



guidehealth

Provider Portal User Guide

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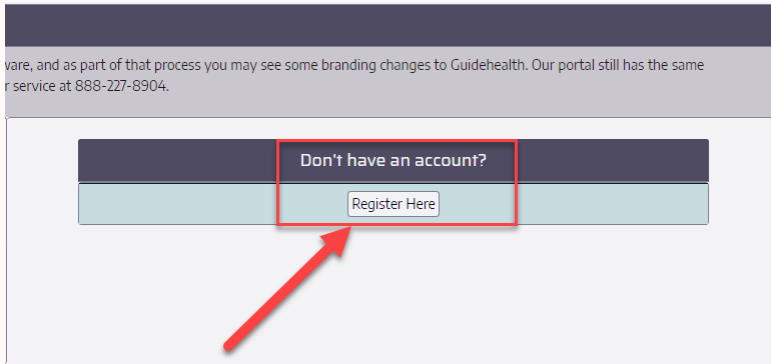
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How To Register

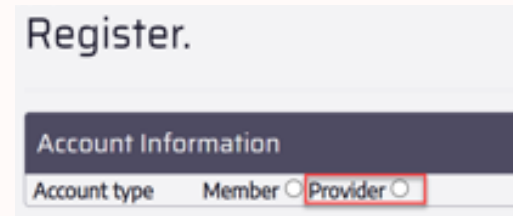
Your browser should be Chrome or Firefox, do not use Internet Explorer.

Click on <https://secure.guidehealth.com>

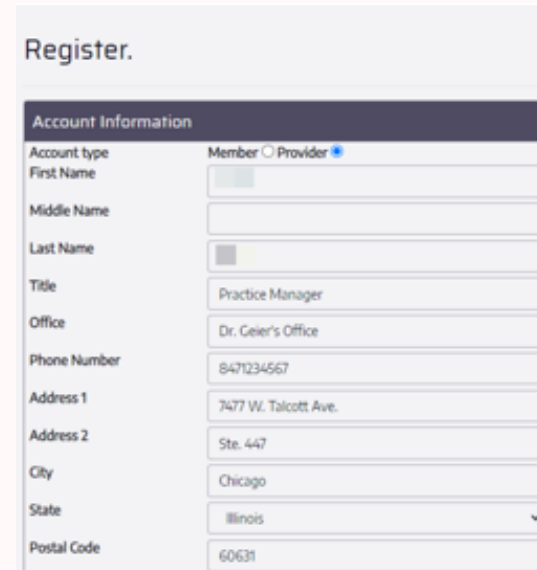
Click on "Register"



Click on "Provider" to create an account for a provider, practice manager, receptionist, referral coordinator, or biller.



Enter your account information.



Enter your email address and create a password. Your email address will serve as your username.

- The password must be at least 10 characters long.
- Password must contain at least one symbol.
- Password must contain at least one capital letter.
- Password must contain at least one digit (number).

Login Information

Email	<input type="text" value="@gmail.com"/>
Password	<input type="password" value="....."/>
Confirm Password	<input type="password" value="....."/>

Next

Select your sites by clicking the + symbol. You may select more than one.

[-] Indicates you've selected that site correctly.

Additional Registration Information.

Account Information

Email	<input type="text" value=""/>
Account type	PROVIDER

Site(s) Requested

<input type="checkbox"/>	AMITA BCBS HMO
<input type="checkbox"/>	AMITA Humana HMO
<input type="checkbox"/>	Behavioral Care Partners
<input type="checkbox"/>	Community Healthcare Partners
<input type="checkbox"/>	Hospital Sisters Health System
<input type="checkbox"/>	Illinois Health Partners
<input type="checkbox"/>	Independent Physicians At Mercy Humana HMO
<input type="checkbox"/>	Ingalls Provider Group
<input type="checkbox"/>	Northshore Physician Associates
<input type="checkbox"/>	Pathways Behavioral Health Network
<input type="checkbox"/>	Physicians Care Network
<input type="checkbox"/>	Progress Health PHO
<input checked="" type="checkbox"/>	TEST
<input type="checkbox"/>	Unified Physicians Network Humana HMO
<input type="checkbox"/>	UnityPoint Health Plus-
<input type="checkbox"/>	VillageMD Physicians Network

Enter the Tax Identification Number (TIN) for your office/practice.

The screenshot shows a form titled "TIN(s) Requested". It features a text input field labeled "Enter a TIN" containing the number "123456789". To the right of the input field are a trash icon and a plus sign (+). A "Next" button is located at the bottom right of the form.

Select the + sign and that TIN will move onto your account list.

This screenshot is identical to the previous one, but the plus sign (+) button is highlighted with a red square, indicating it should be clicked to add the TIN to the list.

You may enter more than one TIN.

The screenshot shows the "TIN(s) Requested" form with two rows of TINs. The top row has a minus sign (-) and the number "123456789". The bottom row has a minus sign (-) and the number "987654321". The "Enter a TIN" field is empty, and the plus sign (+) button is visible. A "Next" button is at the bottom right.

If you need to remove a TIN that was entered in error, click the minus sign.

This screenshot shows the form with two TINs in the list. The minus sign (-) button next to the first TIN, "123456789", is highlighted with a red square, indicating it should be clicked to remove the entry.

Click **Next** when you've entered all the TIN's you would like to request access to.

This screenshot shows the form with two TINs in the list. The "Next" button at the bottom right is highlighted with a red square, indicating it should be clicked to proceed.

Verify your Account information is correct and click **Register**.

Confirm Registration Details.

Account Information

Please verify the information below and then click "Register" to submit your registration request.

You will receive an email at [redacted] when your account has been activated.

Please allow 1-2 business days for your account to be activated.

Email	[redacted]
Account type	PROVIDER
First Name	Nicole
Middle Name	
Last Name	Geier
Title	Practice Manager
Business Name	Dr. Geier's Office
Phone Number	847234567
Address 1	7477 W. Talcott Ave
Address 2	Ste. 447
City	Chicago
State	IL
Postal Code	60631

Sites(s)
TEST
TIN(s)
123456789
456789123

You will get a confirmation email. You **MUST** click the link to verify your email address.

- Confirm Email**

Confirm Email [redacted]

Thank you for registering. Please check your email and click the confirmation link provided. Allow 1-2 business days after confirming your email for your account to be activated.


- Verify your email by clicking the "click to confirm" link**

[redacted]

To: [redacted]@yahoo.com

Mon, Jun 29 at 12:19 PM

Please click the following link to verify the email for the account below.

[Click to Confirm](#) 

This link was emailed on 2020-06-29 at 12:19.

This message was generated through an auto reply system.

For questions, please call (888) 227-8904.

This link will expire on 2020-06-29 at 02:19.

- Await Activation**

Account Information	
Account type	PROVIDER
Email	[redacted]@yahoo.com
First Name	[redacted]
Last Name	[redacted]
Title	Practice Manager
Location	Dr. Geier's Office
Phone Number	8471234567
Address 1	7447 W. Talcott Ave.
Address 2	Ste. 447
City	Chicago
State	IL
Postal Code	60631
Site(s)	*
TIN(s)	<ul style="list-style-type: none"> 123456789 987654321

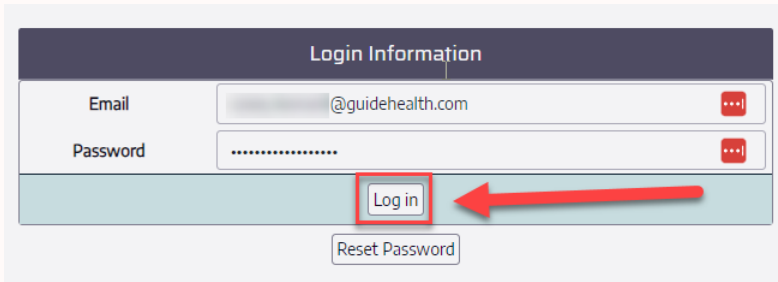
Our team will activate your account within 1-2 business days.

Awaiting Activation.

Thank you for registering. Your account is awaiting activation. Please allow 1-2 business days for the activation to be complete.

Once your account has been activated you will receive another email to confirm this. This will also come from ManagedCareSupport@guidehealth.com

Logging In



The screenshot shows a login form titled "Login Information". It contains two input fields: "Email" with the text "@guidehealth.com" and "Password" with a masked password. Below the fields are two buttons: "Log in" and "Reset Password". A red box highlights the "Log in" button, and a red arrow points to it from the right.

Tip: You may receive this pop up. This is indicating that the prior logged in session was not logged out properly. Please again click the “**Log In**” button at the top right-hand corner of your screen.



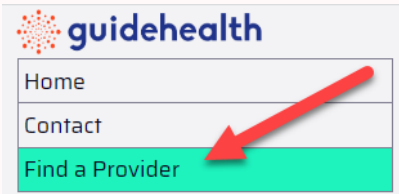
Home Page



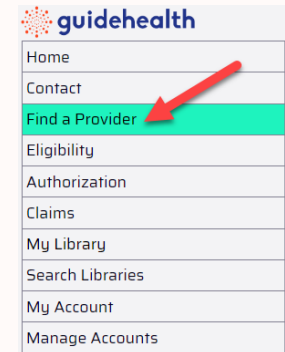
How to Use Find a Provider

Step 1: Choose the “Find a Provider” option.

When not signed in, menu looks like this:



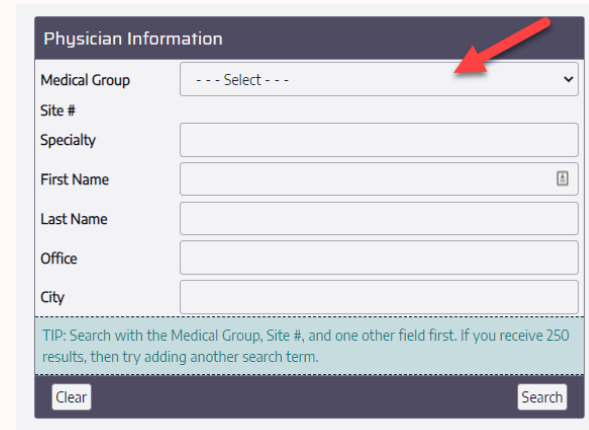
When signed in, menu looks like this:



Tip: You do not have to be signed into the portal use the “Find a Provider” search. There are limited search options when not signed into the portal.

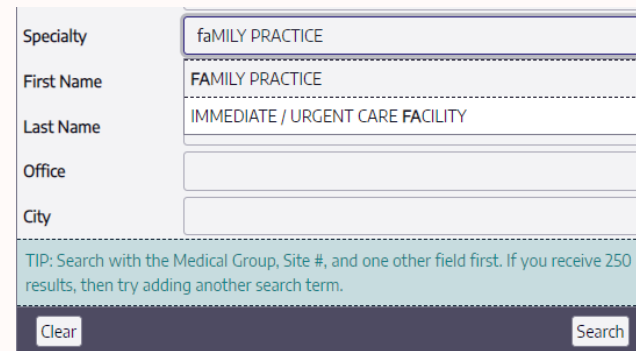
Step 2: Enter search terms

At least **Medical Group** and **Site #** must be selected.



Step 3: When entering a **Specialty**, type and then click the desired specialty.

Note: Specialties will auto populate as the user starts to type.



Step 4: When all search terms are entered, click **Search**.

A search form with a text input field labeled 'City' and a 'Search' button. A red arrow points from the input field towards the 'Search' button.

Step 5: The search results are then displayed.

Tips: Common to all search results on the website:

1. Search results can be further sorted by typing in any of the text boxes under the headers. Sort columns by clicking the **header**.
2. The number of results can be changed using the **Page Size** at the bottom of the table.
3. The result pages can be flipped through by using the buttons on the bottom-left of the table or selecting a **Page Number**.

Physician	Name / Office	Specialty	Address	Contact
	Name: [blurred] Office: [blurred] PCP: PCP: Accepting new patients	FAMILY PRACTICE INTERNAL MEDICINE	17805 HALSTED ST HOMEWOOD, IL 604302011	Phone: (708)342-3000 Fax: (708)342-3060
	Name: [blurred] Office: [blurred] PCP: PCP: Accepting new patients	FAMILY PRACTICE	715 DIXIE HIGHWAY BEECHER, IL 60401	Phone: (708)946-9330 Fax: (708)946-2471
	Name: [blurred] Office: [blurred] PCP: PCP: Accepting new patients	FAMILY PRACTICE INTERNAL MEDICINE	19550 GOVERNORS HWY STE 2000 FLOSSMOOR, IL 604222142	Phone: (708)957-8750 Fax: (708)957-8602
	Name: [blurred] Office: [blurred] PCP: PCP: Not accepting new patients	FAMILY PRACTICE	19767 SOUTH TORRENCE AVENUE LYNWOOD, IL 60417624	Phone: Not on file Fax: Not on file
	Name: [blurred] Office: [blurred] PCP: PCP: Not accepting new patients	FAMILY PRACTICE	31 W 155TH ST HARVEY, IL 604263556	Phone: Not on file Fax: Not on file
	Name: [blurred] Office: [blurred] PCP: PCP: Accepting new patients	FAMILY PRACTICE	18127 WILLIAM ST LANSING, IL 604383921	Phone: (708)474-8844 Fax: (708)474-6135
	Name: [blurred] Office: [blurred] PCP: PCP: Not accepting new patients	FAMILY PRACTICE	31 W 155TH ST HARVEY, IL 604263556	Phone: Not on file Fax: Not on file

Navigation controls at the bottom of the table include:

- Page navigation: Home, Previous, 1-7/7 (7), Next, End

- Page Size: 20

- Page Number: 1 (dropdown menu)

Step 6: Provider Directories – PDF, Excel

Downloadable/printable provider directories are available.

Physician Information

Medical Group ▼

Site # ▼

Specialty: DERMATOLOGY

First Name 🔒

Last Name

Office

City

TIP: Search with the Medical Group, Site #, and one other field first. If you receive 250 results, then try adding another search term.

Download Search Results

Search Results (PDF)

Search Results (Excel)

Full Directory (PDF)

Full Directory (Excel)

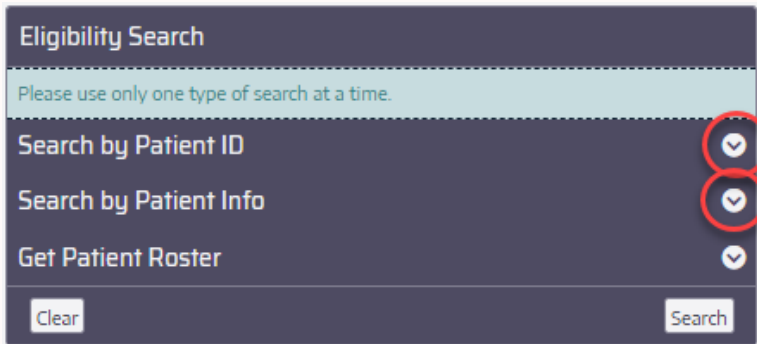
Physician Name / Office	Specialty	Address	Contact
Name: [Redacted] Office: [Redacted]	DERMATOLOGY	18425 WEST CREEK DRIVE TINLEY PARK, IL 60477	Phone: (708)444-8300 Fax: (708)444-8301
Name: [Redacted] Office: [Redacted]	DERMATOLOGY	18425 WEST CREEK DR SUITE F TINLEY PARK, IL 604776768	Phone: Not on file Fax: Not on file
Name: [Redacted] Office: [Redacted]	DERMATOLOGY	18425 W CREEK DRIVE TINLEY PARK, IL 60477	Phone: (708)444-8300 Fax: (708)444-8301
Name: [Redacted] Office: [Redacted]	DERMATOLOGY	13401 S RIDGELAND AVE PALOS HEIGHTS, IL 60463	Phone: (708)444-8300 Fax: (708)444-8301

How to Search Eligibility

Eligibility Search is not visible to member accounts.

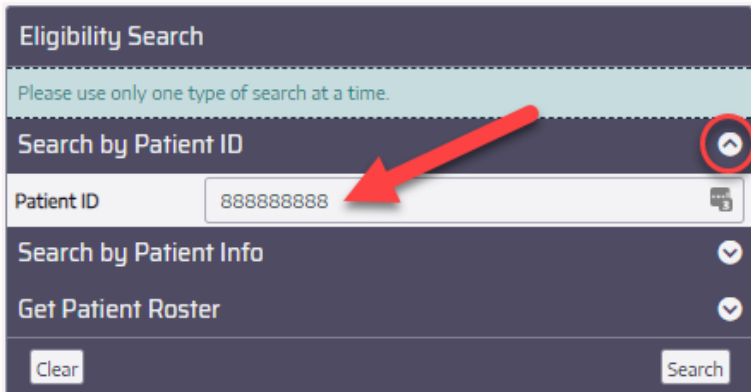
Step 1: There are two ways to search a member eligibility:

- By member ID
- By member information

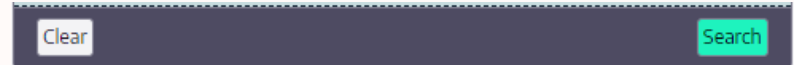


Step 2: Search by Member ID

No need for the alpha prefix.



Step 3: Click Search



Step 4: When searching by member number all members under that ID number will populate in the search results.

Search results can be further sorted by typing in any of the text boxes under the headers. Sort columns by clicking the **header**.

The number of results can be changed using the **Page Size** at the bottom of the table.

The result pages can be flipped through by using the buttons on the bottom-left of the table or selecting a **Page Number**.

Member	Health Plan	PCP
Member ID: 88888888-00 Name: MARY JOHNSON Birth Date: 05-06-1978	Site: TEST DATA: #995 Plan: TEST: OTHER Effective: 10-01-2020 Termination: 12-31-9999	Name: CHOSEN YET NO PCP Office: NO PRIMARY PHYSICIAN Address: 1639 N ALPINE RD STE 401 Phone: Fax:
Member ID: 88888888-00 Name: MARY JOHNSON Birth Date: 01-01-1948 BH Network: BCP	Site: Blue Precision Plan: Blue Precision Effective: 01-01-2022 Termination: 12-31-9999	Name: CHOSEN YET NO PCP Office: NO PRIMARY PHYSICIAN Address: 1639 N ALPINE RD STE 401 Phone: Fax: BH Network:
Member ID: 88888888-00 Name: MARY JOHNSON Birth Date: 01-01-1948	Site: Blue Precision Plan: Blue Precision Effective: 07-01-2020 Termination: 12-31-2021	Name: CHOSEN YET NO PCP Office: NO PRIMARY PHYSICIAN Address: 1639 N ALPINE RD STE 401 Phone: Fax:
Member ID: 88888888-00 Name: MARY JOHNSON Birth Date: 01-01-1948	Site: Blue Precision Plan: Blue Precision Effective: 01-01-2020 Termination: 06-30-2020	Name: CHOSEN YET NO PCP Office: NO PRIMARY PHYSICIAN Address: 1639 N ALPINE RD STE 401 Phone: Fax:

Navigation: [Previous] [1-4 / 4 (4)] [Next] **3** Page Size: 10 Page Number: 1 **2**

Step 5: The search will populate at the bottom of the page.

The user can click the “i” icon for an overview of the members information such as:

- Eligibility status
- PCP information
- Copay information

By clicking the PDF icon, you can download this information to save.

The screenshot shows the 'Eligibility Search' interface. It has three search options: 'Search by Patient ID' (selected), 'Search by Patient Info', and 'Get Patient Roster'. The 'Search by Patient ID' field contains '888888888'. Below the search options are 'Clear' and 'Search' buttons. The results section shows a table with columns for Member, Health Plan, and PCP. The member information is as follows:

Member	Health Plan	PCP
Member ID: 88888888-00 Name: MARY JOHNSON Birth Date: 05-06-1978	Site: TEST DATA: #995 Plan: TEST: OTHER Effective: 10-01-2020 Termination: 12-31-9999	Name: CHO Office: NO P Address: 1639 Phone: Fax:

At the bottom left of the member information, there are two icons: an information icon (i) and a PDF icon, both highlighted with a red box.

Step 6: Search by member information

The screenshot shows the 'Eligibility Search' interface with search criteria filled in. The 'Search by Patient Info' option is selected and circled in red. The search criteria are:

- Patient First: mar
- Patient Last: joh
- Patient DOB: 05-06-1978

Below the search criteria, there is a note: "For two letter last names, use '#' as a 3rd letter. For example, to search for 'Lu', enter 'Lu#'", with a red arrow pointing to the '#' character. At the bottom, there are 'Clear' and 'Search' buttons.

Step 7: Click Search

This is a close-up of the search interface showing a dark blue bar with a 'Clear' button on the left and a 'Search' button on the right.

Step 8: The search will populate at the bottom of the page.

The user can click the “i” icon for an overview of the members information such as:

- Eligibility status
- PCP information
- Copay information

By clicking the PDF icon, you can download this information to save.

Eligibility Search

Please use only one type of search at a time.

Search by Patient ID ^

Patient ID 📄

Search by Patient Info v

Get Patient Roster v

Clear
Search

Member	Health Plan	PCP
<p>Member ID: 88888888-00</p> <p>Name: MARY JOHNSON</p> <p>Birth Date: 05-06-1978</p> <div style="border: 2px solid red; padding: 2px; display: inline-block;"> i 📄 </div>	<p>Site: TEST DATA: #995</p> <p>Plan: TEST: OTHER</p> <p>Effective: 10-01-2020</p> <p>Termination: 12-31-9999</p>	<p>Name: CHO</p> <p>Office: NO P</p> <p>Address: 1639</p> <p>Phone:</p> <p>Fax:</p>

How to View and Export a Patient Roster

Step 1: In the **Get Patient Roster** drop down enter the:

- Medical Group
- Site number
- Users valid TIN
- Effective Date

Tip: You can search Historical Patient Rosters by entering the past effective date you are inquiring about.

The screenshot shows a dark-themed 'Eligibility Search' form. At the top, it says 'Please use only one type of search at a time.' Below this are three dropdown menus: 'Search by Patient ID', 'Search by Patient Info', and 'Get Patient Roster'. The 'Get Patient Roster' option is selected and circled in red. Below the dropdowns are input fields for 'Medical Group' (a dropdown menu with '--- Select ---'), 'Site #' (a text input), 'PCP TIN' (a text input), and 'Effective Date' (a date input with the placeholder 'MM-dd-yyyy'). At the bottom of the form, there is a 'Clear' button on the left and a 'Search' button on the right. A light blue message box at the bottom of the form states: 'The Medical Group, Site #, and PCP Tax ID are required to export a Patient Roster. If the Effective Date is not provided, today's date will be used.'

Step 2: Click **Search**

This is a close-up of the search bar from the previous screenshot. It shows a dark grey bar with a white 'Clear' button on the left and a green 'Search' button on the right.

Step 3: The search results are then displayed below the search table.

Tips: Common to all search results on the website:

1. Search results can be further sorted by typing in any of the text boxes under the headers. Sort columns by clicking the **header**.
2. The number of results can be changed using the **Page Size** at the bottom of the table.
3. The result pages can be flipped through by using the buttons on the bottom-left of the table or selecting a **Page Number**.

Member	Health Plan	PCP
Member ID: 88888888-00 Name: MARY JOHNSON Birth Date: 05-06-1978	Site: TEST DATA: #995 Plan: TEST: OTHER Effective: 10-01-2020 Termination: 12-31-9999	Name: CHOSEN YET NO PCP Office: NO PRIMARY PHYSICIAN Address: 1639 N ALPINE RD STE 401 Phone: Fax:
Member ID: -00 Name: VICKI S TEST Birth Date: 01-31-1950	Site: TEST DATA: #995 Plan: TEST: OTHER Effective: 01-01-2002 Termination: 12-31-9999	Name: CHOSEN YET NO PCP Office: NO PRIMARY PHYSICIAN Address: 1639 N ALPINE RD STE 401 Phone: Fax:
Member ID: -00 Name: SPONGEBOB SQUAREPANTS Birth Date: 01-01-1980	Site: TEST DATA: #995 Plan: TEST: OTHER Effective: 06-12-2003 Termination: 12-31-9999	Name: CHOSEN YET NO PCP Office: NO PRIMARY PHYSICIAN Address: 1639 N ALPINE RD STE 401 Phone: Fax:
Member ID: 11122333-00 Name: JOHN SMITH Birth Date: 01-02-1934	Site: TEST DATA: #995 Plan: TEST: OTHER Effective: 01-01-2021 Termination: 12-31-9999	Name: CHOSEN YET NO PCP Office: NO PRIMARY PHYSICIAN Address: 1639 N ALPINE RD STE 401 Phone: Fax:
Member ID: -00 Name: BATMAN TESTOR Birth Date: 03-08-1950	Site: TEST DATA: #995 Plan: TEST: OTHER Effective: 06-12-2003 Termination: 12-31-9999	Name: CHOSEN YET NO PCP Office: NO PRIMARY PHYSICIAN Address: 1639 N ALPINE RD STE 401 Phone: Fax:
Member ID: 987654321-00 Name: WILLIAM ANDERSON Birth Date: 09-10-2000	Site: TEST DATA: #995 Plan: TEST: OTHER Effective: 01-01-2021 Termination: 12-31-9999	Name: CHOSEN YET NO PCP Office: NO PRIMARY PHYSICIAN Address: 1639 N ALPINE RD STE 401 Phone: Fax:
Member ID: -00 Name: JACK TEST Birth Date: 01-02-1970	Site: TEST DATA: #995 Plan: TEST: OTHER Effective: 06-12-2003 Termination: 12-31-9999	Name: CHOSEN YET NO PCP Office: NO PRIMARY PHYSICIAN Address: 1639 N ALPINE RD STE 401 Phone: Fax:

Navigation: 1-7/7 (7) Page Size: 10 Page Number: 1

Step 4: Export options are displayed at the top right of the screen.

Note: The data contained within each report may be different to accommodate the specific format selected. Choose and download.

Patient Roster Exports

Medical Group	TEST
Site #	TEST DATA: #995
PCP TIN	000000000
Effective Date	04-05-2023

Excel
CSV
PDF

How to Initiate and Authorization

Helpful Hints:

Your browser should be Chrome or Firefox, do not use Internet Explorer

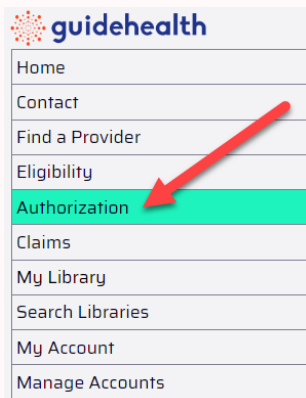
There is a time-out that occurs around 10 minutes of perceived inactivity. Any episodes not completely submitted will be voided and an email will be sent to the user. The email will outline that the episode has been voided and will direct the provider to reenter the referral through secure.guidehealth.com.

Anything marked “Stat, Urgent or ASAP can be submitted using the “Submit Urgent” button (directions in **Step 22**)

Out-of-Network and Tertiary Referral (you will not be able to find most of these providers/facilities on the website) If unable to enter request, please fax referral with supporting clinical to 800-747-2264

DME can be entered on the website. Vendor may be listed as Specialist or Facility. If unable to enter request, please fax referral with supporting clinical to 800-747-2264.

Select “Authorization” search option.



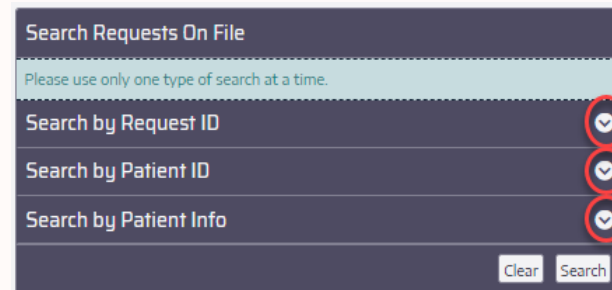
Existing Cases

Step 1: Review existing cases before entering a request so a duplicate is not entered.

There are three ways to search for an existing case, only choose **ONE**:

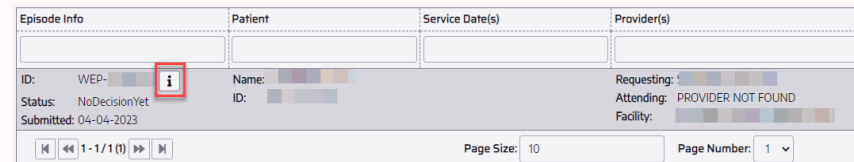
1. Request ID (example: WEP-0000000 or EPS-00000000)
2. Member ID (no alpha prefix needed)
3. Member information

If there is an existing auth, and **additional visits or date extensions** are requested, please fax referral with supporting clinical to 800-747-2264.



Step 2: The users search will populate at the bottom of the screen.

To review the details of the request, click the “I” button.




Step 3: “No Decision Yet”

This will show:

- Status
- Member demographics
- Eligible dates
- PCP
- Specialist
- Facility/Vendor
- CPT and Diagnosis codes

THIS IS NOT AN APPROVAL LETTER

Episode #: WEP- [redacted] 

Status: NoDecisionYet
 Submitted: 04-04-2023
 Service Date(s):
 Comment:

Patient # [redacted]
 Name: [redacted]
 DOB: [redacted]
 Address: [redacted]
 Phone: [redacted]
 Eligibility: 01-01-2022 - 12-31-9999

Provider(s)
 PCP: SOLMAZ RAHMANI
 Address: 19550 GOVERNORS HIGHWAY
 FLOSSMOOR, IL 60422
 Phone: 7083423000
 Fax: 7087987072
 Specialist: PROVIDER NOT FOUND
 Address:
 Phone:
 Fax:
 Facility/Vendor: MEMORIAL HOSPITAL
 Address: ONE INGALLS DRIVE
 HARVEY, IL 60426
 Phone: 7083331100
 Fax: 7089153114


Code Type	Code	From	Through	Description
CPT/HCPCS	99213	04-04-2023	07-04-2023	OFFICE/OUTPATIENT VISIT EST
CPT/HCPCS	99203	04-04-2023	07-04-2023	OFFICE/OUTPATIENT VISIT NEW
ICD 10 Diagnosis	R35.0			Frequency of micturition
ICD 10 Diagnosis	N40.1			Benign prostatic hyperplasia with lower urinary tract symptoms

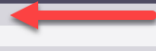
Step 4: “Complete Approved”

This will show:

- Status
- Member demographics
- Eligible dates
- PCP
- Specialist
- Facility/Vendor
- CPT codes
- Approval dates

The approval letter can be viewed, downloaded, and printed by clicking the PDF icon at the top of the page.

THIS IS NOT AN APPROVAL LETTER [Click Here for an approval letter](#) 

Episode #: WEP- [redacted] 

Status: Complete-Approved
 Submitted: 02-23-2023
 Service Date(s): See approved codes table below for detailed service approval dates.
 Comment:

Patient #: [redacted]
 Name: [redacted]
 DOB: [redacted]
 Address: [redacted]
 Phone: [redacted]
 Eligibility: 07-01-2022 - 12-31-9999

Provider(s)
 PCP: [redacted]
 Address: 31 W 155TH STREET
 HARVEY, IL 60426
 Phone: 7085965177
 Fax: 7085892082
 Specialist: MICHAEL ROMBERG
 Address: 19657 S LAGRANGE RD
 MOKENA, IL 60448
 Phone: 7084768205
 Fax: 7089957144
 Facility/Vendor: MEMORIAL HOSPITAL
 Address: ONE [redacted] DRIVE
 HARVEY, IL 60426
 Phone: 7083331100
 Fax: 7089153114

Code Type	Code	From	Through	Description
CPT/HCPCS	11044	02-24-2023	04-24-2023	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed), first 20 sq cm or less
CPT/HCPCS	15271	02-24-2023	04-24-2023	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm, first 25 sq cm or less wound surface area

Step 5: Important Information

If information needs to be brought to the user’s attention or a request for additional information is needed, a comment will show above the member demographics.

THIS IS NOT AN APPROVAL LETTER [Click Here for an approval letter](#)

Episode #: EPS- [REDACTED]

Status: Complete-Approved

Submitted: 03-29-2023

Service Date(s): See approved codes table below for detailed service approval dates

Comment: Inpatient admission approved. Please note that the inpatient electronic medical record (EMR) will be reviewed by Arcadia, and Arcadia will provide notification in the event the admission no longer meets criteria for this level of care.

Patient #: [REDACTED]

Name: [REDACTED]

DOB: [REDACTED]

Address: [REDACTED]

Phone: [REDACTED]

Eligibility: 07-01-2022 - 12-31-9999

Provider(s)

DR. SEBASTIAN JOSEPH

Address: 10830 S HALSTED ST
CHICAGO, IL 60628

Phone: 7737858000

Fax: 3125332818

Specialist: ELAINE CABUGASON

Address: 3510 W 79TH ST
CHICAGO, IL 60652

Phone: 7738635162

Fax: 7738638819

Facility/Vendor: MEMORIAL HOSPITAL

Address: [REDACTED] DRIVE
[REDACTED] .60426

Phone: 7083331100

Fax: 7089153114

Procedure and Diagnosis Codes

Code Type	Code	From	Through	Description
ICD 10 Diagnosis	L03.319	03-28-2023	03-28-2023	Cellulitis of trunk, unspecified

Creating a NEW Request

Step 1: Choose “Authorization”

guidehealth

- Home
- Contact
- Find a Provider
- Eligibility
- Authorization**
- Claims
- My Library
- Search Libraries
- My Account
- Manage Accounts

Step 2: Click “Create New Request”

Notifications

Create New Request

To prevent delays, please make sure all supporting documentation is ready prior to beginning a new request.

Create New Request

Step 3: Request Type & Date of Service

All Prior Authorizations are entered in the Pre-Service Request Type Drop-Down.

- Choose the correct service type by making the circle blue next to the requesting service.
- If no date of service is specified, enter an estimated start date, or select the next business day.
 - Arcadia is not delegated for retro requests.
- Click “Next”

Step #1: Request Type & DOS

A) Select the type of request

Pre-Service Request

- Prior Authorization: IP Inpatient Procedure/Pre-Certification
- Prior Authorization: OP Outpatient Procedure/Pre-Certification/Specialists visits: Chemotherapy, Chiro, Diagnostics, DME, Home Infusions, Hospice, Neuropsychological Testing, Outpatient Therapies-PT/OT/ST, Radiation, Specialist Referrals
- Prior Authorization: OBS Observation Procedure/Pre-Certification
- Prior Authorization: Home Health Therapies/Home Visits
- Prior Authorization: Telehealth Telehealth visits

Medical Admission

Behavioral Health

SUDS

B) Select the Estimated Date of Service / Start of Service

Estimated Start of Service(s) MM-dd-yyyy

Next

Step 4: Request Type & Date of Service

The Medical Admission Section should be used for Emergent Hospitalizations (Inpatient, Outpatient in a bed, Observation) SNF, Inpatient Rehabilitation, and LTAC.

- Choose the correct service type by making the circle blue next to the requesting service.
- If no date of service is specified, enter an estimated start date, or select the next business day.
 - Arcadia is not delegated for retro requests.
- Click “Next”

Step #1: Request Type & DOS

A) Select the type of request

Pre-Service Request

Medical Admission

Emergent admissions and admissions to facilities including acute rehab and skilled nursing.

NOTE: Document any procedure precertification requests as a Pre-Service Request.

- Inpatient Emergent Hospitalizations, Maternity Admissions
- Outpatient In a bed
- Observation 23-hour observation
- SNF Skilled Nursing Facility
- Other Acute Inpatient Rehab, Long-Term Acute Care

Behavioral Health

SUDS

B) Select the Estimated Date of Service / Start of Service

Estimated Start of Service(s) MM-dd-yyyy

Next

Step 5: Request Type & Date of Service

All Behavioral Health requests are entered here.

- Choose the correct service type by making the circle blue next to the requesting service.
- If no date of service is specified, enter an estimated start date, or select the next business day.
 - Arcadia is not delegated for retro requests.
- Click “Next”

Step #1: Request Type & DOS

A) Select the type of request

Pre-Service Request

Medical Admission

Behavioral Health

Inpatient Admission (BH) Emergent Hospitalizations

Outpatient Visits (BH) Visits, medication management, ECT-Electroconvulsive Therapy

Observation/Status (BH) Outpatient hospitalization with inpatient admission OR discharge typically less than 23 hours

IOP (BH) Intensive Outpatient Program

PHP (BH) Partial Hospitalization Program

RTC (BH) Residential Treatment Center

SUDS

B) Select the Estimated Date of Service / Start of Service

Estimated Start of Service(s)

Next

Step 6: Request Type & Date of Service

All Substance Abuse requests are entered here.

- Choose the correct service type by making the circle blue next to the requesting service.
- If no date of service is specified, enter an estimated start date, or select the next business day.
 - Arcadia is not delegated for retro requests.
- Click “Next”

Step #1: Request Type & DOS

A) Select the type of request

Pre-Service Request

Medical Admission

Behavioral Health

SUDS

Inpatient Admission (SUDS) Emergent Hospitalizations

Outpatient Visits (SUDS) Visits, medication management, ECT-Electroconvulsive Therapy

Observation/Status (SUDS) Outpatient hospitalization with inpatient admission OR discharge typically less than 23 hours

IOP (SUDS) Intensive Outpatient Program

PHP (SUDS) Partial Hospitalization Program

RTC (SUDS) Residential Treatment Center

B) Select the Estimated Date of Service / Start of Service

Estimated Start of Service(s)

Next

Step 7: Select Patient

Only use **ONE** search option:

Search by the Member ID (no alpha prefix needed)

OR

Search by members name and Date of Birth by entering mm-dd-yyyy format and select the date on the calendar.

Click **“Search”**

Step #2: Select Patient

Please use only one type of search at a time.

Search by Patient ID

Patient ID: 88888888

Search by Patient Info

Patient First:

Patient Last:

Patient DOB: MM-dd-yyyy

For two letter last names, use "#" as a 3rd letter.
For example, to search for "Lu", enter "Lu#".

Search

Step 8: The member will populate at the bottom of the screen.

Click on the members ID.

Step #2: Select Patient

Please use only one type of search at a time.

Search by Patient ID

Patient ID: 88888888

Search by Patient Info

Search

New Request Progress

Entry Tips

Request Information

Request Type: Prior Authorization: OP

Estimated Start of Service(s): 04-11-2023

Patient

PCP

Requesting

Specialist

Facility/Vendor

Diagnosis Code(s)

Procedure Code(s)

Next

Member ID	Name	Birth Date	Medical Group	Site #	Effective Date	Termination Date
88888888-00	MARY JOHNSON	05-06-1978		995	10-01-2020	12-31-9999

Page Size: 10 Page Number: 1

Step 9: Not a Duplicate:

If the member has open, approved, or closed cases they will populate at the bottom of the screen. Here is another chance to make sure this request is not a duplicate.

Click **“Not a Duplicate”** and then **“Next”**

Episode Status	Episode ID	Patient	Service Date(s)	Provider(s)
Complete-Approved	WEP-		04-11-2023 to 04-13-2023	Requesting: KIMBERLY KRUCZEK Attending: UNIVERSITY OF CHICAGO MEDICAL CENTER Facility: UNIVERSITY OF CHICAGO MEDICAL CENTER
Complete-Approved	EPS-		04-10-2023 to 07-10-2023	Requesting: ANAND PATEL Attending: UNIVERSITY OF CHICAGO FACILITY Facility: UNIVERSITY OF CHICAGO FACILITY

Step 10: After you choose the member at the bottom of the screen, the member’s name will populate on the right side of the screen.

Note: All chosen actions will populate on the right side of the screen as you go through the authorization process.

Physician Name / Office	Specialty	Address

Page Size: 10 Page Number: 1

Step 11: Select PCP

Use Auto-Populated PCP, unless Behavioral Health request. Then select Behavioral Health Request, PCP Not Disclosed.

After you choose the PCP, the PCP's name will populate on the right side of the screen.

Note: By clicking the pencil, you may go back and change the selection by typing in the PCP's name and clicking **“Search”**

These options will populate at the bottom of the screen and will populate on the right side once selected.

Step 12: Select Requesting Provider

If PCP is requesting, select PCP button.

Step #4: Select Requesting Provider

TIP: Search with one or two fields first. If you receive 250 results, then try adding another search term.

Tax ID

First

Last

Location

City

Please search using the options above or select an option below, if available

Use PCP: JOHN DEFOREST, DO

If requesting provider is other than the PCP, enter the first couple letters of the first and last name and click **“Search”**

Search results will populate at the bottom of the screen.

Hover over the check mark to turn it green.

Click the **green** check mark to select.

The requesting provider will populate on the right side of the screen next to **“Requesting”**.

Step #4: Select Requesting Provider

TIP: Search with one or two fields first. If you receive 250 results, then try adding another search term.

Tax ID

First

Last

Location

City

Please search using the options above or select an option below, if available

Use PCP: JOHN DEFOREST, DO

New Request Progress

Entry Tips

Request Information

Request Type Prior Authorization: OP

Estimated Start of Service(s) 04-13-2023

Patient

PCP JOHN DEFOREST, DO

Requesting

Specialist

Facility/Vendor

Diagnosis Code(s)

Procedure Code(s)

Physician Name / Office	Specialty	Address
<input checked="" type="checkbox"/> Name: FRANCIS ALMEDA, MD Office: ADVANCED HEART GROUP SC	CARDIOLOGY	71 W 156TH STREET HARVEY, IL 60426
<input checked="" type="checkbox"/> Name: FRANK KALMAR, MD Office: SPECIALIST IN MEDICAL IMAGING	DIAGNOSTIC RADIOLOGY	2336 W VANWINKLE WAY PEORIA, IL 61615

Step 13: Select Specialist

Enter the first three letters of the first and last name. There may be more than one address per provider.

- The search results will populate at the bottom of the page.
- Hover over the check mark to turn it green.
- Click the **green** check mark.
- Provider will populate on the right side of the screen.

If the specialist is not named or is unknown, Select Specialist Unknown.

If a specialist is not needed or named (example: labs, scans, and DME) select, AT FACILITY, ANY PROVIDER

Out of network request, please fax referral & supporting clinical to 800-747-2264.

Step 14: Select Facility/Vendor

Enter the office, hospital, or vendor here.

- Search multiple name formats. Example: St. Joseph can be searched as “Saint” or “St Joseph”
- Click **“Search”**. Results will show populate at the bottom of the screen.
- Hover over the check mark to turn it green.
- Click on the **green** check mark to select.

Facility will populate on the right side of the screen.

Facility	Specialty	Address
<input type="checkbox"/> ST JOSEPHS HOSPITAL	HOSPITAL	12866 TROXLER AVENUE
<input checked="" type="checkbox"/> ST JOSEPH HOSPITAL ELGIN - AMITA	NON PREFERRED FACILITY HOSPITAL	HIGHLAND, IL 622492806 77 N AIRLITE ST ELGIN, IL 601234912

Step 15: Select Codes: Diagnosis

Enter ALL diagnosis codes provided

- Diagnosis codes can be entered by the code or the description.
- Codes will populate at the bottom of the screen.
- Hover over the check mark to turn it **green**.
- Click the check mark.
- Diagnosis codes will populate on the right side of the screen.

You can enter as many diagnosis codes as needed

You can change the primary diagnosis by clicking the “Make Primary” button and the codes will change position.

When all ICD-10 codes have been entered select “Next”

• Step 16:

Step #6: Select Codes: Diagnosis

Add as many codes as needed!

Code: I10

Description: [Empty]

Search

New Request Progress

Entry Tips

Request Information

Request Type: Prior Authorization: OP

Estimated Start of Service(s): 04-13-2023

Patient: [Empty]

PCP: JOHN DEFOREST, DO

Requesting: JOHN DEFOREST, DO

Specialist: FRANCIS ALMEDA, MD

Facility/Vendor: ST JOSEPH HOSPITAL ELGIN - AMITA

Diagnosis Code(s)

Please enter at least one diagnosis code!

Procedure Code(s)

Next

Code	Description	Code Type
I10	Essential (primary) hypertension	ICD-10-CM

Page Size: 10 | Page Number: 1

New Request Progress

Entry Tips

Request Information

Request Type: Prior Authorization: OP

Estimated Start of Service(s): 04-13-2023

Patient: [Empty]

PCP: JOHN DEFOREST, DO

Requesting: JOHN DEFOREST, DO

Specialist: FRANCIS ALMEDA, MD

Facility/Vendor: ST JOSEPH HOSPITAL ELGIN - AMITA

Diagnosis Code(s)

Use the "Remove" and "Make Primary" buttons to manage the codes below. Additional codes may be added using the "Edit" feature above.

	Code	Code Description
Primary	I10	Essential (primary) hypertension
Remove	R69	Illness, unspecified

Make Primary

Procedure Code(s)

Next

Step 16: Select Codes: Procedure

Enter ALL procedure codes provided

- Procedure codes can be entered by the code or the description.
- Codes will populate at the bottom of the screen.
- Hover over the check mark to turn it **green**.
- Click the check mark.
- Procedure codes will populate on the right side of the screen.

You can enter as many procedure codes as needed.

You can change the primary procedure code by clicking the “Make Primary” button and the codes will change position.

When all ICD-10 codes have been entered select “Next”

• Step 16:

Step #6: Select Codes: Procedure(s)

Add as many codes as needed!

Code: →

Description:

No more codes?

New Request Progress

Entry Tips

Request Information

Diagnosis Code(s)

Procedure Code(s)

Code	Description	Code Type
<input checked="" type="checkbox"/> 99214 →	OFFICE/OUTPATIENT VISIT EST	CPT

Page Size: Page Number:

New Request Progress

Entry Tips

Request Information

Diagnosis Code(s)

Procedure Code(s)

	Code	Code Description
Primary	99214	OFFICE/OUTPATIENT VISIT EST
<input checked="" type="checkbox"/> Remove	69210	Removal impacted cerumen requiring instrumentation, unilateral
<input checked="" type="checkbox"/> Make Primary		

Step 17: Review request

Here you will have an overview of the information previously entered.

You can change any information with the pencil icon. This will take you back to the input of information screen.

Once you have reviewed each category and have determined all information is correct, select **“Next”**

Step 18: Enter Service Dates

Enter the dates of service.

Note: If no dates of service are provided, enter the “start date” as today and “end date” today as well.

Once the the dates and units are entered, click the **“Next”** button in the bottom right-hand corner to go to the next requirement.

This will take you to the next step to document clinical information.

Step 19: Documenting Clinical

Select “Document Clinical”

Authorization Request Request Form 2 Document Clinical 3 Submit Request

Patient: [Redacted] Name: [Redacted] DOB: [Redacted] Gender: Female [show more](#)

Authorization: WEP-00018858 Type: Procedure Pre-authorization Status: NoDecisionYet [show more](#)

Diagnosis Codes: I10(ICD-10 Diagnosis) primary, R69(ICD-10 Diagnosis), PREOP(ICD-10 Diagnosis), TEST_CHAR(ICD-10 Diagnosis)
 Procedure Codes: 99214(CPT/HCPCS) primary, 69210(CPT/HCPCS), FAC.NR(CPT/HCPCS)

Geographic Regions: All [Clear](#)

Procedure Code: 99214 (CPT/HCPCS) [Document Clinical](#)

Requested Units: 1

Description: OFFICE/OUTPATIENT VISIT EST

Procedure Code: 69210 (CPT/HCPCS) [Document Clinical](#)

Requested Units: 1

Description: Removal impacted cerumen requiring instrumentation, unilateral

Attachments [Attach File](#)

If there is no procedure guideline, please choose the “Add” button.

Geographic Regions: All [Clear](#)

Procedure Code: 45384 (CPT/HCPCS)
 Requested Units: 1
 Description: Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps

Guideline Title	Product	Code	Action
Colonoscopy	AC	A-0129	add
No Guideline Applies			add

Attachments [Attach File](#)

You may type clinical or important information in the text box.
 Click “Save”

Please upload clinical information by clicking the “Attach File” button at the bottom to upload clinical documents to support medical necessity for the procedure requested.

Geographic Regions: All [Clear](#)

Procedure Code: 45384 (CPT/HCPCS)
 Requested Units: 1
 Description: Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps

No Guideline Applies

Please provide patient's clinical information.

1000 characters left for notes.

[Save](#) [Cancel](#)

Attachments [Attach File](#)

When you select a file to upload, the file name will populate.

In the File Description field type “Clinical Information”.

Choose “Upload”

Note: You can open or remove the files uploaded.

Upload Attachment

When you select a file, the file name will populate here

File Name: [Choose File](#) Test Suppo... fund.docx [Upload](#)

File Description:

Attachments [Attach File](#)

File Name	Description	Date	
Fax_1360067246007.pdf	Referral	5/28/2020 5:14 PM	Open Remove

[Submit Request](#)

Step 20: If the procedure has a guideline, please choose the **“Add”** button.

This will open the clinical indications (see below)

Please choose all indications that apply to the members condition to support medical necessity and click **“Save”**

Once saved, if the guideline indications were not met, a disclaimer will appear requesting additional clinical documentation is needed.

Please upload clinical information by clicking the **“Attach File”** button at the bottom to upload clinical documents to support medical necessity for the procedure requested.

Geographic Regions: All Clear

Procedure Code: 45384 (CPT/HCPCS)
Requested Units: 1
Description: Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps

Guideline Title	Product	Code	Action
Colonoscopy	AC	A-0129	add
No Guideline Applies			add

Attachments Attach File

Procedure Code: 45384 (CPT/HCPCS)
Requested Units: 1
Description: Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps

A-0129 - Colonoscopy - (AC)

The procedure is/was needed for appropriate care of the patient because of ...

- Colorectal cancer screening, as indicated by ...
- Colorectal cancer surveillance, as indicated by ...
- Diarrhea, constipation, or irritable bowel syndrome and ...
- Foreign body in colon
- Gastrointestinal bleeding and ...
- Inflammatory bowel disease and ...
- Iron deficiency (ie, serum ferritin less than 45 ng/mL (mcg/L) anemia (ie, hemoglobin less than 12 g/dL (120 g/L) in nonpregnant female or hemoglobin less than 13 g/dL (130 g/L) in male) with no other source of chronic blood loss identified
- Ischemic colitis and need for follow-up
- Pathologic bowel wall thickening detected by other imaging procedure
- Pseudo-obstruction (acute) and need for treatment, as indicated by ...
- Sigmoid volvulus and need for treatment
- Stent placement for malignant large bowel obstruction (eg, colorectal cancer), as indicated by ...
- Workup of adenocarcinoma, when primary cancer is unknown and results would change management

Save Cancel

Attachments Attach File

Step 21: Once the file has been attached you will see the file name listed under attachments.

Click **“Submit Request”**

Geographic Regions: All Clear

✓ Procedure Code: 45384 (CPT/HCPCS) show more

Requested Units: 1

Description : Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps

Attachments Attach File

Submit Request

Step 22: Confirmation Page / Urgent Requests

Please take note of the episode number provided.

Click the down arrow for the disclaimers.

Authorization Request

Received

Thank you for submitting the authorization request.

Episode # WEP-000

Urgent Requests ▶

This is your confirmation page showing the request has been successfully submitted.

For urgent requests, email **ManagedCareIntake@guidehealth.com** within six hours of submitting the request. Include episode ID and your contact information in the email. Email subject: Urgent request Episode #.

Stat, Urgent and/or ASAP requests are reserved for treatment of a serious or acute medical condition, emergent situations that are life threatening, loss of limb or other major bodily function, not managed in the ER department. Any such requests will be processed within 72 hours.

Authorization Request

Received

Thank you for submitting the authorization request.

Episode # WEP-000

Patient

Requesting NATASHA HARVEY, MD

Attending NATASHA HARVEY, MD

Facility ST ALEXIUS MEDICAL CENTER

Status NoDecisionYet

Urgent Requests

DISCLAIMER

Urgent Request: The TREATMENT OF A MEDICAL CONDITION WHICH IS SERIOUS OR ACUTE AND REQUIRES MEDICAL INTERVENTION WITHIN 72 HOURS. Office visits, out of network referrals, labs and scheduled procedures should never be marked urgent.

Unless sufficient information was submitted for review to determine medical necessity of the service, and all parties are available for discussion, requesting "urgent" may increase the likelihood the case will need to be closed without determination. The standard turn-around time for requests is 5 days.

SUBMISSION INSTRUCTION

To submit this request as urgent, email ManagedCareIntake@arcadia.io within six (6) hours of submission. The time is now 11-15-2021 08:08 PM and the email must be received by 11-16-2021 02:08 AM.

Subject: Urgent Request: WEP-00018149

Body: Please include the episode ID (WEP-00018149) along with your contact information.

How to Enter a Non-Marketed Provider, Vendor, or Facility

Step 1: Enter all referral information per normal workflow

Non-Marketed Provider

- Select “Any Provider at Facility”

OR

- “Specialist Unknown”

Click “Next”

Step #5: Select Specialist

TIP: Search with one or two fields first. If you receive 250 results, then try adding another search term.

Tax ID

First

Last

Location

City

Please search using the options above or select an option below, if available

Use Requesting: AMIRA ABRAHAM, MD

Step 2: Non-Marketed Vendor

Search “office”

- Select “Facility Not Found”

Click “Next”

Step #6: Select Facility/Vendor

Tax ID

Facility/Vendor

City

Please search using the options above or select an option below, if available

Step 3: Continue the request by adding the Diagnosis and Procedure Codes as on pages 27 and 28 in this user guide.

Request Authorization

Step #6: Select Codes: Procedure(s)

Add as many codes as needed!

Code:

Description:

Search

No more codes?

Next

New Request Progress

Entry Tips

Request Information

Request Type:

Estimated Start of Service(s):

Patient:

PCP:

Requesting:

Specialist: ANY PROVIDER AT FACILITY

Facility/Vendor: Facility Not Found

Diagnosis Code(s) Edit Diagnosis Code(s)

To remove the existing code, another code must first be added.

Code	Code Description
Primary R09	Illness, unspecified

Procedure Code(s) Edit Procedure Code(s)

To remove the existing code, another code must first be added.

Code	Code Description
Primary 99213	OFFICE/OUTPATIENT VISIT EST

Next

Code	Description	Code Type
<input type="text"/>	<input type="text"/>	<input type="text"/>

Page Size: 10 Page Number: 1

Continue by Reviewing Request

- Here you will have an overview of the information previously entered.
- You can change any information with the pencil icon. This will take you back to the input of information screen.
- Once you have reviewed each category and have determined all information is correct, select **“Next”**

New Request Progress

Please verify the information prior to clicking Next!

Entry Tips

No entry tips available

Request Information

Request Type: Prior Authorization, OP

Estimated Start of Service(s): 04-14-2023

Patient:

PCP: DHN DEFOREST, DO

Requesting: DHN DEFOREST, DO

Specialist: FRANCIS ALMEDA, MD

Facility/Vendor: ST JOSEPH HOSPITAL ELGIN - AMITA

Diagnosis Code(s)

Use the "Remove" and "Make Primary" buttons to manage the codes below. Additional codes may be added using the "Edit" feature above.

Code	Code Description
Primary I10	Essential (primary) hypertension
R69	Illness, unspecified

Procedure Code(s)

Use the "Remove" and "Make Primary" buttons to manage the codes below. Additional codes may be added using the "Edit" feature above.

Code	Code Description
Primary 99214	OFFICE/OUTPATIENT VISIT EST
69210	Removal impacted cerumen requiring instrumentation, unilateral

Cancel **Next**

Step 4: You've only requested 1 CPT code, but there are 2 listed? Enter the same date parameters for both "CPT/HCPCS" codes.

Authorization Request - Code Detail mcg

1 Request Form → 2 Document Clinical → 3 Submit Request

Detail for: CPT/HCPCS 99213

Code Attributes
Requested Units: 1

Additional Information
Service Start Date: 1/30/2023
Service End Date: 4/30/2023
Modifier:

Detail for: CPT/HCPCS FAC.NF

Code Attributes
Requested Units: 1

Additional Information
Service Start Date: 1/30/2023
Service End Date: 4/30/2023
Modifier:

Back Next

Step 5: Take note of your pending authorization number. Select "Document Clinical" for both.

Authorization Request mcg

Request Form → 2 Document Clinical → 3 Submit Request

Patient: 999_OTHER_08CS1954D932 Name: SMITH, JOHN DOB: 1/2/1934 Gender: Male [show more](#)

Authorization: wEP-00018769 Type: Procedure Pre-authorization Status: NoDecisionYet [show more](#)

Diagnosis Codes: R69(KD-10 Diagnosis) P1000, PREDPICD-10 Diagnosis, TEST_CHAR(KD-10 Diagnosis)
Procedure Codes: 99213(CPT/HCPCS) P0000, FAC.NF(CPT/HCPCS)

Geographic Regions: All [Clear](#)

Procedure Code: 99213 (CPT/HCPCS)
Requested Units: 1
Description: OFFICE/OUTPATIENT VISIT EST [Document Clinical](#)

Procedure Code: FAC.NF (CPT/HCPCS)
Requested Units: 1
Description: Facility Not Found [Document Clinical](#)

Attachments [Attach File](#)

[Submit Request](#)

Step 6: In the “Document Clinical” box under FAC.NF, is where you detail provider and/or facility information.

Authorization Request 1 Request Form 2 Document Clinical 3 Submit Request

Patient : 995_OTHER_08CS1954D832 Name : SMITH, JOHN DOB : 1/2/1934 Gender : Male [show more](#)

Authorization : WEP-00018769 Type : Procedure Pre-authorization Status : NoDecisionYet [show more](#)

Diagnosis Codes : R69(ICD-10 Diagnosis) primary, PREOP(ICD-10 Diagnosis), TEST_CHAR(ICD-10 Diagnosis)
 Procedure Codes : 99213(CPT/HCPCS) primary, FAC.NF(CPT/HCPCS)

Geographic Regions : All

Procedure Code: 99213 (CPT/HCPCS) [show more](#)

Requested Units: 1
 Description : OFFICE/OUTPATIENT VISIT EST

Procedure Code: FAC.NF (CPT/HCPCS)
 Requested Units: 1
 Description : Facility Not Found

ARC-APF-001 - Alternate Provider Facility - (AC)

Subspecialty referral is/was needed for appropriate care of the patient because of the need for ...

Is this request for Out-of-Network services? Select ... -ON-

Specialist information, select ... -S-

Facility information, select ... -F-

Attachments

Step 7: Enter the information requested in the guideline.

If you are unsure of the NPI, it can be located here:

<https://npiregistry.cms.hhs.gov/search>

Click “Save”

Procedure Code: FAC.NF (CPT/HCPCS)
 Requested Units: 1
 Description : Facility Not Found

ARC-APF-001 - Alternate Provider Facility - (AC)

Subspecialty referral is/was needed for appropriate care of the patient because of the need for ...

Is this request for Out-of-Network services? Select ... -ON-

Yes -Y-

No -N-

Specialist information, select ... -S-

NPI (required): --SN-

TIN (optional): --ST-

Specialist first and last name: --SF-

Office name: --SO-

Specialty type: --SV-

Address complete with city, state, and zip: --SA-

Facility information, select ... -F-

Services performed at specialist office: --FO-

Services not performed at specialist office, select ... -FS-

Each box that contains information has turned green

Step 8: Click “Submit Request”

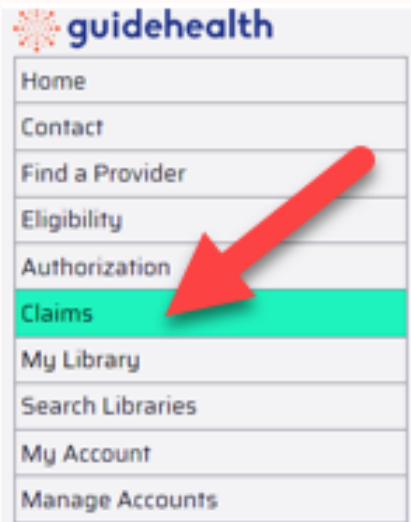
Attachments

How to Search Claims

This page includes many features, claims detail, batch checks, etc.

How to Search Claims by Patient Information.

Step 1: Select “Claims” search option.



Step 2: Search by Patient Information

Two ways to search:

Method A

- The Member ID is shown on the members ID card.
 - Member ID search only requires the number portion.

Method B

- The first three characters of the member's first name
- The first three characters of the member's last name
- The member's date of birth

When desired search terms are entered, click “Search”

A screenshot of the 'Search Claims On File' interface. At the top, it says 'Please use only one type of search at a time.' with a red arrow pointing to it. Below this are three search methods, each with a dropdown arrow: 'Search by Patient ID', 'Search by Patient Info', and 'Search by Claim Detail'. Under 'Search by Patient Info', there are input fields for 'Patient First', 'Patient Last', and 'Patient DOB' (with a placeholder 'MM-dd-yyyy'). Below these fields is a note: 'For two letter last names, use "#" as a 3rd letter. For example, to search for "Lu", enter "Lu#."'. At the bottom, there is a 'Clear' button and a 'Search' button, which is highlighted with a red box.

Step 3: The search results are then displayed at the bottom of the screen.

Tips: Common to all search results on the website:

1. Search results can be further sorted by typing in any of the text boxes under the headers. Sort columns by clicking the **header**.
2. The number of results can be changed using the **Page Size** at the bottom of the table.
3. The result pages can be flipped through by using the buttons on the bottom-left of the table or selecting a **Page Number**.

The screenshot displays the search results interface. On the left, there is a search filter menu with options: Search by Patient ID, Search by Patient Info, Search by Claim Detail, and Search by Batch Check. Below the menu is a search bar with a 'Clear' button and a 'Search' button. The main area shows a table with the following columns: Member Details, Claim Information, Claim Status, DOS, Billed Amount, Payable Amount, Received Date, and Paid Date. Two rows of claim data are visible. The first row has a 'SET-TO-PAY' status, a DOS of 03-30-2023, a Billed Amount of \$66.00, a Payable Amount of \$0.00, and a Received Date of 04-03-2023. The second row has a 'PAID/PROCESSED' status, a DOS of 02-14-2023, a Billed Amount of \$66.00, a Payable Amount of \$0.00, and a Received Date of 02-16-2023. At the bottom of the table, there are navigation buttons (1), a Page Size dropdown set to 10 (2), and a Page Number dropdown set to 1 (3).

Please note that only the first 250 results are returned. More search terms may be needed to find a specific claim.

Button



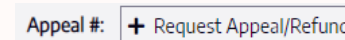
Action

Opens a new tab with the claim's detail information in PDF format.

Comment

This may open or download to a file depending on the user's browser and browser settings.

Button



Note: Not visible to member accounts.

Please see **How to Enter an Appeal** for more information.

How to Search Claims by Claim Information

Step 1:

- Searching by claim detail
- Claim #
- Appeal #
- Attending TIN
- Date of Service

Note: You can use only one search option here. When searching by Date of Service use also a TIN and narrow the time frame or your search will be very large and difficult to narrow.

- Click the “**Search**” button.
- The search results will populate at the bottom of the screen.

Search Claims On File

Please use only one type of search at a time.

Search by Patient ID

Search by Patient Info

Search by Claim Detail

Claim #

Appeal #

Attending TIN

Date of Service thru

Search by Batch Check

Step 2: The search results are then displayed at the bottom of the screen.

Tips:

Common to all search results on the website:

- Search results can be further searched by typing in any of the text boxes under the headers.
- The number of results can be changed using the Page Size at the bottom of the table.
- The results can be flipped through by using the buttons on the bottom-left of the table or selecting a Page Number.

Member Details	Claim Information	Claim Status	DOS	Billed Amount	Payable Amount	Received Date	Paid Date
Name: [blurred]	Site #: [blurred]	PAID/PROCESSED	02-14-2023	\$66.00	\$0.00	02-16-2023	03-01-2023
Acct #: [blurred]	Attending: THERESE HILLER-KOZUBIK, APN						
ID: [blurred]	Claim #: 22						
	Check #: [blurred]						
	Appeal #: + Request Appeal/Refund						

Navigation: 1-1/1(1) Page Size: 10 Page Number: 1

Please note that only the first 250 results are returned. More search terms may be needed to find a specific claim.

Step 3:

- Download the claim PDF
- Request an Appeal/Refund

Member Details	Claim Information	Claim Status	DOS	Billed Amount	Payable Amount	Received Date	Paid Date
Name: [blurred]	Site #: [blurred]	PAID/PROCESSED	02-14-2023	\$66.00	\$0.00	02-16-2023	03-01-2023
Acct #: [blurred]	Attending: THERESE HILLER-KOZUBIK, APN						
ID: [blurred]	Claim #: 22						
	Check #: [blurred]						
	Appeal #: + Request Appeal/Refund						

Navigation: 1-1/1(1) Page Size: 10 Page Number: 1

Please note that only the first 250 results are returned. More search terms may be needed to find a specific claim.

Step 1: Search by Batch Check

Note: Site number and check number are required to find the claims on a batch check.

Search Claims On File

Please use only one type of search at a time.

Search by Patient ID

Search by Patient Info

Search by Claim Detail

Search by Batch Check

Medical Group: TEST

Site #: TEST DATA: #995

Check #:

The Medical Group, Site #, and Check # are required to find the claims on a batch check.

Clear Search

Step 2:

Note: The data contained within each report may be different to accommodate the specific format selected.

Excel, CSV, PDF

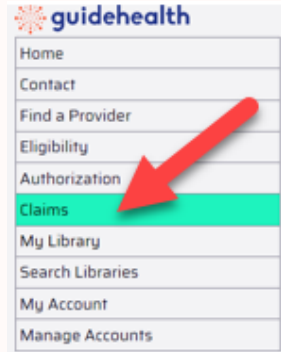
361811 Details (Excel)

361811 Details (CSV)

361811 Details (PDF)

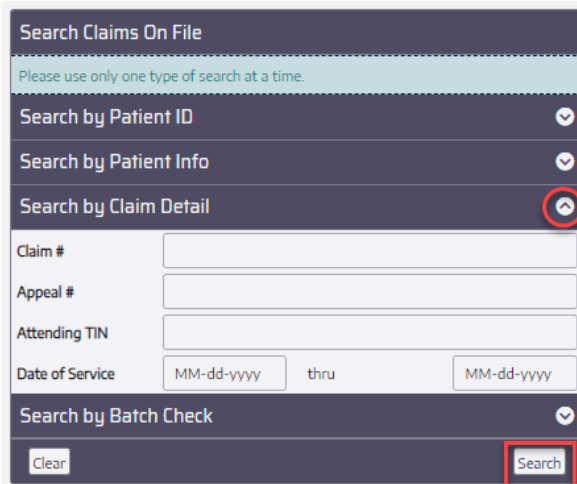
How to Enter an Appeal

Step 1: Select “Claims” search option.



Step 2: Search by Claim Detail

- Enter 11-digit claim #
- Click “Search”



Step 3: Select Request Appeal/Refund

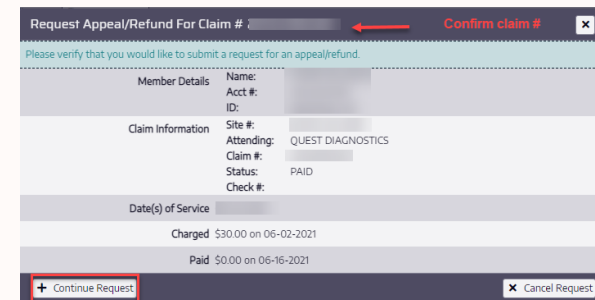
Warning: Prior to clicking the +Request Appeal/Refund button, confirm that an appeal needs to be initiated for this claim number. An appeal can only be initiated on the website for the same claim number ONE time. If an appeal or refund was already initiated for a claim, please call Customer Service to complete your request. An appeal can only be initiated for a claim with a claim status of **PAID/PROCESSED**.

Member Details	Claim Information	Claim Status	DOS	Billed Amount	Payable Amount	Received Date	Paid Date
Name: [REDACTED] Acct #: [REDACTED] ID: [REDACTED]	Site #: [REDACTED] Attending: THERESE HILLER-KOZUBIK, APN Claim #: 22 Check #: [REDACTED] Appeal #: [REDACTED]	PAID/PROCESSED	02-14-2023	\$66.00	\$0.00	02-16-2023	03-01-2023

Page Size: 10 Page Number: 1

Please note that only the first 250 results are returned. More search terms may be needed to find a specific claim.

Step 4: Verify you are initiating the appeal or refund for the correct claim number. If so, select “Continue Request” to proceed.



Step 5: Click “Document Clinical”

Patient : Name : DOB : Gender : Male [show more](#)

Authorization : CLM- Type : Appeal/Refund Request Status : NoDecisionYet [show more](#)

Diagnosis Codes : APLARC(ICD-10 Diagnosis) primary Procedure Codes :

Diagnosis Code: APLARC (ICD-10 Diagnosis) Document Clinical

Step 6: Answer **ALL** questions. Check the box, click on the blue box to enter the following information, and select Add:

- Enter a contact name
- Enter a contact telephone number
- Enter the reason for the appeal request
- Click “Add”

ARC-ACR-007 - Appeal Request - (HC)

Hospital admission is/was needed for appropriate care of the patient because of ...

Contact info select ...: ~CI~

Contact name: ~CN-

Contact telephone number: ~CT-

Reason for request: ~CR-

Enter info in these blue boxes

Check these boxes and enter info in the blue boxes to the right

Indication Note x

Jane Doe

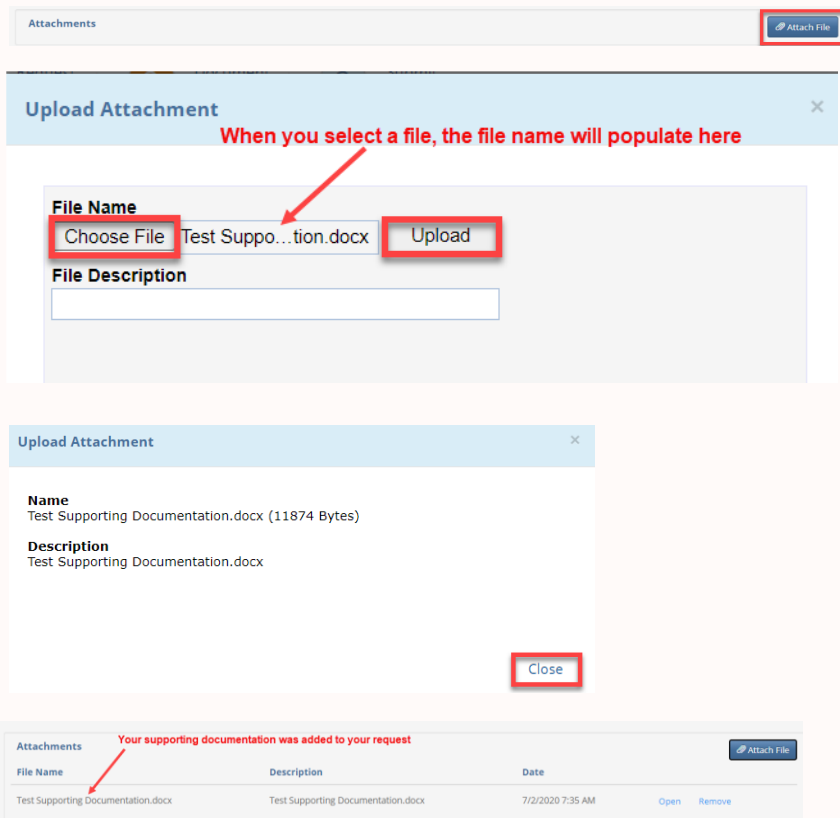
Enter your text here

242 characters left for notes

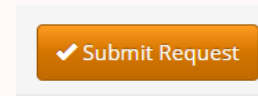
Add Cancel

Attach Supporting Documentation

- Select Attach File
- Choose File, Search for file on your computer, and Upload.
- Click “Close”

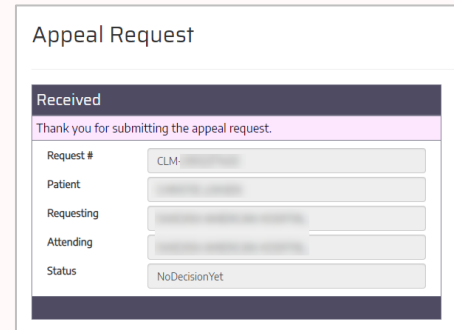


Step 7: Click “Submit request”



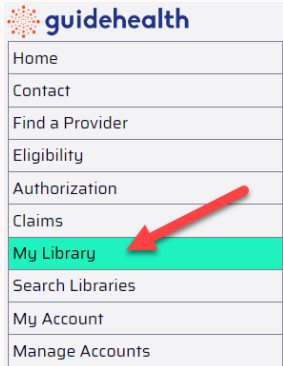
Step 8: Confirmation Page

Your request has been received.



My Library

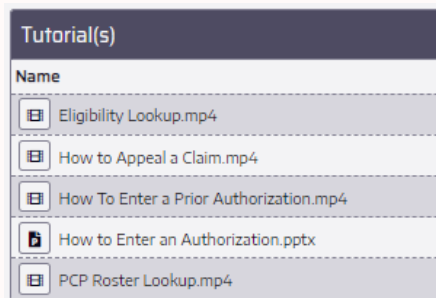
Step 1: Select “My Library”



Step 2:

Tutorials:

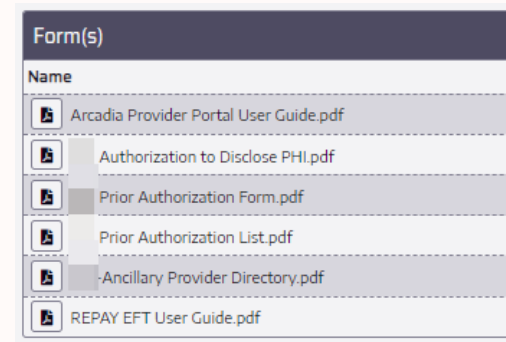
- Eligibility lookup
- How to Appeal a Claim
- How-to PowerPoints and/or videos
- Many more!



Step 3:

Forms:

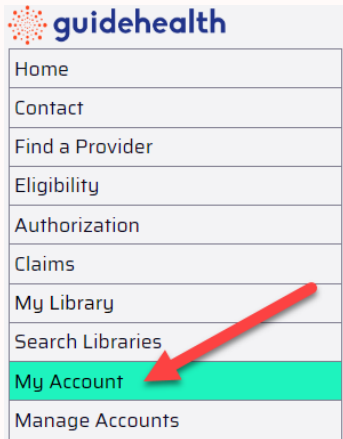
- Prior auth list
- Prior auth form
- EFT Sign up
- Tutorials – How-to PowerPoints and/or videos
- Many more!



My Account

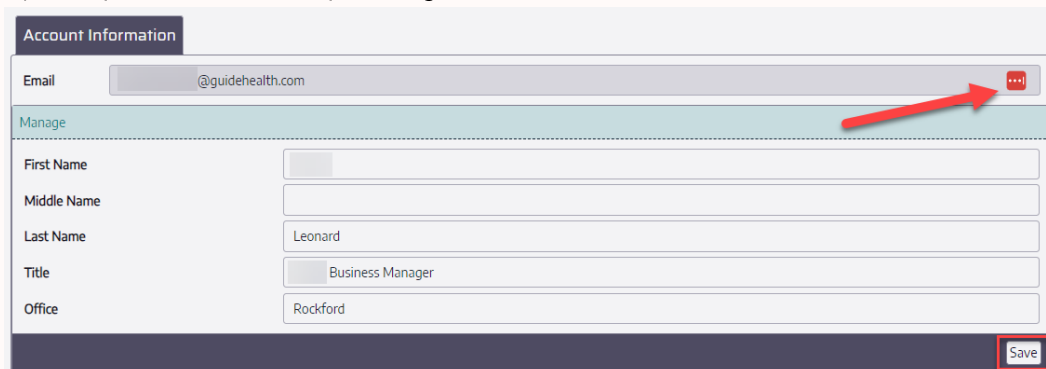
View / update your account information,

Step 1: Click My Account



Step 2:

Update your information by clicking the three dots. When finished click “Save”.



How to Reset a Password

Reset or Forgot Password

Step 1: Click “Reset Password”



The screenshot shows a 'Login Information' form with two input fields: 'Email' (containing '@guidehealth.com') and 'Password' (masked with dots). Below the fields are 'Log in' and 'Reset Password' buttons. A red arrow points to the 'Reset Password' button, which is also enclosed in a red rectangular box.

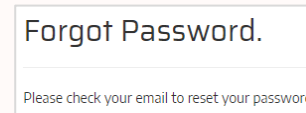
Step 2: Click “Reset Password”

1. Enter the Email to reset
2. Click the Email Link button



The screenshot shows a 'Forgot your password?' form with an 'Email' input field. Below the field is a green 'Email Link' button. A red arrow points to the 'Email Link' button.

Step 3: The user will see the **Forgot Password** confirmation page.



The screenshot shows a confirmation page with the heading 'Forgot Password.' and the message 'Please check your email to reset your password.'

Step 4: Click the “Click to Reset” link in the email.

Email From: **ManagedCareSupport@guidehealth.com**

Subject: secure.guidehealth.com | Password Reset

Please click the following link to reset the password for the account below.

[Click to Reset](#)

Step 6:

1. Enter the Email to reset
2. Enter the new Password
3. Enter the Confirm Password
4. Click “Submit”

Reset password

Update Password

Email	<input style="width: 80%;" type="text"/>	<input style="width: 15px; height: 15px;" type="button" value="ⓧ"/>
Password	<input style="width: 80%;" type="password"/>	<input style="width: 15px; height: 15px;" type="button" value="🔒"/>
Confirm Password	<input style="width: 80%;" type="password"/>	<input style="width: 15px; height: 15px;" type="button" value="🔒"/>

Note: Passwords must meet the following criteria:

- At least 10 characters long
- At least 1 uppercase letter
- At least 1 lowercase letter
- At least 1 number
- At least 1 special character (i.e. ! @ # \$ % ^ & * etc.) found on a typical keyboard
- Cannot be used within the past 6 passwords

Step 7: The user will see the **Reset Password Confirmation** page and receive a confirmation email.

Reset Password Confirmation.

Your password has been reset. Please [click here to log in](#)