

Xpress Referrals

Simplifying the Process of Care

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What is an Xpress Referral?

An Xpress Referral is an easy tool allowing for quick submissions of claims and referrals. It's available 24 hours a day and can be accessed anywhere the Internet can be found.

Accelerating the Process of Care

TechHealth will initiate contacting the Injured Worker within four hours of referral receipt if all of the following required information is received:

- Injured worker's:
 - Name
 - Address, City, State and Zip Code
 - Phone number
 - Social Security Number (when available)
 - Date of birth
 - Date of Injury
- Referring physician's name and contact number
- Service request including start date, frequency and duration (when applicable)
- Customer Payor name and location
- Claim Number – NOTE: If claim number has not yet been assigned, this can be submitted at a later point. It is required for billing purposes.
- Referral source and phone number
- Diagnosis
- Body part

For more information about Xpress Referrals, contact a TechHealth Customer Service Associate at (877) 611-3415.

Submitting an Xpress Referral

To submit an Xpress Referral:

- Click the **Xpress Referral** button located on TechHealth's homepage (see Figure 1). Upon completion, the *Xpress Referral Submission* page appears (see Figure 2).

Figure 1 – TechHealth's homepage



Figure 2 – Xpress Referral Submission Page

The screenshot shows the Xpress Referral Submission Page with the following sections and callouts:

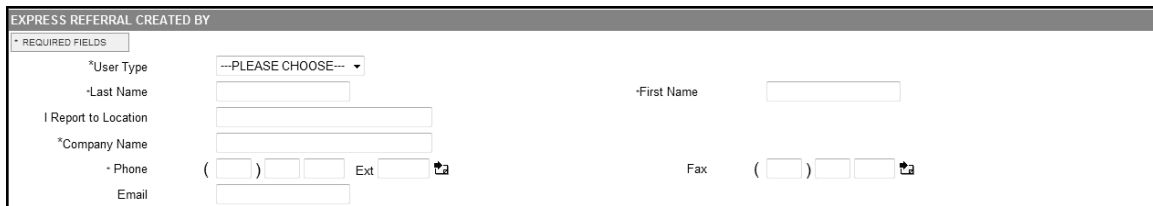
- 1 "Created By" Section:** Includes fields for User Type, Last Name, First Name, Report to Location, Company Name, Phone, Fax, and Email.
- 2 Adjuster Information:** Includes fields for ADJ Last Name, ADJ First Name, ADJ Company Name, ADJ Reports to Location, ADJ Phone / Ext, ADJ Fax, and ADJ e-Mail. It also features an "ADD Another User" sub-section with similar fields.
- 3 Patient Information:** Includes fields for SSN, Last Name, Street, ZIP, Home Phone, ALT Phone, DOB, Gender, HEIGHT (feet/inches), City, State, and Weight.
- 4 Physician Information:** Includes fields for Last Name, First Name, Phone, and FAX.
- 5 Claim Information:** Includes fields for Claim Number, Diagnosis, Employer, Date of Injury, Body Part, and Emp. Phone.
- 6 Billing Information Section:** Includes fields for Company Name, Address, ZIP, City, State, Phone, and Contact.
- 7 Referral Information:** A section for "Please Specify Service Request in Description Box Below" containing checkboxes for various services such as Diagnostic Imaging, DME, Infusion Therapy Services, Orthotics & Prosthetics, Technical Transportation, Translation, Pharmacy (Mail Order, Retail, Both), Electrotherapy, Home Health Services, Physical Rehabilitation, Medical Supplies, Continuous Passive Motion, Sub-Acute, and Modification.
- 8 Details:** Includes a "DESCRIPTION" text area with a character count, a "Prescription Faxed?" checkbox, a note about faxing prescriptions to 813.490.1921, and a note about attaching electronic documents. It also has three "Select a file to attach" fields with "Browse" buttons and a "Submit - Create XPRESS Referral" button.

Note: All fields with an asterisk are required fields.
 These fields are highlighted in red in the following sections.

Section 1: “Express Referral Created By” Section

Identifies the contact information of the person submitting the Xpress Referral for follow-up, if needed.

Figure 3 – Xpress Referral Created By section



- **User Type** – The dropdown box includes:
 - **ADJ** – Adjuster
 - **CM** – Case Manager
 - **Provider** – a service or product facility
 - **UR** – Utilization Review
- **Last Name**
- **First Name**
- **I Report to Location** – The city and state of the branch location of the person submitting the Xpress Referral. For example, “*Pompano Beach, FL*”
- **Company Name**
- **Phone number**
- **Fax number**
- **Email address**

Section 2: Adjuster Information

Identifies the contact information of the Adjuster and any other Users who have been identified.

Figure 4 – Top portion of the Adjuster Information section

ADJUSTER INFORMATION	
*ADJ Last Name	*ADJ First Name
*ADJ Company Name	ADJ Reports to Location
ADJ Phone / Ext () - . EXT: ☎	ADJ Fax () - . ☎
ADJ e-Mail	

- **ADJ Last Name**
- **ADJ First Name**
- **ADJ Company Name**
- **ADJ Reports to Location** –The city and state of the branch location of the Adjuster. For example, “*Pompano Beach, FL*”
- **ADJ Phone/Ext number**
- **ADJ Fax number**
- **ADJ e-Mail address**

Figure 5 – Bottom portion of the Adjuster Information section

ADD Another User	
User Type	---PLEASE CHOOSE---
Last Name	First Name
Company Name	Fax
Phone / Ext () - . EXT: ☎	
e-Mail	

If a Case Manager or another User has been identified, complete this section.

- **User Type** – The dropdown box includes:
 - **CM** – Case Manager
 - **Assistant** – Assistant to the Adjuster, Case Manager, etc.
 - **UR** – Utilization Review
- **Last Name**
- **First Name**
- **Company Name**
- **Phone Number**
- **Fax Number**
- **E-Mail Address**

Section 3: Patient Information

Enter the Injured Worker’s contact and demographic information (see Figure 6).

Figure 6 – Patient Information section

PATIENT INFORMATION			
SSN	<input type="text"/>		
-Last Name	<input type="text"/>	-First Name	<input type="text"/>
-Street	<input type="text"/>	-City, State	<input type="text"/> <input type="text"/>
-ZIP	<input type="text"/>		
-Home Phone	(<input type="text"/>) <input type="text"/>		
ALT Phone	(<input type="text"/>) <input type="text"/> EXT: <input type="text"/>	ALT Phone Type	---PLEASE CHOOSE---
DOB	<input type="text"/> <input type="text"/>	Gender	<input type="radio"/> M <input type="radio"/> F
HEIGHT	<input type="text"/> feet <input type="text"/> inches	Weight	<input type="text"/> lbs

- **SSN** – Social security number
- **Last Name**
- **First Name**
- **Street** – Include apartment or unit number
- **Zip**
- **City, State**
- **Home Phone**
- **ALT Phone** – Alternate phone number
- **Alternate Phone Type** – If applicable, select the type of phone number from the dropdown menu:
 - Cell - Cell phone
 - Hospital - Phone number, if hospitalized
 - Temporary - Interim phone number
- **DOB** - Date of birth
- **Gender**
- **Height**
- **Weight**

Section 4: Physician Information

Identifies the Physician’s contact information (see Figure 7).

Figure 7 – Physician Information section

PHYSICIAN INFORMATION	
Last Name	<input type="text"/>
First Name	<input type="text"/>
Phone	(<input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/>
FAX	(<input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/>

- **Last Name**
- **First Name**
- **Phone**
- **Fax Number**

Section 5: Claim Information

Identifies the claim information (Figure 8).

Figure 8 – Claim Information section

CLAIM INFORMATION	
Claim Number	<input type="text"/>
Date of Injury	<input type="text"/> <input type="text"/> <input type="text"/>
Diagnosis	<input type="text"/>
Body Part	<input type="text"/>
Employer	<input type="text"/>
Emp. Phone	(<input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/>

- **Claim Number**
- **Date of Injury**
- **Diagnosis** – Enter ICD-9 code
- **Body Part** – Select body part from the dropdown menu. If the body part is not listed or if injuries occurred on multiple parts of the body, enter the body part(s) in the **Description** text box in the Details area (Section 8) of the page.
- **Employer** – Injured Worker’s employer at the time of injury
- **Emp Phone** – Employer’s phone number

Section 6: Billing Information Section

Identifies the billing information (see Figure 9) of the insurance company or company responsible for paying TechHealth.

Figure 9 – Send Bills To section

SEND BILLS TO	
Company Name	Address
ZIP	City, State
Phone ()	Contact

- **Company Name**
- **Address**
- **ZIP**
- **City, State**
- **Phone Number**
- **Contact** – First and last name of the contact person at that company

Section 7: Referral Information

Check the service(s) being requested (see Figure 10). Rolling the cursor over the green text will cause a pop-up window to appear giving a breakdown of the items included in each service area.

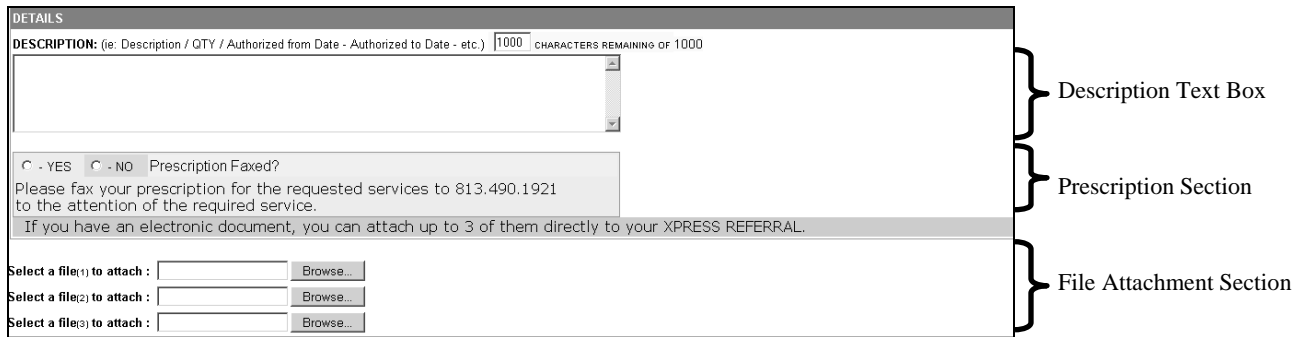
Figure 10 – Referral Information section

REFERRAL INFORMATION	
Please Specify Service Request in Description Box Below	
<input type="checkbox"/> DIAGNOSTIC IMAGING	<input type="checkbox"/> ELECTROTHERAPY
<input type="checkbox"/> DME	<input type="checkbox"/> HOME HEALTH SERVICES
<input type="checkbox"/> INFUSION THERAPY SERVICES	<input type="checkbox"/> PHYSICAL REHABILITATION
<input type="checkbox"/> ORTHOTICS & PROSTHETICS	<input type="checkbox"/> MEDICAL SUPPLIES
<input type="checkbox"/> TECHNICAL TRANSPORTATION	<input type="checkbox"/> CONTINUOUS PASSIVE MOTION
<input type="checkbox"/> TRANSLATION	<input type="checkbox"/> SUB-ACUTE
PHARMACY <input type="checkbox"/> MAIL ORDER <input type="checkbox"/> RETAIL <input checked="" type="checkbox"/> BOTH	<input type="checkbox"/> MODIFICATION

Section 8: Details

The Details section is comprised of three sub-sections (see Figure 12).

Figure 11 – Details section



Description Text Box

Identifies additional information which will assist TechHealth in processing the claim. Suggested details to include:

- **Specific item(s) or service(s) being requested.** Examples: *“MRI of the head without contrast”* or *“Bariatric wheelchair”*
- **Service frequency and duration.** Example: *“Physical Therapy needed 3 times a week for 4 weeks”*
- **Special instructions.** Examples: *“Patient is claustrophobic. Open MRI is needed.”* or *“Patient needs to hand carry films.”*
- **The patient’s primary language**
- **The patient’s current work status**
- **Other details.** Any additional information which can be provided to TechHealth to help expedite the order.

Prescription Section

Select the radio button indicating if the prescription has been faxed to TechHealth.

File Attachment Section

Up to three files can be attached to the referral when it is submitted.

To attach a file:

- Click the first **Browse** button. Upon completion, the Windows “Choose File” dialog box appears.
- Locate the file to be attached on your hard drive
- Click **Open**.

The Xpress Referral Submit Button

Once completed, click the **Submit – Create XPRESS Referral** button located in the bottom left-hand corner of the page (see Figure 12).

Figure 12 – Submit – Create XPRESS Referral button



Upon completion, a pop-up window will appear (see Figure 13) indicating the Xpress Referral has been submitted successfully.

Figure 13 – Confirmation Pop-Up window

