

Chesapeake Employers eServices Pre-Certification User Guide



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General Information

Chesapeake Employers offers an electronic option for submitting service requests for Pre-Certification. When submitting electronically, you will receive immediate confirmation that your Pre-Certification request has been received.

To access instructions on the process of submitting Pre-Certification requests, click the **Precert Instructions** blue link on the **General Pre-Certification Service Request** screen. This document provides important information that pertains to the Chesapeake Employers Pre-Certification policy.

To expedite the Pre-Certification process and the response time for an authorization determination, please provide complete information and submit the supporting medical documentation. An asterisk (*) identifies required fields that must be completed before submitting.

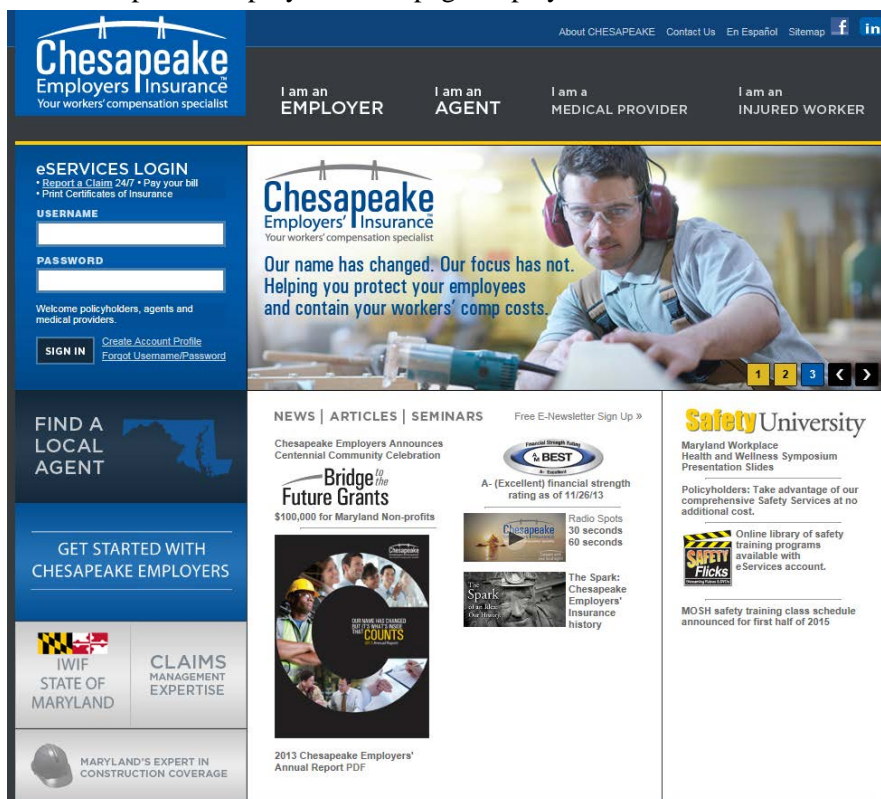
If you need assistance, please contact the Chesapeake Employers Customer Service Department at 410-494-2000 or 1-800-264-4943.

Creating an Account Profile

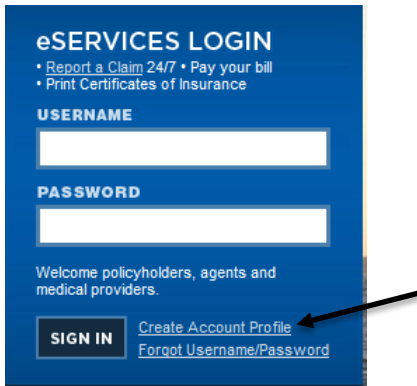
To create an account profile

- 1) Go to www.ceiwc.com.

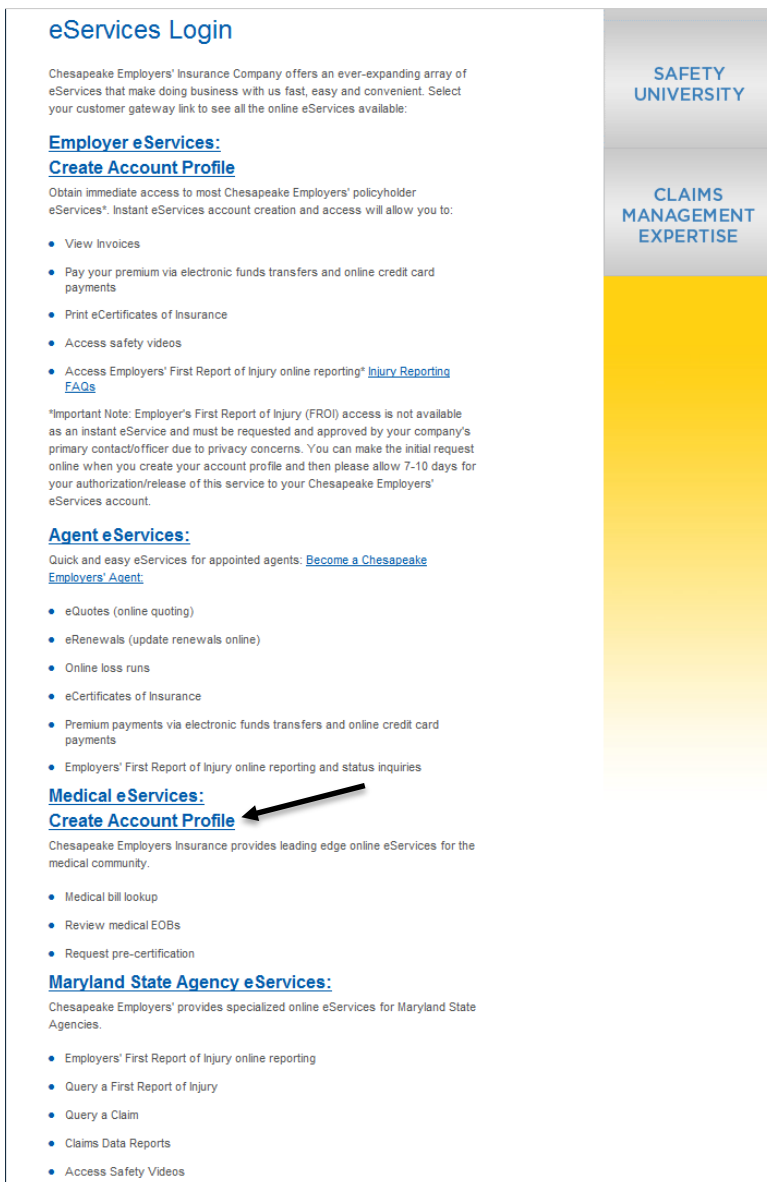
The Chesapeake Employers home page displays.



- 2) On the left of the screen under **eSERVICES LOGIN**, click the **Create Account Profile** link.



- 3) From the page that displays, select the **Create Account Profile** link under **Medical eServices**.



- 4) Enter the required information in the form that displays.

The screenshot shows a web form titled "Medical eServices Account Request". At the top, there are navigation links: "Home", "I am a Medical Provider", and "Create Account Profile". Below the title, a note states: "** Only 1 Medical eServices Account is permitted for a medical provider group. Please check with your Management to decide on the one Username and Password for which the account will be established. The same Username and Password applies to all of your offices or billing groups that will be utilizing the Medical eServices features." The form is divided into two columns: "User Info" and "Vendor Info".

User Info	Vendor Info
*First Name: <input type="text"/>	*Vendor Name: <input type="text"/>
*Last Name: <input type="text"/>	*Vendor#: <input type="text"/>
*Daytime Phone#: <input type="text"/>	(Vendor# is same as Provider# on your EOB.)
*EMail Address: <input type="text"/>	*Vendor FEID#: <input type="text"/>

Below the columns is a "Purpose of Account Request" section with a dropdown menu. A note below reads: "(*) Required field. Account requests are subject to approval by Medical eServices." At the bottom of the form, there is a reCAPTCHA widget, "CONTINUE" and "CANCEL" buttons, and a footer note: "[For reference, your IP: 10.11.1.143 has been logged into our system.]"

Signing in to Your Account

To sign in

- 1) Go to www.ceiwc.com.
The Chesapeake Employers home page displays.
- 2) Enter your username and password in the **USERNAME** and **PASSWORD** fields and click the **SIGN IN** button.

The screenshot shows the "eSERVICES LOGIN" page. At the top, there are links: "Report a Claim 24/7" and "Pay your bill", and "Print Certificates of Insurance". Below these are two input fields: "USERNAME" and "PASSWORD". At the bottom, there is a "SIGN IN" button, a "Create Account Profile" link, and a "Forgot Username/Password" link. A welcome message reads: "Welcome policyholders, agents and medical providers."

Creating an Individual Login

With more focus on individual authentication and online user recognition, Chesapeake Employers is changing from a policy and vendor group login to individual logins, using individual unique emails and passwords. You will experience enhanced security as a result of this change.

- Initial account creation will remain unchanged.
- Individual logins will afford you better security.
- Your username will be your email address.
- Each person will be able to change his/her own password without changing the policy or vendor group password.
- All users will be able to perform password resets for individual accounts via email without having to rely upon the Help Desk.

To create your individual login

- 1) Enter your current Username in the **USERNAME** field.
- 2) Enter your Password in the **Password** field.

You will be directed to the **Individual Account Registration** page.

Chesapeake Employers Insurance
Your workers' compensation specialist

Individual Account Registration

You have been redirected to this "Individual Account Registration" page for the sole purpose of creating an individual Username and Password. After successfully creating this individual account, you will log into eServices using your new Username and Password.

First Name :

Last Name :

Phone :

Username :

Verify Username :

Password :

Verify Password :

RESET FORM SAVE

CHESAPEAKE EMPLOYERS' INSURANCE CO. 8722 LOCH RAVEN BLVD. TOWSON, MD 21286-2235 410.494.2000, 1.800.254.4943, POLICY AND DATA SECURITY

- 3) Enter your first name, last name, and phone number in the corresponding fields.
- 4) In the **Username** field, enter a valid email address as your Username.
This email address must be unique to you and no one else.
- 5) Enter the email address again in the **Verify Username** field.
- 6) In the **Password** field, enter a password following the directions given.
Note: Passwords are case sensitive.
- 7) Enter the password again in the **Verify Password** field.
- 8) Click the **SAVE** button.

When you have successfully completed and saved this information, you will receive a message letting you know that an email was sent to you for confirmation. Please click on the link in the

email to complete your registration process. Begin using your new Username and Password to log into eServices.

Linking Multiple Policies

To link multiple accounts

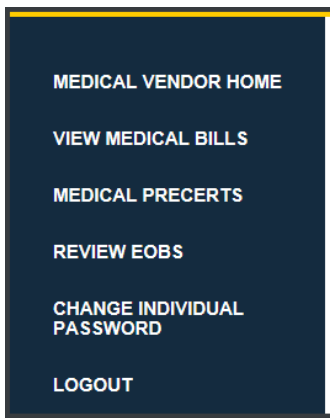
If you need to add another account using your same email address, use the previous steps to log in with a second policy or vendor account.

When you have filled out and saved the form, you will receive the following message:

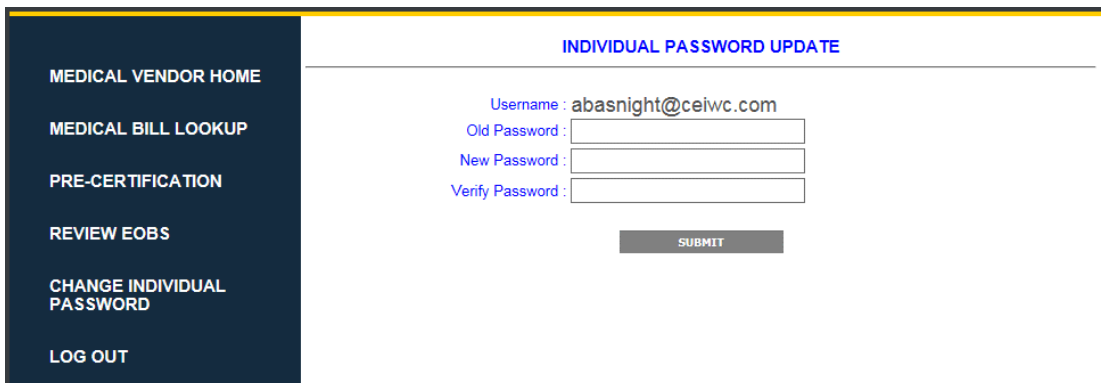
- We found a user that already exists with that username, if you have multiple policies you can now link under a single username. After linking the accounts you will be asked to select a policy from the list of policies you have.

To Change Your Individual Password

- 1) On the left menu, click **CHANGE INDIVIDUAL PASSWORD**.



The **INDIVIDUAL PASSWORD UPDATE** screen displays.

A screenshot of the 'INDIVIDUAL PASSWORD UPDATE' form. On the left is a dark blue navigation menu with white text: MEDICAL VENDOR HOME, MEDICAL BILL LOOKUP, PRE-CERTIFICATION, REVIEW EOBS, CHANGE INDIVIDUAL PASSWORD (highlighted), and LOG OUT. The main content area has a white background with a blue header 'INDIVIDUAL PASSWORD UPDATE'. Below the header, the form contains: 'Username : abasnight@ceiwc.com', 'Old Password :' followed by a text input field, 'New Password :' followed by a text input field, and 'Verify Password :' followed by a text input field. At the bottom center is a grey 'SUBMIT' button.

- 2) Enter your old password in the **Old Password** field.
- 3) Enter your new password in the **New Password** field.
- 4) Enter your new password again in the **Verify Password** field.
- 5) Click the **SUBMIT** button.

You can begin using your Username and new password to log into eServices.

Searching for a Claim

To search for a claim

- 1) Enter a claim number in the **Claim#** field. You can also enter an accident date in the **Date of Accident** field or click the calendar icon on the right. Searching more than one field enhances your search and returns better results.
- 2) Click the **SEARCH** button to start the search.

A list of claims will display based on the search criteria entered.

Chesapeake Employers Insurance
Your workers' compensation specialist

Pre-Certification Claim Search
CHESAPEAKE PHYSICAL AND AQUATIC THERAPY PO BOX 21277 CATONSVILLE, MD 21228

Claim #: Claimant SSN :

Last Name : Date of Accident :

First Name : Date of Birth :

To begin your search, enter at least one field.

One item found. 1

Claim Num	Last Name	First Name	SSN	DOB	Accident Date	Status	Type
0000000	DOE	JANE	XXX-XX-XXXX	08/21/1986	08/04/2014	CLOSED	ELIGIBLE

- 3) To select the desired claim, click on the blue **Claim#** link. **Note:** Before selecting, verify that all of the identifying information is correct and that it is the correct claim.

Chesapeake Employers Insurance
Your workers' compensation specialist

Pre-Certification Claim Search
CHESAPEAKE PHYSICAL AND AQUATIC THERAPY PO BOX 21277 CATONSVILLE, MD 21228

Claim #: Claimant SSN :

Last Name : Date of Accident :

First Name : Date of Birth :

To begin your search, enter at least one field.

One item found. 1

Claim Num	Last Name	First Name	SSN	DOB	Accident Date	Status	Type
0000000	DOE	JANE	XXX-XX-XXXX	08/21/1986	08/04/2014	CLOSED	ELIGIBLE

The **Pre-Certification Service Request** screen displays.

The screenshot shows the 'Pre-Certification Service Request' screen. On the left is a dark blue navigation menu with the following items: MEDICAL VENDOR HOME, VIEW MEDICAL BILLS, MEDICAL PRECERTS (with sub-items GENERAL, THERAPY, and PROCEDURE/SURGERY), REVIEW EOBS, CHANGE INDIVIDUAL PASSWORD, and LOGOUT. The main content area has a header 'Pre-Certification Service Request' and a 'Claimant Information' section containing: Injured Worker's Name : JANE DOE, Date of Injury : 08/04/2014, Claim Number : 0000000, Date of Birth : 08/21/1986, and SSN : XXX-XX-XXXX. Below this are sections for 'Provider Of Service' and 'Authorized User', both currently empty. At the bottom of the main area are two buttons: 'BACK' and 'NEW SEARCH'.

To view additional claim information

- 1) Click on the **Provider of Service**, or **Authorized User** options to display additional information about the claim.

This screenshot shows the 'Pre-Certification Service Request' screen with the 'Provider Of Service' section expanded. The navigation menu is identical to the previous screenshot. The 'Provider Of Service' section now displays: Name : CHESAPEAKE PHYSICAL AND AQUATIC THERAPY, Phone # : 410-719-8661, Location : PO BOX 21277 CATONSVILLE, MD 21228, and Fax # : 4107198996. The 'Authorized User' section remains empty. The 'BACK' and 'NEW SEARCH' buttons are still present at the bottom.

Pre-Certification Service Request Screen Field Descriptions

Option	Description
MEDICAL VENDOR HOME	Click to return to the first webpage for eServices.
VIEW MEDICAL BILLS	Click to view the Medial Bill Claim Search screen. This screen allows you to lookup the billing information for the selected claim.
MEDICAL PRECERTS	Click to view the Pre-Certification Claim Search screen. This screen allows you to lookup the precertification information for the selected claim.
GENERAL	Click to submit a General Pre-Cert request.
THERAPY	Click to submit a Therapy Pre-Cert request.
PROCEDURE/SURGERY	Click to submit a Procedure/Surgery Pre-Cert request.
REVIEW EOBS	Click to view EOB information by check number.
CHANGE INDIVIDUAL PASSWORD	Click to change your password.
LOGOUT	Click to logout of the system.
Claimant Information	Click to display additional claimant information.
Provider of Service	Click to display information about the provider of service.
Authorized User	Click to display authorized Chesapeake Employers user information.
BACK button	Click to select another claim number from the search results
NEW SEARCH button	Click to begin a new claim search

Submitting a Pre-Certification Service Request

Service requests are grouped into three (3) different types - **General**, **Therapy**, and **Procedure / Surgery / Inpatient and Outpatient (Non-Emergency Request)**. You can access these submission screens using the options under **MEDICAL PRECERTS** on the left side of the screen.

Submitting a General Pre-Certification Service Request

- 1) On the left menu under **MEDICAL PRECERTS**, select the **GENERAL** option.

The screenshot shows the web interface for submitting a pre-certification service request. On the left is a dark blue navigation menu with the following options: MEDICAL VENDOR HOME, VIEW MEDICAL BILLS, MEDICAL PRECERTS (with sub-options for GENERAL, THERAPY, and PROCEDURE/SURGERY), REVIEW EOBS, CHANGE INDIVIDUAL PASSWORD, and LOGOUT. The main content area is titled "Pre-Certification Service Request" and contains a form with the following sections:

- Claimant Information**: (Empty field)
- Provider Of Service**:
 - Name : CHESAPEAKE PHYSICAL AND AQUATIC THERAPY
 - Phone # : 410-719-8661
 - Location : PO BOX 21277 CATONSVILLE, MD 21228
 - Fax # : 4107198996
- Authorized User**: (Empty field)

At the bottom of the form are two buttons: "BACK" and "NEW SEARCH".

The General Pre-Certification Service Request screen displays.

General Pre-Certification Service Request

[Precert Instructions](#)

JANE DOE - 0000000

<p>Your Contact Information</p> <p>*Full Name : <input type="text"/></p> <p>Email : <input type="text"/></p> <p>*Phone : <input type="text"/></p> <p>*Fax # : <input type="text"/></p>	<p>Ordering Physician</p> <p>Full Name : <input type="text"/></p> <p>Email : <input type="text"/></p> <p>Phone : <input type="text"/></p> <p>Fax # : <input type="text"/></p>
---	--

**** Note: Notification will only be sent to the Vendor's email address on file with Chesapeake Employers Insurances' Medical eServices.**

[Request for Service](#)

Type of Service(if not listed below) : <input type="text"/>	Date of Service(if known) : <input type="text"/>
---	--

Select/Update Primary ICD10	Select/Update Secondary ICD10(s)	Select/Update CPT code(s)
Primary ICD10 : <input type="text"/>	Secondary ICD10(s) : <input type="text"/>	CPT code(s) : <input type="text"/>

Please enter ICD9 codes in Additional Information below.

Primary Body Part : <input type="text"/>	Side of Body : <input type="text"/>
(if not listed, enter here) : <input type="text"/>	

▶ [Secondary Body Parts](#)

[Imaging](#)

Imaging/Radiology : MRI CT SCAN CT MYELOGRAM BONE SCAN DISCOGRAM

(if not listed, enter here) : Contrast :

[ElectroDiagnostic Testing](#)

ElectroDiagnostic Studies : EMG EMG/NCS NCSs SEPs

(if not listed, enter here) :

[Durable Medical Equipment](#)

Type of Equipment :

Supplies : Supply Quantity :

Trial or Purchase : Used before :

Reason for Service : <input type="text"/>	Additional Information : <input type="text"/>
---	---

Entering Contact and Ordering Physician Information

JANE DOE - 0000000

<p><u>Your Contact Information</u></p> <p>*Full Name : <input type="text"/></p> <p>Email : <input type="text"/></p> <p>*Phone : <input type="text"/></p> <p>*Fax # : <input type="text"/></p>	<p><u>Ordering Physician</u></p> <p>Full Name : <input type="text"/></p> <p>Email : <input type="text"/></p> <p>Phone : <input type="text"/></p> <p>Fax # : <input type="text"/></p>
---	--

**** Note: Notification will only be sent to the Vendor's email address on file with Chesapeake Employers Insurances' Medical eServices.**

To enter your Contact Information – (Red fields are required)

- 1) Enter your full name in the **Full Name** field.
- 2) Enter your email address in the **Email** field.
- 3) Enter your phone number in the **Phone** field.
- 4) Enter your fax number in the **Fax #** field.

To enter Ordering Physician Information – (Red fields are required)

- 1) Enter the ordering physician's name in the **Full Name** field.
- 2) Enter the ordering physician's email address in the **Email** field.
- 3) Enter the ordering physician's phone number in the **Phone** field.
- 4) Enter the ordering physician's fax number in the **Fax #** field.

Entering Request for Service Information

Request for Service

<p>Type of Service(if not listed below) : <input type="text"/></p>	<p>Date of Service(if known) : <input type="text"/></p>
--	---

<p>Select/Update Primary ICD10 </p> <p>Primary ICD10 :</p>	<p>Select/Update Secondary ICD10(s) </p> <p>Secondary ICD10(s) :</p>	<p>Select/Update CPT code(s) </p> <p>CPT code(s) :</p>
--	--	--


Please enter ICD9 codes in Additional Information below.


<p>Primary Body Part : <input type="text"/></p> <p>(if not listed, enter here) : <input type="text"/></p>	<p>Side of Body : <input type="text"/></p>
---	--


- 1) In the **Type of Service** field, enter a description of the type of service you are requesting, if not listed on the screen below.
- 2) If known, enter the date of service in the **Date of Service** field.

Searching/Updating ICD10 and CPT Codes

Searching /Updating Primary ICD10 codes

[Select/Update Primary ICD10](#) 

 [Select/Update Secondary ICD10\(s\)](#) 

 [Select/Update CPT code\(s\)](#) 

Primary ICD10 : **Secondary ICD10(s) :** **CPT code(s) :**

Please enter ICD9 codes in Additional Information below.

- 1) Click the **Select/Update Primary ICD10** blue link.

The **ICD10 Code(s) Selection** screen displays. **Note:** You can click the blue links at the bottom of the screen to obtain help on how to search, add, delete, and save ICD10 and CPT codes.

ICD10 Code(s) Selection

Code:

Description:

- ▶ [Searching Code\(s\)](#)
- ▶ [Adding Code\(s\)](#)
- ▶ [Deleting Code\(s\)](#)
- ▶ [Saving Code\(s\)](#)

- 2) Enter search criteria in the **ICD10 Code** or **ICD10 Description** fields and click the **SEARCH** button.

The results (if any) will display in the **[**Available Codes **]** table.

ICD10 Code(s) Selection

Code:

Description:

[Available codes**]**

13 items found, displaying 1 to 10. [First/Prev] 1, 2 [Next/Last]

Select	ICD Code	Description
<input type="radio"/>	K91.840	Postprocedural hemorrhage and hematoma of a digestive system organ or structure following a digestive system procedure
<input type="radio"/>	O99.840	Bariatric surgery status complicating pregnancy, unspecified trimester
<input type="radio"/>	R41.840	Attention and concentration deficit
<input type="radio"/>	S30.840	External constriction of lower back and pelvis
<input type="radio"/>	S30.840A	External constriction of lower back and pelvis, initial encounter
<input type="radio"/>	S30.840D	External constriction of lower back and pelvis, subsequent encounter
<input type="radio"/>	S30.840S	External constriction of lower back and pelvis, sequela
<input type="radio"/>	S39.840	Fracture of corpus cavernosum penis
<input type="radio"/>	S39.840A	Fracture of corpus cavernosum penis, initial encounter
<input type="radio"/>	S39.840D	Fracture of corpus cavernosum penis, subsequent encounter

Only one Primary ICD10 code is allowed.

One item found. 1

Select	Code	Description
<input type="radio"/>	R41.840	Attention and concentration deficit

- 3) To select the desired code, click the corresponding circle.
- 4) Click the **Add to List** button to temporarily save the code in the [** Selected Code **] section.
- 5) To delete an undesired code, select it and click the **Delete** button.
- 6) After you have selected the desired code, click the **Save** button. The selected code will populate in the Pre-Cert service screen.

Note: There can only be one (1) Primary ICD10 code, therefore only one can be saved. The selected item **will not** be saved if the form is closed without clicking the **SAVE** button.

Searching /Updating Secondary ICD10 codes

Select/Update Primary ICD10	Select/Update Secondary ICD10(s)	Select/Update CPT code(s)
Primary ICD10 :	Secondary ICD10(s) :	CPT code(s) :
Please enter ICD9 codes in Additional Information below.		

- 1) Click the **Select/Update Secondary ICD10** blue link.
The **ICD10 Code(s) Selection** screen displays.

ICD10 Code(s) Selection

Code:

Description:

- ▶ [Searching Code\(s\)](#)
- ▶ [Adding Code\(s\)](#)
- ▶ [Deleting Code\(s\)](#)
- ▶ [Saving Code\(s\)](#)

- 2) Enter search criteria in the **ICD10 Code** or **ICD10 Description** fields and click the **Search** button.

ICD10 Code(s) Selection

Code:

Description:

[**Available codes**]

10 items found, displaying all items. 1

Select	ICD Code	Description
<input type="checkbox"/>	G40.804	Other epilepsy, intractable, without status epilepticus
<input type="checkbox"/>	L97.804	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of bone
<input type="checkbox"/>	S31.804	Puncture wound with foreign body of unspecified buttock
<input type="checkbox"/>	S31.804A	Puncture wound with foreign body of unspecified buttock, initial encounter
<input type="checkbox"/>	S31.804D	Puncture wound with foreign body of unspecified buttock, subsequent encounter
<input type="checkbox"/>	S31.804S	Puncture wound with foreign body of unspecified buttock, sequela
<input type="checkbox"/>	T38.804	Poisoning by unspecified hormones and synthetic substitutes, undetermined
<input type="checkbox"/>	T38.804A	Poisoning by unspecified hormones and synthetic substitutes, undetermined, initial encounter
<input type="checkbox"/>	T38.804D	Poisoning by unspecified hormones and synthetic substitutes, undetermined, subsequent encounter
<input type="checkbox"/>	T38.804S	Poisoning by unspecified hormones and synthetic substitutes, undetermined, sequela

Not more than 6 Secondary ICD10 codes are allowed.

One item found. 1

Select	Code	Description
<input type="checkbox"/>	L97.804	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of bone

- 3) The results (if any) will display in the **[**Available Codes **]** table.
 - 4) To select the desired code, click the corresponding check box.
 - 5) Click the **Add to List** button to temporarily save the code(s) in the **[** Selected Code **]** section.
 - 6) To delete a single undesired code, select it and click the **Delete** button. You can choose the **Select All** option to select all listed codes. You can choose the **Select None** option to deselect all that have been selected.
 - 7) After you have selected the desired code(s), click the **Save** button. The selected code(s) will populate in the Pre-Cert service screen.
- Note:** You can select up to six (6) secondary codes. The selected item **will not** be saved if the form is closed without clicking the **Save** button.

Searching /Updating CPT Code(s)

Select/Update Primary ICD10	Select/Update Secondary ICD10(s)	Select/Update CPT code(s)
Primary ICD10 :	Secondary ICD10(s) :	CPT code(s) :
Please enter ICD9 codes in Additional Information below.		

- 1) Click the **Select/Update CPT Code(s)** blue link.
The **CPT Code(s) Selection** screen displays.

CPT Code(s) Selection

Code:
 Description:

- ▶ [Searching Code\(s\)](#)
- ▶ [Adding Code\(s\)](#)
- ▶ [Deleting Code\(s\)](#)
- ▶ [Saving Code\(s\)](#)

- 2) Follow the steps for **Searching/Updating Primary ICD10 Code(s)** on page 12.

CPT Code(s) Selection

Code:
 Description:

[Available codes**]**

One item found. 1

Select	ICD Code	Description
<input type="checkbox"/>	MED99	MEDICAL ON-SITE VENDOR CHARGES, NOT SPECIFIED

- ▶ [Searching Code\(s\)](#)
- ▶ [Adding Code\(s\)](#)
- ▶ [Deleting Code\(s\)](#)
- ▶ [Saving Code\(s\)](#)

Entering Body Part Information

To enter body part information

The screenshot shows a form with the following elements:

- Primary Body Part :** A drop-down menu.
- (if not listed, enter here) :** A text input field.
- Side of Body :** A drop-down menu.
- Secondary Body Parts**: A blue link with a right-pointing triangle icon.

- 1) Click the arrow on the **Primary Body Part** drop-down list and select a body part.
Note: There can only be one primary body part.
- 2) If the body part is not listed, enter it into the **(If not listed, enter here)** field.
- 3) Click the arrow on the **Side of Body** drop-down list and select an option.
- 4) To add additional body parts, click on the **Secondary Body Parts** blue link. The **Body Area** and **Body Side** list will display. **Note:** You can select up to six secondary body parts.

The screenshot shows the **Secondary Body Parts** section expanded. It contains a table with two columns: **Body Area :** and **Body Side :**. Each column has six rows, each with a drop-down arrow. Below the table, the text **Upto 6 secondary bodypart Allowed** is displayed.

Body Area :	Body Side :
▼	▼
▼	▼
▼	▼
▼	▼
▼	▼
▼	▼

Upto 6 secondary bodypart Allowed

- 5) Click the **Body Area** arrow and select an option from the drop-down list.
- 6) Click the **Body Side** arrow and select an option from the drop-down list.
Note: You can click on the **Secondary Body Parts** blue link to hide the Secondary Body Parts if you do not want to display them on the screen.

Entering Imaging, ElectroDiagnostic, and Medical Equip. Information

Imaging	
Imaging/Radiology :	<input type="checkbox"/> MRI <input type="checkbox"/> CT SCAN <input type="checkbox"/> CT MYELOGRAM <input type="checkbox"/> BONE SCAN <input type="checkbox"/> DISCOGRAM
(if not listed, enter here) :	<input type="text"/> Contrast : <input type="text"/>
ElectroDiagnostic Testing	
ElectroDiagnostic Studies :	<input type="checkbox"/> EMG <input type="checkbox"/> EMG/NCS <input type="checkbox"/> NCSs <input type="checkbox"/> SEPs
(if not listed, enter here) :	<input type="text"/>
Durable Medical Equipment	
Type of Equipment :	<input type="text"/>
Supplies :	<input type="text"/> Supply Quantity : <input type="text"/>
Trial or Purchase :	<input type="text"/> Used before : <input type="text"/>

To enter Imaging, ElectroDiagnostic, and Medical Equip. information

- 1) Under the **Imaging** section, select the check box that corresponds to the service being submitted and, if not listed, refer back to the **Type of Service (if not listed service below)** field to enter service for Pre-Certification.
- 2) If applicable, select either **BOTH**, **WITH**, or **WITHOUT** from the **Contrast** drop-down list.
- 3) Under the **ElectroDiagnostic Testing** section, select the **ElectroDiagnostic Studies** check box that corresponds to the service being submitted. If not listed, refer back to the **Type of Service (if not listed service below)** field to enter service for pre-certification.
- 4) Under the **Durable Medical Equipment** section, enter an equipment type in the **Type of Equipment** field.
Note: Provide L-code when possible.
- 5) Enter a description of any supplies in the **Supplies** field.
- 6) Enter a supply amount in the **Supply Quantity** field.
- 7) Click on the arrow and select either **TRIAL** or **PURCHASE** from the **Trial or Purchase** drop-down list.
- 8) Click the arrow and select either **YES** or **NO** from the **Use before** drop-down list.

Entering Additional Reasons for Service

The screenshot shows a web form with two text input fields. The first field is labeled "Reason for Service :" and the second is labeled "Additional Information :". Below the fields are two buttons: "SUBMIT PRECERT" and "CANCEL".

- 1) In the **Reason for Service** field, enter supporting rationale for any service being submitted.
- 2) Use the **Additional Information** field for supporting medical necessity and appropriateness for the proposed service.

Submitting the General Pre-Certification Request

Upon submitting a service request, promptly fax all pertinent supporting medical documentation to FAX# 410-339-6739. In order for your request to be addressed in a timely manner, please include the claim and reference numbers on the Fax Cover Sheet.

To submit your request

- 1) Click the **SUBMIT PRECERT** button.
- 2) If you want to re-start the process over again and not submit what you have entered, click the **CANCEL** button.

Submitting a Therapy Pre-Certification Service Request

- 1) On the left menu under **MEDICAL PRECERTS**, select the **THERAPY** option.

The screenshot shows the "Pre-Certification Service Request" screen. On the left is a dark blue navigation menu with the following items: "MEDICAL VENDOR HOME", "VIEW MEDICAL BILLS", "MEDICAL PRECERTS" (with a sub-menu), "GENERAL", "THERAPY" (highlighted with a green dot), "PROCEDURE/SURGERY", "REVIEW EOBS", and "LOG OUT". The main content area is titled "Pre-Certification Service Request" and contains several sections: "Claimant Information", "Provider Of Service" (expanded to show details), and "Authorized User". The "Provider Of Service" details include: Name : OCCUPATIONAL HEALTH CENTERS OF THE SW PA, Phone # : , Location : DBA CONCENTRA MEDICAL CENTERS PO BOX 18277 BALTIMORE, MD 21227, Fax # : . At the bottom of the main content area are two buttons: "BACK" and "NEW SEARCH".

- 2) The **Therapy Pre-Certification Service Request** screen displays.

Therapy Pre-Certification Service Request

[Precert Instructions](#)

JANE DOE - 0000000

<p>Your Contact Information</p> <p>*Full Name : <input type="text"/></p> <p>Email : <input type="text"/></p> <p>*Phone : <input type="text"/></p> <p>*Fax # : <input type="text"/></p>	<p>Ordering Physician</p> <p>Full Name : <input type="text"/></p> <p>Email : <input type="text"/></p> <p>Phone : <input type="text"/></p> <p>Fax # : <input type="text"/></p>
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**** Note: Notification will only be sent to the Vendor's email address on file with Chesapeake Employers Insurances' Medical eServices.**

[Request for Service](#)

[Therapy](#)

Therapy Type : PHYSICAL THERAPY OCCUPATIONAL THERAPY CHIROPRACTIC THERAPY BIO-FEEDBACK COGNITIVE PSYCHOTHERAPY

(if not listed, enter here) :

Start Date for this Request (if known):	<input type="text"/>	Number of Requested Visits :	<input type="text"/>
End Date for this Request (if known):	<input type="text"/>	Frequency of Requested Visits :	<input type="text"/>

[Select/Update Primary ICD10](#)

 [Select/Update Secondary ICD10\(s\)](#)

 [Select/Update CPT code\(s\)](#)

Primary ICD10 : Secondary ICD10(s) :L97.804 CPT code(s) :

Please enter ICD9 codes in Additional Information below.

[Body Information](#)

Primary Body Part :

Side of Body :

(if not listed, enter here) :

▶ **[Secondary Body Parts](#)**

Additional Information :

▶ **[Request For Additional Therapy \(Complete this action if requesting additional therapy\)](#)**

(CLICK ONLY ONCE! Otherwise you may submit a duplicate request)

SUBMIT PRECERT
CANCEL

Entering Contact and Ordering Physician Information

JANE DOE - 0000000	
Your Contact Information	Ordering Physician
*Full Name : <input type="text"/>	Full Name : <input type="text"/>
Email : <input type="text"/>	Email : <input type="text"/>
*Phone : <input type="text"/>	Phone : <input type="text"/>
*Fax # : <input type="text"/>	Fax # : <input type="text"/>
** Note: Notification will only be sent to the Vendor's email address on file with Chesapeake Employers Insurances' Medical eServices.	

To enter your Contact Information – (Red fields are required)

- 1) Enter your full name in the **Full Name** field.
- 2) Enter your email address in the **Email** field.
- 3) Enter your phone number in the **Phone** field.
- 4) Enter your fax number in the **Fax #** field.

To enter Ordering Physician Information – (Red fields are required)

- 1) Enter the ordering physician's name in the **Full Name** field.
- 2) Enter the ordering physician's email address in the **Email** field.
- 3) Enter the ordering physician's phone number in the **Phone** field.
- 4) Enter the ordering physician's fax number in the **Fax #** field.

Entering Request for Service Information

[Request for Service](#)

Therapy

Therapy Type : PHYSICAL THERAPY OCCUPATIONAL THERAPY CHIROPRACTIC THERAPY BIO-FEEDBACK COGNITIVE PSYCHOTHERAPY

(if not listed, enter here) :

Start Date for this Request (if known): Number of Requested Visits :

End Date for this Request (if known): Frequency of Requested Visits :

To enter Request for Service Information

- 1) Click the **Therapy Type** check box that corresponds with the therapy being requested.
- 2) In the **(If not listed, enter here)** field, enter a description of the type of therapy service you are requesting, if not listed as a checkbox.
- 3) In the **Start Date for this Request** field, if known, enter the date this service should start.
- 4) In the **End Date for this Request** field, if known, enter the date this service should end.
- 5) In the **Number of Requested Visits** field, enter the number of visits you are requesting for this service.
- 6) In the **Frequency of Requested Visits** field, enter how often this service should be provided.

Searching /Updating Secondary ICD10 codes

[Select/Update Primary ICD10](#)

 [Select/Update Secondary ICD10\(s\)](#)

 [Select/Update CPT code\(s\)](#)

Primary ICD10 : Secondary ICD10(s) : CPT code(s) :

Please enter ICD9 codes in Additional Information below.

See **Searching/Updating ICD10 and CPT Codes** directions on page **12**.

Entering Body Part Information

Body Information

Primary Body Part : Side of Body :

(if not listed, enter here) :

▶ [Secondary Body Parts](#)

To enter body part information

- 1) Click the arrow on the **Primary Body Part** drop-down list and select a body part.
Note: There can only be one primary body part.
- 2) If the body part is not listed, enter it into the **(If not listed, enter here)** field.
- 3) Click the arrow on the **Side of Body** drop-down list and select an option.
- 4) To add additional body parts, click on the **Secondary Body Parts** blue link. The **Body Area** and **Body Side** list will display. **Note:** You can select up to six secondary body parts.

▼ [Secondary Body Parts](#)

Body Area :	Body Side :
<input type="text"/> <input type="button" value="▼"/>	<input type="text"/> <input type="button" value="▼"/>
<input type="text"/> <input type="button" value="▼"/>	<input type="text"/> <input type="button" value="▼"/>
<input type="text"/> <input type="button" value="▼"/>	<input type="text"/> <input type="button" value="▼"/>
<input type="text"/> <input type="button" value="▼"/>	<input type="text"/> <input type="button" value="▼"/>
<input type="text"/> <input type="button" value="▼"/>	<input type="text"/> <input type="button" value="▼"/>
<input type="text"/> <input type="button" value="▼"/>	<input type="text"/> <input type="button" value="▼"/>

Upto 6 secondary bodypart Allowed

- 5) Click the **Body Area** arrow and select an option from the drop-down list.
- 6) Click the **Body Side** arrow and select an option from the drop-down list.
Note: You can click the **Secondary Body Parts** blue link if you do not want to display the secondary body part options on the screen.

Entering Request for Additional Therapy Information

This section should be completed if you are requesting additional therapy. When requesting additional or continuing therapy, complete all sections of the screen including the **Request For Additional Therapy** at the bottom of the screen. Note that if you are requesting additional therapy, you must select a **Primary ICD10 Code**. See **Searching /Updating Secondary ICD10 codes** on page 12.

Additional Information :

▼ [Request For Additional Therapy \(Complete this action if requesting additional therapy\)](#)

*Note: If requesting additional therapy, please select Primary ICD-10.

Visits Attended : <input style="width: 50%;" type="text"/>	Visits remaining(on prior authorization) : <input style="width: 50%;" type="text"/>
Visits Missed : <input style="width: 50%;" type="text"/>	Date of last visit attended : <input style="width: 50%;" type="text"/>

Treatment Response : <input style="width: 90%;" type="text"/>	Treatment Plan : <input style="width: 90%;" type="text"/>
--	--

(CLICK ONLY ONCE! Otherwise you may submit a duplicate request)

SUBMIT PRECERT	CANCEL
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To enter additional therapy information

- 1) In the **Visits Attended** field, enter the number of visits that were made by the claimant.
- 2) In the **Visits Missed** field, enter the number of visits the claimant missed.
- 3) In the **Visits remaining** field, enter the number of visits that are still remaining on the prior authorization.
- 4) In the **Date of last visit attended** field, enter the date on which the claimant made their last therapy visit.
- 5) In the **Treatment Response** field, enter any pertinent information about how the claimant has responded to the treatment thus far.
- 6) In the **Treatment Plan** field, enter information about the further plan of treatment for the claimant.

Submitting the Therapy Pre-Certification Request

Upon submitting a service request, promptly fax all pertinent supporting medical documentation to FAX# 410-339-6739. In order for your request to be addressed in a timely manner, please include the claim and reference numbers on the Fax Cover Sheet.

To submit your request

- 1) Click the **SUBMIT PRECERT** button.
- 2) If you want to re-start the process over again and not submit what you have entered, click the **CANCEL** button.

Submitting a Procedure/Surgery Pre-Certification Service Request

- 1) On the left menu under **MEDICAL PRECERTS**, select the **PROCEDURE/SURGERY** option.

The screenshot shows the Chesapeake Employers Insurance website interface. The top left features the logo with the text "Chesapeake Employers Insurance" and "Your workers' compensation specialist". The main content area is titled "Pre-Certification Service Request". On the left is a dark blue navigation menu with the following items: "MEDICAL VENDOR HOME", "VIEW MEDICAL BILLS", "MEDICAL PRECERTS" (with a sub-menu open showing "GENERAL", "THERAPY", and "PROCEDURE/SURGERY" selected), "REVIEW EOBS", and "LOG OUT". The main form area contains sections for "Claimant Information", "Provider Of Service" (with fields for Name, Phone #, Location, and Fax #), and "Authorized User". At the bottom of the form are two buttons: "BACK" and "NEW SEARCH".

- 2) Click the **CLICK TO BEGIN REQUEST** button.

The **Procedure / Surgery / Inpatient and Outpatient (Non-Emergency) Request** screen displays.

Procedure / Surgery / Inpatient and Outpatient (Non-Emergency) Request

[Precert Instructions](#)

JANE DOE - 0000000

<p>Your Contact Information</p> <p>*Full Name : <input type="text"/></p> <p>Email : <input type="text"/></p> <p>*Phone : <input type="text"/></p> <p>*Fax # : <input type="text"/></p>	<p>Ordering Physician</p> <p>*Full Name : <input type="text"/></p> <p>Email : <input type="text"/></p> <p>Phone : <input type="text"/></p> <p>Fax # : <input type="text"/></p>
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**** Note: Notification will only be sent to the Vendor's email address on file with Chesapeake Employers Insurances' Medical eServices.**

[Physician and Facility Vendor Information](#)

[Procedure](#)

*Procedure : <input type="text"/>	Setting : <input type="text"/>
Facility : <input type="text"/>	Inpatient/Outpatient : <input type="text"/>

[Body Information](#)

*Primary Body Part : <input type="text"/>	Side of Body : <input type="text"/>
(if not listed, enter here) : <input type="text"/>	

[Select/Update Primary ICD10](#)

 [Select/Update Secondary ICD10\(s\)](#)

 [Select/Update CPT code\(s\)](#)

*Primary ICD10 : Secondary ICD10(s) : *CPT code(s) :

Please enter ICD9 codes in Additional Information below.

▶ **[Secondary Body Parts](#)**

[Admission](#)

Admit Date : <input type="text"/>	Date of Procedure(if known) : <input type="text"/>
Discharge Date : <input type="text"/>	Length of Stay(# of days) : <input type="text"/>

Additional Information :

(CLICK ONLY ONCE! Otherwise you may submit a duplicate request)

SUBMIT PRECERT	CANCEL
----------------	--------

Entering Contact and Ordering Physician Information

JANE DOE - 0000000	
<u>Your Contact Information</u>	<u>Ordering Physician</u>
*Full Name : <input type="text"/>	*Full Name : <input type="text"/>
Email : <input type="text"/>	Email : <input type="text"/>
*Phone : <input type="text"/>	Phone : <input type="text"/>
*Fax # : <input type="text"/>	Fax # : <input type="text"/>
** Note: Notification will only be sent to the Vendor's email address on file with Chesapeake Employers Insurances' Medical eServices.	

To enter your Contact Information – (Red fields are required)

- 1) Enter your full name in the **Full Name** field.
- 2) Enter your email address in the **Email** field.
- 3) Enter your phone number in the **Phone#** field.
- 4) Enter your fax number in the **Fax#** field.

To enter Ordering Physician Information – (Red fields are required)

- 1) Enter the ordering physician's name in the **Physician** field.
- 2) Enter the ordering physician's email address in the **Email** field.
- 3) Enter the ordering physician's phone number in the **Phone#** field.
- 4) Enter the ordering physician's fax number in the **Fax#** field.

Entering Physician and Facility Vendor Information

[Physician and Facility Vendor Information](#)

Procedure

*Procedure : Setting :

Facility : Inpatient/Outpatient :

To Enter Physician and Facility Vendor Information – (Red fields are required)

- 1) In the **Procedure** field, enter a description of the procedure you are requesting.
- 2) In the **Facility** field, enter the name, location, and Tax ID number of the facility where the procedure is to be performed.
- 3) Click the arrow on the **Setting** field, and select a setting from the drop-down list.
- 4) Click the arrow on the **Inpatient/Outpatient** field and select an option from the drop-down list.

Entering Body Part Information

To enter body part information

[Body Information](#)

*Primary Body Part : Side of Body :

(if not listed, enter here) :

[Select/Update Primary ICD10](#) [Select/Update Secondary ICD10\(s\)](#) [Select/Update CPT code\(s\)](#)

*Primary ICD10 : Secondary ICD10(s) : *CPT code(s) :

Please enter ICD9 codes in Additional Information below.

▶ [Secondary Body Parts](#)

- 1) Click the arrow on the **Primary Body Part** drop-down list and select a body part.
Note: There can only be one primary body part.
- 2) If the body part is not listed, enter it into the **(If not listed, enter here)** field.
- 3) Click the arrow on the **Side of Body** drop-down list and select an option.
- 4) To add additional body parts, click the **Secondary Body Parts** blue link. The **Body Area** and **Body Side** list will display. **Note:** You can select up to six secondary body parts.


▼ **Secondary Body Parts**


Body Area :	Body Side :
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>


Upto 6 secondary bodypart Allowed

- 5) Click the **Body Area** arrow and select an option from the drop-down list.
 - 6) Click the **Body Side** arrow and select an option from the drop-down list.
- Note:** You can click the **Hide Secondary Body Parts** option if you do not want to display the secondary body part options on the screen.

Searching /Updating Secondary ICD10 codes

[Select/Update Primary ICD10](#) 

 [Select/Update Secondary ICD10\(s\)](#) 

 [Select/Update CPT code\(s\)](#) 

Primary ICD10 : **Secondary ICD10(s) :** **CPT code(s) :**

Please enter ICD9 codes in Additional Information below.

See **Searching/Updating ICD10 and CPT Codes** directions on page 12.

Entering Admission Information

To enter admission information

Admission

Admit Date : **Date of Procedure(if known) :**

Discharge Date : **Length of Stay(# of days) :**

Additional Information :

- 1) In the **Admit Date** field, enter the date of admission.
- 2) In the **Discharge Date** field, enter the date of discharge.
- 3) In the **Date of Procedure** field, enter the date the procedure is to be performed.
- 4) In the **Length of Stay** field, enter the number of days.
- 5) Enter any additional pertinent information in the **Additional Info** field.

Submitting the Procedure / Surgery Pre-Certification Request

Upon submitting a service request, promptly fax all pertinent supporting medical documentation to FAX# 410-339-6739. In order for your request to be addressed in a timely manner, please include the claim and reference numbers on the Fax Cover Sheet.

To submit your request

- 1) Click the **SUBMIT PRECERT** button.
- 2) If you want to re-start the process over again and not submit what you have entered, click the **CANCEL** button.