

Medical Service

Create a new Authorization or edit Member information (see [Getting Started](#)).

Note: All fields with a red asterisk are required.

Select Medical Service from the *Authorization Type* dropdown menu and fill out *Submitter Information* in full.

Required fields when creating a Service Authorization

PMI #	Last Name	First Name	Date of Birth	Soc Sec #
99999001	Primewest	Mary	07/01/1954	

New Search

Authorization Type*

Medical Service

Submitter Information

First Name* Last Name* Phone:* Ext:

provider5 Basic (320) 762-5949

Email*

provider5@test.com

Start Date* End Date*

12/18/2018 12/21/2018

Select practitioners under *Ordering Provider* and *Referred To Provider*.

Under *Authorization Type (Level)*, select the correct authorization type (e.g., DME, Mental Health) and level, where applicable.

Ordering Provider

Select Practitioner

This field is required

Phone*

(320) 589-1313

Approval and/or denial letters will be sent to the address(es) provided here.

Referred To Provider

Select Practitioner

This field is required

Phone*

(320) 760-1313

Approval and/or denial letters will be sent to the address(es) provided here.

Authorization Type (Level)*

Select Level ▼

This field is required

Diagnoses

Primary ICD 10 Code	Diagnosis Description
Add Diagnosis	

Continue filling out required fields with information necessary for the request.

Note: You must indicate if this is an *expedited request*. An expedited request is appropriate when the standard time frame for determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

The screenshot shows a medical request form with several sections highlighted by red boxes to indicate required information:

- CPT/HCPS Code/ Planned Procedure Code:** A large box containing:
 - Procedure Code***: A text input field.
 - Description**: A text input field.
 - MOD 1** and **MOD 1 Description**: A text input field and its label.
 - MOD 2** and **MOD 2 Description**: A text input field and its label.
 - MOD 3** and **MOD 3 Description**: A text input field and its label.
 - MOD 4** and **MOD 4 Description**: A text input field and its label.
 - Number of units***: A text input field.
- Add Procedure**: A button located below the procedure code section.
- Reason for Request***: A text input field.
- Has this member been seen at this facility before?***: A dropdown menu.
- Is this an expedited request?***: A dropdown menu.
- Additional comments**: A text input field with the placeholder text "Enter any additional comments".

When the form is complete, attach supporting documentation and click *Submit*.

The screenshot shows the **Attachments** section of the form, highlighted by a red box:

- Attachments**: The section header.
- Supporting documentation (History of present illness, complete admission orders, lab results, emergency department records and other.)**: A descriptive text.
- File**: A label for the upload area.
- Choose File**: A button to select a file.
- No file chosen**: The status text next to the file selection button.
- Submit** and **Cancel**: Buttons at the bottom of the section.