

EZ-Net Authorization Submission

1. This written process includes all of the required fields for submission, if the field is not noted in this process, do NOT populate the field during submission.
2. Go to www.eznet.rchsd.org You will see a login screen that should look similar to this:

Home About us Contact us Login

The following information is intended ONLY for those persons with designated and approved user credentials. If you are logged into EZNET and are not the intended recipient, LOG OFF NOW.

Thank you, EZ Net Support


2-FACTOR AUTHENTICATION IS NOW LIVE

Forgot Username/Password?
Please email EzNetSupport@rchsd.org for assistance.

For optimal performance, please set **Pop Up Blocker** to OFF

Final eligibility and benefits are determined by the individual HealthPlan. You will find links to the various HealthPlan websites by clicking on the Quick Links widget on the Dashboard tab once you log into EzNet.

CHOC Health Alliance Customer Service Department can be reached at:
1-800-387-1103

Medical documentation is required when submitting authorization requests online. To attach medical documentation, please click on  located at the top right hand corner of the authorization submission entry screen. If you require assistance, please contact Customer Service at the number listed above.

Authorization Submission Update: Due to Regulatory Updates the Authorizing Provider field must be submitted as the individual ordering physician, do not use group/vendor names in this field. If the ordering provider is an NP or PA, then please populate the Authorizing Provider field with the supervising physician name.

3. Click on the Login area and type in the Username and Password you were provided with. You may be prompted to change your password the first time you login. Please remember that passwords are case sensitive.

Home About us Contact us Login

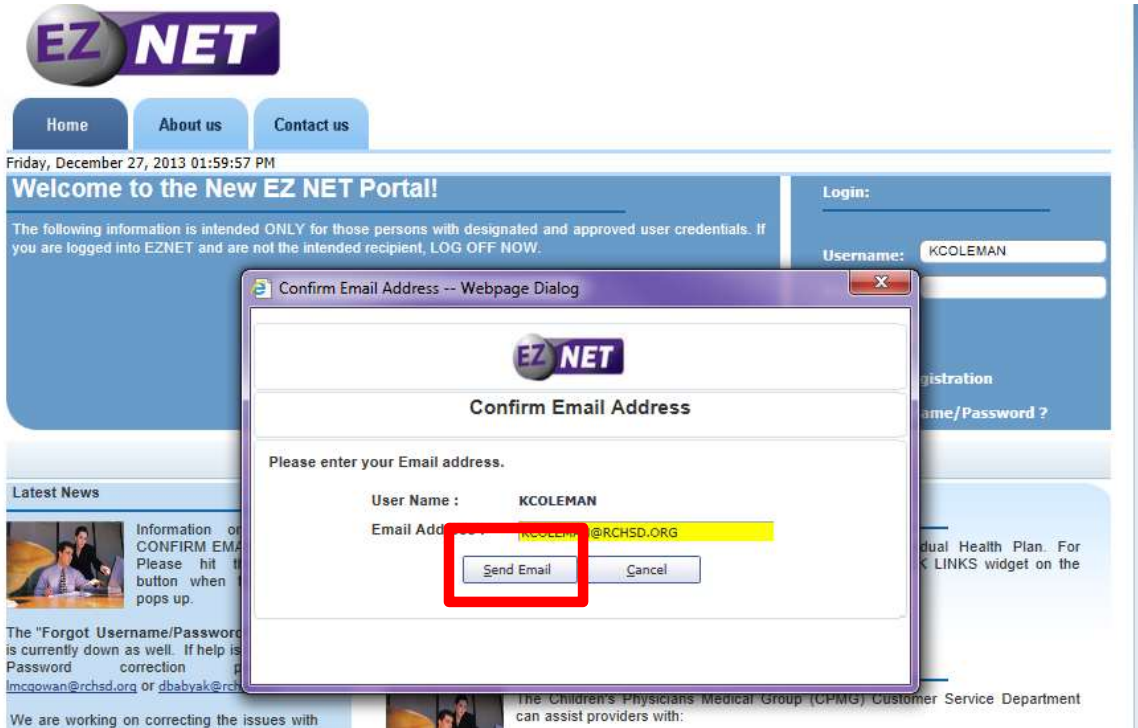
with designated and approved user credentials. If you are logged into EZ N

2-FACTOR AUTHENTICATION IS NOW LIVE

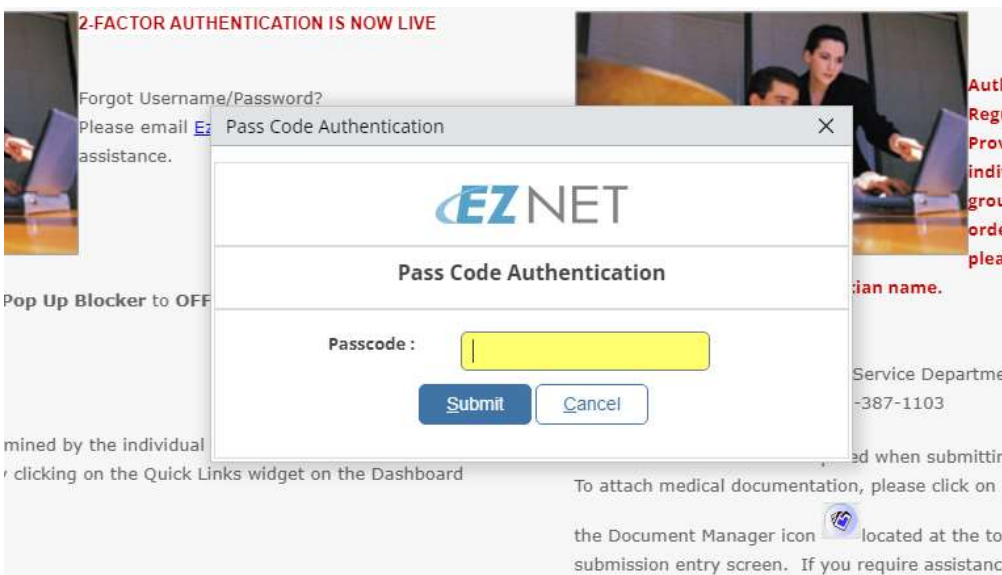
Forgot Username/Password?
rt@rchsd.org for

Authorization Submission Update: Due to Regulatory Updates the Authorizing Provider field must be submitted as the individual ordering physician, do not use group/vendor names in this field. If the ordering provider is an NP or PA, then please populate the Authorizing Provider field with the supervising physician name.

4. If you have trouble logging in, please go to the FAQ page at the end of this document.
5. Click Login after typing your Username and Password in the boxes provided.
 - a. If you have not confirmed your e-mail address yet, you may receive the pop-up below, please confirm your e-mail by clicking "Send Email". Then go to your e-mail address and click on the link provided in the confirmation e-mail.



- b. If you already confirmed your e-mail address you will receive the following pop-up:



c. Check the e-mail you have on file for EZ-Net for the Code verification email.



EZNetSupport
To Coleman, Katie

Reply

Reply

Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.



Dear kcoleman,

Thank you for accessing EZ-NET. You have accessed EZ-NET Application for which One Time Passcode '7[REDACTED]' has been generated. Never share with anyone.

Do not Reply: This is auto generated Email.

Thanks,
EZ-NET Customer Support

d. Type in the verification code and click Submit – the code is required to access the website.

2-FACTOR AUTHENTICATION IS NOW LIVE

Forgot Username/Password?
Please email [EZ](#) assistance.

Pop Up Blocker to OFF

Autl
Regi
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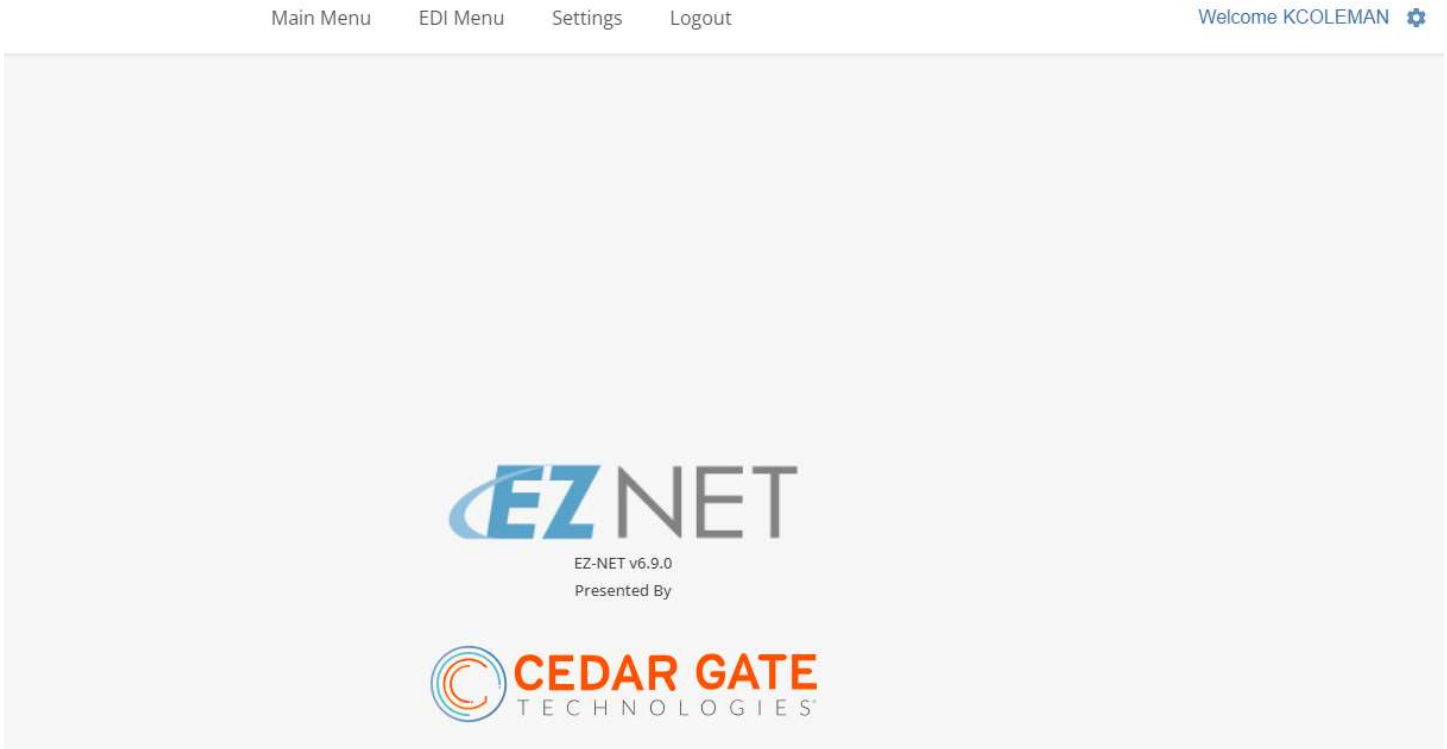
ian name.

Service Departme
-387-1103

mined by the individual
clicking on the Quick Links widget on the Dashboard

To attach medical documentation, please click on
the Document Manager icon located at the to
submission entry screen. If you require assistanc

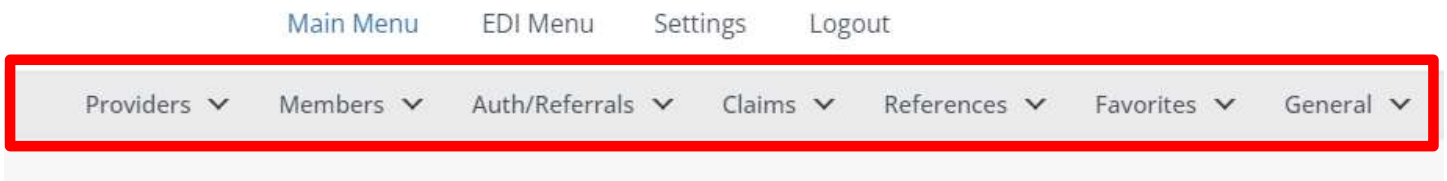
6. This will take you to a main screen that should be similar to this one:



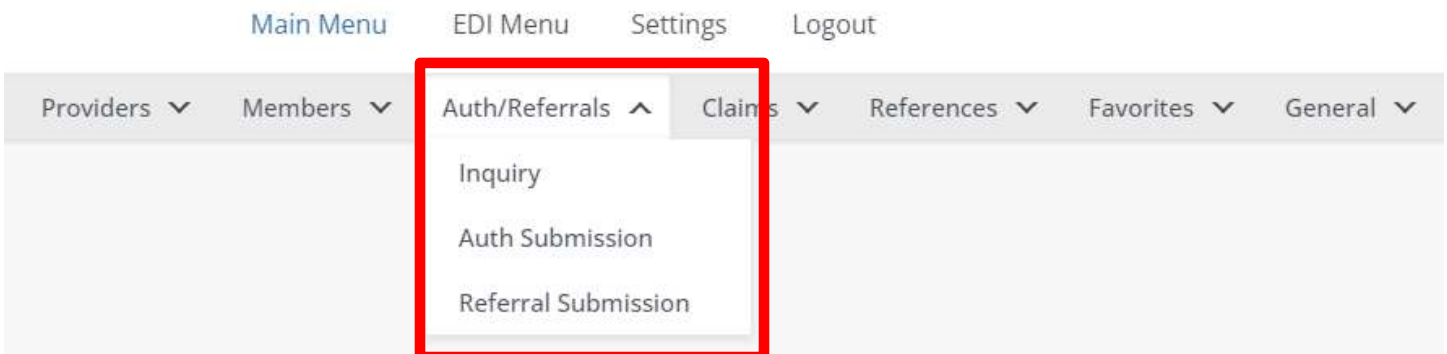
7. Click on the Main tab to see options for authorizations, claims, and eligibility



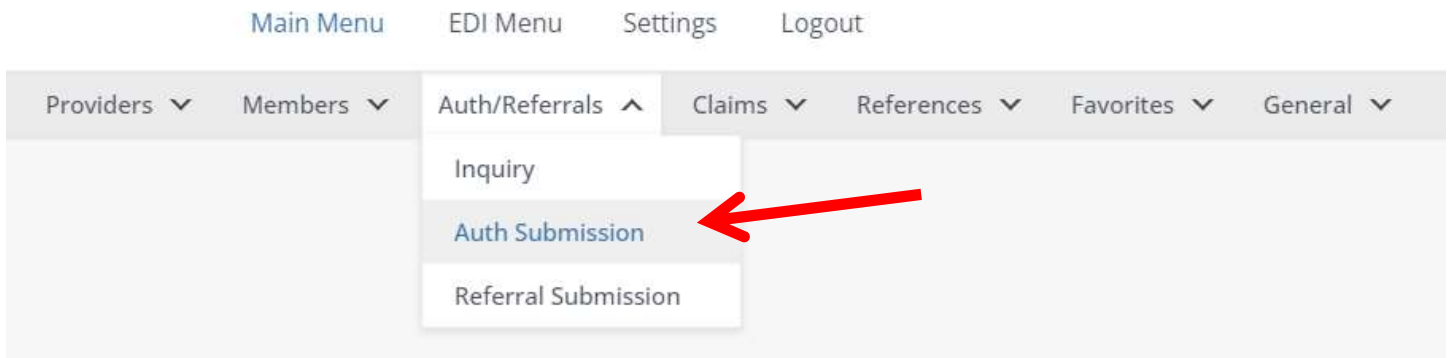
8. The Main tab is where you will find all of your search and submission options available through EZ-Net.



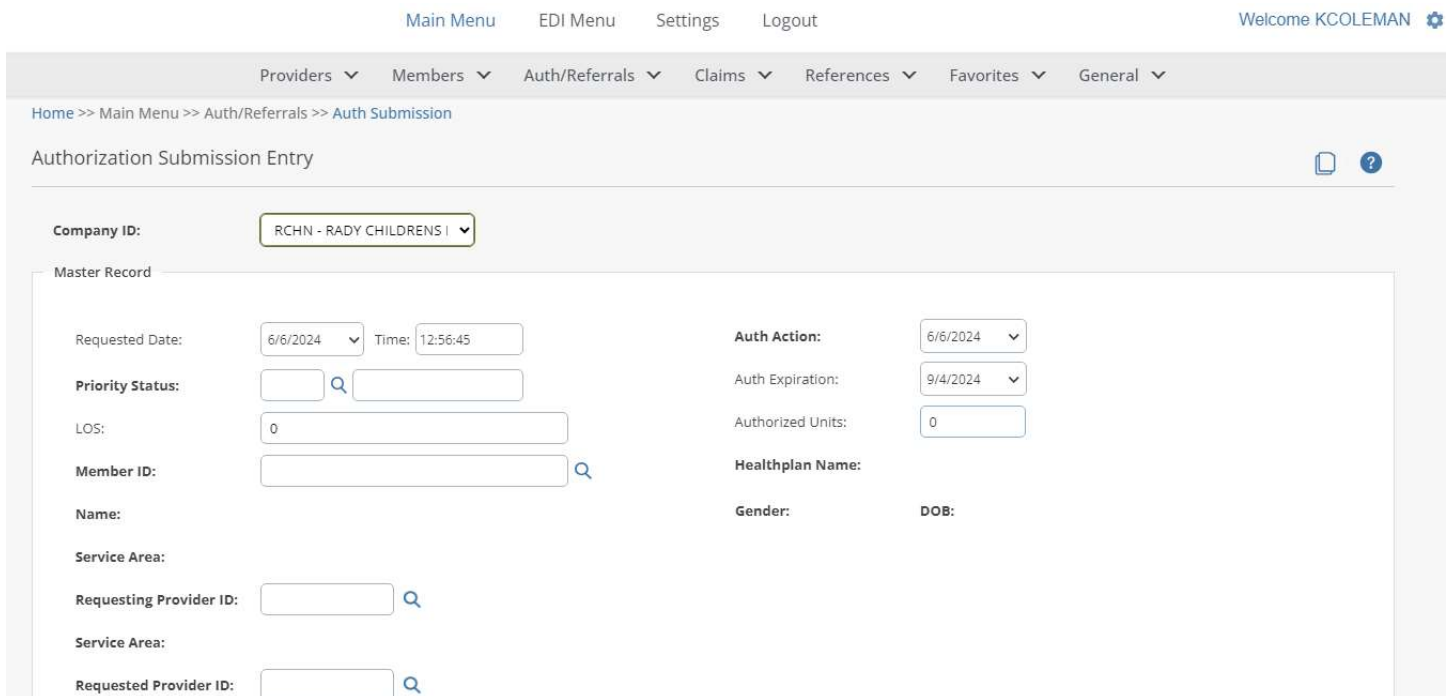
9. Place your mouse over the Auth/Referrals tab to see the list of options:



10. Click Auth Submission to submit an authorization request for consideration.



11. This will take you to the authorization entry page of EZ-Net:



12. Select the Company that you are submitting a request for using the drop-down menu available under Company ID. Depending on your access level, you may only see one option. If you do not select the correct Company ID, you may not be able to find the member you are trying to submit a request for.

Home >> Main Menu >> Auth/Referrals >> Auth Submission

Authorization Submission Entry

Company ID: RCHN - RADY CHILDRENS I ▾

Master Record

Requested Date:

- CHG - COMMUNITY HEALTH GROUP
- MOLINA - MOLINA HEALTHCARE, INC
- CHOC - CHOC HEALTH ALLIANCE
- RCHN - RADY CHILDRENS HEALTH NETWORK
- SHPIND - SHARP HEALTH PLAN INDEPENDENT
- CKC - CALIFORNIA KIDS CARE

Priority Status: 🔍

LOS:

Member ID: 🔍

Name:

13. **Do not** change the dates listed under Requested Date or Auth Action Date. These dates will default to the date you are submitting your request, if your request is for a retro date of service you will be able to enter that information later in the authorization submission process.

Company ID: RCHN - RADY CHILDRENS I ▾

Master Record

Requested Date: 6/6/2024 ▾ **Time:** 12:56:45 **Auth Action:** 6/6/2024 ▾

Priority Status: 🔍 **Auth Expiration:** 9/4/2024 ▾

14. Next, select the Priority Status of the authorization you are submitting. Click the magnifying glass to see the list of options. For definitions of Urgent, Routine, and Retro, please see the FAQ page at the end of this document.

Master Record

Requested Date: 6/6/2024

Priority Status:

LOS: 0

Member ID:

Name:

Service Area:

Requesting Provider ID:

Service Area:

Requested Provider ID:

Auth Priority Status Codes

No of Records: 4

Code	Description
0	UNSPECIFIED
1	URGENT
2	ROUTINE
3	RETRO

Page 1 GO of 1 1 Total Item(s): 4 10

15. Next, go to the Member ID field to select the appropriate member that you are submitting an authorization request regarding. Click the magnifying glass option to access search options that are available.

Requested Date: 6/6/2024 Time: 12:56:45

Auth Action: 6/6/2024

Priority Status: 2 ROUTINE

Auth Expiration: 9/4/2024

LOS: 0

Authorized Units: 0

Member ID:

Healthplan Name:

Name:

Gender: DOB:

16. Type in either member name or ID number and then click Search.

Member Search

No of Records:

Last Name: First Name: Date Of Birth:

Subscriber SSN: Patient ID: Subscriber MBI:

PCP ID: **Member ID:** Address 1:

Gender: SELECT Address 2: City:

State/Region: Zip:

Healthplan: SELECT A VALUE

Member ID(rt-clk for det)	Member Name	Gender	Birth Date	Healthplan	Company Name	Last Name	First Name	Address 1	Address 2
---------------------------	-------------	--------	------------	------------	--------------	-----------	------------	-----------	-----------

17. See the FAQ page at the end of this document for tips on searching. Select the correct member from the list displayed by either double clicking or clicking the correct member and then clicking OK. **MANY MEMBERS HAVE SIMILAR NAMES, VERIFY DOB AND/OR ID NUMBER AS WELL AS NAME WHEN SELECTING A MEMBER.**

Member Search
No of Records: 1
Ok Cancel

Last Name:

First Name:

Date Of Birth:

Subscriber SSN:

Patient ID:

Subscriber MBI:

PCP ID:

Member ID:

Address 1:

Gender:

Address 2:

City:

State/Region:

Zip:

Healthplan:

Member ID(rt-clk for det)	Member Name	Gender	Birth Date	Healthplan	Company Name	Last Name	First Name	Address 1	Address 2
123456789	COLEMAN, KATIE	FEMALE	6/9/2018	BLUE SHIELD	RCHN	COLEMAN	KATIE	123 TEST DRIVE	

18. This will automatically populate the Member ID, Name, Gender, Health Plan, and DOB.

Priority Status:

Auth Expiration:

LOS:

Authorized Units:

Member ID:

Healthplan Name:

Name:

Gender:

DOB:

Service Area:

19. Next, move to the Authorizing Provider ID field and click the magnifying glass icon to search and select the appropriate authorizing provider. Must be populated with the individual provider's name on the order/referral. Do **NOT** select a group practice name in this field. (Search process is similar to the one just described for the member search)

Priority Status: 2

LOS: 0

Member ID: 123456789

Name: COLEMAN, KATIE

Service Area:

Requesting Provider ID:

Service Area:

- a. Search options –
 - i. Provider Last Name and First Name.

Provider Search

No of Records:

Last Name: City: First Name:

State/Region: Provider: Zip:

Specialty:

Language: Service Area:

From Favorites

Provider ID	Provider Name	Address 1	Address 2	City	State/Region	Zip	Specialty	Provider Type	Company ID	Prov From Date	Prov Term Date
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- ii. Specialty – Click the magnifying glass to see a list of potential specialties to choose from.

Provider Search

No of Records:

Last Name:

State/Region:

Specialty:

Language:

From Favorites

Provider ID	Provider Name	Address 1	Address 2
-------------	---------------	-----------	-----------

Specialty Code List

Code	Description
	ALLERGY
ABS	ABDOMINAL SURGERY
ACU	ACUPUNCTURE
ADL	ADOLESCENT MEDICINE
AI	ALLERGY & IMMUNOLOGY
ALL	ALLERGY & IMMUNOLOGY

20. Next, enter the Requested Provider – this is the provider, hospital, or vendor that will be providing the requested services to the member. Click the magnifying glass to view search options.

Requested Provider ID:

Service Area: Provider Search

Facility ID: No of Records:

Place Of Service

Last Name: City: First Name:

State/Region: Provider ID: Zip:

Specialty:

Language: Service Area:

From Favorites

Provider ID	Provider Name	Address 1	Address 2	City	State/ Region	Zip	Specialty	Provider Type	Company ID	Prov From Date	Prov Term Date
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- a. Search options –
- i. Provider Last Name and First Name (if searching for a group then search with the group name in the “Last Name” field).

Requested Provider ID:

Service Area: Provider Search

Facility ID: No of Records:

Place Of Service

Last Name: City: First Name:

State/Region: Provider ID: Zip:

Specialty:

Language: Service Area:

From Favorites

Provider ID	Provider Name	Address 1	Address 2	City	State/ Region	Zip	Specialty	Provider Type	Company ID	Prov From Date	Prov Term Date
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- ii. Specialty – Click the magnifying glass to see a list of potential specialties to choose from. List displayed will be alphabetical.

Provider Search

No of Records:

Last Name:

State/Region:

Specialty:

Language:


From Favorites

Provider ID	Provider Name	Address 1	Address 2
-------------	---------------	-----------	-----------


Specialty Code List


Code	Description
A	ALLERGY
ABS	ABDOMINAL SURGERY
ACU	ACUPUNCTURE
ADL	ADOLESCENT MEDICINE
AI	ALLERGY & IMMUNOLOGY
ALL	ALLERGY & IMMUNOLOGY

21. Next, select the appropriate Place of Service for the requested services by clicking the magnifying glass and selecting the appropriate option. (Common uses – 11 – Office: used for services in a physician office, 22 – Outpatient Hospital: used for services in an outpatient hospital clinic/office)

Requested Provider ID: 951691313TH  RADY CHILDREN'S HOSP & HEALTH CTR THERA

Service Area:

Facility ID: 

Place Of Service: SELECT A VALUE  From Favorites

- SELECT A VALUE
- 01 - PHARMACY
- 11 - OFFICE**
- 12 - HOME
- 13 - ASSISTED LIVING FACILITY
- 14 - GROUP HOME
- 15 - MOBILE UNIT
- 16 - TEMPORARY LODGING
- 17 - WALK-IN RETAIL HEALTH CLINIC
- 18 - PLACE OF EMPLOYMENT-WORKSITE
- 19 - OFF-CAMPUS OUTPATIENT HOSPITAL PROVIDER-BASED DEPARTMENT
- 20 - URGENT CARE FACILITY
- 21 - INPATIENT HOSPITAL
- 22 - OUTPATIENT HOSPITAL
- 23 - EMERG ROOM HOSPITAL
- 24 - AMBULATORY SURG CENTER

Requested Uni

Auth Service Pl

Additional Master Info

Additional Information

CCS CASE #:

22. Next, if the request is for a Retroactive Date of Service, enter the date that services were rendered in the box labeled RETRO DOS:. **DATE MUST BE ENTERED AS MM/DD/YYYY – MM/DD/YYYY**. No other information should be entered in this box, do not enter text of any kind. If the services being requested have not already been rendered, skip to the next step in the process and leave this box blank.

[Additional Master Info](#)


Additional Information

CCS CASE #:

CCS SAR #:

RETRO DOS:

Diagnosis

Diagnosis Code:  [Add Diag](#)

23. Next, enter all diagnosis codes associated with the requested service. Click the magnifying glass icon to search for codes if you are not sure what the ICD-10 code is. You can search by partial ICD-10 code, or by description.

Diagnosis Code: (Only 12 diagnosis codes allow)

Diagnosis Code Search

No of Records:

Diagnosis Code: Description:

Version: SELECT

Begins With Contains From Favorites

Code	Description	From Date	To Date	C/H	Version
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24. Once you have either typed in, or searched for and selected, the appropriate ICD-10 Code, click the Add Diag button.

Diagnosis Code: (Only 12 diagnosis codes allowed)

Number	Code	Version	Description
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25. The diagnosis code with description will then move to the box underneath the Add Diag button. See example below:

Diagnosis Code: (Only 12 diagnosis codes allowed)

Number	Code	Version	Description	LC
1	H54.0X35	10	BLINDNESS RIGHT EYE CATEGORY 3, BLINDNESS LEFT EYE CATEGORY 5	

26. Repeat the process above to enter multiple diagnosis codes if necessary. After selecting each code, click the Add Diag button to attach the diagnosis to the authorization. If you do not click Add Diag the code is not actually attached to the request and the system will not allow you to submit.

27. Next, add the CPT/HCPCS codes for the services being requested.

- a. Please only request one type of service on each authorization (example: a member in need of an occupational therapy evaluation and a physical therapy evaluation should have 2 separate authorization requests submitted), however if that service requires multiple CPT/HCPCS codes, you can enter more than one code using the steps below.

28. To enter the code, go to the Procedure Code box and either type in the code or click the magnifying glass for search options.

This screenshot shows the top portion of an authorization form. At the top, there are two dropdown menus: 'Auth Action:' and 'Auth Expiration:'. Below them is a section titled 'Service Requested'. The 'Procedure Code:' field contains the text '97162' and is highlighted with a red rectangular box. To its right is a search icon. Further right is the 'Service Type:' dropdown menu, which is set to 'PROF'. Below the procedure code field are three more fields: 'Auth Procedure Group:', 'Modifier 1:', and 'Modifier 2:'. Each of these has a dropdown menu with 'SELECT A VALUE' and a search icon. There is also a checkbox labeled 'From Favorites' next to the Modifier 1 field.

29. Do **NOT** change the Service Type – authorizations are processed under PROF, no matter where the service is being provided.

This screenshot shows the same form as above, but with the 'Service Type:' dropdown menu highlighted by a red rectangular box. The dropdown is currently set to 'PROF'. The 'Procedure Code:' field still contains '97162'. The other fields remain the same as in the previous screenshot.

30. Enter the number of visits requested under the Requested Qty field.

This screenshot shows the bottom portion of the authorization form. The 'Procedure Code:' field contains '97162' and the 'Service Type:' dropdown is set to 'PROF'. Below these are several other fields: 'Auth Procedure Group:', 'Modifier 1:', 'Modifier 2:', 'Modifier 3:', and 'Modifier 4:'. Each has a dropdown menu with 'SELECT A VALUE' and a search icon. There is also a checkbox labeled 'From Favorites' next to the Modifier 1 field. Below the modifiers are 'Service Line Amount:' and 'Line Rate:' fields. The 'Auth Qty:' field contains '1.000' and the 'Diag Ref:' field contains '1'. Below these are 'Admit Date:', 'Number of Days:' (set to '0'), 'Admit Source:', and 'Request Category:'. On the right side, there are 'Discharge Date:', 'Admit Type:', 'Requested Qty:', and 'Certification Type:' fields. The 'Requested Qty:' field contains '1.000' and is highlighted with a red rectangular box.

31. Click the Add Proc button to add the code to the authorization request.

Procedure Code:
Service Type:

Auth Procedure Group:

Modifier 1: From Favorites

Modifier 2:

Modifier 3:

Modifier 4:

Service Line Amount: **Line Rate:**

Auth Qty: **Diag Ref:**

Admit Date:
Discharge Date:

Number of Days:
Admit Type:

Admit Source:
Requested Qty:

Request Category:
Certification Type:

Service Type:
Facility Type Code:



Additional Dtl Info	Auth Action	Auth Expiration	AuthServiceType Proc Grp	Description	Mod1	Mod2	Mod3	Mod4	Auth Qty	Diag Ref	Admit Date	Discharge Date	At
---------------------	-------------	-----------------	--------------------------	-------------	------	------	------	------	----------	----------	------------	----------------	----

32. The code and description will then move to the box below the Add Proc button.

Request Category:
Service Type:

Service Type:
Facility Type Code:



Additional Dtl Info	Auth Action	Auth Expiration	AuthServiceType Proc Grp	Description	Mod1	Mod2	Mod3	Mod4	Auth Qty	Diag Ref	Admit Date	Discharge Date	Admit Type	Admit Source	Req Qty	Req Catg	Req Type	Service Type	Fac Type Code
✖ Additional Detail Info	<input type="text"/>	<input type="text"/>	97162 P	PT EVAL MOD COMPLEX 30					1.000	1	<input type="text"/>	<input type="text"/>			1.000				

33. If you accidentally add the wrong CPT/HCPCS code to an authorization request, you can click the red “X” located on the left side of the line to remove the incorrect code.

Request Category: Search
Service Type: Search

Submission type:
Facility Type Code:

[Add Proc](#)

	Additional Dtl Info	Auth Action	Auth Expiration	Auth Proc Grp	Service Type Description	Mod1	Mod2	Mod3	Mod4	Auth Qty	Diag Ref	Admit Date	Discharge Date	Admit Type	Admit Source	Req Qty	Req Catg	Cert Type	Service Type	Fac Type Code
	Additional Detail Info	<input type="text"/>	<input type="text"/>	97162	P PT EVAL MOD COMPLEX 30 MIN					1.000	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1.000				

34. At the bottom of the authorization entry screen, there is an Auth Notes section, **please include your name and contact phone number**. If you would like to make sure that we are aware of anything specific, please place the information in this section. Please do not copy clinical notes into this section – clinical notes should be uploaded using the steps below.

Auth Notes

[\(Click to Enlarge Notes\)](#)

[Submit Request](#) [Clear Form](#)

35. To attach documentation to an authorization request, click the icon located in the upper right corner of the authorization entry screen.

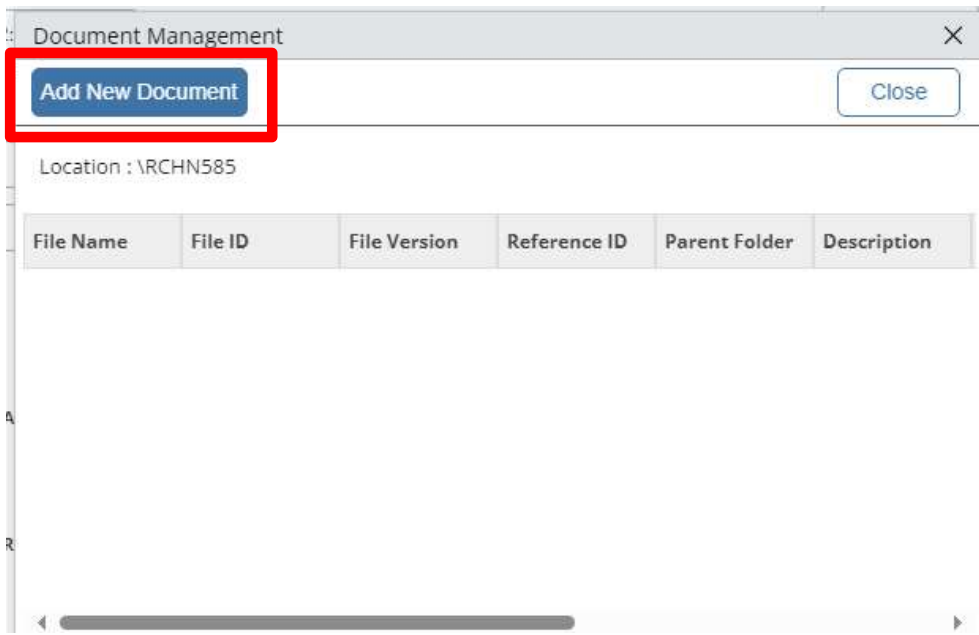
Authorization Submission Entry 

Company ID:

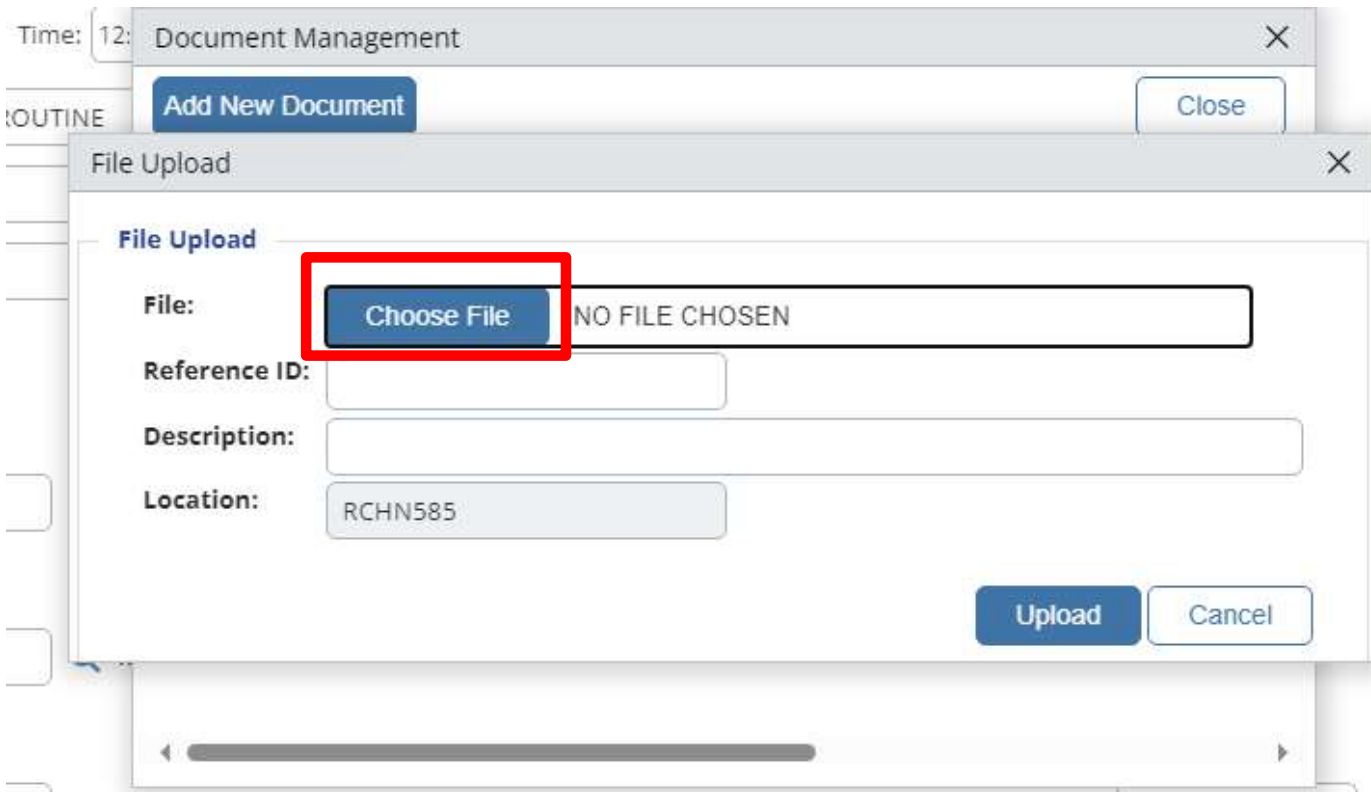
Master Record

Requested Date: Time: Auth Action:

36. Then click the Add New Document button:



37. Then click the Choose File button to select the document that you would like to attach.



38. Select the document from your computer that you would like to upload by clicking the file name and then clicking Open.

The image shows a software interface for file upload. A file explorer window is open, displaying a list of files. The files are listed in a table with columns for Name, Date modified, and Type. The 'Open' button in the file explorer is highlighted with a red box. Below the file explorer, there is a form with the following fields:

- File name:** [Empty text box]
- File type:** [Dropdown menu]
- Open:** [Button, highlighted with a red box]
- Cancel:** [Button]

Below the file explorer, there is a sidebar with the following information:

- 0**
- 123456789**
- COLEMAN, KATIE**

Below the sidebar, there is a **File Upload** section with the following fields:

- File:** [Choose File button] NO FILE CHOSEN
- Reference ID:** [Empty text box]
- Description:** [Empty text box]

39. Enter a Reference ID (such as patient name, service, etc.) and a Description of the document (such as PCP notes, x-ray results, etc.)

The screenshot shows a 'Document Management' window with an 'Add New Document' button. A 'File Upload' dialog box is open, containing the following fields:

- File:** Choose File 20240523110437.PDF
- Reference ID:** (Empty text box, highlighted with a red box)
- Description:** (Empty text box, highlighted with a red box)
- Location:** RCHN585

Buttons for 'Upload' and 'Cancel' are visible at the bottom right of the dialog box. Below the dialog box, a 'Requested Units: 0' label is visible.

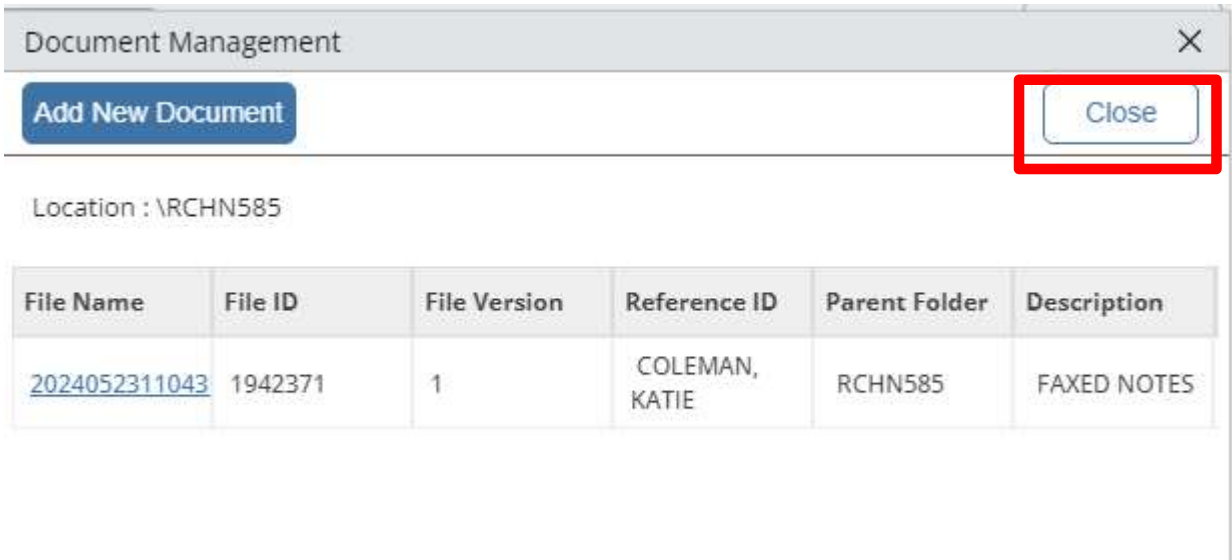
40. Click Upload.

The screenshot shows the same 'Document Management' window and 'File Upload' dialog box. The fields are now populated:

- File:** Choose File 20240523110437.PDF
- Reference ID:** COLEMAN, KATIE
- Description:** FAXED NOTES
- Location:** RCHN585

The 'Upload' button at the bottom right is highlighted with a red box.

41. The document should now be listed in the Document Management window, click Close.



Document Management

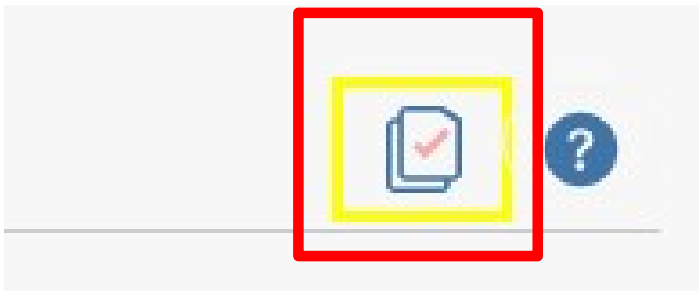
Add New Document

Close

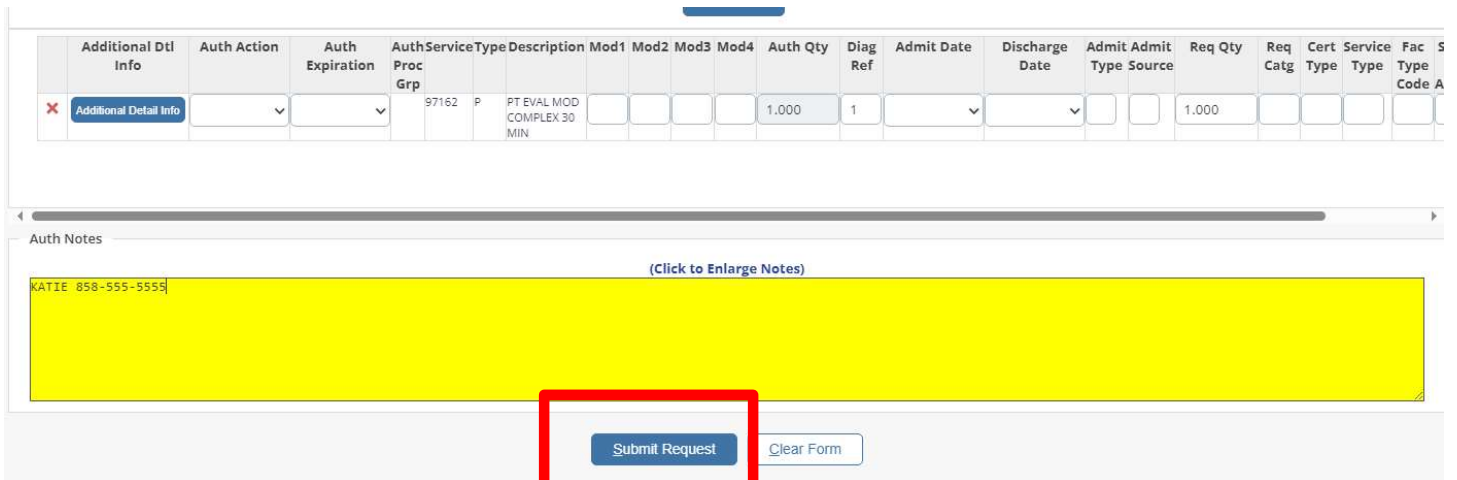
Location : \RCHN585

File Name	File ID	File Version	Reference ID	Parent Folder	Description
2024052311043	1942371	1	COLEMAN, KATIE	RCHN585	FAXED NOTES

42. The icon for Document attachment should now be a red check mark:



43. Scroll to the bottom of the authorization entry page and click the Submit Request button to finalize your authorization submission.



Additional Dtl Info	Auth Action	Auth Expiration	Auth Service Type	Description	Mod1	Mod2	Mod3	Mod4	Auth Qty	Diag Ref	Admit Date	Discharge Date	Admit Type	Admit Source	Req Qty	Req Catg	Cert Type	Service Type	Fac S Type Code A
Additional Detail Info			97162 P	PT EVAL MOD COMPLEX 30 MIN					1.000	1					1.000				

Auth Notes

(Click to Enlarge Notes)

KATIE 858-555-5555

Submit Request

Clear Form

44. The system will then give you a message advising that the authorization has successfully been entered into EZ-Cap with a tracking number provided.

Home >> Main Menu >> Auth/Referrals >> Auth Submission

Summary of Auth Submission

Request succeeded! there are some warning/pend conditions:
The authorization was successfully entered into EZ-CAP.

Your Tracking number is: 20240606710058500001

Performing Physician Information


Name:	RADY CHILDREN'S HOSP & HEALTH CTR THERA
Address:	3020 CHILDREN'S WAY SAN DIEGO, CA - 921234282
Phone:	(858)576-1700
Fax:	(858)966-4051

Master information warning/pend conditions:
1. Warning - Member status = 2 PROVISIONAL.

[Submit Another Auth](#)

45. For information on checking the status of any submitted authorization, please view the EZ-Net Training Guide.

EZ-Net FAQ's

1. **Google Toolbar** - EZ-Net is not compatible with the Google Toolbar. If you have the Google Toolbar it will need to be removed before EZ-Net will work.
2. **Pop-up Blocker** - Turn off the Internet Explorer Pop-up Blocker, EZ-Net may appear to be working with the Pop-Up Blocker turned on, but it will often cause errors when searching for information.
3. **Passwords** - Passwords are case sensitive. EZ-Net automatically converts the user name to all CAPS when entered, but will not alter passwords.
4. **Magnifying Glass** - Whenever you see a magnifying glass icon  - It means there are further search options available. Click the icon to see all search options available for the selected field.
5. **Search Options** - If you are searching by name or by ID number, click the magnifying glass located in the Member ID field and then type your search criteria in the window that pops up. Partial Name and ID number searches are available.
6. **Logout** - When you have completed looking up the information you require, click the Logout tab located in the upper right side of the window. If you do not click Logout the system will lock you out. Do not close the window without clicking Logout first.
7. **Priority Status** – Most requests should be submitted with a Routine priority status. Those requests are completed within 5 business days, if all necessary documentation is attached.
 - a. **Urgent** – Should only be used if the service required must be received within 24 hours to prevent loss of life or limb.
 - b. **Retro** – Used when all services have already been rendered. If requesting ongoing services, priority status should be Routine.
8. **Authorizing Provider ID** – This field must contain a provider that you are affiliated with and should be the provider on the order. You will not be able to locate or select a provider, unless you are associated with that office/provider.