



AUTHORIZATION MANAGER TIPS

• For Specialist Referrals

INTRODUCTION

Use these tips when you submit an outpatient specialist referral request using the Authorization Manager tool for our managed care members.

- Primary care physicians can enter specialist referrals, including for fertility services and oral surgery consults
- Fertility service/Assisted Reproductive Technology (ART) specialists can submit referrals for early pregnancy monitoring (EPM)

REQUIRED INFORMATION

FOR	THE FOLLOWING INFORMATION IS REQUIRED
Specialist referrals, including IVF and oral surgery consults	<ul style="list-style-type: none"> • Request Type: Outpatient Referral • Place of Service: 11-Office • Review Type: Initial • Servicing Provider: Enter specialist NPI or provider ID • Diagnosis: Required (<i>may use general symptoms if no diagnosis is available</i>) • Procedure: 99243 <p>After you submit your request, a new window opens. Populate details as follows:</p> <ul style="list-style-type: none"> • Quantity: Specify quantity requested • Units: Select units • Frequency: As prescribed • Start date: Enter requested start date of referral <p>Note: For early pregnancy monitoring (EPM), see instructions below.</p> <p>Notes</p> <ul style="list-style-type: none"> • Referrals to out-of-network specialists need to be faxed in on the Managed Care Out-of-Network Request Form. This is not required for Blue Choice members; they must self-refer to out-of-network providers. • Outpatient rehabilitation and home health care services are service requests, not referrals, and must be entered as a service request. Please see Tips for Home Healthcare, Outpatient Rehab and Skilled Nursing Facilities. • Some services do not require a referral.
EPM (early pregnancy monitoring)	<ul style="list-style-type: none"> • Request Type: Referral • Place of Service: 11-Office • Review Type: Initial • Servicing and Facility Provider: Enter IVF provider NPI/provider ID • Diagnosis: O09.811 (Supervision of Pregnancy) • Procedure: 99243

	<p>After you submit your request, a new window opens. Populate details as follows:</p> <ul style="list-style-type: none">• Quantity: 6• Units: Select units• Frequency: As prescribed• Start date: Enter requested start date of service <p>Note: On the next screen in the Notes section, please specify that your request is for EPM.</p>
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**RELATED
RESOURCES**

- [Tips for Fertility Service/Assisted Reproductive Technology \(ART\) providers](#)
- [Tips for Home Healthcare, Outpatient Rehab and Skilled Nursing Facilities](#)
- [Video demonstration of how to submit a referral](#)

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