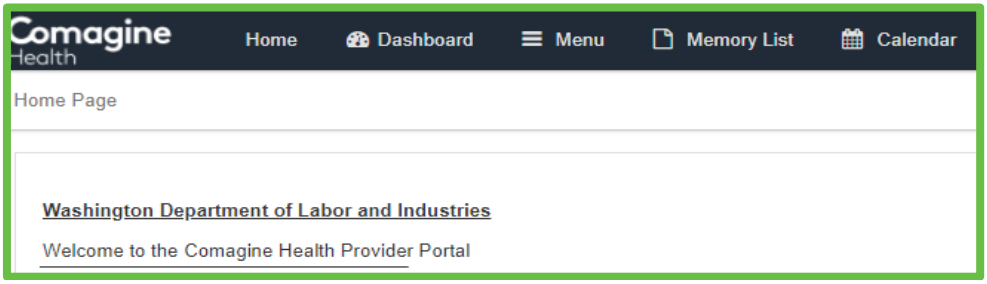
Submitting Imaging Requests

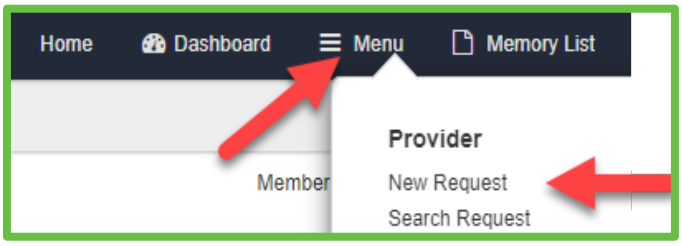
Via the Comagine Health Provider Portal (CHPP)

This document will provide instructions for entering requests for complex imaging for Washington State Department of Labor and Industries injured workers and Washington Apple Health (Medicaid) clients covered under the fee-for-service program. Upon login from the OneHealthPort Single Sign-On page, the user will land on the CHPP Home Page.

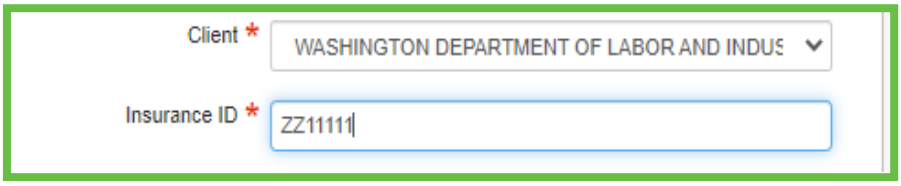
1) **Home Page:**
   - **A. Home Page** – Where Comagine Health posts announcements, documents, and helpful links.
   - **B. Dashboard** – Where requests can be tracked and managed.
   - **C. Menu** – To start **New Request** or Search Request.
   - **D. Memory List** – Items the logged in user has open.
   - **E. Calendar** – Not in use.



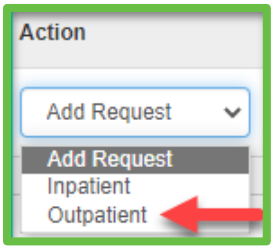
2) Submit a **New Request:**
   - **A.** Click on **Menu** and from the drop down, select **New Request**.



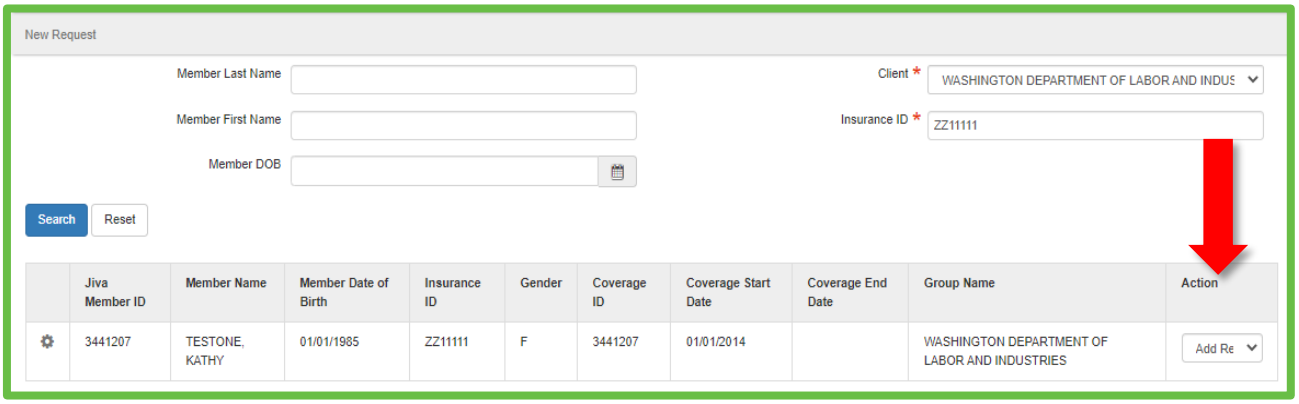
   - **B.** Under **Client**: Select **WASHINGTON DEPARTMENT OF LABOR AND INDUSTRIES** or **WASHINGTON MEDICAID**.
   - **C.** Under **Insurance ID**: Enter the Department of Labor and Industries (LNI) claim number or the Washington Medicaid (WAM) Provider One ID number.
   - **D.** Click on **Search**.



If the search returns no results, confirm the claim number is correct and if so, you will need to enter the IW before you can add a new request. Please see document titled "Adding a Member" for instructions.

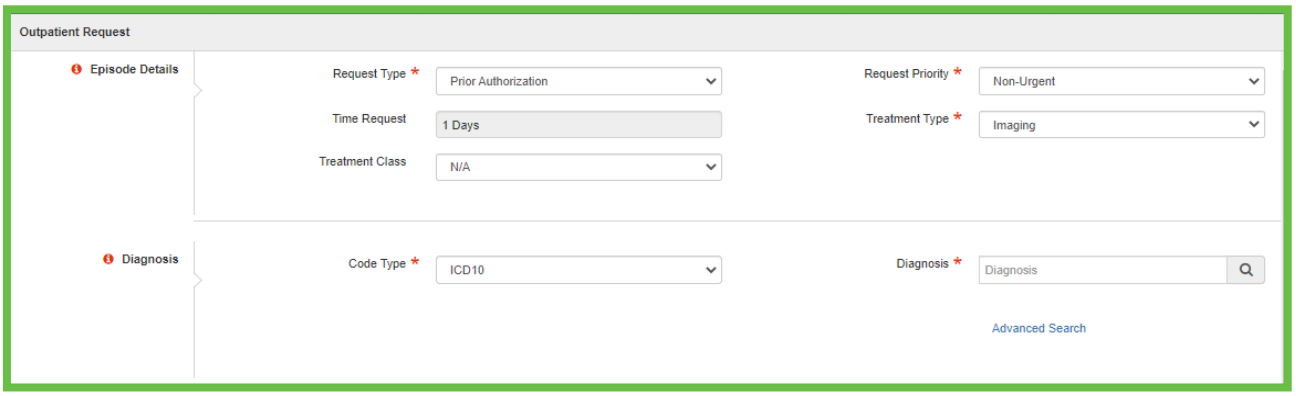


E. Once the search return displays the IW for whom you are trying to enter a request**:**
   i. In the **Action** column, select **Add Request.**
   ii. From the drop-down menu, select **Outpatient** (OP).



F. The **Outpatient Request** screen will display. Focus on completing the fields with red asterisks as these are the mandatory fields. It is not necessary to complete other fields unless instructed.

Outpatient Request View:



3) Episode Details. Complete these fields, including the Treatment Class, in the following order:

A. Request Type*: Select **Prior Authorization** or **Retrospective**.

B. Time Request: Defaults to **1 day** – do not change.

C. Treatment Class: Select **N/A** (MUST be completed even though an asterisk is not present).

D. Request Priority*: **Non-Urgent** will auto-populate.

E. Treatment Type*:

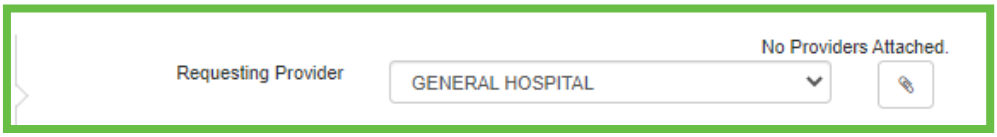
   i. Imaging: For questionnaire review and option for auto approval.

   ii. Imaging Full Clinical: For a full review of a previously denied request or for repeat imaging.

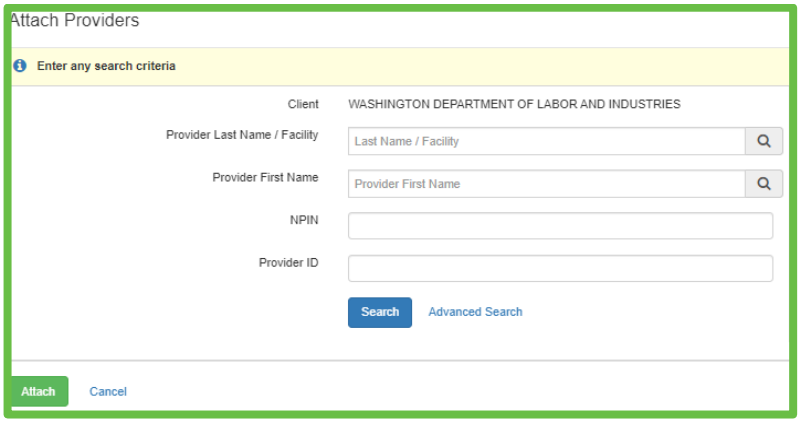
4) **Diagnosis**:
   A. **Code Type***: **ICD-10** will auto-populate.
   B. **Diagnosis***: Enter one diagnosis at a time.
      i. The diagnosis codes will appear in a drop-down menu as you start typing, you can then select it.
      ii. Example: S93.601A will appear below once you select it by clicking on it.
      iii. The first code entered will be the primary diagnosis code (**Primary Dx**). This can be amended by selecting the **yellow star** on the **Primary Dx** line. NOTE: Only one code is required. A maximum of three can be added.



5) **Provider Details**: Attach yourself as the **Requesting Provider** as the first step by clicking the **paperclip** button next to your organization's name. This step is required if you want other staff within your organization to be able to see the request in the system.



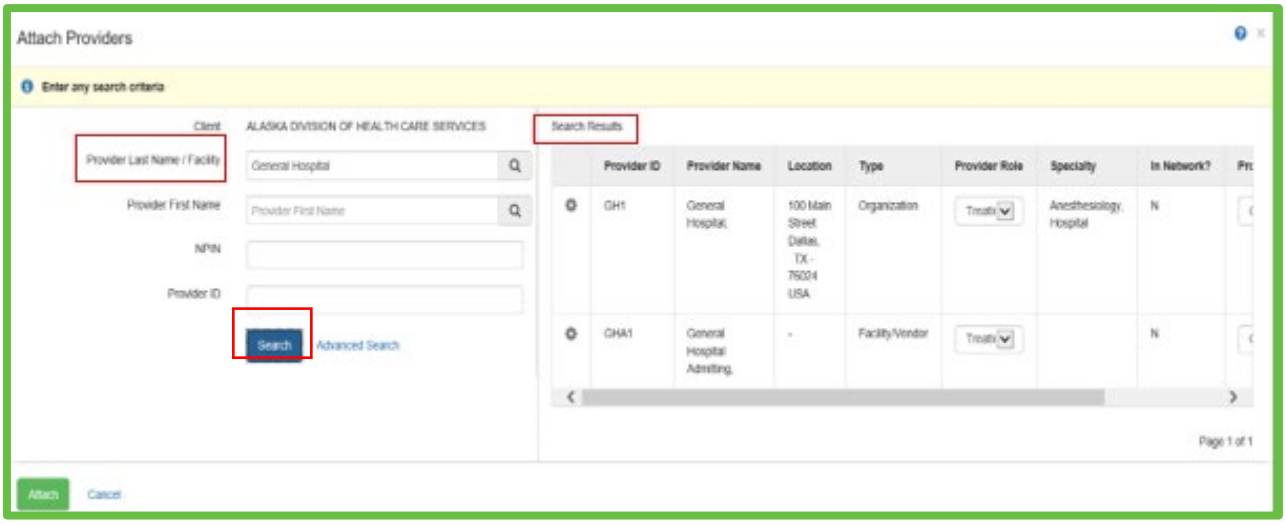
   A. Select **Attach Providers** by clicking on the blue **Attach Providers** button to add two additional providers:
      i. **Treating:** The provider ordering the imaging.
      ii. **Admitting:** The facility where imaging will be taking place. NOTE: If **Unknown Radiology Facility** is selected for a WAM patient, the facility will have to contact Medicaid to have their NPI number added to the authorization before they can be paid. Whenever possible, select an actual facility. It can be changed by contacting Medicaid.
   B. After clicking the **Attach Providers** button, the screen below will appear. You can do a basic **Search** or **Advanced Search** for Providers.



C. For the facility, search by entering the agency name, NPIN, or Provider ID under **Provider Last Name/Facility**, **NPIN**, or **Provider ID**. NOTE: Using NPIN or LNI Provider ID number is recommended to start.

D. Select from the drop-down menu.

E. Click **Search**. The search results for the facility will appear on the right if the facility exists in the system for the LNI or WAM client. Use **Advanced Search** to narrow the list if needed.



F. Click on the **gear icon** (⚙) under search results and chose **Multiple Attach** to create a list and allow you to select another provider before attaching**. Single Attach** will allow you to attach one provider at a time to the episode.

G. The list of the providers will appear under the **Selected Providers List**.

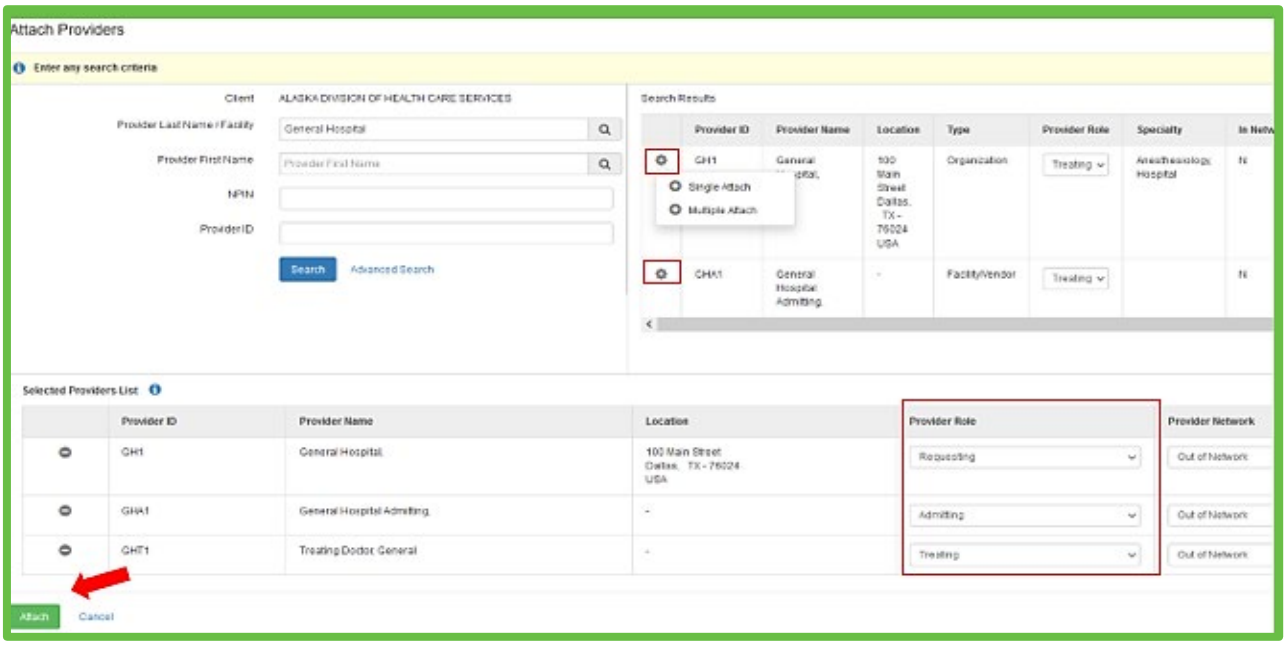
i. Select the appropriate role for each provider – only one of each of these provider types can be added to a request and one of each is required for submission.

a. **Admitting**: Imaging facility where services will be provided.

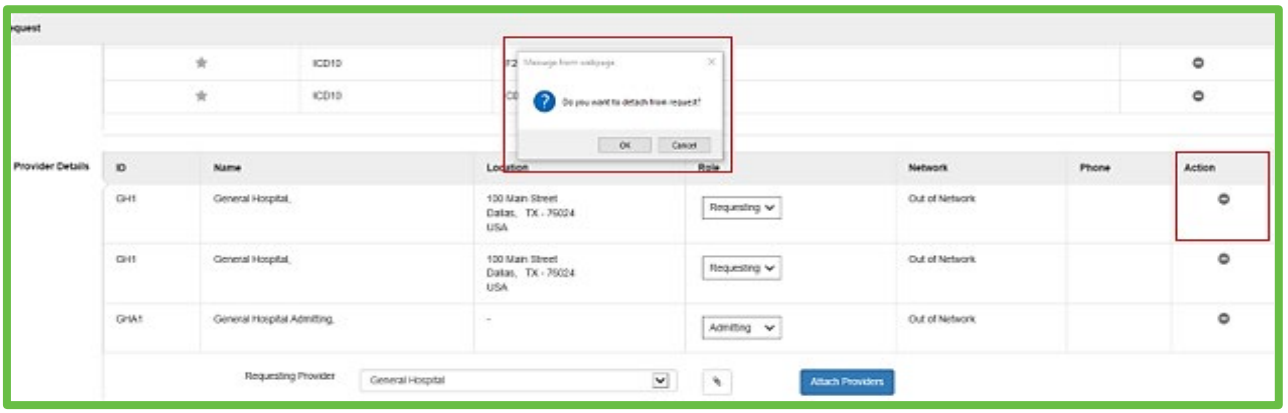
b. **Treating**: The provider ordering the imaging.

ii. Once all providers have been selected and the appropriate roles assigned, then click on the green **Attach** button to add the providers to your request.

If the provider you need to add is not in the system, call Comagine Health immediately at 800-541-2894 for LNI or 888-213-7513 for WAM. Staff can add the provider so that you can complete your request.



H. If a provider is selected in error, click the icon under **Action** to detach the provider. A pop-up message will ask, "Do you want to detach from request?". Click **OK.** Then click **Attach Providers** to search for and add the correct provider if needed.



6) Service/Specialty Drug Request (OP only):

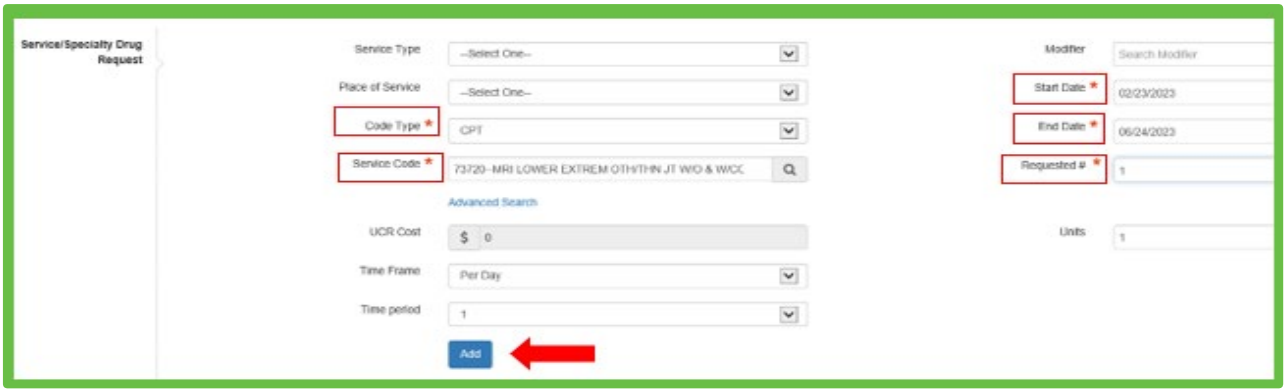
- **A. Service Type**: Leave blank or select N/A.
- **B. Place of Service**: Leave blank.
- **C. Code Type***: Select code type **CPT**.
- **D. Service Code***: Enter the code specific to the type of injection being requested. Codes for conscious sedation, if needed, can also be added.
  - **i.** Only codes requiring Comagine Health review can be added. Contact Comagine Health if you are unable to submit a code you believe requires review.
- **E. Time Frame**: Auto-populates to **per day** and it is not necessary to change this.
- **F. Time Period**: Leave blank.
- **G. Modifier**: Leave blank.
- **H. Start Date***: Enter in this format MM/DD/YYYY or select from calendar.

I. **End Date***: Auto-populates but can be modified. NOTE: The actual dates of service are determined by LNI or WAM when an authorization is issued.

J. **Requested #***: Enter number requested – select **1**, unless bilateral imaging is requested, then select **2**.

K. **Units**: Auto-populates to **1** and does not need to be updated.

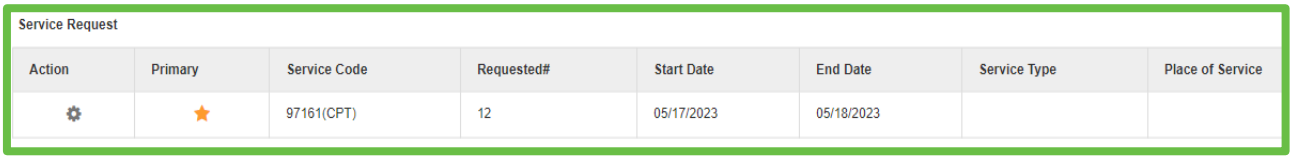
L. Click on the blue **Add** button.



7) Outpatient (OP) Service Request view:

A. To edit a service request, click on the **gear icon** under **Action** and select **Edit**. A new screen will open for edits.

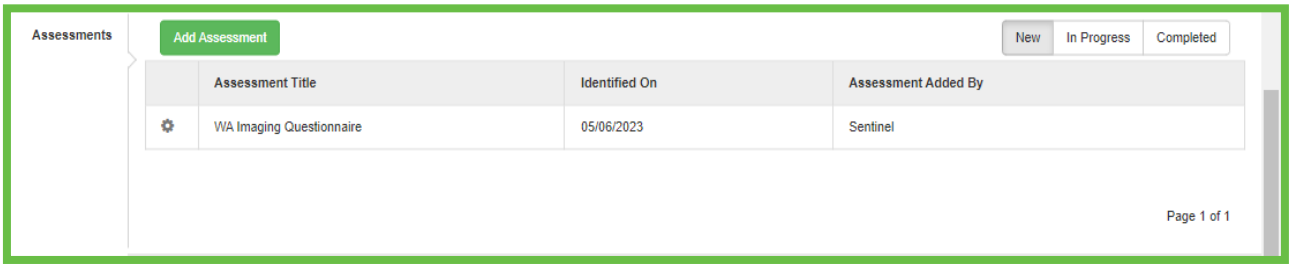
B. To remove a service, click on the **gear icon** in the **Action** column and select **Remove**. A box will open to confirm you want to remove. Click **OK** to remove.



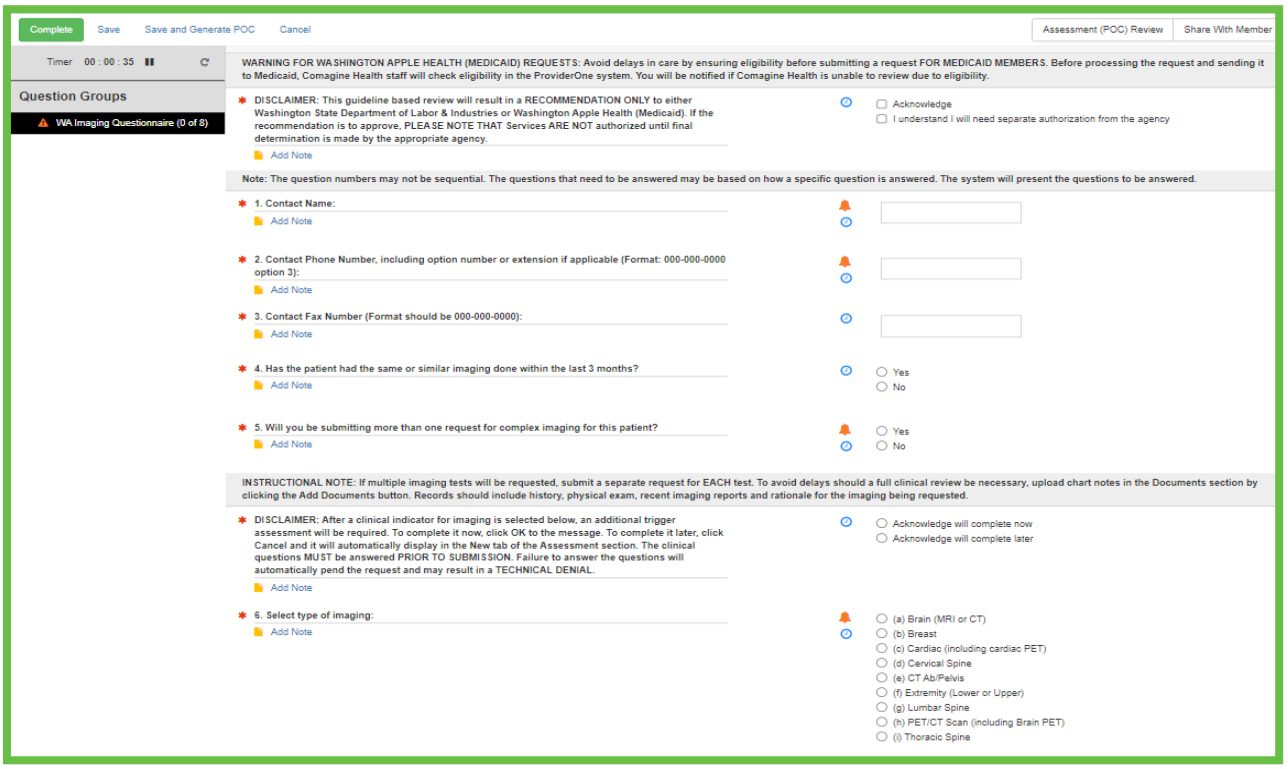
8) Assessments (also known as questionnaires):

A. Once you have added a service, the review is saved as a draft and the **Assessment** section is available on the screen. The assessment you need to complete is shown under the new tab, to the right of the green **Add Assessment** button.

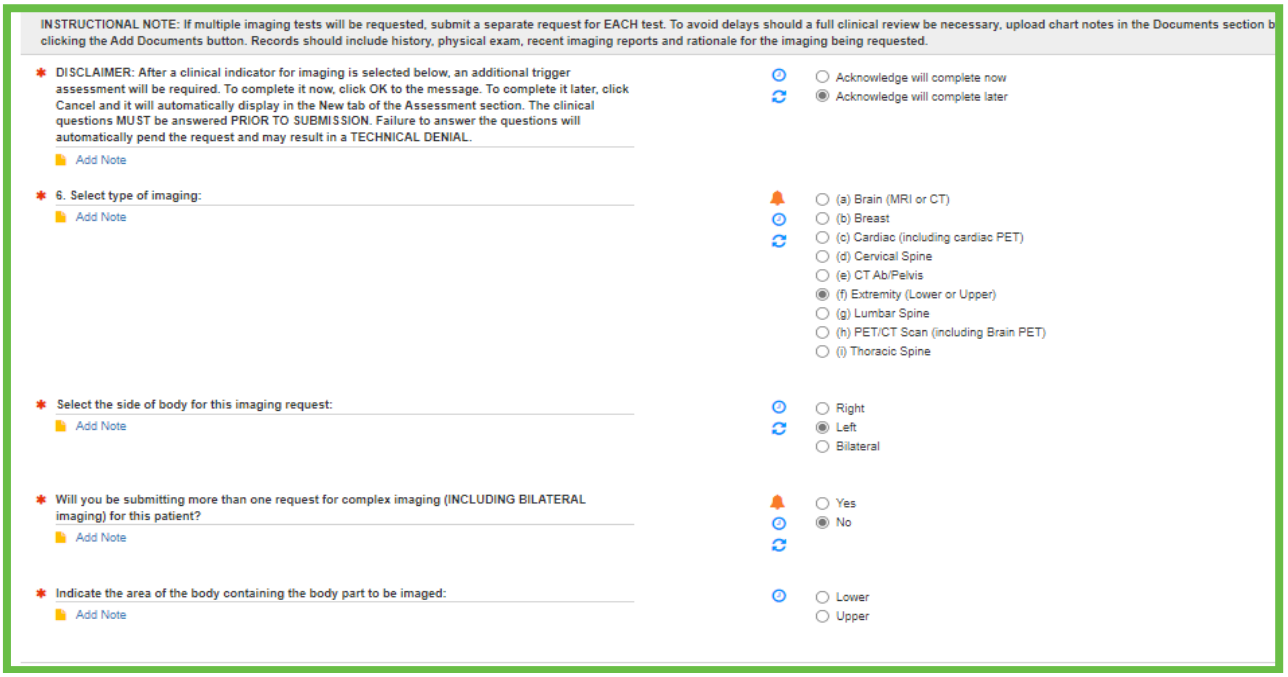
B. From the **Gear** (⚙), select **Start** to begin the **WA Imaging Questionnaire**.



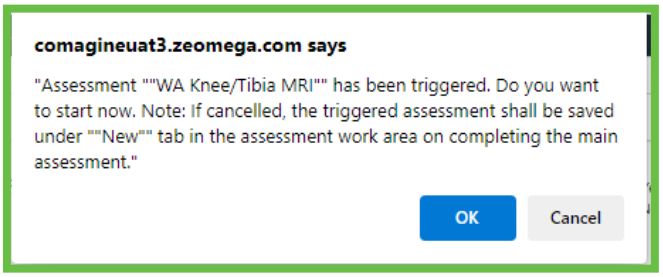
*You **MUST** complete an assessment to submit a request. For your imaging request to go through the auto approval process, you must also complete the trigger assessment that will need to be completed. This will be the assessment with clinical questions.*



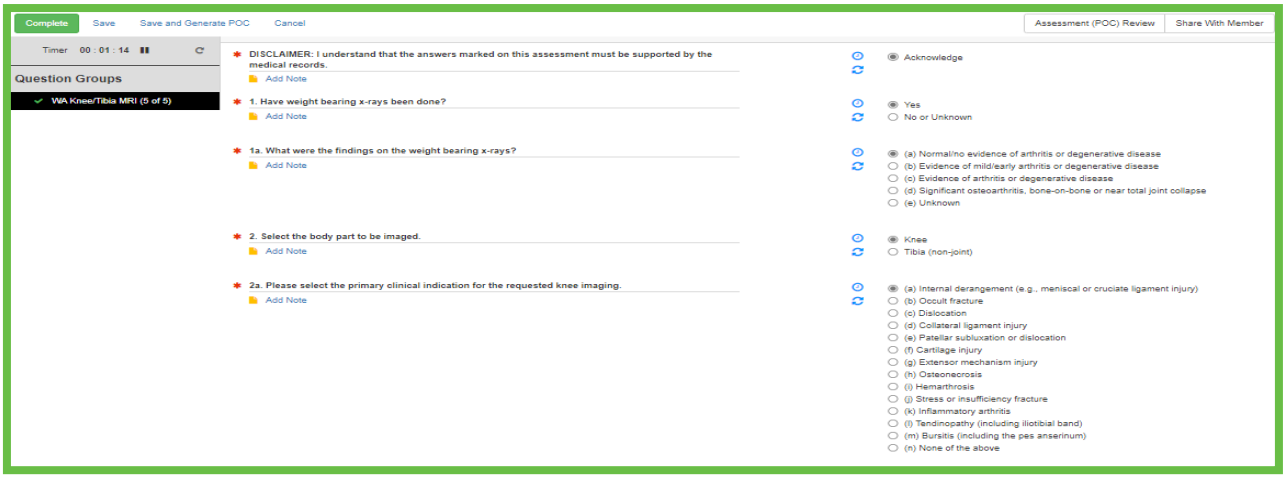
C. After the disclaimer is acknowledged, additional questions will appear. The number of additional questions varies depending on the type of imaging requested. After the mandatory questions are answered, you will be prompted to answer the trigger assessment.



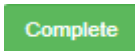
D. Click **OK** when the message below appears, which will bring the trigger assessment up on the screen instantly.



E. Answer the questions presented and once there are no more questions, select the **Complete** button.



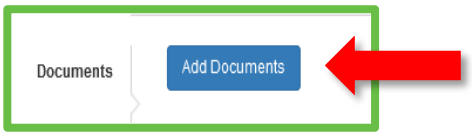
F. You will be taken back to the **WA Initial Assessment**. This initial assessment MUST be marked complete, or you will not be able to submit the request. The trigger assessment is required for auto approval rules to run and must be marked complete if you want your request to be evaluated for auto approval. Please note that even if a request pends, it does not mean it will be a denial. Staff will evaluate the request.

G. Select **Complete**. 

H. Once the assessment(s) is marked complete you can view it under the **Completed** Section. If you start but do not complete the assessment it will be found under the **In Progress** tab.



9) Documents. Documents can be added to the request prior to submission. Records are not required for questionnaire reviews. If records are attached, they should be current and include history, physical exam, relevant radiology or lab reports and the notes must contain the ordering providers rationale for imaging. A limit of four documents can be attached.



A. Click on the blue **Add Documents** button.

B. **Document Title**: Enter the name of the document.

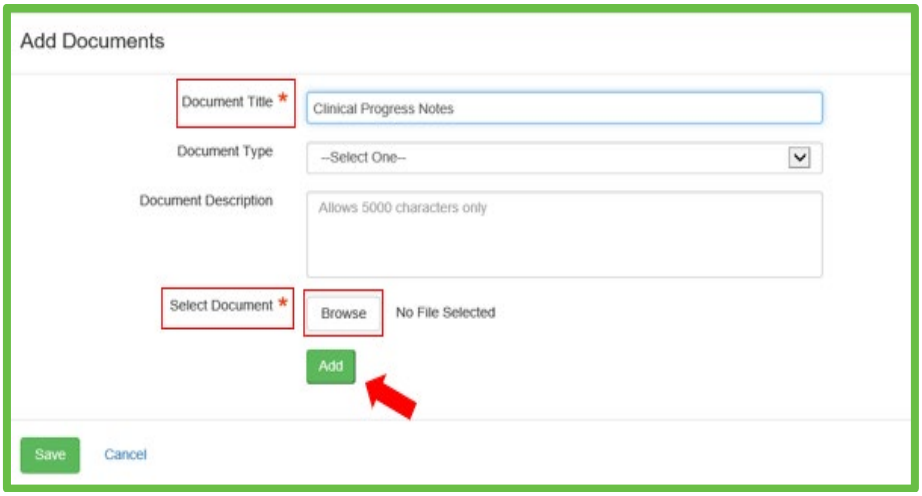
C. **Document Type**: Optional to select.

D. **Document Description**: Not required to complete; can add a note to indicate what is being uploaded.

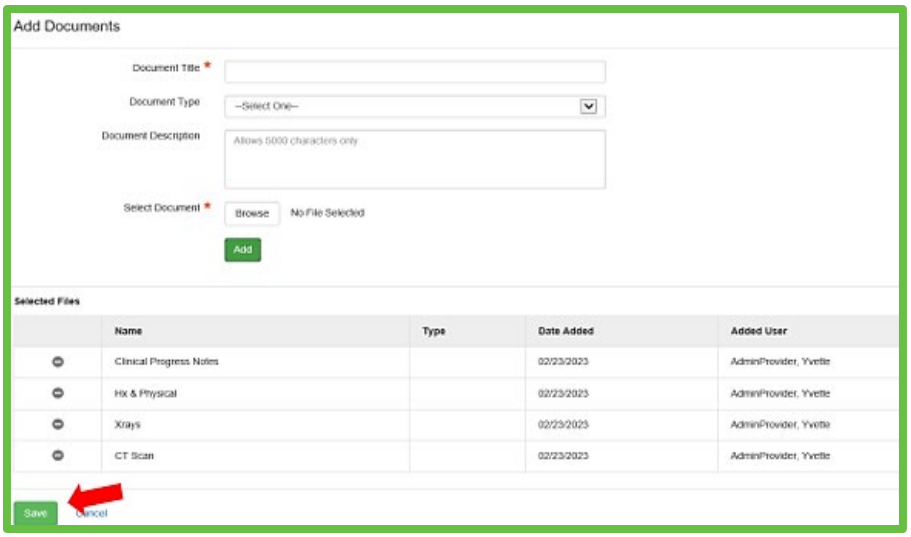
E. Select the document by clicking the **Browse** button which will open a window to allow you to search your computer for the document you wish to attach.

F. Once you find the document and select it, click the green **Add** button. The document will be added to a list at the bottom of the Documents Section of the screen.

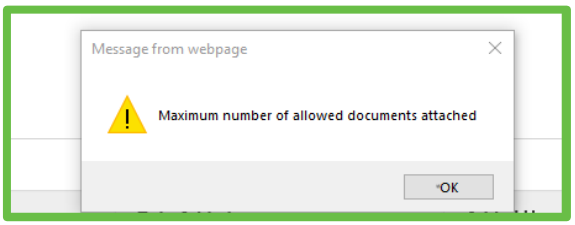
G. Repeat these steps until you have all the documents you want to attach in your **Selected Files** list.



H. Once you have selected all the documents to be attached, click **Save** to attach the documents to the request.



I. The maximum number of allowed documents attached is four (4). If the number of uploaded documents exceeds 4, an error message will appear.



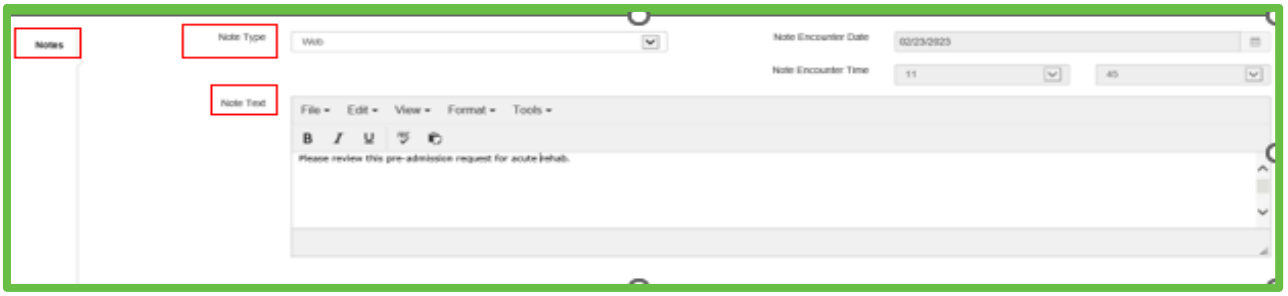
If more than 4 documents need to be attached, contact Comagine Health for assistance.

10) Notes:

A. Please DO NOT type in or copy and paste clinical information into ANY of the notes fields in the system. **IF YOU DO, THE CASE WILL BE VOIDED AND YOU WILL BE REQUIRED TO ENTER IT AGAIN**. Having clinical data here will interfere with the transfer to the LNI and WAM systems.

B. Comagine Health staff will enter notes to communicate with the provider when information is needed and to advise of the status of the request as it moves through the process

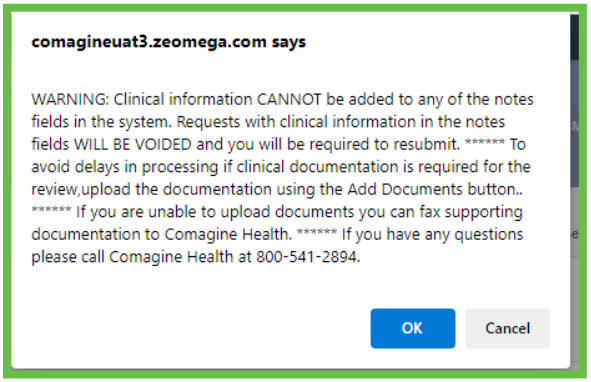
C. You can enter a note if there is something specific you want to highlight. A note is not required to submit a request.



11) Submit:

A. Review the request. Once it is complete, hit the green **Submit** button.

B. You will see the following warning message (which will also appear if you chose to save the review as a DRAFT at any point).



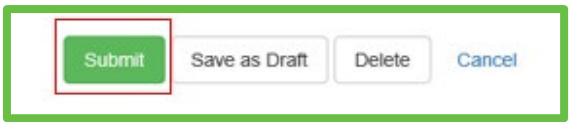
C. Select **OK**. If there are any other errors, additional error messages will come up and explain what information is needed to allow the request to be submitted.

D. Options:

i. **Submit**: Episode will be submitted to Comagine Health.

ii. **Save as Draft:** Episode will not be submitted to Comagine Health but will be saved as a draft to be completed and submitted at a later time.

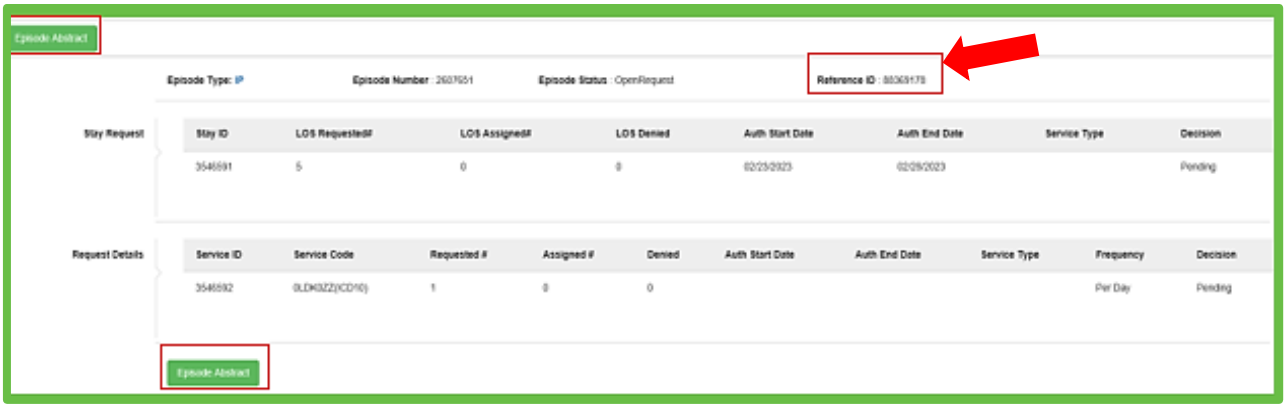
iii. **Delete**: You can choose to delete the request by selecting **Delete**.

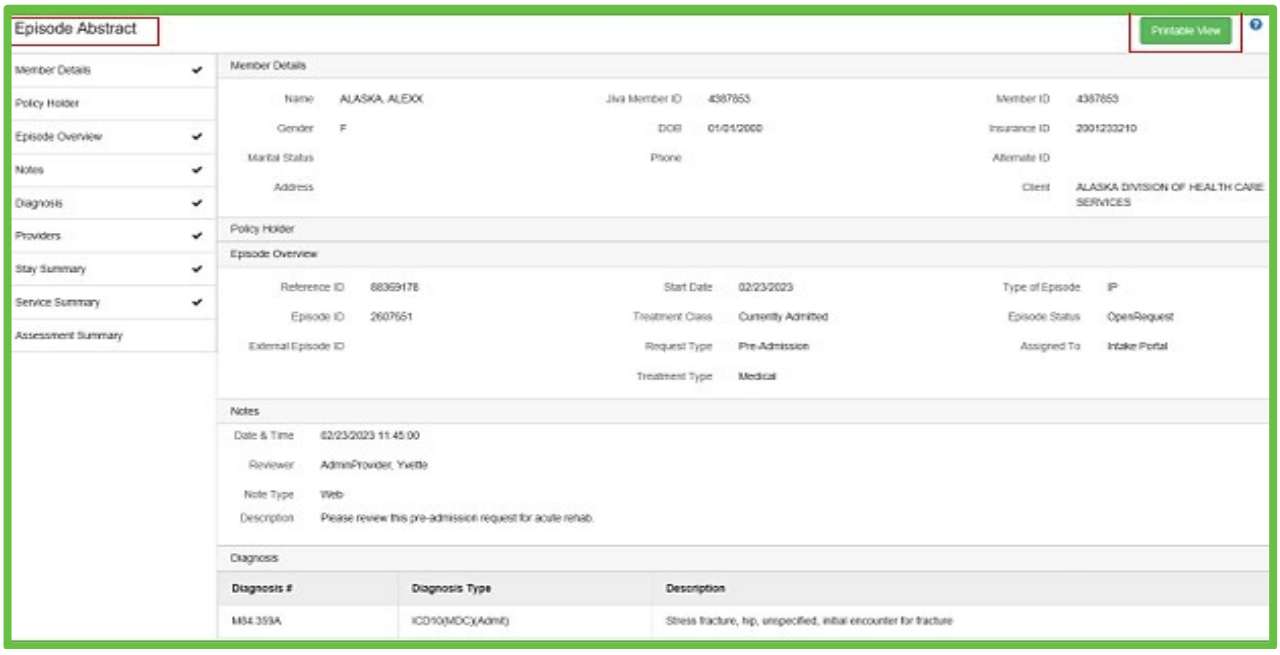


12) Request Details Screen:

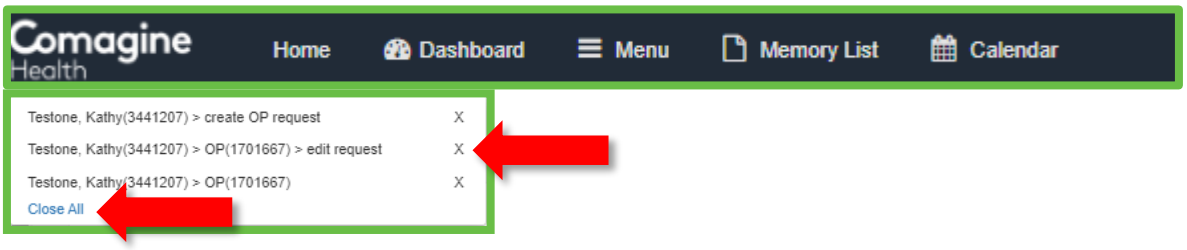
A. Make a note of the **Reference ID** number for your records.

B. The screen will show the details of your request. Select the **Episode Abstract** to have a printable view of the request details, including answers to the assessments.





13) **FINAL STEP:** To ensure the request can be accessed by Comagine Health staff immediately, click on **Dashboard** and then click on the **Memory List** and select **Close All** (or if you have other cases open, close the windows associated with the case just submitted by clicking the **x** next to it).



For assistance while entering a request, you can call Comagine Health at 800-541-2894. The staff will be able to help you complete your request.

Labor and Industries – 800-541-2894

Washington Medicaid – 888-213-7513