PEOPLES HEALTH

Authorization Portal Quick Tips

Inpatient and Observation Requests

Type of Service	Category	Procedure and Frequency	Notes
Outpatient	Select Observation from Category drop-down menu: Servicing TOURO INFIRMARY - 1401 FOUCHER STREET Provider 70115 Change servicing provider Category Select Category Place of Hyperbarics Service Infusion Therapy Injections Source Laboratory Request Observation	The system prompts you to enter a 4 day span. Click close to proceed with the request. Procedure Category Disclaimer Please select the following code: (this is for Observation level of care in an acute care hospital) Observation - Enter a date span and count of 4 Days* *Days and counts will be adjusted by the PH Authorization Nurse, based on physician orders and clinical documentation cccse Enter appropriate diagnosis codes in Diagnoses field. Type "AR" in the Procedures field and select the option: AR 23 - Observation level of care Note: Type all procedure codes in the Notes section. Enter a count of 4. Select Days from unit type and Total from the frequency drop-down menus. Set an End Date on the calendar 4 days from the start date: Primary Procedure Start DateEnd Units Total from the frequency drop-down menus. Set an End Date on the calendar 4 days from the start date: Primary Procedure Int-01-2019 Image from Units Total from the frequency drop-down menus. Set an End Date on the calendar 4 days from the start date: Primary Procedure Int-01-2019 Image from Units Total Units In-04-2019 Image from Units Integes from Image from I	 Servicing provider should be a facility Place of service = 22 outpatient hospital Select a total of 4 days, and Peoples Health will adjust authorization based on physician orders and clinical documentation provided Attach all necessary clinical documentation to justify request, including signed physician order
Inpatient	Select the Level of Care from the drop- down menu:	Enter a 7 day span on the calendar: Type of Inpatient Outpatient Service Inpatient Outpatient Start Date 11-01-2019 End Date 11-07-2019 Number of Days: 7 Are you the: Ordering Provider Servicing Provider Leave the Procedure field blank.	 Servicing provider should be a facility Place of service = 21 inpatient hospital Enter Time of Admission in Notes section Attach all necessary clinical documentation
		time admitted in the Notes section. Include contact information (name and phone number) in the Notes section.	to justify request