

OrthoNet Web Portal Access New Account Request

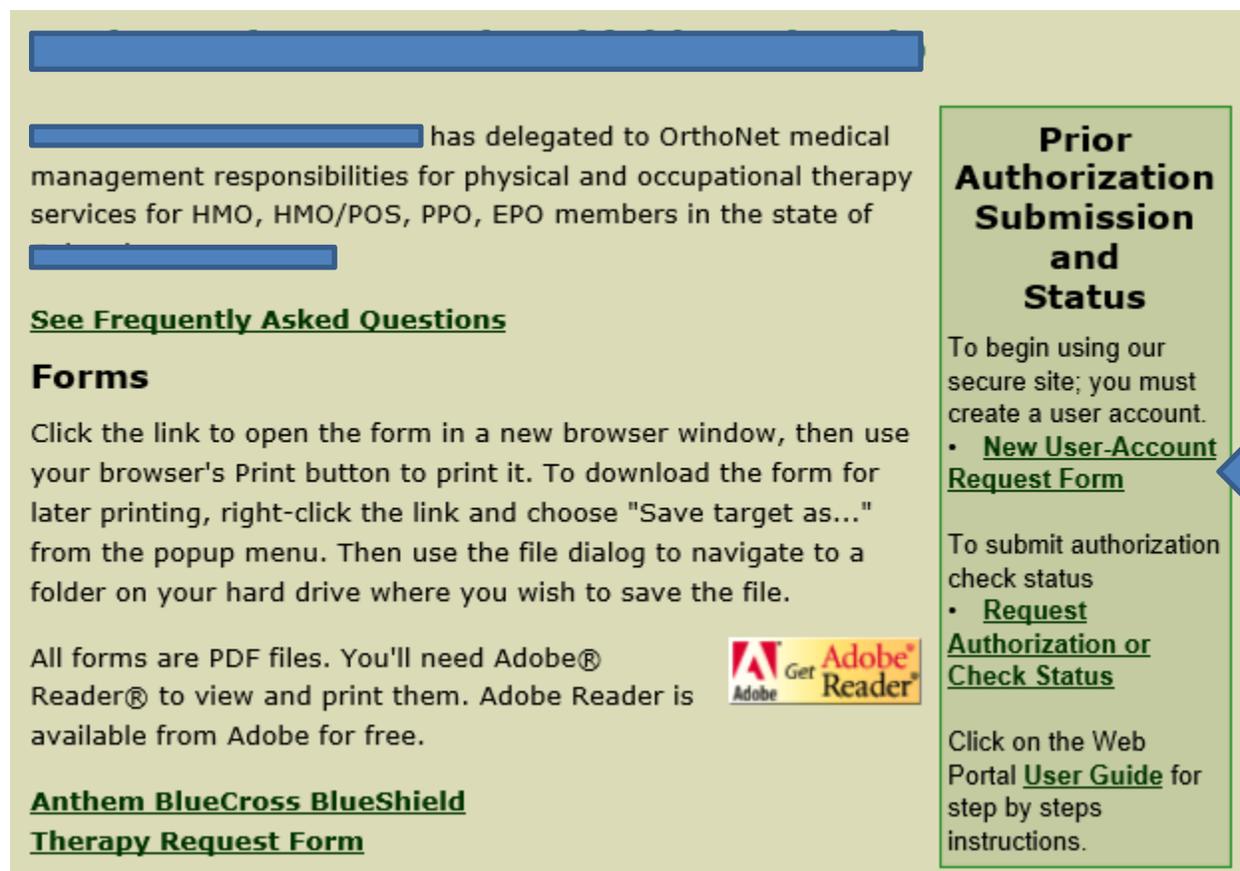
OrthoNet is pleased to announce our new secure web portal to submit and research authorization information through OrthoNet's website at: www.OrthoNet-online.com

How to Create an OrthoNet Web Portal Account:

Please visit OrthoNet's website at www.OrthoNet-online.com.

1. On the right hand side of the main page; click on "**Provider**".
2. On the left hand side of the "Provider Information Page"; under the "Health Plan Contracts" section, click on the requested health plan.

Once on the "Selected Health Plan" main page; under the "Prior Authorization Submission and Status" section, click on the "**New User-Account Request Form**" link.



[Redacted]

[Redacted] has delegated to OrthoNet medical management responsibilities for physical and occupational therapy services for HMO, HMO/POS, PPO, EPO members in the state of [Redacted]

[See Frequently Asked Questions](#)

Forms

Click the link to open the form in a new browser window, then use your browser's Print button to print it. To download the form for later printing, right-click the link and choose "Save target as..." from the popup menu. Then use the file dialog to navigate to a folder on your hard drive where you wish to save the file.

All forms are PDF files. You'll need Adobe® Reader® to view and print them. Adobe Reader is available from Adobe for free.



[Anthem BlueCross BlueShield Therapy Request Form](#)

Prior Authorization Submission and Status

To begin using our secure site; you must create a user account.

- [New User-Account Request Form](#)

To submit authorization check status

- [Request Authorization or Check Status](#)

Click on the Web Portal [User Guide](#) for step by steps instructions.

Once on the “New Account Request Form” page;

- Complete the Provider Information Form (example below).
- **Please Note:** If you know your provider identification number, please enter it on the “**Provider ID**” field. A Provider ID is not required but if provided, it can speed up the Account Approval process.

The screenshot shows a form titled "New Account Request Form" with three main sections:

- Provider Information:** Includes fields for Provider Name, DBA, Address (with a dropdown menu), NPI, TAX ID, Telephone, and FAX.
- New Account Information:** Includes fields for User's Name (with example "E.g. Joe Smith") and User's Email (with example "E.g. JSmith@SomeProvider.com").
- Health Plans:** Includes a note: "If you know your provider identification number then please enter it for the Health Plans you currently part providing it can speed up the approval process." Below this are fields for Contract (with a dropdown menu) and Provider ID.

- Click on **Submit Form** to submit the OrthoNet Web Portal application.

Your Account Request Form will be sent to the **OrthoNet Web Authorization/User Management Team for processing.**

Verification Process:

OrthoNet will require verification of your identity by reviewing the above information and contacting you by telephone. Once we have verified your identity, an email will be sent to the account requestor with the setup link for you to set an account password.

You may request a copy of our Web Portal User Guide by calling our dedicated Web Support line at 1-800-771-3195; or download a PDF version of this guide by visiting our website at www.OrthoNet-online.com

Web Portal User Guide

To request an authorization through OrthoNet's web portal, click on the secure provider portal link "[Request Authorization or Check Status](#)".

New User Account Request Form'. Below that, it says 'To submit authorization check status' followed by another bulleted item: '• [Request Authorization or Check Status](#)'. A blue arrow points from the right towards this second link. Below the list, it says 'Click on the Web Portal [User Guide](#) for step by step instructions.' At the bottom left of the page, there is a section titled 'Forms' with instructions on how to use and print the forms. It mentions 'All forms are PDF files. You'll need Adobe® Reader® to view and print them. Adobe Reader is available from Adobe for free.' To the right of this text is the Adobe Reader logo. Below the 'Forms' section is a link: '[Anthem BlueCross BlueShield Therapy Request Form](#)'."/>

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[Anthem BlueCross BlueShield Therapy Request Form](#)

Prior Authorization Submission and Status

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To submit authorization check status

- [Request Authorization or Check Status](#)

Click on the Web Portal [User Guide](#) for step by step instructions.

Enter your OrthoNet web portal credentials previously created. Press "[Login](#)". You will be directed to the "Check Status" screen.

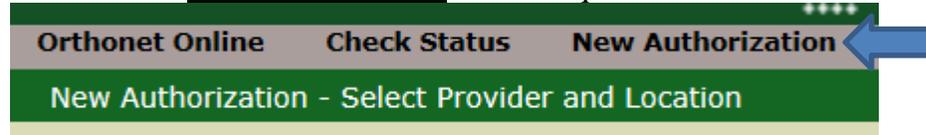
Email

Password

OrthoNet Disclaimer

This is a private portal containing confidential information. This portal is intended for the use of providers to submit and view authorization requests and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law and any applicable agreements. Any unauthorized use or attempt to access or use this portal or any information therein may result in discipline, termination of access, civil fine and/or criminal penalties. This portal may be used only for authorized business purposes, in accordance with applicable policies. By logging in to this portal you signify your agreement to this notice.

Click on the “**New Authorization**” tab to request an authorization for therapy services



How to Request an Authorization:

1. Select the provider location from the “Provider” drop down. The provider’s ID, name and address will auto populate.
2. To search for the patient’s information; click on “**lookup**” next to “Member”

The member look up screen will appear

3. Type in the member’s ID number on the “**Member ID**” field, **OR**
4. Type in the member’s “**last name**”, “**first name**” and “**date of birth**” in their respective fields.
5. Click “**Search**”. The patient’s ID, last name, first name and DOB will auto populate.
6. Once you are able to confirm this is the patient in question; click on the “**Member ID number link**”.
7. Select the appropriate “**Service Type**” from the “Service Type” drop down options.

8. Enter the “**Primary Diagnosis**”. If additional diagnosis codes are being requested; these may be entered on the following Diagnosis 2-4 fields.

9. Select whether this is an “**initial request**” or an “**extension of services**”

10. Select the appropriate “**Place of Service**” from the “Place of Service” drop down options.

11. Type in or select the “**Initial Evaluation Date**” and the “**Surgery Date**” (if applicable) from the calendar provided.

12. Verify the correct rendering location is listed. If not, please manually enter the rendering location. To manually enter the rendering location; go to step 17.

13. To attach clinical notes to your authorization request; click on “**Add Attachment**”.

14. Click on “**Browse**” to search for the applicable clinical notes saved on your database/hard drive. The “**Choose File to Upload**” screen will open.

15. Once you have located the notes you would like to attach; click “**Open**”. The notes will attach to your authorization request.

16. Click on “**Save and Submit**” to submit your authorization request for review.

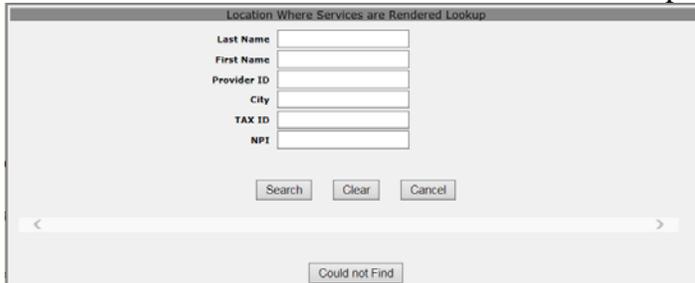
How to Manually Enter a Rendering Location:

You must first search for the rendering location; if it is not listed; you may manually enter the requested location.

17. On the “Location Where Services are Rendered” section; select “**lookup**”



The “Location Where Services are Rendered Lookup” screen will open



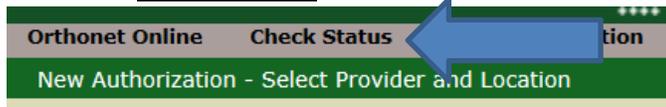
- 18. Enter the provider’s ID number on the “**Provider ID**” field; **OR**
- 19. Type in the provider’s “**last name**” and “**first name**” in their respective fields; **OR**
- 20. Type in the provider’s “**tax ID**” or “**NPI**” number in their respective fields.
- 21. Click “**Search**”. The list of all locations matching your search criteria will populate.
Select your location.
- 22. If your location is not an option; click on “**Could not Find**” to manually enter the treating location.
- 23. The “Location Where Services are Rendered” section will expand to allow you to manually enter the requested location.



- 24. Type in all of the requested information in their respective fields.
- 25. Continue with steps 13-16.

How to Check the Status of an Authorization:

1. Click on “**Check Status**” from the toolbar.



The “Check Status” screen will open

A screenshot of the 'Check Status' search screen. The screen has a light green background. At the top, there is a dark green header with the text 'Check Status'. Below the header, there is a section titled 'Search'. The search form contains several fields: 'Provider' (a dropdown menu), 'Member ID' (a text input field), 'Member First Name' (a text input field), 'Member Last Name' (a text input field), 'Member DOB' (a text input field), 'Request ID' (a text input field), 'Submission Date' (a dropdown menu with 'Past 7 days' selected), and 'Contract' (a dropdown menu). At the bottom of the form, there are two buttons: 'Search' and 'Clear'.

2. Enter the “**Member’s ID**” on the “Member ID” field; **OR**
3. Enter the “**Member’s first, last name**” and “**date of birth**”
4. Press “**Search**”
5. The list of requested authorizations for this specific member will populate

Important Information to Remember:

1. OrthoNet has a 1 business day TAT to make a determination on an authorization request.
2. An authorization letter will be faxed to the requesting provider once a determination has been made.
3. Please contact OrthoNet’s Web Dept. at (800) 771-3195 for all web related questions
4. Please contact OrthoNet’s Provider Services Dept. at (844) 282-6994 for all authorization related inquiries.