

Login to NEHEN.

### Step 1: Patient Eligibility

On the Left side of the screen, find the Referral section, and click on the type of referral you would like to create.

Fill out the required information (\*), including which payer the patient subscribes to. Depending on which payer is being referenced, different information might be required. Click on "Check Eligibility" when done.



### Step 2: Continue Referral

If the patient is eligible, the screen will display their information on file with the payer, including subscriber and PCP info. All past referrals for the patient that have been created in NEHEN will display as well. If everything appears correct, click on "Continue Referral".



### Referral Process:

- Eligibility
- Requesting Provider Info
- Service Details
- Refer to Provider Info
- Submit

### Have on Hand:

- Patient info
- Either your own NPI or the name of the referring Physician or Practice NPI.
- Service Type and Dates needed
- Provider Name or NPI
- Some payers will require a Primary Diagnosis code

**Step 3: Provide Information** After clicking on “Continue Referral” several more sections must be filled out. Each section should be filled out with all required information. There are convenient lookup options anywhere you see the “Lookup” symbol.

The **Requesting Provider** section should be filled out with the appropriate information for the physician providing the referral.

The **Service Details** section should contain all relevant information and codes on which service is being requested for the patient. Some payers may require a primary ICD-9 Diagnosis code\*.

In the **Refer To Provider** section, the physician to whom the patient is being referred can be looked up by their last name, facility name, or NPI number.

Finally, click on “Review Request” at the bottom of the page.



**Step 4: Submit**

Upon reviewing the Referral, if everything appears correct, click on “Submit Request” at the bottom of the page.



**Step 5: Move Forward**

You have now submitted your referral and you have the choice to create a New Referral, or Another Referral for this Patient, and you are done!



The image shows three overlapping screenshots of a web-based referral form. The top screenshot is the 'Requesting Provider' section, which includes fields for provider type (Individual/Group/Organization), last name/facility name, first name, NPI, address, city, state, phone, contact name, and contact phone. The middle screenshot is the 'Service Details' section, featuring request type, service type, service level, information release, start date, location, primary dx, related cause(s), end date, quantity, primary dx date, accident date, and accident state/country. The bottom screenshot is the 'Refer To Provider' section, which includes provider type, provider role, last name/facility name, first name, NPI, address, city, state, phone, and specialty. Red arrows point from the text descriptions to the corresponding sections in the form.

\* The ICD-9 Diagnosis code may be non-specific, but must be within the same family as the Refer To Provider’s specialty. IE you cannot use a broken hand as a diagnosis for a patient you are sending to a cardiologist.