
Facility TIN:
Facility NPI:
Facility Phone:
Facility Fax:

Please attach clinical notes, appropriate lab results, diagnostic test results, H&P and other information to support the medical necessity for the requested service. If this is a DME request, please attach an itemized list of codes and costs.

Note: HIPAA authorization requirements do not apply to protected information used for treatment, payment, or health care operations including medical records requested for the provision of health care services.

Return the completed form via fax to 866-852-1893.

Steps

1. Start from the beneficiary's **Activity** tab. This is the central place to view and manage all requests.
2. Verify **Member Information** to confirm you are in the right beneficiary's chart:
   - Check the **Member Information** section.
   - Expand it to review full demographics, primary care provider, service area, and any care alerts.
   - Also review the **Details** tab (green strip) to verify:
     - Date of birth, address, and sponsor name.
3. Initiate a new authorization.
   - In the **Activity** tab, select "**New**" and then **Authorizations**. This opens the **General Information** tab (your starting point for the request).
4. Complete the **General Information** tab.
   - Carefully enter all required fields, including:
     - **Contact Name**
     - **Contact Phone**
     - **Contact Method**
     - **Fax ID**
     - **Request Profile:**
       - You can pull up the following profile examples quickly by entering IP*, OP*, HH*, BH*, or DME*.
       - If you cannot find the profile you are looking for, select the **Search icon**.
     - **Event Classification** (auto-populates from request profile)
     - **Case Type** (auto-populates from request profile)
     - **Reason for Referral**
     - **Diagnosis Code**

     Note: Use precise coding. It affects how the system and clinical reviewers process the request. Inaccurate codes can lead to misrouting or denials.
     - **Requesting Provider and Group**
       - Enter both the Requesting Provider and Servicing Provider:
         - Search by name or NPI.
         - Be sure the provider selected matches what's listed on the referral or documentation.

           Note: A mismatched provider may result in delays or a need for rework. Always confirm accuracy before moving on.
5. Select the **Services** tab.
   - All the fields in **Service Main** will auto-populate based on the **General Information** tab. You do not need to do anything with these fields.
6. Select the **Search** icon when entering the **Facility**.

Note: If the service is inpatient, you must enter a **Facility**. The green border indicates that a field is mandatory.

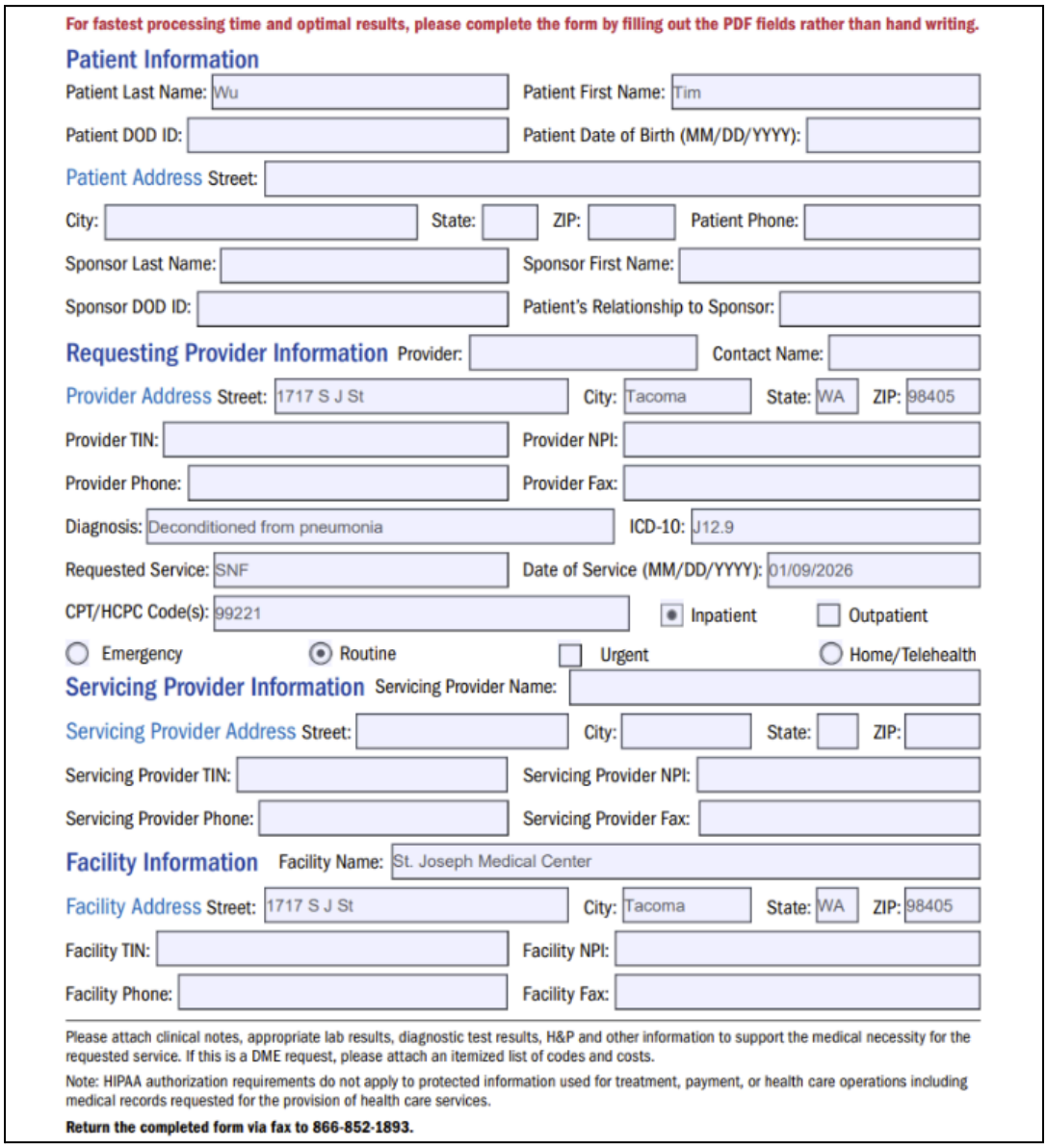
7. To search for a facility, enter the following.
   - **Facility Name**
   - **City**
   - **Use Soundex Search**
   - **Search**
8. If you receive more than one facility from the same address, select the **first result**.
9. Leave **Status** as Pended and **Reason** as Auto-processing.
10. If the admission is **Inpatient**: Select the **Service Main** caret. Then, select **Inpatient Details** in the drop-down menu.
11. Complete the **Actual Admit Date** and **ICD 10 Code** from the request form.
12. Attach supporting documentation through the **Documentation** tab, such as:
    - Clinical notes
    - Medical necessity letters
    - Referral forms
13. Review eligibility and plan details.
    - Double-check plan type and current eligibility.
    - Use the **Details** or **Member Information** sections for this review.
14. Add internal notes.
    - Use the **Notes** section to add any helpful context.
    - Notes are visible to reviewers and should include:
      - Clarifying info (e.g., prior contact, urgency)
      - Any special handling instructions
15. Once all fields are complete, select **Save and Close**.
16. After selecting **Save and Close**, the system will put you back in the **Activity** tab in the beneficiary's chart. Select **Refresh** to ensure the authorization downloads into CareRadius.

Activity Five: Prospective Review Scenario Three

Time allotted: 25 minutes

Instructions: Apply what you learned to create an authorization in CareRadius.

Referral/Authorization Form



For fastest processing time and optimal results, please complete the form by filling out the PDF fields rather than hand writing.

Patient Information

Patient Last Name: Wu | Patient First Name: Tim

Patient DOD ID: | Patient Date of Birth (MM/DD/YYYY):

Patient Address Street:

City: | State: | ZIP: | Patient Phone:

Sponsor Last Name: | Sponsor First Name:

Sponsor DOD ID: | Patient's Relationship to Sponsor:

Requesting Provider Information Provider: | Contact Name:

Provider Address Street: 1717 S J St | City: Tacoma | State: WA | ZIP: 98405

Provider TIN: | Provider NPI:

Provider Phone: | Provider Fax:

Diagnosis: Deconditioned from pneumonia | ICD-10: J12.9

Requested Service: SNF | Date of Service (MM/DD/YYYY): 01/09/2026

CPT/HCPC Code(s): 99221 | ◉ Inpatient | ☐ Outpatient

○ Emergency | ◉ Routine | ☐ Urgent | ○ Home/Telehealth

Servicing Provider Information Servicing Provider Name:

Servicing Provider Address Street: | City: | State: | ZIP:

Servicing Provider TIN: | Servicing Provider NPI:

Servicing Provider Phone: | Servicing Provider Fax:

Facility Information Facility Name: St. Joseph Medical Center

Facility Address Street: 1717 S J St | City: Tacoma | State: WA | ZIP: 98405

Facility TIN: | Facility NPI:

Facility Phone: | Facility Fax:

Please attach clinical notes, appropriate lab results, diagnostic test results, H&P and other information to support the medical necessity for the requested service. If this is a DME request, please attach an itemized list of codes and costs.

Note: HIPAA authorization requirements do not apply to protected information used for treatment, payment, or health care operations including medical records requested for the provision of health care services.

Return the completed form via fax to 866-852-1893.

Steps

1. Start from the beneficiary's **Activity** tab. This is the central place to view and manage all requests.
2. Verify **Member Information** to confirm you are in the right beneficiary's chart:
   - Check the **Member Information** section.
   - Expand it to review full demographics, primary care provider, service area, and any care alerts.
   - Also review the **Details** tab (green strip) to verify:
     - Date of birth, address, and sponsor name.
3. Initiate a new authorization.
   - In the **Activity** tab, select "**New**" and then **Authorizations**. This opens the **General Information** tab (your starting point for the request).
4. Complete the **General Information** tab.
   - Carefully enter all required fields, including:
     - **Contact Name**
     - **Contact Phone**
     - **Contact Method**
     - **Fax ID**
     - **Request Profile: IP_ER_ADMIT** (Emergency Admission – Inpatient)
       - You can pull up the following profile examples quickly by entering IP*, OP*, BH*, or DME*.
       - If you cannot find the profile you are looking for, select the **Search icon**.
     - **Event Classification** (auto-populates from request profile)
     - **Case Type** (auto-populates from request profile)
     - **Reason for Referral**
     - **Diagnosis Code**

     Note: Use precise coding. It affects how the system and clinical reviewers process the request. Inaccurate codes can lead to misrouting or denials.
     - **Requesting Provider and Group**
       - Enter both the Requesting Provider and Servicing Provider:
         - Search by name or NPI.
         - Be sure the provider selected matches what's listed on the referral or documentation.

           Note: A mismatched provider may result in delays or a need for rework. Always confirm accuracy before moving on.
5. Select the **Services** tab.
   - All the fields in **Service Main** will auto-populate based on the **General Information** tab. You do not need to do anything with these fields.
6. Select the **Search** icon when entering the **Facility**.

Note: If the service is inpatient, you must enter a **Facility**. The green border indicates that a field is mandatory.

7. To search for a facility, enter the following.
   - **Facility Name**
   - **City**
   - **Use Soundex Search**
   - **Search**
8. If you receive more than one facility from the same address, select the **first result**.
9. Leave **Status** as Pended and **Reason** as Auto-processing.
10. If the admission is **Inpatient**: Select the **Service Main** caret. Then, select **Inpatient Details** in the drop-down menu.
11. Complete the **Actual Admit Date** and **ICD 10 Code** from the request form.
12. Attach supporting documentation through the **Documentation** tab, such as:
    - Clinical notes
    - Medical necessity letters
    - Referral forms
13. Review eligibility and plan details.
    - Double-check plan type and current eligibility.
    - Use the **Details** or **Member Information** sections for this review.
14. Add internal notes.
    - Use the **Notes** section to add any helpful context.
    - Notes are visible to reviewers and should include:
      - Clarifying info (e.g., prior contact, urgency)
      - Any special handling instructions
15. Once all fields are complete, select **Save and Close**.
16. After selecting **Save and Close**, the system will put you back in the **Activity** tab in the beneficiary's chart. Select **Refresh** to ensure the authorization downloads into CareRadius.

Appendix C: Answer Key

Section One: Timelines

Question 1

Question Type: True/False

TriWest will issue determinations on 100% of requests for pre-authorizations/authorizations within five business days following receipt of the request and all required information.

A. True

B. False

Answer found on Slide (Title): Timelines for Pre-authorizations/Authorizations

Answer found on Slide (Number): 7

Associated Learning Objective: Ensure completeness of medical documentation and adherence to workflow timelines

Section Two: Medical Codes

Question 2

Question Type: Multiple Choice

Which type of code is F32.3?

A. CPT

B. ICD-10

C. HCPCS

D. None of the above

Answer found on Slide (Title): Code Types

Answer found on Slide (Number): 13

Associated Learning Objective: Apply common medical terminology and coding systems such as Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and International Classification of Diseases (ICD-10) within request profiles

Question 3

Question Type: Multiple Choice

Which type of code is 99456?

A. CPT

B. ICD-10

C. HCPCS

D. None of the above

Answer found on Slide (Title): Code Types

Answer found on Slide (Number): 13

Associated Learning Objective: Apply common medical terminology and coding systems such as Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and International Classification of Diseases (ICD-10) within request profiles

Question 4

Question Type: Multiple Choice

Which type of code is S9122?

A. CPT

B. ICD-10

C. HCPCS

D. None of the above

Answer found on Slide (Title): Code Types

Answer found on Slide (Number): 13

Associated Learning Objective: Apply common medical terminology and coding systems such as Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and International Classification of Diseases (ICD-10) within request profiles

Section Three: Request Profile Codes

Question 5

Question Type: Multiple Choice

Which request profile code should you select for a home infusion of Remicade?

A. HH_PPS

B. HOMEINFUS

C. OP_INFUSION

D. IP_ INFUSION

Answer found on Slide (Title): Home Health (HH) Profiles

Answer found on Slide (Number): 29

Associated Learning Objective: Identify request profile codes and their function within the review process

Question 6

Question Type: Multiple Choice

Which request profile code should you select for a spinal fusion of the lumbar spine 5 (L5) routine request?

A. IP_ ER_ Admit

B. IP_Surgical

C. IP_SpineSurg

D. CT_Lumbar

Answer found on Slide (Title): Inpatient (IP) Profiles (1 of 2)

Answer found on Slide (Number): 25

Associated Learning Objective: Identify request profile codes and their function within the review process

Section Five: Creating an Authorization in CareRadius

Question 7

Question Type: Multiple Choice

Which of these essential fields come from the referral/authorization form? Select three correct responses.

A. Reference Number

B. Contact Name and Phone

C. Reason for Referral

D. Diagnosis Code

Answer found on Slide (Title): Essential Fields When Creating an Authorization

Answer found on Slide (Number): 50

Associated Learning Objective: Recall how to create authorizations in CareRadius

Question 8

Question Type: Multiple Choice

In which tab do you select the New button to create a new authorization in CareRadius?

A. Details tab

B. Activity tab

C. Documentation tab

D. General Information tab

Answer found on Slide (Title): Creating a New Authorization in CareRadius (3 of 8)

Answer found on Slide (Number): 53

Associated Learning Objective: Recall how to create authorizations in CareRadius