



## Secure Provider Portal – Web Authorization Workflow

Go Live Date – Friday 08/21/15

Viewing Dashboard For :

Cenpatico TX

GO

## Quick Eligibility Check

Member ID or Last Name






123456789 or Smith

Birthdate

mm/dd/yyyy

Check Eligibility

## Recent Claims

STATUS	RECEIPT DATE	MEMBER NAME	CLAIM NO.
	02/14/2015	JOHN DOE	<a href="#">O555IME66666</a>
	01/20/2015	JOHN DOE	<a href="#">O444IME55555</a>
	01/18/2015	JANE DOE	<a href="#">O333IME44444</a>
	01/05/2015	JOHN DOE	<a href="#">O222IME33333</a>
	01/01/2015	JAMES DOE	<a href="#">O111IME22222</a>

## Welcome

Add a TIN to My ACCOUNT >

Manage Accounts >

Reports >

## Recent Activity

Date Activity

[Instruction Manual \(PDF\)](#)

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[Privacy Policy](#)

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As of 08/21/15, the Secure Provider Portal authorization submissions will be enhanced in order to streamline the web authorization process. This presentation will demonstrate the changes that will take place.

Viewing Dashboard For :

Cenpatico TX

GO

## Quick Eligibility Check

Member ID or Last Name






123456789 or Smith

Birthdate

mm/dd/yyyy

Check Eligibility

## Recent Claims

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	01/05/2015	JOHN DOE	<a href="#">O222IME33333</a>
	01/01/2015	JAMES DOE	<a href="#">O111IME22222</a>

## Welcome

Add a TIN to My ACCOUNT >

Manage Accounts >

Reports >

## Recent Activity

Date Activity

To begin, click “Authorizations” on the top of the welcome page to access the authorization functionality.

Viewing Authorizations For :

Cenpatico TX

 **Create Authorization**


## Authorizations

Processed

Errors

**Important**

Disclaimer

 Search

Authorization # / Confirmation #:

Search

Please call the health plan for questions regarding voided authorization submissions.

There are no authorizations to show.

[Instruction Manual \(PDF\)](#)

[Terms & Conditions](#)

[Privacy Policy](#)

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The Authorization Summary will display. Click “Create Authorization” on the top right corner of the screen.

Viewing Authorizations For :

Cenpatico TX

1

Member ID or Last Name

X

2

Birthdate

3

**Find**


## Authorizations

Processed

Errors

**Important**

Disclaimer

 Search

Authorization # / Confirmation #:

**Search**

Please call the health plan for questions regarding voided authorization submissions.

There are no authorizations to show.

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Enter the following information and click “Find” to continue:

1. Member ID or Last Name
2. Member Birthdate

Viewing Authorizations For :

Cenpatico TX

Create Authorization

### Authorization For

1

DOB: | MEDICAID NBR:

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours.

After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our Customer Service line for after-hours urgent admission, inpatient notifications or requests.

For Chip Members, dial: 888-471-4357  
For Star Members, dial: 800-716-5650  
For Star Plus Members, dial: 800-466-4089  
For RSA/EPO, dial: 800-213-9927  
For Medicaid RSA, dial: 877-644-4517  
For Star Health Members, dial: 866-218-8263

2

Please select Service Type.

### Enter Authorization

#### 1. PROVIDER REQUEST

3

☐ Urgent Request

Select a Service Type

NEXT >

#### 2. SERVICE LINE

4

#### 3. FINISH UP

5

1. Displays the member's name, DOB, and member ID number.
2. Initially displays the plan specific disclaimers. As each section of the prior authorization is created, a summary of the requested services will appear.
3. Provider Request section of the prior authorization
4. Service Line section
5. Finish up section (provider contact information, Behavioral Service questions, Questionnaire, and attachments.)



Viewing Authorizations For :

Cenpatico TX

Create Authorization

### Authorization For

DOB:  MEDICAID NBR:

By checking the [Urgent Request](#) box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours.

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Please select Service Type.

### Enter Authorization

#### 1. PROVIDER REQUEST

☒ Urgent Request

Select a Service Type

NEXT >

#### 2. SERVICE LINE

#### 3. FINISH UP

An authorization request can be labeled as urgent by checking off the “Urgent Request” box. Doing so will highlight the Urgent Request disclaimer to prompt the provider to read the criteria for urgent requests.

Viewing Authorizations For :

Cenpatico TX

Create Authorization

### Authorization For

DOB: MEDICAID NBR:

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours.

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Please select Service Type.

### Enter Authorization

#### 1. PROVIDER REQUEST

☒ Urgent Request

Select a Service Type

Select a Service Type

Behavioral

BH Med Management

Community Based Services

Electroconvulsive Therapy

Outpatient Therapy

Psychological Testing

#### 2. SERVICE LINE

#### 3. FINISH UP

Select a Service Type from the available options. These selections are different per state and are limited to Outpatient Services only. Inpatient services cannot be requested via the Secure Provider Portal at this time.



Viewing Authorizations For :

Cenpatico TX

Create Authorization

### Authorization For

DOB: MEDICAID NBR:

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For Star Health Members, dial: 866-218-8263

Please select Service Type.

### Enter Authorization

1. PROVIDER REQUEST

☒ Urgent Request

BH Med Management

**AXIS I - Clinical Diagnosis**  
Primary Diagnosis  
Diagnosis Code

+ Add Additional Diagnosis

**AXIS II - Developmental and Personality Disorders**  
Primary Diagnosis  
Diagnosis Code

+ Add Additional Diagnosis

CODE LOOKUP: [ICD-9](#) [ICD-10](#)

**AXIS III**  
List any physical conditions

2. SERVICE LINE

3. FINISH UP

Once a service type has been selected, the five level of axis diagnosis fields will appear for the provider to complete.

Viewing Authorizations For :

Cenpatico TX

Create Authorization

### Authorization For

DOB: MEDICAID NBR:

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours.

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For Star Health Members, dial: 866-218-8263

Please select Service Type.

### Enter Authorization

1. PROVIDER REQUEST

☒ Urgent Request

BH Med Management

AXIS I - Clinical Diagnosis

Primary Diagnosis

295.7

+ Add Additional Diagnosis

AXIS II - Developmental and Personality Disorders

Primary Diagnosis

Diagnosis Code

+ Add Additional Diagnosis

CODE LOOKUP: ICD-9 ICD-10

AXIS III

List any physical conditions

2. SERVICE LINE

3. FINISH UP

It is required that at least one diagnosis is entered. Type in a valid ICD-9 code in the text box provided and hit "Tab" on your keyboard.

Viewing Authorizations For :

[Redacted]

Cenpatico TX

Create Authorization

### Authorization For

DOB: [Redacted] | MEDICAID NBR: [Redacted]

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours. ✕

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Please select Service Type. ✕

### Enter Authorization

**1. PROVIDER REQUEST**

☒ Urgent Request

BH Med Management ▼

**AXIS I - Clinical Diagnosis**  
**Primary Diagnosis**  
295.7  
SCHIZOAFFECTIVE DISORDER

+ Add Additional Diagnosis

**AXIS II - Developmental and Personality Disorders**  
**Primary Diagnosis**  
Diagnosis Code

+ Add Additional Diagnosis

CODE LOOKUP: [ICD-9](#) [ICD-10](#)

**AXIS III**  
List any physical conditions

**2. SERVICE LINE**

**3. FINISH UP**

The description for the code that you entered will display below.

Viewing Authorizations For :

Cenpatico TX

Create Authorization

### Authorization For

DOB:  MEDICAID NBR:

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For Medicaid RSA, dial: 877-644-4517  
For Star Health Members, dial: 866-218-8263

Please select Service Type. ✕

### Enter Authorization

1. PROVIDER REQUEST

☒ Urgent Request

BH Med Management ▼

AXIS I - Clinical Diagnosis

Primary Diagnosis

295.7

SCHIZOAFFECTIVE DISORDER

+ Add Additional Diagnosis

AXIS II - Developmental and Personality Disorders

Primary Diagnosis

Diagnosis Code

+ Add Additional Diagnosis

CODE LOOKUP: [ICD-9](#) [ICD-10](#)

AXIS III

List any physical conditions

2. SERVICE LINE

3. FINISH UP

AXIS I & II will allow you to add additional diagnosis codes by clicking the + symbol as shown above.

Viewing Authorizations For :

Cenpatico TX

Create Authorization

### Authorization For

DOB: MEDICAID NBR:

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours.

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For Star Health Members, dial: 866-218-8263

Please select Service Type.

### Enter Authorization

1. PROVIDER REQUEST

☒ Urgent Request

BH Med Management

AXIS I - Clinical Diagnosis

Primary Diagnosis

295.7

SCHIZOAFFECTIVE DISORDER

Additional Diagnosis

Diagnosis Code

+ Add Additional Diagnosis

AXIS II - Developmental and Personality Disorders

Primary Diagnosis

Diagnosis Code

+ Add Additional Diagnosis

2. SERVICE LINE

3. FINISH UP

You can remove a given diagnosis code by clicking the  symbol next to the code you'd like to remove.

Viewing Authorizations For :

Cenpatico TX

Create Authorization

### Authorization For

DOB: MEDICAID NBR:

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours.

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For Medicaid RSA, dial: 877-644-4517  
For Star Health Members, dial: 866-218-8263

Please select Service Type.

### Enter Authorization

#### 1. PROVIDER REQUEST

+ Add Additional Diagnosis

**AXIS II - Developmental and Personality Disorders**

Primary Diagnosis

Diagnosis Code

+ Add Additional Diagnosis

CODE LOOKUP: [ICD-9](#) [ICD-10](#)

**AXIS III**

List any physical conditions

**AXIS IV**

Describe any psychological stressors

**AXIS V**

What is member's highest level of functioning

#### 2. SERVICE LINE

#### 3. FINISH UP

Scroll down to complete AXIS III, IV & V as needed.



Viewing Authorizations For :

Cenpatico TX

Create Authorization

### Authorization For

DOB: MEDICAID NBR:

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours.

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For Medicaid RSA, dial: 877-644-4517  
For Star Health Members, dial: 866-218-8263

Please select Service Type.

### Enter Authorization

**1. PROVIDER REQUEST**

Primary Diagnosis

301

PERSONALITY DISORDERS

+ Add Additional Diagnosis

CODE LOOKUP: ICD-9 ICD-10

AXIS III

List any physical conditions

condition

AXIS IV

Describe any psychological stressors

stressor

AXIS V

What is member's highest level of functioning

lvl function

**NEXT >**

**2. SERVICE LINE**

**3. FINISH UP**

When completed, click the next button.

Viewing Authorizations For :

Cenpatico TX

Create Authorization

### Authorization For

DOB:  MEDICAID NBR:

#### PROVIDER REQUEST



Service Type: Outpatient BH Med Management

#### **AXIS I - Clinical Diagnosis**

Primary Diagnosis: 2957: SCHIZOAFFECTIVE DISORDER

Additional Diagnosis: 29520: CATATONIC SCHIZOPHRENIA UNSPEC COND

#### **AXIS II - Developmental and Personality Disorders**

Primary Diagnosis: 301: PERSONALITY DISORDERS

AXIS III: condition

AXIS IV: stressor

AXIS V: lvl function

### Enter Authorization

#### 1. PROVIDER REQUEST

2

[EDIT](#)

#### 2. SERVICE LINE

Now adding new service line

Servicing Provider

NPI or Last Name

Start Date

-

End Date

Units/Visits/Days



Add New Service Line

NEXT >

#### 3. FINISH UP

The service line section will display.

1. The left side is now replaced with the information entered in the previous (provider request) section for review.
2. The Secure Provider portal will allow you to edit the information by clicking on the edit link located on the top right corner of the screen.

Viewing Authorizations For :


Cenpatico TX

Create Authorization

### Authorization For

DOB: | MEDICAID NBR:

#### PROVIDER REQUEST

 Service Type: Outpatient BH Med Management

**AXIS I - Clinical Diagnosis**  
Primary Diagnosis: 2957: SCHIZOAFFECTIVE DISORDER  
Additional Diagnosis: 29520: CATATONIC SCHIZOPHRENIA UNSPEC COND

**AXIS II - Developmental and Personality Disorders**  
Primary Diagnosis: 301: PERSONALITY DISORDERS

AXIS III: condition  
AXIS IV: stressor  
AXIS V: lvl function

### Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

Now adding new service line

Servicing Provider

NPI or Last Name

Start Date - End Date

Units/Visits/Days

+ Add New Service Line

NEXT >

3. FINISH UP

Enter the Servicing Provider's NPI number in the text box provided. Be aware that the Secure Provider Portal will not allow you to enter an NPI number that is not currently loaded to our system.

Viewing Authorizations For :

Cenpatico TX


Create Authorization

### Authorization For

DOB:

MEDICAID NBR: 682662890

#### PROVIDER REQUEST



Service Type: Outpatient BH Med Management

**AXIS I - Clinical Diagnosis**

Primary Diagnosis: 2957: SCHIZOAFFECTIVE DISORDER

Additional Diagnosis: 29520: CATATONIC SCHIZOPHRENIA UNSPEC COND

**AXIS II - Developmental and Personality Disorders**

Primary Diagnosis: 301: PERSONALITY DISORDERS

AXIS III: condition

AXIS IV: stressor

AXIS V: lvl function

### Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

#### 2. SERVICE LINE

Now adding new service line

Servicing Provider

Start Date

–

End Date

Units/Visits/Days

+

Add New Service Line

NEXT

3. FINISH UP

Press “Tab” on your keyboard for the data validation to occur.

Viewing Authorizations For :

Cenpatico TX

Create Authorization

## Authorization For

DOB:  MEDICAID NBR:

### PROVIDER REQUEST



Service Type: Outpatient BH Med Management

AXIS I

Primary D

Additional

AXIS II

Primary D

AXIS III: co

AXIS IV: s

AXIS V: Iv

### Select a Provider

PROVIDER NAME	PHONE NUMBER	TAX ID	NPI	SPECIALTY DESC	SELECT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	PSYCHOLOGIST	Select

Close

## Enter Authorization

1. PROVIDER REQUEST

EDIT

2. SERVICE LINE

Now adding new service line

NEXT >

3. FINISH UP

Find the appropriate servicing provider and click select.

Viewing Authorizations For :


Cenpatico TX

Create Authorization

### Authorization For

DOB: 
 MEDICAID NBR:

#### PROVIDER REQUEST



Service Type: Outpatient BH Med Management

**AXIS I - Clinical Diagnosis**

Primary Diagnosis: 2957: SCHIZOAFFECTIVE DISORDER

Additional Diagnosis: 29520: CATATONIC SCHIZOPHRENIA UNSPEC COND

**AXIS II - Developmental and Personality Disorders**

Primary Diagnosis: 301: PERSONALITY DISORDERS

AXIS III: condition

AXIS IV: stressor

AXIS V: lvl function

### Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE
 

Now adding new service line

Servicing Provider


NPI:

TIN:

Name:

Start Date
  End Date

 Units/Visits/Days

 Add New Service Line

NEXT >

3. FINISH UP

The information for the Servicing Provider you selected will populate below.



Viewing Authorizations For :

Cenpatico TX


Create Authorization

## Authorization For

DOB

MEDICAID NBR:

### PROVIDER REQUEST



Service Type: Outpatient BH Med Management

**AXIS I - Clinical Diagnosis**

Primary Diagnosis: 2957: SCHIZOAFFECTIVE DISORDER

Additional Diagnosis: 29520: CATATONIC SCHIZOPHRENIA UNSPEC COND

**AXIS II - Developmental and Personality Disorders**

Primary Diagnosis: 301: PERSONALITY DISORDERS

AXIS III: condition

AXIS IV: stressor

AXIS V: lvl function

## Enter Authorization

### 1. PROVIDER REQUEST [EDIT](#)

### 2. SERVICE LINE

Now adding new service line

Servicing Provider

NPI:

TIN:

Name:

- End Date

July 2015

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

### 3. FINISH UP

Enter start and end dates by using the calendar widget or type it in with the following format: MM/DD/YYYY.

Viewing Authorizations For :

Cenpatico TX

Create Authorization

### Authorization For

DOB: 4 MEDICAID NBR:

#### PROVIDER REQUEST



Service Type: Outpatient BH Med Management

#### **AXIS I - Clinical Diagnosis**

Primary Diagnosis: 2957: SCHIZOAFFECTIVE DISORDER

Additional Diagnosis: 29520: CATATONIC SCHIZOPHRENIA UNSPEC COND

#### **AXIS II - Developmental and Personality Disorders**

Primary Diagnosis: 301: PERSONALITY DISORDERS

AXIS III: condition

AXIS IV: stressor

AXIS V: lvl function

### Enter Authorization

#### 1. PROVIDER REQUEST [EDIT](#)

#### 2. SERVICE LINE

Now adding new service line

Servicing Provider

NPI:

TIN:

Name:

07/19/2015 - 07/19/2015

Units/Visits/Days



Add New Service Line

NEXT >

#### 3. FINISH UP

Keep in mind that retro authorization requests cannot be submitted through the Secure Provider Portal.

Viewing Authorizations For :

Cenpatico TX

Create Authorization

## Authorization For

DOB:  MEDICAID NBR:

### PROVIDER REQUEST



Service Type: Outpatient BH Med Management

#### **AXIS I - Clinical Diagnosis**

Primary Diagnosis: 2957: SCHIZOAFFECTIVE DISORDER

Additional Diagnosis: 29520: CATATONIC SCHIZOPHRENIA UNSPEC COND

#### **AXIS II - Developmental and Personality Disorders**

Primary Diagnosis: 301: PERSONALITY DISORDERS

AXIS III: condition

AXIS IV: stressor

AXIS V: lvl function

## Enter Authorization

### 1. PROVIDER REQUEST [EDIT](#)

### 2. SERVICE LINE

Now adding new service line

Servicing Provider

NPI:

TIN:

Name:

07/19/2015

07/19/2015

Units/Visits/Days



Add New Service Line

NEXT >

### 3. FINISH UP

Enter the number units, visits or days by using only numeric values.

Viewing Authorizations For :

[Redacted]


Cenpatico TX

Create Authorization

### Authorization For

DOB: [Redacted] | MEDICAID NBR: [Redacted]

**PROVIDER REQUEST**

 Service Type: Outpatient BH Med Management

**AXIS I - Clinical Diagnosis**  
Primary Diagnosis: 2957: SCHIZOAFFECTIVE DISORDER  
Additional Diagnosis: 29520: CATATONIC SCHIZOPHRENIA UNSPEC COND

**AXIS II - Developmental and Personality Disorders**  
Primary Diagnosis: 301: PERSONALITY DISORDERS

AXIS III: condition  
AXIS IV: stressor  
AXIS V: lvl function

### Enter Authorization

**1. PROVIDER REQUEST** [EDIT](#)

**2. SERVICE LINE**


Now adding new service line

Servicing Provider  
[Redacted]

NPI: [Redacted]  
TIN: [Redacted]  
Name: [Redacted]

07/19/2015 - 07/19/2015

1

 Add New Service Line

**NEXT >**

**3. FINISH UP**

You can add an additional Service Line by clicking “ Add New Service Line” as shown above.

Viewing Authorizations For :

Cenpatico TX

Create Authorization

### Authorization For

DOB: [REDACTED]

MEDICAID NBR: [REDACTED]

#### PROVIDER REQUEST



Service Type: Outpatient BH Med Management

#### **AXIS I - Clinical Diagnosis**

Primary Diagnosis: 2957: SCHIZOAFFECTIVE DISORDER

Additional Diagnosis: 29520: CATATONIC SCHIZOPHRENIA UNSPEC COND

#### **AXIS II - Developmental and Personality Disorders**

Primary Diagnosis: 301: PERSONALITY DISORDERS

AXIS III: condition

AXIS IV: stressor

AXIS V: lvl function

#### SERVICE LINES

##### Service Line 1



**PSYCHOLOGIST**

Dates: 07/19/2015 - 07/19/2015

Units: 1

Place Of Service: Unspecified

Primary Procedure Code: 99212

NPI: [REDACTED]

TIN: [REDACTED]

Phone: [REDACTED]

### Enter Authorization

#### 1. PROVIDER REQUEST [EDIT](#)

#### 2. SERVICE LINE

Now adding new service line

Service Line 1: [REDACTED]

##### Servicing Provider

NPI or Last Name

Start Date

End Date

Units/Visits/Days



Add New Service Line

NEXT >

#### 3. FINISH UP

When a new service line is added the details of the service line entered previously will display on the left side for review.

Viewing Authorizations For :

Cenpatico TX

Create Authorization

### Authorization For

DOB: [REDACTED]

MEDICAID NBR: [REDACTED]

#### PROVIDER REQUEST



Service Type: Outpatient BH Med Management

#### **AXIS I - Clinical Diagnosis**

Primary Diagnosis: 2957: SCHIZOAFFECTIVE DISORDER

Additional Diagnosis: 29520: CATATONIC SCHIZOPHRENIA UNSPEC COND

#### **AXIS II - Developmental and Personality Disorders**

Primary Diagnosis: 301: PERSONALITY DISORDERS

AXIS III: condition

AXIS IV: stressor

AXIS V: lvl function

#### SERVICE LINES

##### Service Line 1



**PSYCHOLOGIST**

NPI: [REDACTED]

TIN: [REDACTED]

Phone: [REDACTED]

Dates: 07/19/2015 - 07/19/2015

Units: 1

Place Of Service: Unspecified

Primary Procedure Code: 99212

### Enter Authorization

#### 1. PROVIDER REQUEST [EDIT](#)

#### 2. SERVICE LINE

Now adding new service line

Service Line 1: [REDACTED]

Servicing Provider

NPI: [REDACTED]

TIN: [REDACTED]

Name: [REDACTED]

07/20/2015

07/20/2015

1



Add New Service Line

**NEXT >**

#### 3. FINISH UP

Complete any additional service lines as needed and click "Next" to continue



Viewing Authorizations For :

Cenpatico TX

Create Authorization

## Authorization For

**NORTHAM, TEGAN**

MEDICAID NBR:

Primary Diagnosis: 2957: SCHIZOAFFECTIVE DISORDER

Additional Diagnosis: 29520: CATATONIC SCHIZOPHRENIA UNSPEC COND

### **AXIS II - Developmental and Personality Disorders**

Primary Diagnosis: 301: PERSONALITY DISORDERS

AXIS III: condition

AXIS IV: stressor

AXIS V: lvl function

## SERVICE LINES

### Service Line 1



**PSYCHOLOGIST**

Dates: 07/19/2015 - 07/19/2015

Units: 1

Place Of Service: Unspecified

Primary Procedure: 99212

NPI:

TIN:

Phone:

### Service Line 2



**PSYCHOLOGIST**

Dates: 07/20/2015 - 07/20/2015

Units: 1

Place Of Service: Unspecified

Primary Procedure: 99212

NPI:

TIN:

Phone:

## Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE [EDIT](#)

3. FINISH UP

Contact

Phone

(111) 221-2233

Fax

(111) 221-2234

Email



Behavioral Service



Questionnaire

Attachment:

Upload any relevant attachments. (5Mb limit)

Choose File No file chosen

The contact information in this section will populate based on the account you're currently logged in to. You can edit these fields as needed.

Viewing Authorizations For :

Cenpatico TX

Create Authorization

### Authorization For

DOB: [REDACTED]

MEDICAID NBR: [REDACTED]

#### Primary Care Physician (PCP) Communications

With the members consent, and as subject to applicable law regarding confidentiality, the member's health plan and Cenpatico encourages the Behavioral Health Provider to communicate to the member's Primary Care Physician (PCP) to ensure coordination of care.

Authorization of additional visits is contingent upon the following:

PCP Communication completed via:

Select a Value

Date Completed

MM/DD/YYYY

Member's family supports/involved in treatment?

Yes

No

Coordination of care with other behavioral health providers?

Yes

No

Coordination of care with medical providers?

Yes

No

Has member been evaluated by a psychiatrist?

Yes

No

### Enter Authorization

1. PROVIDER REQUEST

[EDIT](#)

2. SERVICE LINE

[EDIT](#)

3. FINISH UP

Contact

[REDACTED]

Phone

[REDACTED]

Fax

[REDACTED]

Email

[REDACTED]



Behavioral Service



Questionnaire

Attachment:

Upload any relevant attachments. (5Mb limit)

Choose File No file chosen

Proceed by clicking the "Behavioral Service" field as shown above. PCP Communications and additional clinical data will populate

Viewing Authorizations For :

Cenpatico TX

Create Authorization

### Authorization For

DOB: MEDICAID NBR:

Assault/Violent Behavior

1 - None

Behavioral Health

Previous Behavioral Health / Substance use Treatment

☒ Inpatient: Mental Health ☒ Inpatient: Substance use

☐ Outpatient: Mental Health ☐ Outpatient: Substance use

Substance use

Substance use

None History of Use Current/Active

Substances used

substance

CLOSE QUESTIONNAIRE

### Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE [EDIT](#)

3. FINISH UP

Contact

Phone

Fax

Email

Behavioral Service

Questionnaire

Attachment:

Upload any relevant attachments. (5Mb limit)

Choose File No file chosen

Complete all required fields and click "Close Questionnaire" to continue.

Viewing Authorizations For :

Cenpatico TX

Create Authorization

## Authorization For

DOB: MEDICAID NBR:

Medication request type

New medication request Continuing medication request

Medication Request Specific Criteria

Check all applicable criteria specific to this medication request  
These criteria apply to all injectable medications. Additional medication-specific criteria are listed under each medication.

Patient is under a court order for outpatient treatment and medications

Yes No

Date of court order (please also attach the order)

MM/DD/YYYY

Patient is at least 18 years of age

Yes No

The medication is being prescribed by a psychiatrist (MD/DO), Nurse Practitioner (ARNP, NP), Mental Health Nurse Practitioner (MHNP), or Clinical Nurse Specialist (CNS)

Yes No

## Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE [EDIT](#)

3. FINISH UP

Contact

Phone

Fax

Email

Behavioral Service

Questionnaire

Attachment:

Upload any relevant attachments. (5Mb limit)

Choose File No file chosen

Proceed by opening the Clinical Questionnaire as shown above.

Viewing Authorizations For :

Cenpatico TX

Create Authorization


### Authorization For

DOB: MEDICAID NBR:

**J1631**  
Request J1631

**J2060**  
Request J2060

**J3360**  
Request J3360



### Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE [EDIT](#)

3. FINISH UP

Contact

Phone

Fax

Email

☐ Behavioral Service

☐ Questionnaire

Attachment:  
Upload any relevant attachments. (5Mb limit)  
 No file chosen

Complete all the required fields and click "Close Questionnaire" to continue.

Viewing Authorizations For :

Cenpatico TX

Create Authorization

## Authorization For

DOB: MEDICAID NBR:

**AXIS I - Clinical Diagnosis**  
Primary Diagnosis: 2957: SCHIZOAFFECTIVE DISORDER  
Additional Diagnosis: 29520: CATATONIC SCHIZOPHRENIA UNSPEC COND






**AXIS II - Developmental and Personality Disorders**  
Primary Diagnosis: 301: PERSONALITY DISORDERS

AXIS III: condition  
AXIS IV: stressor  
AXIS V: lvi function






---

**SERVICE LINES**

Service Line 1

  NPI:   
TIN:   
Phone:   
Dates: 07/19/2015 - 07/19/2015  
Units: 1  
Place Of Service: Unspecified  
Primary Procedure: 99212

Service Line 2


  NPI:   
TIN:   
Phone:   
Dates: 07/20/2015 - 07/20/2015  
Units: 1  
Place Of Service: Unspecified  
Primary Procedure: 99212


## Enter Authorization

1. PROVIDER REQUEST [EDIT](#)


2. SERVICE LINE [EDIT](#)


3. FINISH UP

Fax  


Email  


---

 Behavioral Service

 Questionnaire

Attachment:  
Upload any relevant attachments. (5Mb limit)

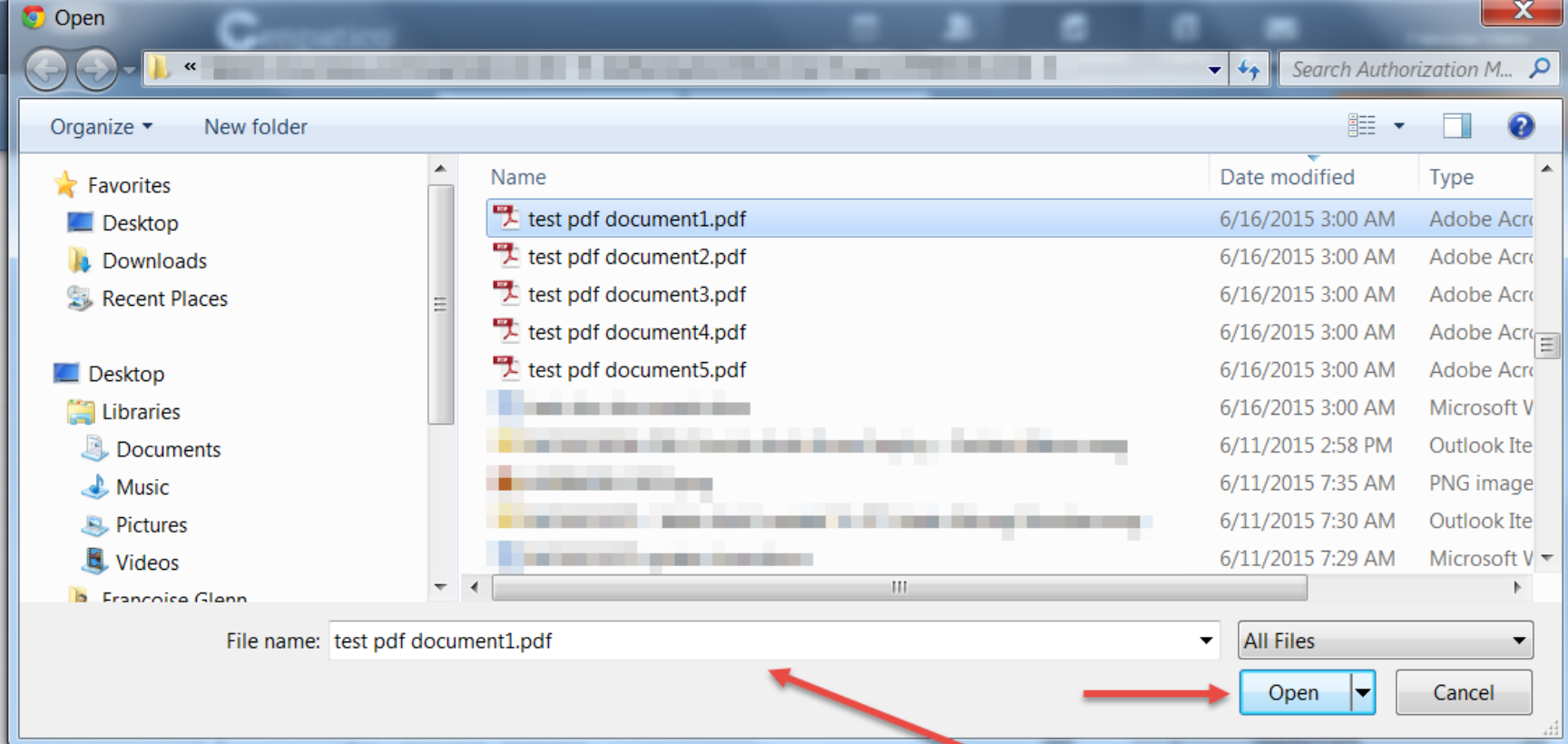
[Choose File](#) No file chosen

[Attach](#)

[SUBMIT](#)


The Secure Provider Portal will allow you to upload up to 5 documents as long as they don't exceed 5Mb per file. To attach a document, click "Choose File"





Dates: 07/19/2015 - 07/19/2015  
Units: 1  
Place Of Service: Unspecified  
Primary Procedure: 99212

Service Line 2

 **PSYCHOLOGIST**  
Dates: 07/20/2015 - 07/20/2015  
Units: 1  
Place Of Service: Unspecified  
Primary Procedure: 99212

NPI: [Blurred]  
TIN: [Blurred]  
Phone: [Blurred]

Attachment:  
Upload any relevant attachments. (5Mb limit)  
Choose File No file chosen  
Attach  
SUBMIT

Select the desired document from your directory and click "Open".

Viewing Authorizations For :

Cenpatico TX

Create Authorization

## Authorization For

DOB: [REDACTED] MEDICAID NBR: [REDACTED]

**AXIS I - Clinical Diagnosis**  
 Primary Diagnosis: 2957: SCHIZOAFFECTIVE DISORDER  
 Additional Diagnosis: 29520: CATATONIC SCHIZOPHRENIA UNSPEC COND


**AXIS II - Developmental and Personality Disorders**  
 Primary Diagnosis: 301: PERSONALITY DISORDERS

AXIS III: condition  
 AXIS IV: stressor  
 AXIS V: lvl function

---


**SERVICE LINES**

Service Line 1

 [REDACTED] NPI: [REDACTED]  
 PSYCHOLOGIST TIN: [REDACTED]  
 Phone: [REDACTED]

Dates: 07/19/2015 - 07/19/2015  
 Units: 1  
 Place Of Service: Unspecified  
 Primary Procedure: 99212

Service Line 2

 [REDACTED] NPI: [REDACTED]  
 PSYCHOLOGIST TIN: [REDACTED]  
 Phone: [REDACTED]

Dates: 07/20/2015 - 07/20/2015  
 Units: 1  
 Place Of Service: Unspecified  
 Primary Procedure: 99212

## Enter Authorization

1. PROVIDER REQUEST [EDIT](#)


2. SERVICE LINE [EDIT](#)


3. FINISH UP

Fax  
 [REDACTED]

Email  
 [REDACTED]

---

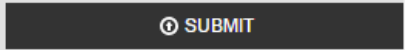
 Behavioral Service

 Questionnaire

Attachment:  
 Upload any relevant attachments. (5Mb limit)

Choose File test pdf document1.pdf

Attach



Once the file has been selected, click the "Attach" button as shown above.

Viewing Authorizations For :


Cenpatico TX

Create Authorization

### Authorization For


DOB: MEDICAID NBR:

**PROVIDER REQUEST**


 Service Type: Outpatient BH Med Management  
**AXIS I - Clinical Diagnosis**  
 Primary Diagnosis: 2957: SCHIZOAFFECTIVE DISORDER  
 Additional Diagnosis: 29520: CATATONIC SCHIZOPHRENIA UNSPEC COND  
**AXIS II - Developmental and Personality Disorders**  
 Primary Diagnosis: 301: PERSONALITY DISORDERS  
 AXIS III: condition  
 AXIS IV: stressor  
 AXIS V: lvl function

**SERVICE LINES**

Service Line 1

 **PSYCHOLOGIST**  
 Dates: 07/19/2015 - 07/19/2015  
 Units: 1  
 Place Of Service: Unspecified  
 Primary Procedure: 99212

Service Line 2

 **PSYCHOLOGIST**

### Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE [EDIT](#)

3. FINISH UP

Fax

Email

Behavioral Service

Questionnaire


Attachment:

Upload any relevant attachments. (5Mb limit)

Choose File No file chosen

Attach

test pdf document1.pdf [Remove](#)

 SUBMIT

You'll see that the name of the document you attached will display below.

Viewing Authorizations For :

[Redacted]


Cenpatico TX

Create Authorization

### Authorization For


[Redacted] DOB: [Redacted] | MEDICAID NBR: [Redacted]

**PROVIDER REQUEST**


 Service Type: Outpatient BH Med Management  
**AXIS I - Clinical Diagnosis**  
 Primary Diagnosis: 2957: SCHIZOAFFECTIVE DISORDER  
 Additional Diagnosis: 29520: CATATONIC SCHIZOPHRENIA UNSPEC COND  
**AXIS II - Developmental and Personality Disorders**  
 Primary Diagnosis: 301: PERSONALITY DISORDERS  
 AXIS III: condition  
 AXIS IV: stressor  
 AXIS V: lvl function

**SERVICE LINES**

Service Line 1

 [Redacted] NPI: [Redacted]  
 [Redacted] TIN: [Redacted]  
 [Redacted] Phone: [Redacted]  
 Dates: 07/19/2015 - 07/19/2015  
 Units: 1  
 Place Of Service: Unspecified  
 Primary Procedure: 99212

Service Line 2

 [Redacted] NPI: [Redacted]  
 [Redacted] TIN: [Redacted]  
 [Redacted] Phone: [Redacted]

### Enter Authorization


1. PROVIDER REQUEST [EDIT](#)


2. SERVICE LINE [EDIT](#)

3. FINISH UP

Email

[Redacted]

 Behavioral Service

 Questionnaire

Attachment:

Upload any relevant attachments. (5Mb limit)

Only 5 attachments allowed.


test pdf document1.pdf [Remove](#)

test pdf document2.pdf [Remove](#)

test pdf document3.pdf [Remove](#)

test pdf document4.pdf [Remove](#)

test pdf document5.pdf [Remove](#)

 SUBMIT

The Secure Provider Portal allows you to upload up to 5 documents as long as they don't exceed 5Mb each. You can remove documents you have previously attached by clicking the "Remove" button on the right.

Viewing Authorizations For :

[Redacted]

Cenpatico TX


Create Authorization

### Authorization For

DOB: [Redacted] | MEDICAID NBR: [Redacted]

---


**PROVIDER REQUEST**

 Service Type: Outpatient BH Med Management  
**AXIS I - Clinical Diagnosis**  
 Primary Diagnosis: 2957: SCHIZOAFFECTIVE DISORDER  
 Additional Diagnosis: 29520: CATATONIC SCHIZOPHRENIA UNSPEC COND  
**AXIS II - Developmental and Personality Disorders**  
 Primary Diagnosis: 301: PERSONALITY DISORDERS  
 AXIS III: condtion  
 AXIS IV: stressor  
 AXIS V: lvl function


---

**SERVICE LINES**

Service Line 1

 [Redacted] NPI: [Redacted]  
 [Redacted] TIN: [Redacted]  
 [Redacted] Phone: [Redacted]  
**PSYCHOLOGIST**  
 Dates: 07/19/2015 - 07/19/2015  
 Units: 1  
 Place Of Service: Unspecified

Service Line 2

 [Redacted] NPI: [Redacted]  
 [Redacted] TIN: [Redacted]  
 [Redacted] Phone: [Redacted]  
**PSYCHOLOGIST**

### Enter Authorization

**1. PROVIDER REQUEST** [EDIT](#)

**2. SERVICE LINE** [EDIT](#)

**3. FINISH UP**


Contact  
 [Redacted]


Phone  
 [Redacted]

Fax  
 [Redacted]

Email  
 [Redacted]

---

 Behavioral Service

 Questionnaire

Attachment:  
 Upload any relevant attachments. (5Mb limit)  
 Choose File No file chosen



The provider can go back to make corrections by clicking on the Edit link.

Viewing Authorizations For :

[Redacted]


Cenpatico TX

Create Authorization

### Authorization For

DOB: [Redacted] | MEDICAID NBR: [Redacted]

#### PROVIDER REQUEST

 Service Type: Outpatient BH Med Management

**AXIS I - Clinical Diagnosis**  
Primary Diagnosis: 2957: SCHIZOAFFECTIVE DISORDER  
Additional Diagnosis: 29520: CATATONIC SCHIZOPHRENIA UNSPEC COND


**AXIS II - Developmental and Personality Disorders**  
Primary Diagnosis: 301: PERSONALITY DISORDERS

AXIS III: condition  
AXIS IV: stressor  
AXIS V: lvl function

---

#### SERVICE LINES


Service Line 1

 [Redacted] NPI: [Redacted]  
[Redacted] TIN: [Redacted]  
[Redacted] Phone: [Redacted]

**PSYCHOLOGIST**

Dates: 07/19/2015 - 07/19/2015  
Units: 1  
Place Of Service: Unspecified

Service Line 2

 [Redacted] NPI: [Redacted]  
[Redacted] TIN: [Redacted]  
[Redacted] Phone: [Redacted]

**PSYCHOLOGIST**

### Enter Authorization


#### 1. PROVIDER REQUEST


☒ Urgent Request

BH Med Management

AXIS I - Clinical Diagnosis  
Primary Diagnosis  
2957

Additional Diagnosis  
295.20

 Add Additional Diagnosis  
AXIS II - Developmental and Personality Disorders  
Primary Diagnosis  
301

 Add Additional Diagnosis

---

#### 2. SERVICE LINE

#### 3. FINISH UP

Once the provider completes the changes, click the next button to step through the prior authorization.



Viewing Authorizations For :

Cenpatico TX

Create Authorization

## Authorization For

DOB: MEDICAID NBR:

### PROVIDER REQUEST

**Service Type:** Outpatient BH Med Management

**AXIS I - Clinical Diagnosis**  
 Primary Diagnosis: 2957: SCHIZOAFFECTIVE DISORDER  
 Additional Diagnosis: 29520: CATATONIC SCHIZOPHRENIA UNSPEC COND

**AXIS II - Developmental and Personality Disorders**  
 Primary Diagnosis: 301: PERSONALITY DISORDERS

AXIS III: condition  
 AXIS IV: stressor  
 AXIS V: lvl function

### SERVICE LINES

Service Line 1

**PSYCHOLOGIST**  
 Dates: 07/19/2015 - 07/19/2015  
 Units: 1  
 Place Of Service: Unspecified  
 Primary Procedure: 99212

Service Line 2

**PSYCHOLOGIST**

## Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE [EDIT](#)

3. FINISH UP

Contact

Phone

Fax

Email

Behavioral Service

Questionnaire

Attachment:

Upload any relevant attachments. (5Mb limit)

Choose File No file chosen

You can make changes to the previous sections by clicking the "Edit" button as shown above.

Viewing Authorizations For :

[Redacted]

Cenpatico TX


Create Authorization

### Authorization For

DOB: [Redacted] | MEDICAID NBR: [Redacted]

---


**PROVIDER REQUEST**

 Service Type: Outpatient BH Med Management  
**AXIS I - Clinical Diagnosis**  
 Primary Diagnosis: 2957: SCHIZOAFFECTIVE DISORDER  
 Additional Diagnosis: 29520: CATATONIC SCHIZOPHRENIA UNSPEC COND  
**AXIS II - Developmental and Personality Disorders**  
 Primary Diagnosis: 301: PERSONALITY DISORDERS  
 AXIS III: condition  
 AXIS IV: stressor  
 AXIS V: lvl function


---

**SERVICE LINES**

Service Line 1

 [Redacted] NPI: [Redacted]  
 [Redacted] TIN: [Redacted]  
 [Redacted] Phone: [Redacted]  
**PSYCHOLOGIST**  
 Dates: 07/19/2015 - 07/19/2015  
 Units: 1  
 Place Of Service: Unspecified  
 Primary Procedure: 99212

Service Line 2

 [Redacted] NPI: [Redacted]  
 [Redacted] TIN: [Redacted]  
 [Redacted] Phone: [Redacted]  
**PSYCHOLOGIST**

### Enter Authorization


1. PROVIDER REQUEST [EDIT](#)


2. SERVICE LINE [EDIT](#)

3. FINISH UP

Email  
 [Redacted]

---

 Behavioral Service

 Questionnaire

Attachment:  
 Upload any relevant attachments. (5Mb limit)  
 Choose File No file chosen


Attach

test pdf document1.pdf [Remove](#)

test pdf document2.pdf [Remove](#)

test pdf document4.pdf [Remove](#)

test pdf document5.pdf [Remove](#)

 SUBMIT

Click "Submit" to finalize your authorization request.

Viewing Authorizations For :

Cenpatico TX

Create Authorization

### Authorization For

DOB: MEDICAID NBR:

### PROVIDER REQUEST



Service Type

AXIS I

Primary Diagnosis

Additional

AXIS II

Primary Diagnosis

AXIS III: co

AXIS IV: st

AXIS V: lv

### SERVICE LINES

#### Service Line 1



PSYCHOLOGIST

Dates: 07/19/2015 - 07/19/2015

Units: 1

Primary Procedure: 99212:

Place Of Service: Unspecified

Primary Procedure Code: 99212

#### Service Line 2



PSYCHOLOGIST

NPI:

TIN:

Phone:

NPI:

TIN:

### Enter Authorization

1. PROVIDER REQUEST

EDIT

2. SERVICE LINE

EDIT

3. FINISH UP

## Success!

- Your confirmation number is #1073916.
- 
- DOB:
- MEDICAID NBR:



X

A success message will display containing a web confirmation number and the member's demographic data. Click the "X" to return to the authorization summary.

Viewing Authorizations For :

Cenpatico TX

 Create Authorization

## Authorizations

Processed

Errors

**Important**

Disclaimer

 Search

Authorization # / Confirmation #:

Search

**Please call the health plan for questions regarding voided authorization submissions.**

There are no authorizations to show.

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[Terms & Conditions](#)

[Privacy Policy](#)

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**Thank you for your time!**

*Questions? Send us a message through the Secure  
Provider Portal.*