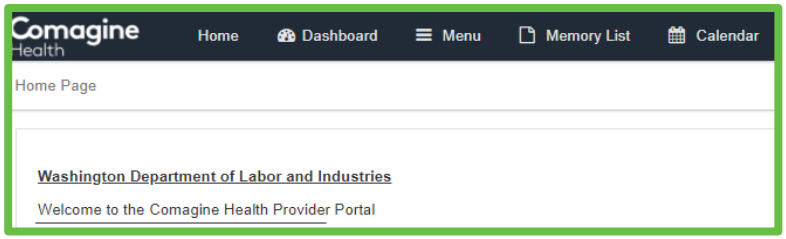
Submitting Outpatient Surgery Requests

Via the Comagine Health Provider Portal (CHPP)

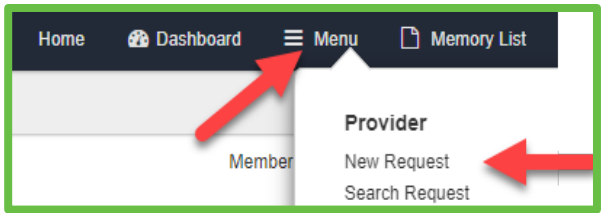
This document will provide instructions for entering requests for outpatient surgery for Washington State Department of Labor and Industries (LNI) injured workers and Washington Apple Health Medicaid (WAM) clients covered under the fee-for-service program. Upon login from the OneHealthPort Single Sign-On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

NOTE: All surgery requests for WAM are submitted to Comagine Health as outpatient. Washington Medicaid will approve the services as inpatient if appropriate. Surgery reviews for WAM are done ONLY for patients age 21 and over on the date of service. Contact Comagine Health if you need to enter a request for a patient who is not 21 but will be on the planned date of service.

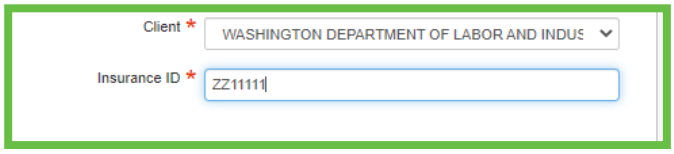
1) **Home Page:**
   - **A. Home Page** – Where Comagine Health posts announcements, documents, and helpful links.
   - **B. Dashboard** – Where requests can be tracked and managed.
   - **C. Menu** – To start **New Request** or **Search Request**.
   - **D. Memory List** – Items the logged in user has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



2) Submit a **New Request:**
   - **A.** Click on Menu for New Request.



   - **B.** Under **Client**: Select **WASHINGTON DEPARTMENT OF LABOR AND INDUSTRIES** or **WASHINGTON MEDICAID**.
   - **C.** Under **Insurance ID**: Enter the LNI claim number or the WAM Provider One ID number.
   - **D.** Click on **Search**.

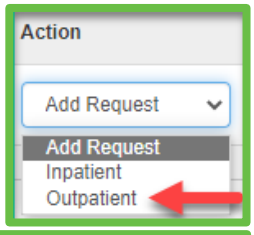


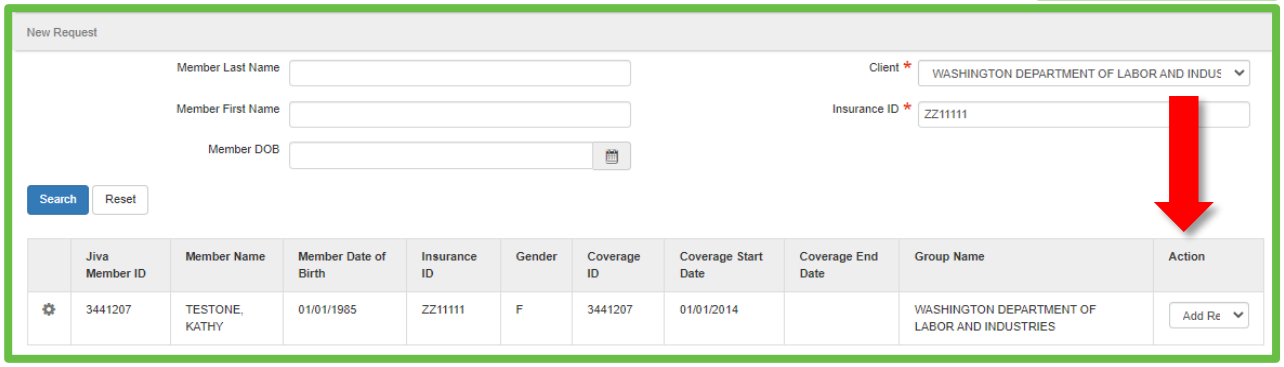
If the search returns no results, confirm the claim number is correct and if so, you will need to enter the IW before you can add a new request. Please see document titled "Adding a Member" for instructions.

E. Once the search return displays the patient for whom you are trying to enter a request**:**

i. In the **Action** column, select **Add Request.**

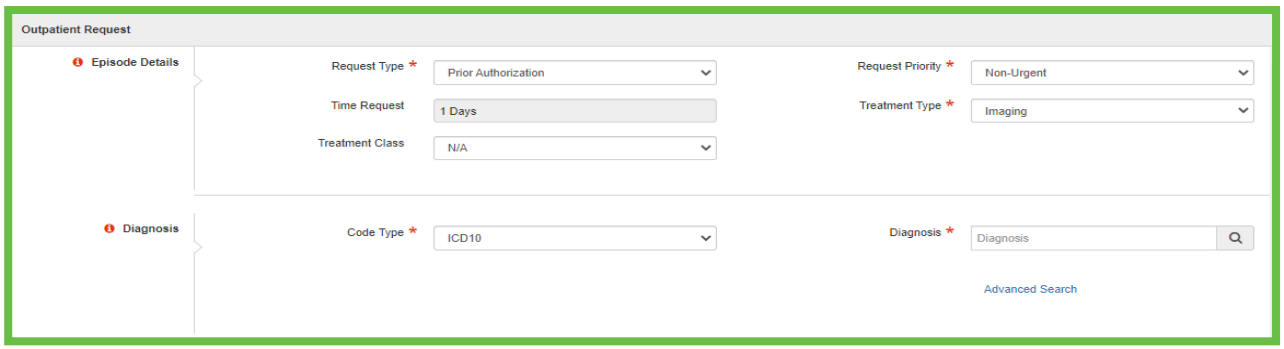
ii. From the drop-down menu, select **Outpatient** (OP).





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,** as:

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*: Select **Surgical**.

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.

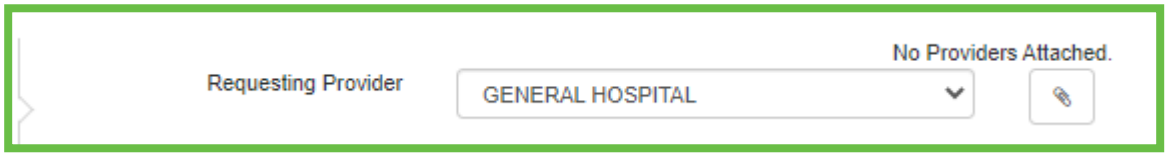
ii. Example: S93.601A will appear below once you select it by clicking on it.

iii. The first code entered will be the primary diagnosis (**Primary Dx**) code. 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:

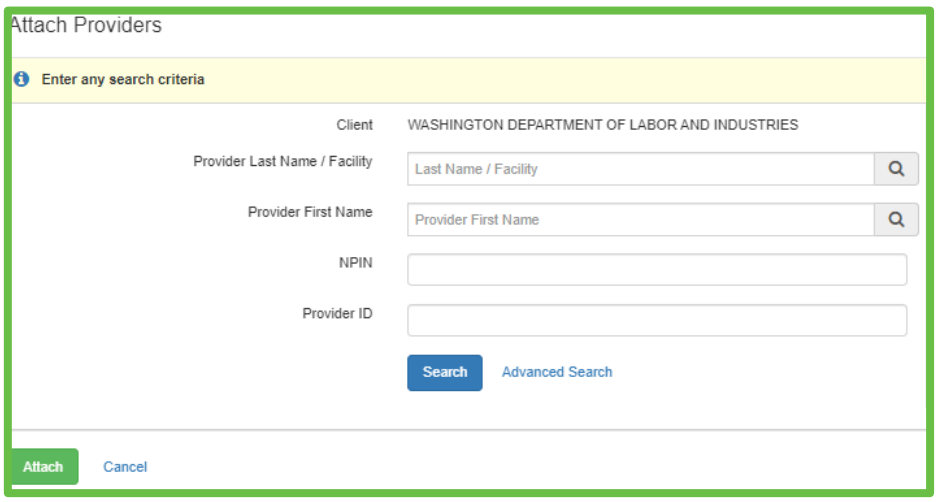
Attach yourself as the Requesting organization as the first step by clicking the paper clip button next to your organizational name. This step is required if you want other staff within your organization to be able to see the request in the system.



A. Select **Attach Providers** by clicking on the blue **Attach Providers** button to add two additional providers

i. **Treating:** The provider performing the surgery.
ii. **Admitting:** The facility where surgery will be taking place**.**

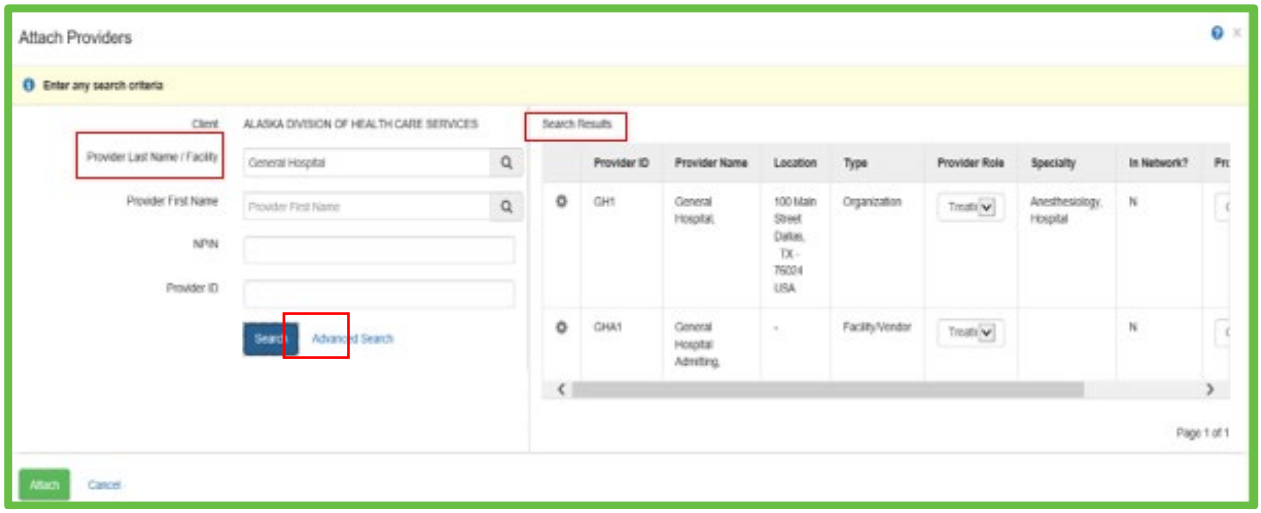
After clicking the **Attach Providers** button, the screen below will appear. You can do a basic **Search** or **Advanced Search** for Providers.



B. For the admitting 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.

C. Select from the drop-down menu.

D. 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.

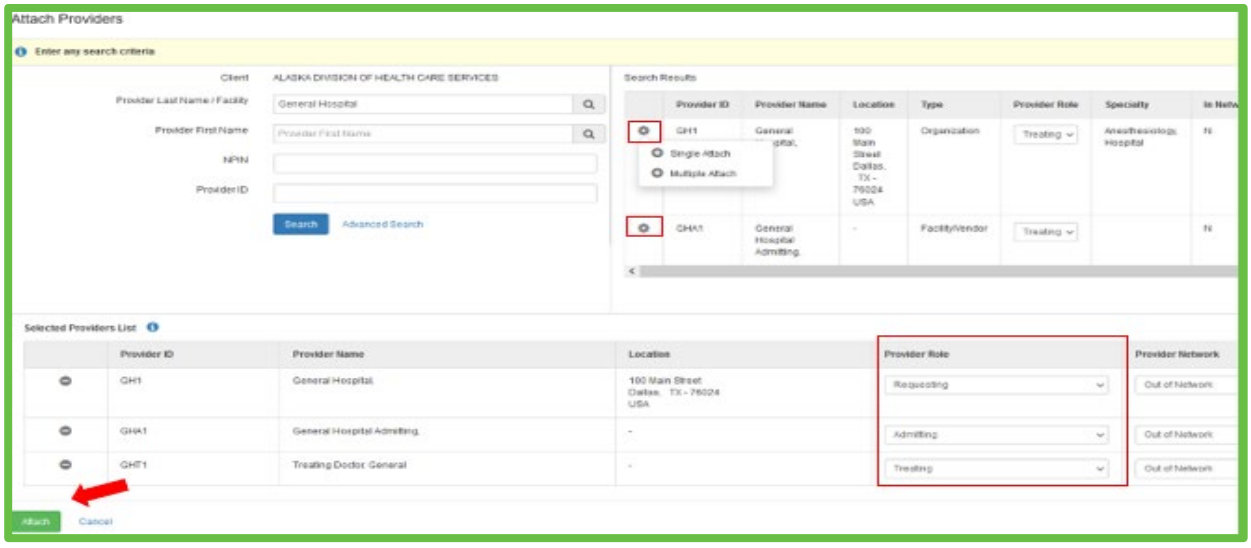


E. Click on the **gear icon** (⚙) under search results and chose **Multiple Attach** to create a list and allow you to select another provider before attaching**. Single Attach** will allow you to attach one provider at a time to the episode.

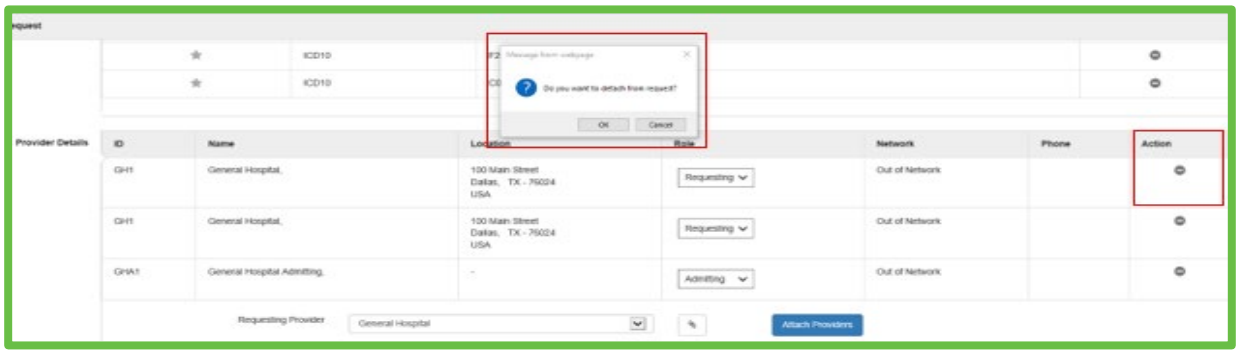
F. The list of the providers will appear under **Selected Provider List**.

- **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.
  - **Admitting**: Facility where services will be provided.
  - **Treating**: provider performing the surgery.
- **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.



G. 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.

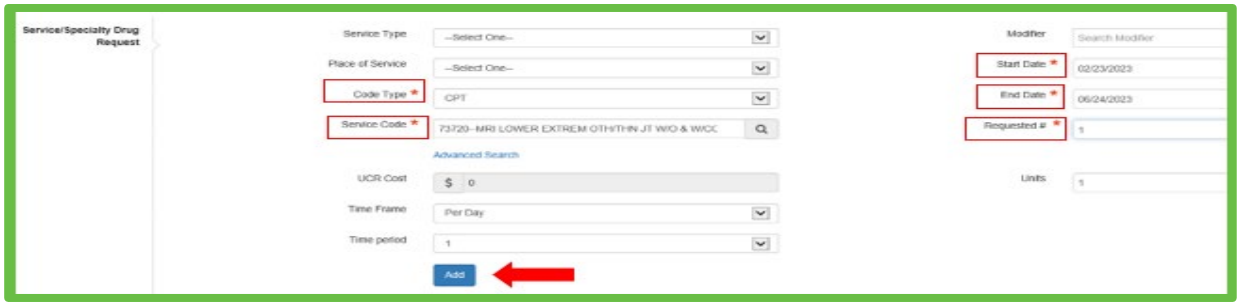
J. Requested #*: Enter number requested – select **1** unless bilateral surgery is requested then select **2**.

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

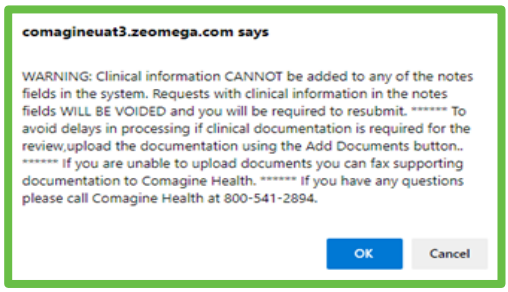
L. Click on the blue **Add** button.

M. Repeat steps A through L for each CPT code to be added. Once the first code is added, you will only have to enter the fields as noted in the screen shot below for each additional code.

NOTE: For Washington Medicaid, only enter the CPT codes that appear on their published fee schedules as requiring review by Comagine Health. Codes not on the published fee schedule will be voided as Comagine Health is not allowed to review for any code not on the list without specific consent from Medicaid.



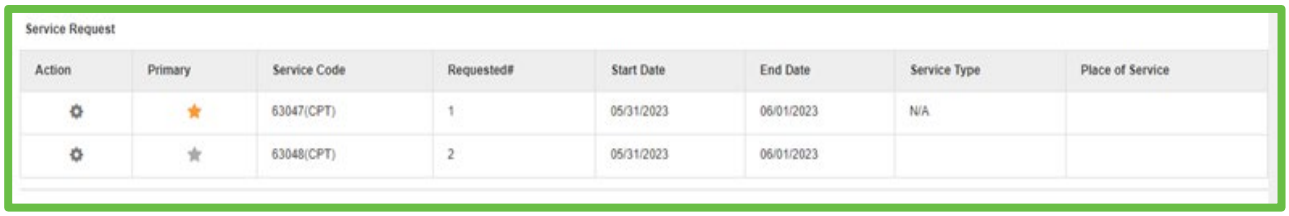
N. The following message may appear when the **Add** button in the **Service** section is selected. This is a warning to remind the user that clinical information cannot be typed or copied and pasted into notes sections. Click **OK** to continue.



7) Outpatient (OP) Service Request view:

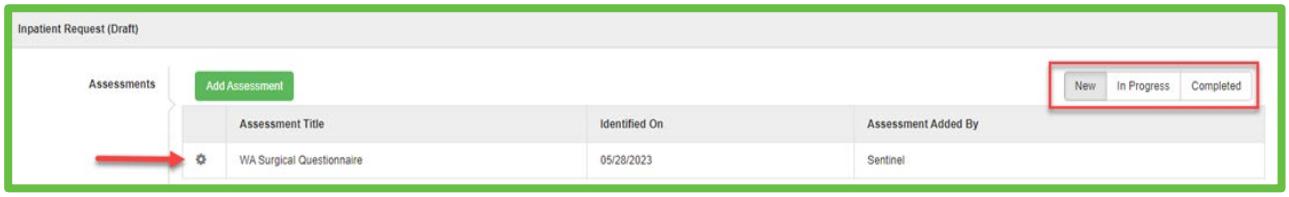
A. To edit a service request, click on the **gear icon** under **Action** and select **Edit**. A new screen will open for edits.

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 it. Click **OK** to remove.



8) Assessments (also known as questionnaires):

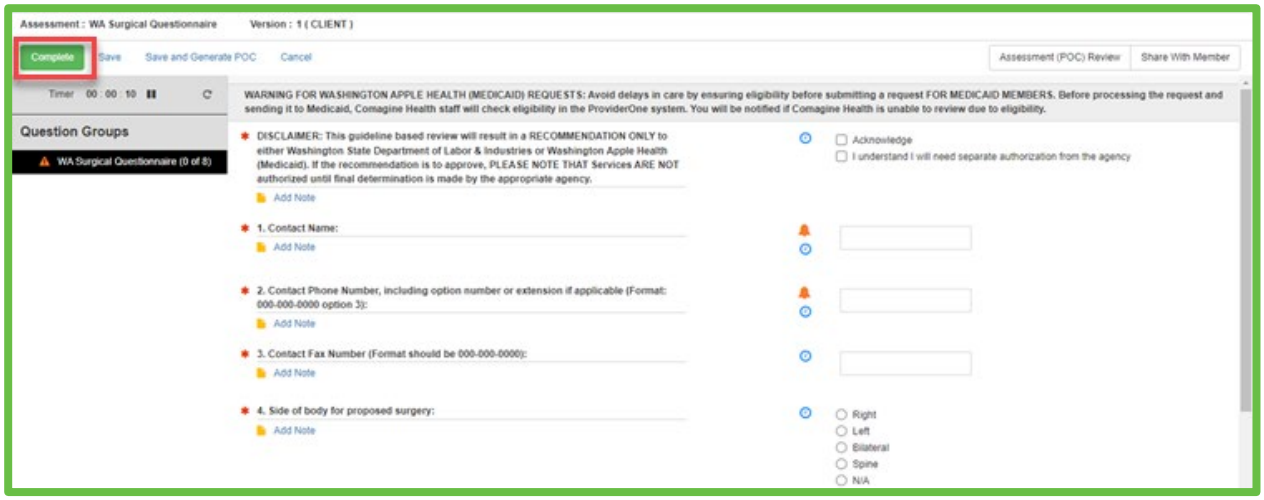
A. The Assessment that must be completed will display under the **New** tab. Select the **gear icon** '⚙' next to start answering the questions (this section becomes available after the service(s) are added).



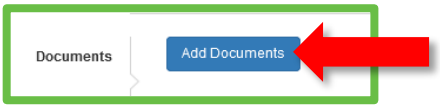
B. You MUST answer the mandatory questions and mark the assessment complete to submit the request.

i. Once you have answered the questions, mark the assessment complete. If you only click **Save** and do not mark **Complete**, your answers will be saved, and the assessment will move to the **In Progress** tab.

ii. After the assessment is marked complete, you can view it under the **Completed** tab.



9) **Documents.** Documents can be added to the request prior to submission. Records should be current and include history, physical exams, relevant radiology or lab reports and the notes must contain the ordering providers rationale for surgery being requested. Retro reviews should include the same and a discharge summary with operative reports and consultations if appropriate. A limit of four (4) documents can be attached prior to submission.



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

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

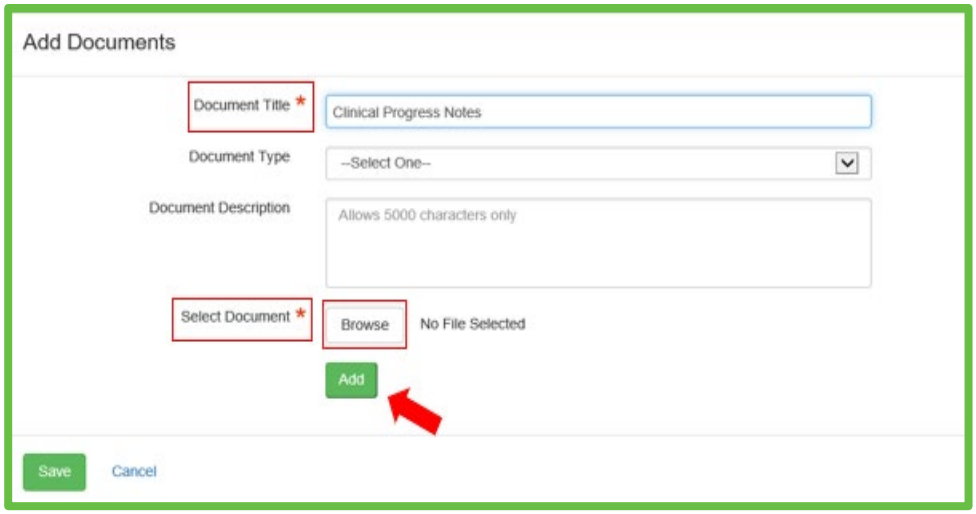
C. **Select Document**: Optional to select.

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

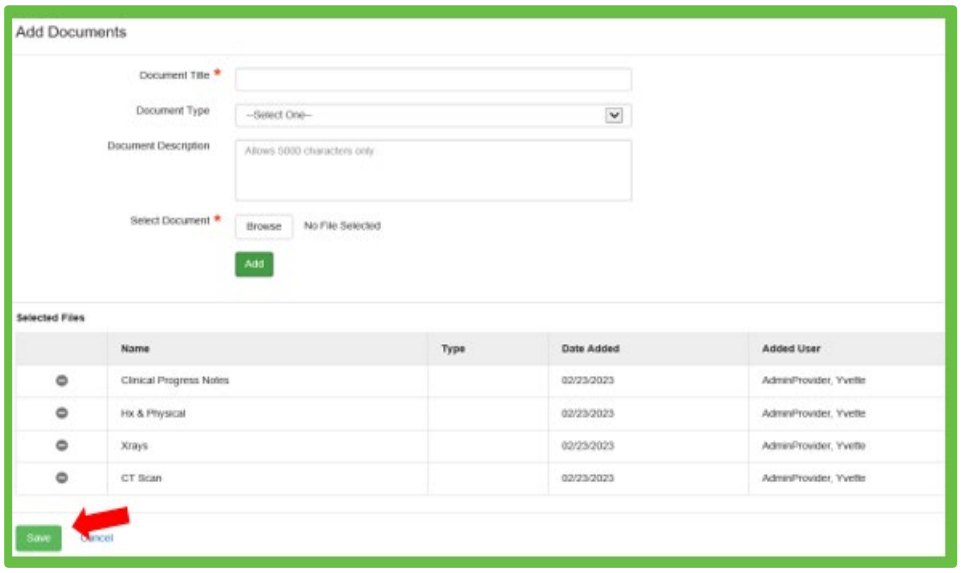
E. Select the document by clicking the **Browse** button which will open a window to allow you to search your computer for the document you wish to attach.

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.

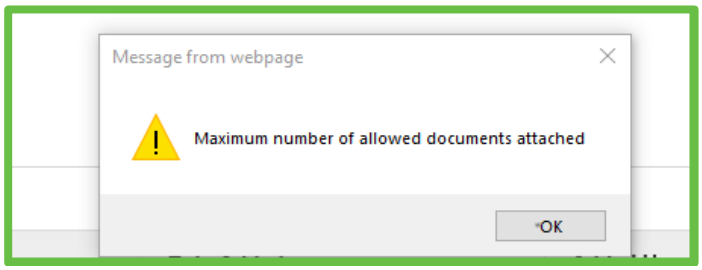
G. Repeat these steps until you have all the documents you want to attach in your **Selected Files** list.



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



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



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

10) Notes:

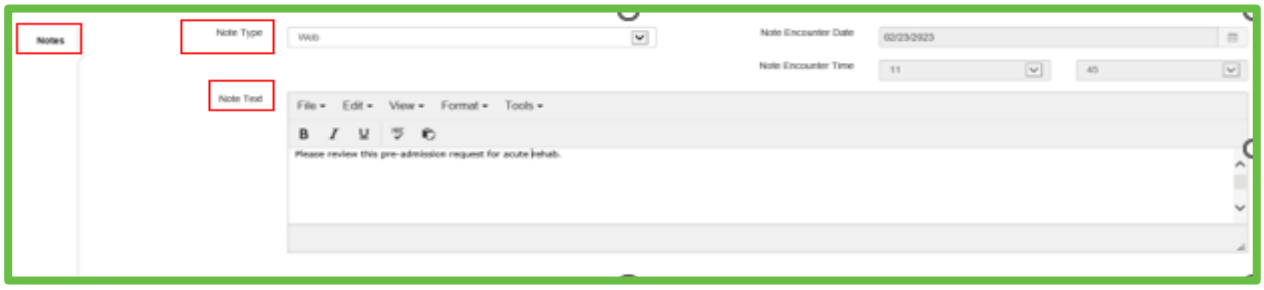
A. Please DO NOT type in or copy and paste clinical information into ANY of the note fields in the system. **IF YOU DO, THE CASE WILL BE VOIDED AND YOU WILL BE REQUIRED TO ENTER IT AGAIN**. Having clinical data here will interfere with the transfer of the case to the L&I and Washington Medicaid systems.

B. If you are responding to a request for information from Comagine Health, please ALWAYS enter a web note to let us know you've attached documents or an assessment so the case will move to the top of our pending worklist.

C. After entering a case, look at the note fields in your pending decision cases as well as the **Further Information Required** cases as Comagine Health will send notes to you to advise of the case status AND to request information if needed.

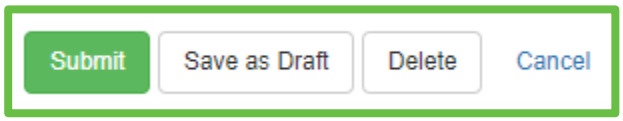
D. Notes are not required to submit a request. You can use the notes to communicate information you want Comagine Health to have to process a request.

E. **PLEASE NOTE IF YOU NEED URGENT PROCESSING, you MUST call Comagine Health after you submit the request. Entering a note will NOT ensure urgent processing.** Staff will notify their supervisor if a request to process a service as urgent is received.

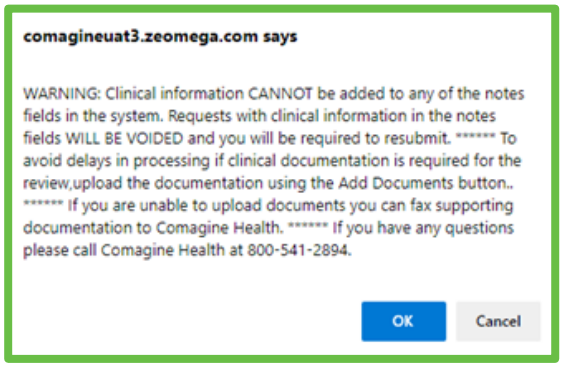


11) Submit:

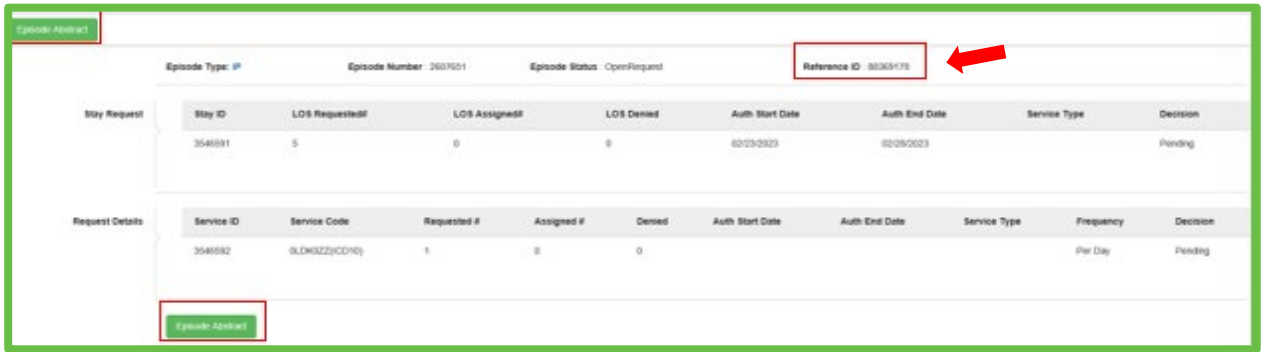
A. **Submit**: The episode will be submitted to Comagine Health.
B. **Save as Draft:** Episode will not submit to Comagine Health but will be saved as draft for later edits.
C. **Delete**: The request will be deleted.



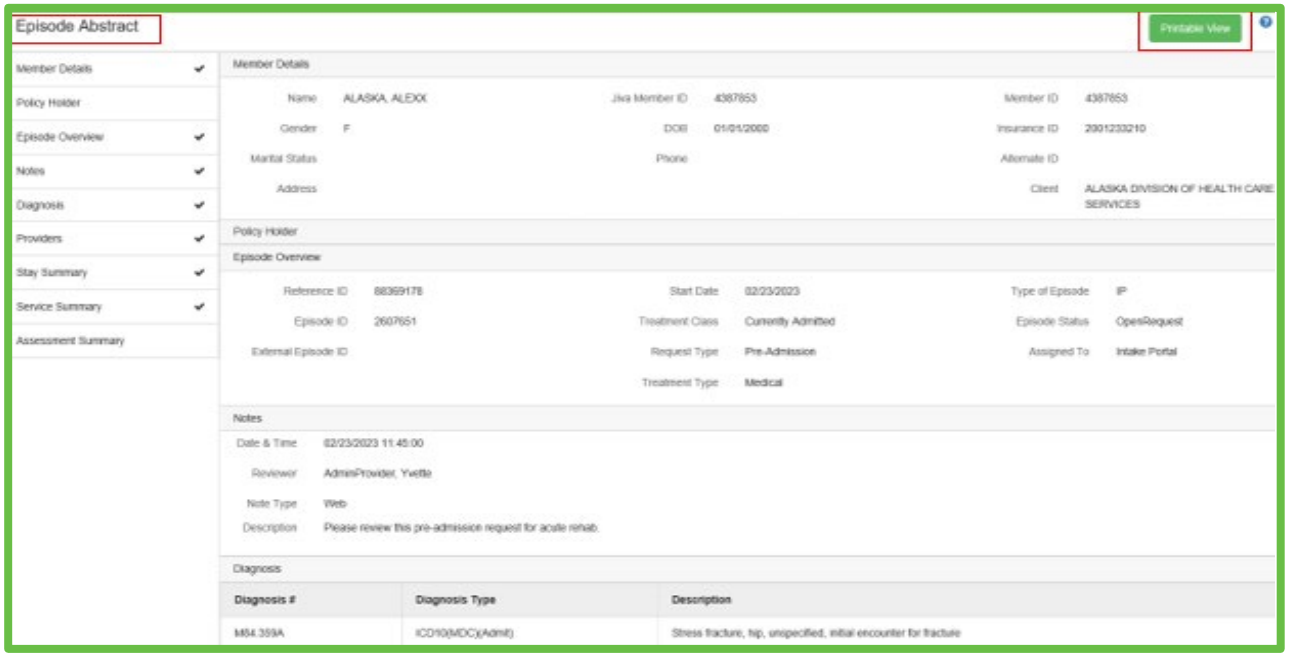
D. You will see this message (also may have seen at Step 8). Ensure you have not pasted clinical information into a note and then click **OK**.



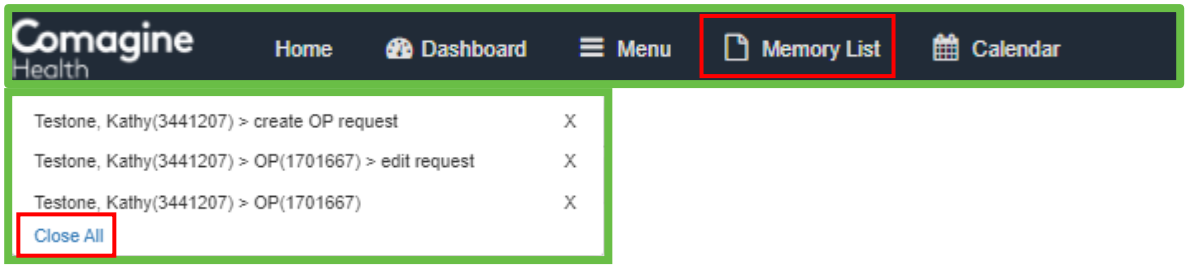
12) Make a note of the CHPP **Reference ID** number for your records to locate the episode faster. Selecting **Episode Abstract** allows you to review what was submitted including answers to the assessment. The request cannot be edited from this screen.



A. You can print the abstract by selecting **Printable View**.



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**. ***NOTE: Comagine Health staff cannot work on a request if it is open a provider memory list.***



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

Labor and Industries – 800-541-2894

Washington Medicaid: 888-213-7513