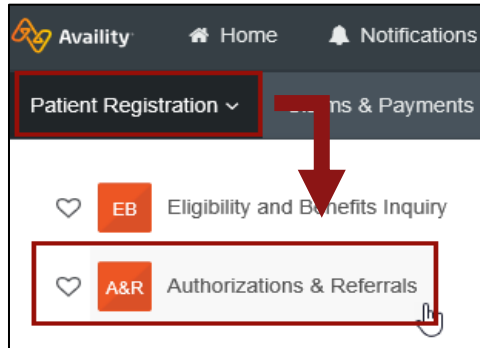



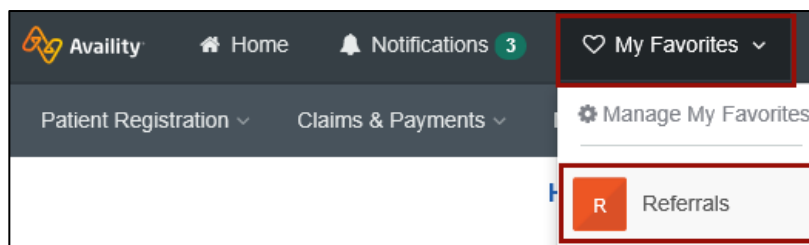
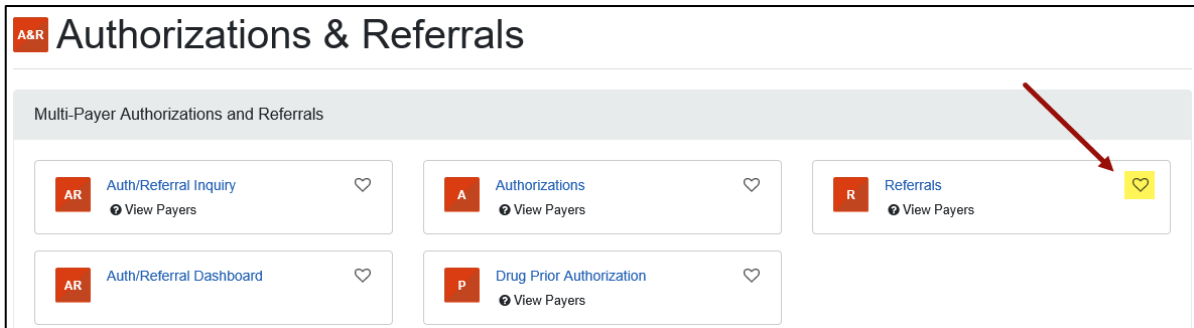
How to Submit a Referral in Availity for non-Epic users


1. Login at www.Availity.com provider portal.
2. Once the top left corner, select **Patient Registration > Authorization & Referrals**



3. Select **Referrals**.

TIP: In the Authorizations & Referrals page, you can click on  next to **Referrals** to add it to your favorites to make it easily accessible under **My Favorites** on the top left side.



4. Select payer **Aetna** and choose your organization then click 


* Payer: ?


* Organization:


5. Enter the **Member ID, Patient Date of Birth, Requesting Provider NPI.**

Note: The requesting provider should be the assigned PCP or a provider within the same practice as a designated PCP.

PATIENT INFORMATION SHOW OPTIONAL FIELDS

Member ID 


Relationship to Subscriber 

Patient Date of Birth 

REQUESTING PROVIDER SHOW OPTIONAL FIELDS

Express Entry optional

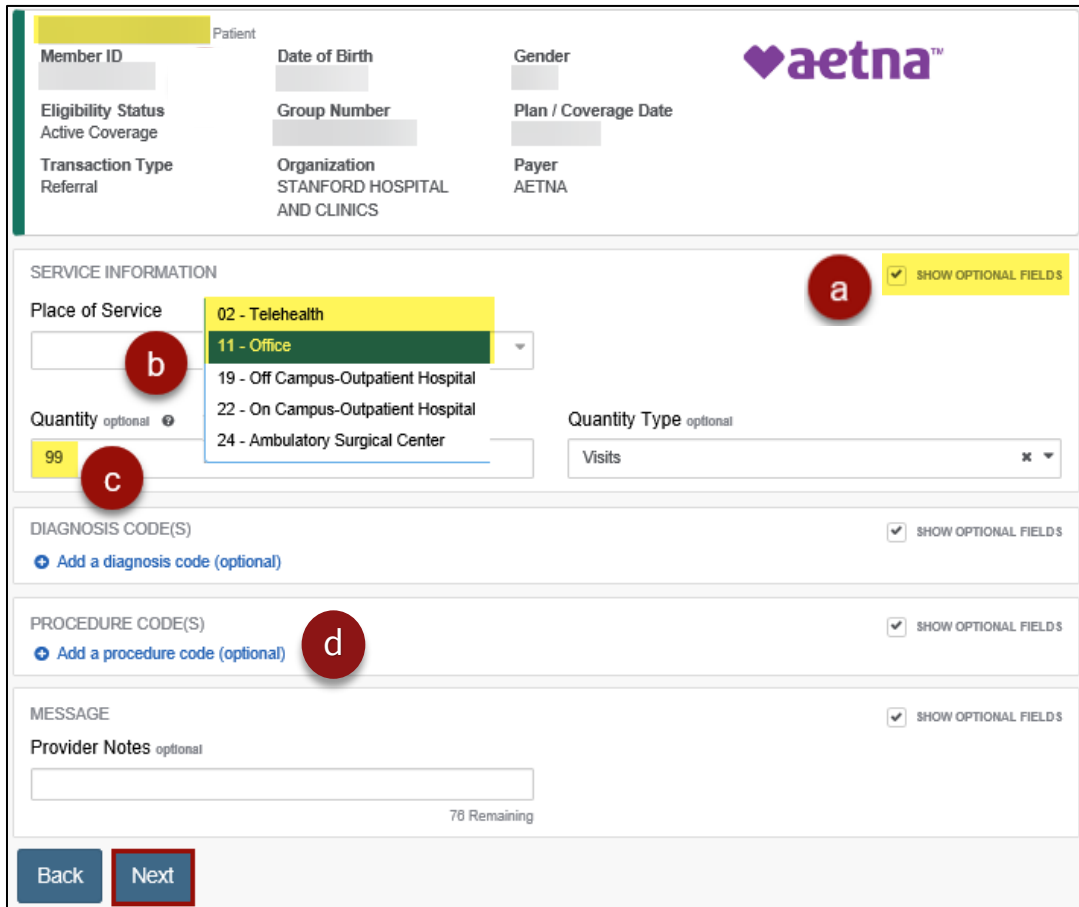
Requesting Provider Type

NPI 

6. On **Add Service Information** screen, make sure the member information is correct then perform the following and click **Next** :
- Check **Show Optional Fields** box
 - Select **Place of Service**
 - Enter **Quantity** of visits
 - Enter **procedure code(s)**

Note: Plan guidelines for patient referrals allow for the following referral types:

- **Consult and Treat referrals** (CPT 99499) – Do not require exact procedure code(s). Aetna will reimburse for any covered services performed by specialist per claim processing guidelines.
- **Exact procedure code referrals** – Aetna will only reimburse for services that match the exact CPT codes on the referral.



Patient

Member ID	Date of Birth	Gender
Eligibility Status Active Coverage	Group Number	Plan / Coverage Date
Transaction Type Referral	Organization STANFORD HOSPITAL AND CLINICS	Payer AETNA

SERVICE INFORMATION SHOW OPTIONAL FIELDS

Place of Service a

- 02 - Telehealth
- 11 - Office** (b)
- 19 - Off Campus-Outpatient Hospital
- 22 - On Campus-Outpatient Hospital
- 24 - Ambulatory Surgical Center

Quantity optional Quantity Type optional

99 Visits (c)

DIAGNOSIS CODE(S) SHOW OPTIONAL FIELDS

+ Add a diagnosis code (optional)

PROCEDURE CODE(S) SHOW OPTIONAL FIELDS

+ Add a procedure code (optional) (d)

MESSAGE SHOW OPTIONAL FIELDS

Provider Notes optional

76 Remaining

Back **Next**

7. On **Rendering Provider/Facility** screen, you must enter either: 1.) a specific provider using his/her **First Name, Last Name** and **NPI** – **OR** – 2.) a specialty type by selecting a **Specialty/Taxonomy** by checking the **Show Optional Fields** then click [Submit](#)

Note: Availity may show unable to respond but okay to proceed and do not resubmit because it will show duplicate in their system

SHOW OPTIONAL FIELDS


Express Entry optional

Select Provider ...

Rendering Provider Role

Service Provider

First Name optional Last Name optional

NPI optional 

Specialty / Taxonomy optional

Address Line 1 optional Address Line 2 optional

City optional State optional ZIP Code optional

Contact Phone optional

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8. Please take note of the **Transaction ID** for reference.

R Referral Response [Give Feedback](#) [Go to Dashboard](#) [New Request](#) 

Transaction ID: Customer ID: Transaction Date: 2020-03-05