

Cohere User Guide

Updated: December 2024



Welcome to Cohere!

Cohere Health simplifies healthcare by enabling patients, physicians, and health plans to collaborate on getting the right care, at the right time, at the right place, and at the right cost. Our focus is to enable an efficient, transparent patient journey where patient goals and achieving optimal clinical outcomes are central to decision-making.

We recognize the importance of our provider partners and look forward to partnering with you on the journey to better care.

Please use this document as a comprehensive guide to use Cohere's portal.

Table of Contents

Overview of Cohere & Our Portal 3

- How it works
- Contact us

Cohere User Accounts 4

- Requesting an account
- Admins only: Adding users
- Logging in & resetting your password
- Account Management
- Organizations

Portal Features 6

- Dashboard
- Patient summary

Submitting an Authorization Request 7

- Starting a request
- Fill in the details
- Add attachments
- Clinical assessment questions
- Evidence-based suggestions
- Review & submit
- Inpatient requests
- Time to decision

Key Processes 12

- Missing information outreach
- Peer-to-peer consults
- Denials & appeals

Existing Requests 12

- Continuations
- Editing a request
- Print and/or download a request

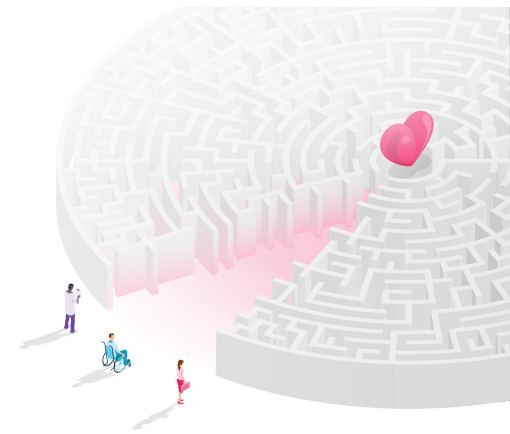


Table of Contents (continued)

Submitting Referral Requests with Cohere

17

- ❑ Details Required for Referral Requests
- ❑ Demo Video
- ❑ Step-by-Step Instructions
- ❑ Frequently Asked Questions

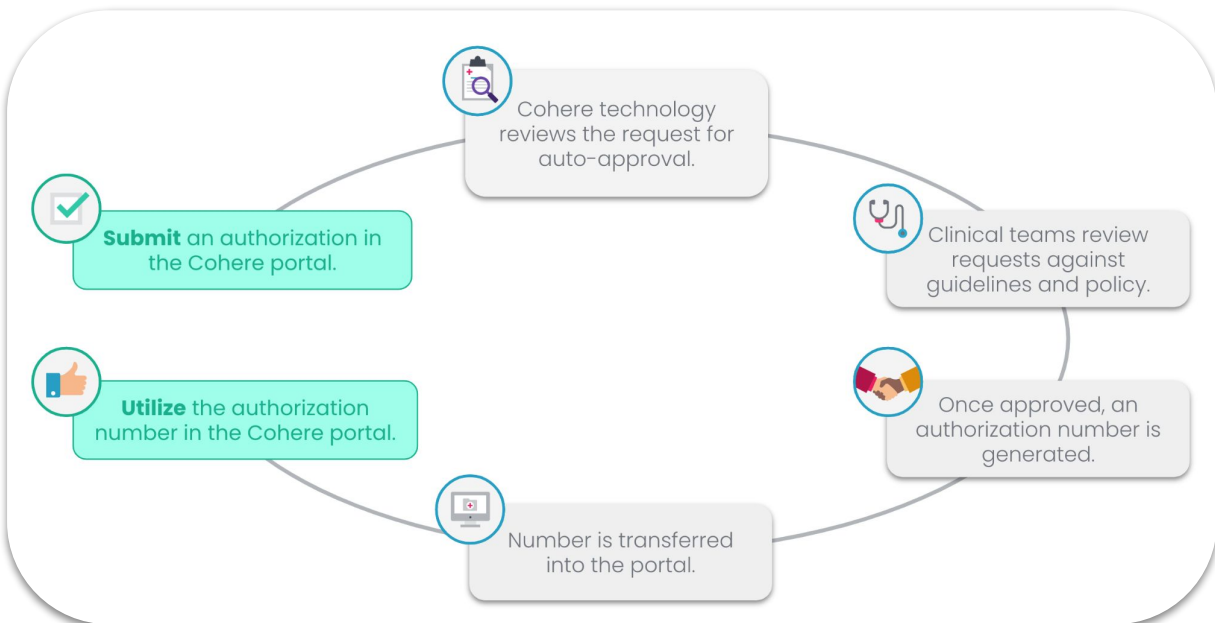
Overview of Cohere

How It Works

Cohere's portal provides an easy way to get authorization requests reviewed and approved quickly so that your patients can get the care they need. We use a combination of technology and a team of nurses and doctors to make sure care is medically appropriate and meets clinical guidelines.

Here is what happens when you submit an authorization request in our platform:

- 1** We instantly receive your request.
- 2** Our portal reviews your request, and if all of the required information is there and meets all applicable guidelines, your request may be eligible for auto-approval. Upon approval, you will see the authorization number populate in the portal.
- 3** When our technology cannot auto-approve your request, a team of registered nurses and doctors will review your request.



Contact Us

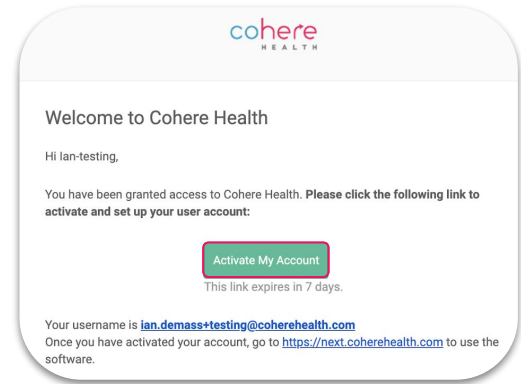
We are here to help! If you have any questions, issues, or feedback about Cohere, we suggest submitting a support request through this [link](#), or emailing us at support@coherehealth.com. You can also see our [Learning Center article](#) on how to contact Cohere. Should you need to speak with someone, please use the payer-specific phone numbers found in the article above to direct your inquiries to the appropriate Cohere team members.

Cohere User Accounts

Requesting an Account

- 1 Visit www.coherehealth.com/provider/register to complete registration.
- 2 You will receive an email prompting you to activate your account. This email will include your username. Click the **'Activate My Account'** button to continue.
- 3 Create a password, then choose your security question and image.
- 4 When logging in, your username will always be your email.

Important Note: *The activation link will expire 7 days after being sent. Please ensure you activate your account as soon as possible.*



To learn more about the registration process, please view our comprehensive registration guide, [linked here](#).

Pending Verification

If an administrator has not enabled auto-verification by email domain for your organization, you will be asked to provide the member IDs and dates of birth for 5 patients at your practice when registering.

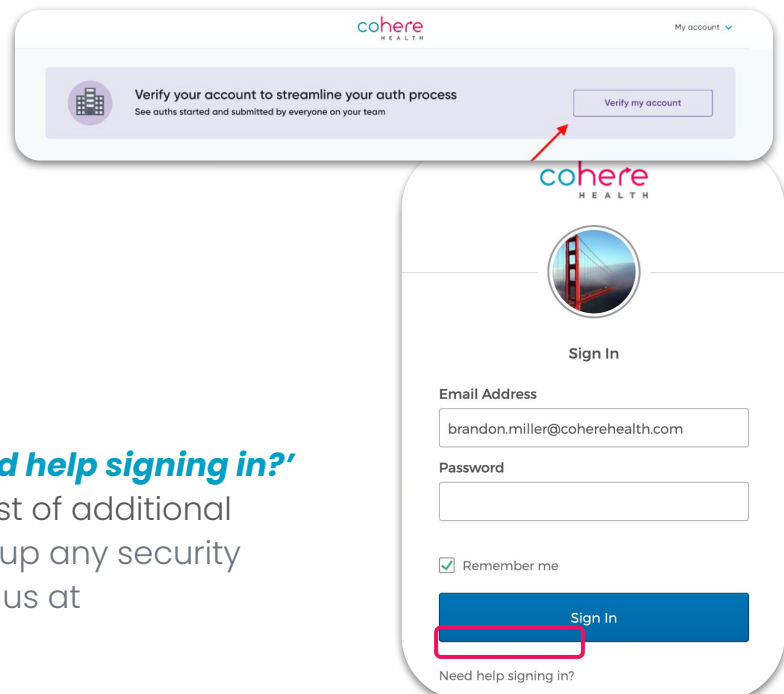
After entering this information, you will automatically receive an activation link so you can sign-in to the portal and start submitting authorizations. However, users **will not** be associated with their organization until the admin on the account verifies the request.

Those "pending" users will see a purple banner, like the one below, upon signing in to the Cohere portal.

Logging In & Resetting Your Password

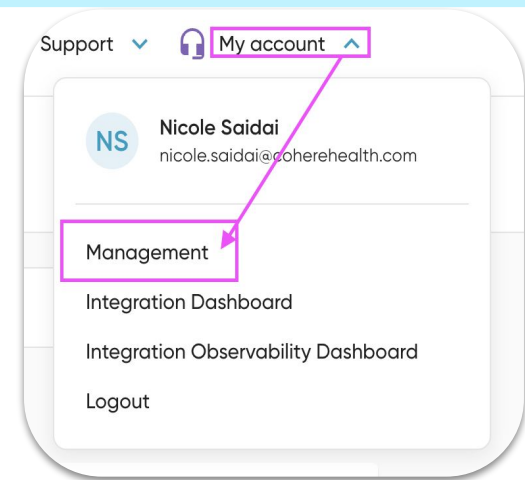
- 1 Go to www.login.coherehealth.com.
- 2 Enter your email address and password.
- 3 Click **'Sign in'**.

If you need to reset your password, select **'Need help signing in?'** and then select **'Forgot password?'** from the list of additional options. If you do not remember or haven't set up any security questions for password recovery, please email us at support@coherehealth.com.



Account Management

- 1 In the upper right corner of the portal, you are able to click the arrow to the right of **"My Account"**
- 2 A drop-down menu will appear. Click the **'Management'** button to continue.
- 3 You will then be brought to the **'Management'** screen where you are able to review the list of organizations that your account is affiliated with.



Management

+ New Organization

Search for an organization

Search by name, TIN, or location

Name	Location	Last Modified	Created By	Status
University Pain Clinic Rochester	Rochester , MI	Nov 30, 2022	Yoola Adeniji	
AtriumHealth - Cleveland Pines Nursing Center	Shelby , NC	Aug 07, 2024	Yoola Adeniji	
Athens Orthopedic Clinic	Athens , GA	Jul 31, 2024	Jackie Jacobs	

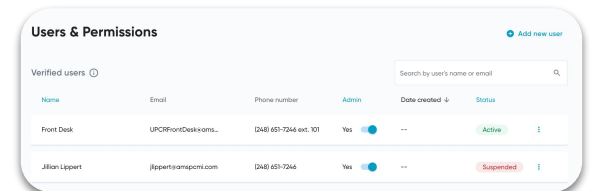
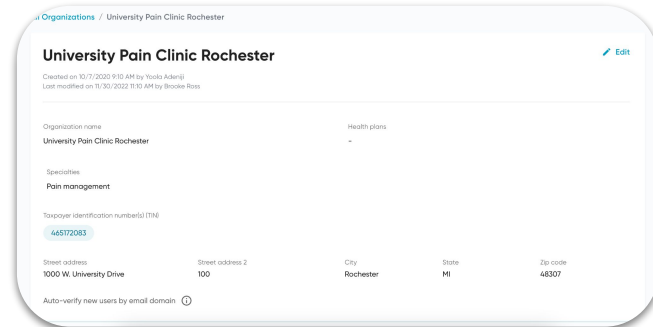
Organizations

The organizations page allows you to:

- Review all organizations you're affiliated with.
- Click into an organization.
- Scroll to review the organization health plan, location, TIN.
- Scroll to review Users & Permissions



You will not be able to make edits or changes to any organization, or users within the organization. To request updates, or changes, you must reach out to the **organization's administrator**. Cohere will **not** have access.



Portal Features

Dashboard

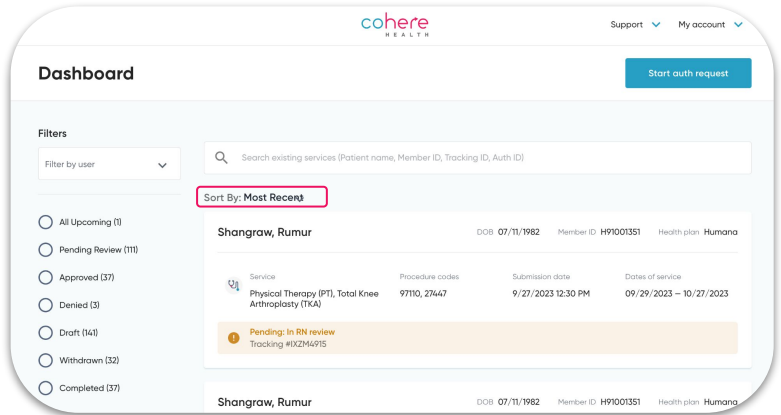
After signing in, you will land on the prior authorization dashboard. This is where all staff can view authorization requests for all patients at your practice. You can filter the requests by different criteria, including:

- Authorization status
- User that submitted the request
- Patient name, member ID, tracking ID, and authorization ID

From any place within the portal, you can click the Cohere Health icon at the top of the page to return to the dashboard.

You can also sort the authorizations:

- **Most recent** - refers to the request submission date/time or the last time it was edited
- **Date of service** - refers to the date of the service request

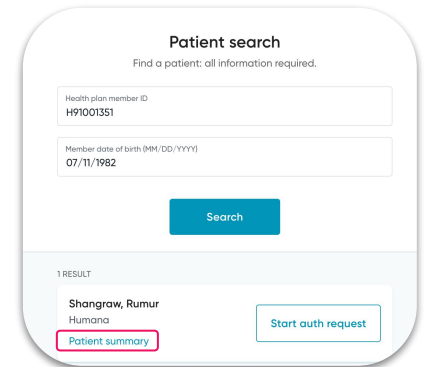


Patient Summary

In the patient summary, you will be able to view a comprehensive list of authorizations previously submitted in the Cohere portal, including those created by users at other organizations, if applicable.

There are two ways to view the patient summary:

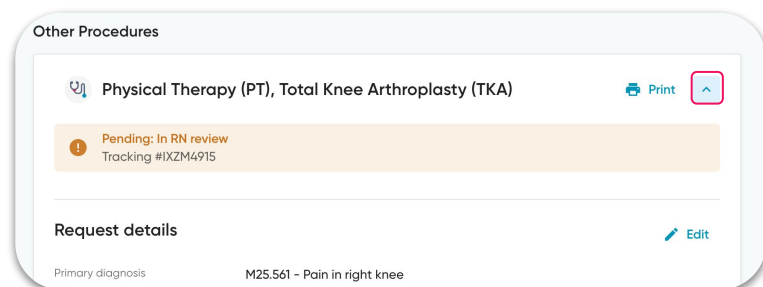
- 1 After searching for a patient, select the **patient summary** hyperlink below the patient's name.
- 2 Search for the specific patient and/or authorization by using the filters and/or search bar on the dashboard, then click on a specific authorization. You will be taken to that request within the patient summary.



Once in the patient summary, toggle the 'v/∧' caret icon to see more details, edit, or withdraw your request.



View pages 13-14 for more information regarding continuations as well editing, printing, and withdrawing requests.

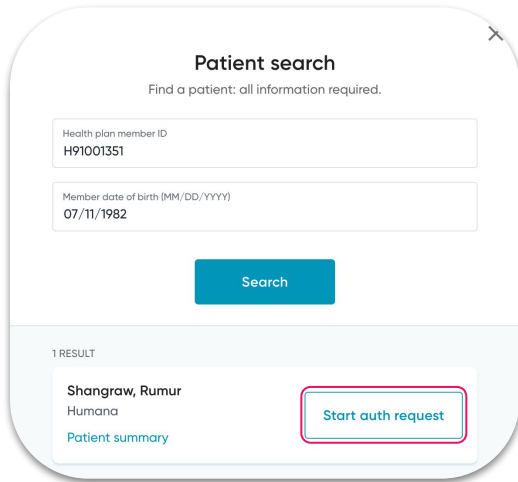


Submitting an Authorization Request

Starting a Request

From the dashboard, click the blue **'Start Auth Request'** button in the top right corner.

Enter the patient's information (Member ID and Date of Birth) and press **'Search'**. When a result is returned, click **'Start auth request'**.



Patient search
Find a patient: all information required.

Health plan member ID
H91001351

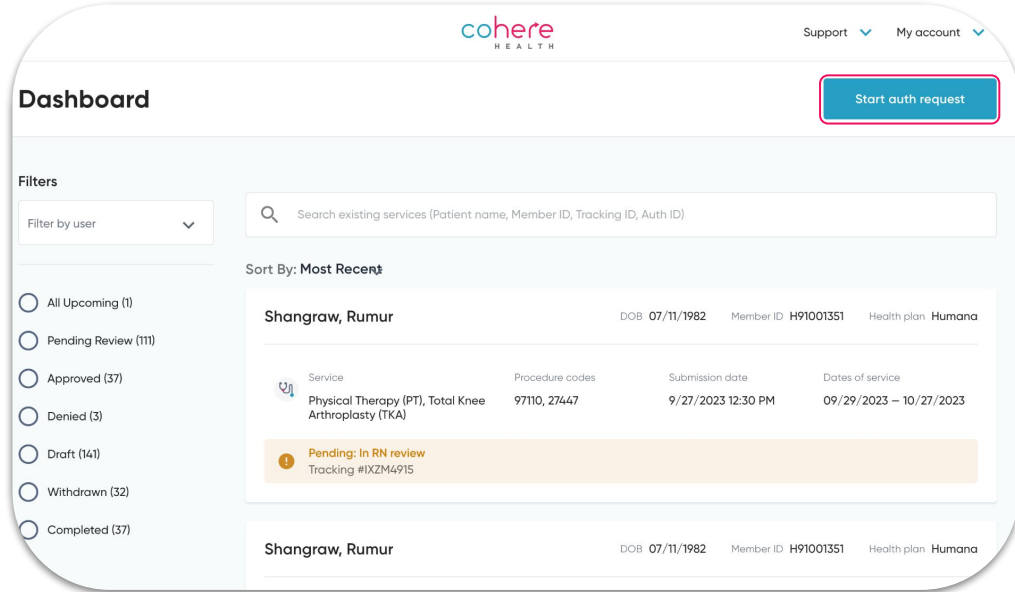
Member date of birth (MM/DD/YYYY)
07/11/1982

Search

1 RESULT

Shangraw, Rumur
Humana
Patient summary

Start auth request



cohere HEALTH Support My account

Dashboard **Start auth request**

Filters
Filter by user

Search existing services (Patient name, Member ID, Tracking ID, Auth ID)

Sort By: **Most Recent**

All Upcoming (1)
 Pending Review (111)
 Approved (37)
 Denied (3)
 Draft (141)
 Withdrawn (32)
 Completed (37)

Shangraw, Rumur DOB 07/11/1982 Member ID H91001351 Health plan Humana

Service	Procedure codes	Submission date	Dates of service
Physical Therapy (PT), Total Knee Arthroplasty (TKA)	97110, 27447	9/27/2023 12:30 PM	09/29/2023 – 10/27/2023

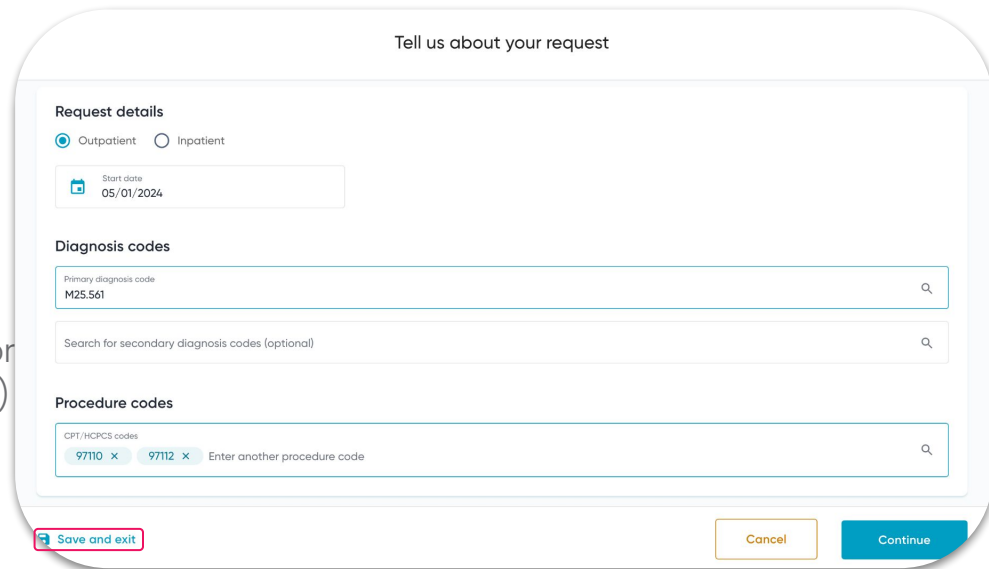
Pending: In RN review
Tracking #IXZM4915

Shangraw, Rumur DOB 07/11/1982 Member ID H91001351 Health plan Humana

Enter Primary Details

Enter the following information on the next screen to initiate your request:

- Care type (outpatient or inpatient)
- Start date (date of service) or date of admission (inpatient)
- Primary diagnosis code
- Secondary diagnosis codes (optional)
- Procedure codes (optional for inpatient requests)



Tell us about your request

Request details
 Outpatient Inpatient

Start date
05/01/2024

Diagnosis codes
Primary diagnosis code
M25.561

Search for secondary diagnosis codes (optional)

Procedure codes
CPT/HCPCS codes
97110 x 97112 x Enter another procedure code

Save and exit **Cancel** **Continue**

You are able to save the authorization and return at anytime. Click **'Save and exit'** at the bottom left of your screen.

After entering all of the information, select **'Continue'**.

Select Services

The screenshot shows a 'Select services' page with a back button and a title. Below the title is a message: 'For faster approval, let us know which services fit best. We found a few matches for the procedure codes you're requesting.' There are four procedure code sections, each with a description and a 'Select all that apply' prompt. The first section (92507) has 'Gender Dysphoria and Gender Confirmation Treatment' and 'Speech Therapy (Outpatient Rehab)'. The second (93798) has 'Uncategorized Service'. The third (97110) has 'Chiropractic Services', 'Occupational Therapy (Outpatient Rehab)', and 'Physical Therapy (Outpatient Rehab)'. The fourth (97112) has 'Chiropractic Services', 'Occupational Therapy (Outpatient Rehab)', 'Physical Therapy (Outpatient Rehab)', and 'Speech Therapy (Outpatient Rehab)'.

Depending on the procedure codes and diagnosis, we may ask for additional information in order to best guide your request. Select the options that best describe the request.



Select the options that best describes the patient's request. If you feel that none of these align, we recommend contacting the ordering provider.

Provider and Facility Details

Next, you will need to indicate the place of service. The options in this drop down will differ depending on whether you select *inpatient* or *outpatient* care.

Next, you need to fill in the provider and facility details. The provider and facility fields are searchable by NPI, tax ID number, or name.

You can also use the **blue boxes** to automatically fill in the details for the most recently used provider and facility.

If the facility or provider you are searching for is missing, you are able to make changes directly within the Cohere portal.

The screenshot shows the 'Providers' section with a 'Care setting' dropdown (Outpatient selected) and a 'Place of service' dropdown. Below are three search sections: 'Ordering provider', 'Performing or attending provider', and 'Performing facility or agency'. Each section has a search input, a 'TIN' field, and an 'Address' field. The 'Ordering provider' and 'Performing or attending provider' sections have a blue box with '+ Bailey, Christopher Eric MD'. The 'Performing facility or agency' section has a blue box with '+ 1ST START HEALTHCARE SERVICES'. A blue arrow points from the text above to this blue box. At the bottom, there is a 'Save and exit' button.

The Remaining Details

At the top of this page, you will see a notice that you have entered services that **require authorization by Cohere**.

At the bottom of the page, you can see any codes that **do not** require authorization. You can download and/or print a confirmation for your records.

You will need to indicate:

- The end date to show the time frame the services will take place
- Total units or visits for each procedure
- Whether your request needs to be expedited

When the details of the request are complete, press **'Continue'** at the bottom right of the page

Requires authorization by Cohere

Start date: 04/30/2024 - End date: mm/dd/yyyy

Physical Therapy (PT)

Number of visits: 1

97110 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

+ Add a procedure code

Total Knee Arthroplasty (TKA)

27447 Units: 1 Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) Remove

+ Add a procedure code

Expedite

Doesn't require authorization in most cases Download PDF

93798

Add Attachments

Next, you **need to upload relevant clinical documentation**. Anything added here should support the details in your request. **Including more relevant documentation with your initial request will significantly cut down on any delays caused by outreach for missing information.**

- 1 Click **'Add file'**, then select the appropriate file type from the available options in the dropdown list.
- 2 Press **'Continue'** to move to the clinical assessment questions (CAQs).



If you are unable to upload the necessary clinical documentation directly to the portal, you may also fax the additional documentation. See the [fax form section](#) of our Payer Learning Center for details on how to do this.

< Back Add attachments

Choose files to upload
Please add clinical documentation to support this authorization and accelerate the review.

Add files

Clinical Note.pdf
Uploaded on 05/08/2023 at 12:00:07 PM (EDT) by Brandon Miller

View Download Delete

Hold the shift key on your keyboard to select multiple attachments from your computer.

Clinical Assessment Questions

These questions are designed to capture key information about the patient's specific clinical situation based on the diagnosis and services requested for approval. You can usually find the answers to these questions in the patient's chart, or you can obtain from the requesting provider.

If you are unsure how to answer any of these questions, we recommend saving the request as a draft and coming back to this step once you have obtained the answer.

< Back Clinical assessment

Physical Therapy (PT)

1. Which side is symptomatic?
REQUIRED

Select all that apply.

Left

Right

Not applicable, symptoms are not localized

Please keep in mind:

- Some questions are NOT required, but the more information you can provide with your request, the better.
- Your answers to the CAQs should support the uploaded clinical documents.

Evidence-Based Suggestions

The portal may prompt you on this page with **evidence-based suggestions** as a way to help make your request eligible for approval. In the below example, you can see the suggestion on the screen stating that we should decrease our physical therapy visits to that which is deemed more clinically appropriate.

You do not **have** to accept these suggestions, but if you do your request should then be eligible for approval.

Review recommendation

Review number of visits requested

Physical Therapy (PT) 60 → 10 visits

The number of visits you have requested exceeds our recommended thresholds for this service. Please consider reducing the number of units.

Change to 10 visits
Recommended for approval

Keep as 60 visits
Documentation to justify is recommended

Review & Submit

After completing all the required clinical assessment questions, you will be able to review the details of the request before submitting. If updates are needed, simply press the **'Edit'** button. This includes making edits to the clinical assessment questions. Once all of the details are confirmed, click **'Submit services'** at the bottom of the page.

When our technology cannot auto-approve your request, a clinical team of registered nurses and doctors will review your request and reach out with questions, as needed, regarding the request.

You can check the status of your request by returning to the dashboard or the patient summary within the Cohere portal **or** by visiting the [status check](#) webpage, which is accessible to users who do not have a Cohere account.

Review services before submitting

[Back](#)

Physical Therapy (PT), Total Knee Arthroplasty (TKA)

This request duplicates an existing one
Duplicate submissions may be voided. The care setting (outpatient or inpatient), performing provider (if applicable), and facility match an existing request, including overlap in procedure codes and service dates.

You can choose to withdraw the existing request, change details to avoid duplication, or call Cohere for assistance at (833) 283-0033.

Draft
Tracking #WKGB4665 Delete

Details

Primary diagnosis	M25.561 - Pain in right knee
Secondary diagnosis	--
Care setting	Outpatient
Place of service	Ambulatory Surgical Center

[Edit](#)

1 evidence-based suggestion to improve your request:

Expedited → Not expedited
The coverage and/or services on this request do not meet the requirements for an expedited request.

[Accept](#)

[Save and exit](#) Submit services

Inpatient Requests

Seen below is a screenshot of the first step of the submission process for an **inpatient request**. For these types of requests, you will be asked to enter a specific admission date. This can be either:

- The date the patient was admitted **OR**
- The *future* date of a planned admission

You'll then be asked to choose an authorization category. You will need to enter a diagnosis code, but the procedure codes field is optional for inpatient requests.

For any new or updates to existing requests, you will need to **upload supporting clinical documentation**. You can also make edits to:

- Diagnosis
- Change in admission status
- Days requested
- Level of care

To **edit an authorization**, locate it in the patient summary, then click "edit".

For **inpatient requests**, you must accurately capture the status of the patient's stay.

- Currently admitted: use for patients admitted at the time of request, whether it is planned or unplanned.
- Not yet admitted: use for future planned admissions.
- Discharged: only use this option for a patient that is *already* discharged.

Capture the **admission date** and any additional days that can be reviewed based on clinical documentation.

Optional: include an admission source and specify at what **level of care** the member is being treated.

Wondering when to make updates to your authorization? You can see the review date displayed on the authorization.
Be sure to make any edits by the indicated date.

Next review date **04/18/2024**

Time to decision

Time to decision, or turnaround time (also known as TAT), for authorizations can vary case by case, and largely depends on the complexity of each request. All clinical reviewers will always adhere to state and federal requirements and attempt to review requests before the date of service if all required documentation has been received.

If the service date does pass, and it is permitted by payer policy, **your authorization will be processed as a retro authorization and you do not need to do anything differently.** You can help speed up the decision process by attaching adequate clinical documentation to your request. Check out these [best practices for clinical documentation](#).

- If the date of service passes before your request is decisioned it will automatically be processed as a retro authorization.
- Please be sure to check payer policy as some payers may not allow for these types of authorizations.

Visit the [learning center](#) to view more information related to state and federal requirements by payer.



Key Processes

Cohere is the prior authorization vendor for a variety of specialties and payers, so information on the following topics may vary. Therefore, we encourage you to visit the corresponding links included in the table below to learn more about your specific use case.

Payer	Missing information	Peer-to-peer	Denials & appeals
Humana	Outreach will come from Cohere. Click here to view details.	These will occur with Cohere physicians. Click here to view details.	All appeals should be submitted to Humana. The process varies by line of business, click here for details.
Medical Mutual of Ohio	Please reach out to Medical Mutual of Ohio directly for questions on these processes.		
Geisinger	Please reach out to Geisinger Health Plan directly for questions on these processes.		

Existing Requests

Once on the patient summary, you will be able to view a comprehensive list of previously submitted authorizations in the Cohere portal*. This includes those created by users at your organizations and other organizations, if applicable.

**Certain authorizations that are considered more sensitive will only be viewable by the user who submitted the authorization. All others will be able to view the authorization ID and status.*

Continuations

In certain situations, you may have the ability to request a continuation. A **continuation** is a more efficient way to make updates to an approved or partially approved authorization. All continuation requests will go through a separate review and once decisioned, will have **the same authorization number** as the initial request.

You are able to request a continuation when starting a new authorization or via the patient summary.

Use the **'More detail'** button to make edits or withdraw the service request. If you wish to withdraw a request, you will see a pop-up window confirming this action. See the next slide for more details on editing approved requests.

While starting a new authorization. If similar details were used in a previously approved authorization and the end date has not passed, the request will be displayed, and allow for a continuation to be started immediately.

From the patient summary. Within the patient summary, select **"start continuation"** next to any eligible authorization. Please note, you can only add procedure codes if they fall under the same service category as the initial request.

Once a continuation is submitted you can view details for initial visits and continuations on the **patient summary**.

Would you like to continue an existing request?

This patient has existing service requests which are in draft and/or eligible for continuation of care

2 RESULTS:

Service	Procedure code	Submission date	Dates of service
Facet Injection / ...	64493	11/01/2022	12/01/2022 - 12/01/2023

Approved
Auth #915273846 • Tracking #CHRJ4725

[Start continuation](#)

Patient summary [Start auth request](#)

Other Procedures

Home Health [Print](#)

Approved
Authorization #MGYC5678 • Tracking #MGYC5678

[Start continuation](#)

Service details

Start date: 04/14/2023 - End date: 07/13/2023

Code	Previously approved	Additional requested	Description
G0151	Units: 20	Units	Services provided by a qualified physical therapist in the home health or
G0299	Units: 20	Units	Direct skilled nursing services of a registered nurse (rn) in the home health minutes

[Add a procedure code](#)

12/01/2022
Continuation **Pending review** Tracking #CHRJ4725
Code: 64494 (1 unit requested) • Expedited: No
Requested by Florin Handelman - Portal [View info](#)

11/01/2022
Initial **Approved** Tracking #AHES3628
Dates of service: 12/01/2022 - 12/01/2022 • Code: 64493 (1 unit approved) • Expedited: No
Requested by Connor Feick - Portal [View info](#)

Knee Arthritis

Conservative Therapy [Print](#) [More detail](#)

Physical Therapy - Initial Request

Approved
Tracking #ULGU2905. Please check back later for the auth number or [refresh](#) the page now.

Editing a Request

In certain situations, you may have the ability to **edit** existing requests. Edits can only be made for members with specific insurance providers. The following information is intended to show how to complete an edit to a request, but please be aware that these actions may not be available for some authorizations.

How to **edit & withdraw**:

From the patient summary, you will be able to view a comprehensive list of previously submitted authorizations in the Cohere portal, including those created by users at your organization and other organizations, if applicable.



Other edits may result in void of your current request and creation of a new request. Additionally, edits can only be made for *some* authorizations and payers. To learn more, view our article on [editing, printing, and withdrawing requests](#).

Non-Invasive Testing
Transthoracic Echocardiogram (TTE) Print Less detail

Approved
Tracking #YGXU1531 • Please check back later for the auth number or [refresh](#) the page now. Print

Request details Edit request Withdraw Request

Primary diagnosis I48.0 - Paroxysmal atrial fibrillation
Secondary diagnosis M25.561
Care type Outpatient
Place of service Ambulatory Surgical Center
Number of service dates 1

- 1 After signing in, you will land on the dashboard. From here, navigate to the patient summary by searching for the patient or the specific authorization using the available filters.
- 2 Once on the patient summary, you will be able to view all of the previously submitted requests for this specific patient.
- 3 To edit and withdraw, select the **“More Detail”** button to view the details of this request.
- 4 The request form will populate on your screen. In addition to the fields in the request, you also have the ability to edit attachments and clinical assessment questions.

Once you are finished with the necessary changes, press the **“Save”** button.

Print and/or Download a Request

- 1 Press the **‘Print’** button and then select service summary to generate a PDF containing the details of your service request. The printer icon to the right of the authorization will also generate the service summary.
 - 2 From there, you will have the option to download or print this PDF
- The print button will only appear for **approved requests**.

Non-Invasive Testing
Transthoracic Echocardiogram (TTE) Print Less detail

Approved
Tracking #YGXU1531 • Please check back later for the auth number or [refresh](#) the page now. Print

Request details Edit request Withdraw Request

Primary diagnosis I48.0 - Paroxysmal atrial fibrillation

Submitting Referral Requests with Cohere

Cohere Health simplifies healthcare by enabling patients, physicians, and health plans to collaborate on getting the right care, at the right time, at the right place, and at the right cost. Our focus is to enable an *efficient* and *transparent* patient journey where patient goals and achieving optimal clinical outcomes are **central** to decision making.

If you have questions about how to submit a referral request, you have come to the right page! Submitting a referral request is simple and easy, and can be done directly within the Cohere portal. This tip sheet contains helpful information so you can be successful in submitting referral requests with Cohere.

Details Required for Referral Requests

Required details may vary depending on the payer, line of business, level of care, or other authorization details. The following information is commonly required:

- Health plan member ID
- Member DOB
- Start date of referral (the date where the patient will begin seeing the specialist for office visits. Also known as the *date of service*).
- Diagnosis (name or code)
- Referring provider details
- Specialist practice details
- Specialist provider details.

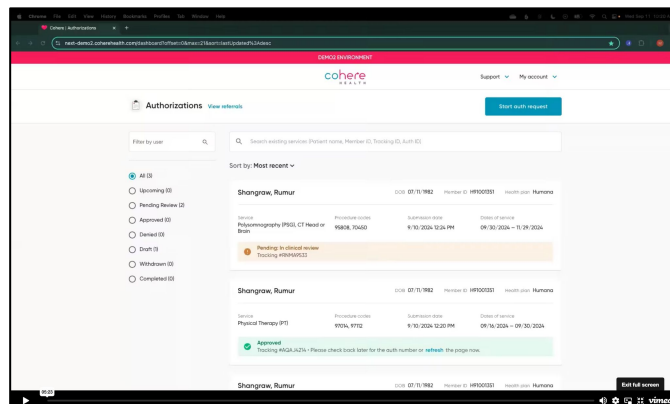
The screenshot shows the 'Tell us about your referral' form in the Cohere Health portal. The form is titled 'Tell us about your referral' and includes the following sections:

- Requires submission through Cohere:** A green checkmark icon and a text box for 'Start date' with a calendar icon and the format 'mm/dd/yyyy'. Below this, it states 'Referrals are valid for 6 months'.
- Providers:**
 - Referring provider:** A search box 'Search for a referring provider by NPI, TIN, or name' with search icons for TIN and Address. Below the search box are two buttons: '+ Devine, Kelly LRD MS' and '+ Stellingworth, Mark Allan MD'.
 - Specialist practice:** A dropdown menu for 'Specialty'. Below it is a search box 'Search for a specialist practice by NPI, TIN, or name' with search icons for TIN and Address. Below the search box are two buttons: '+ Liberty Medical Specialties Inc' and '+ Liberty Medical Specialties Inc'.
 - Specialist (optional):** A search box 'Search for a specialist by NPI, TIN, or name (optional)' with search icons for TIN and Address. Below the search box are two buttons: '+ Lohano, Javanti MD' and '+ Stellingworth, Mark Allan MD'.

At the bottom right of the form, there are two buttons: 'Cancel' and 'Continue'.

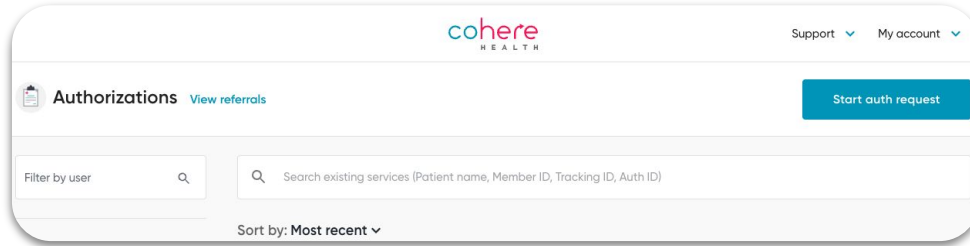
Demo Video

Watch a demo recording [here](#) for details on how to submit a referral request.

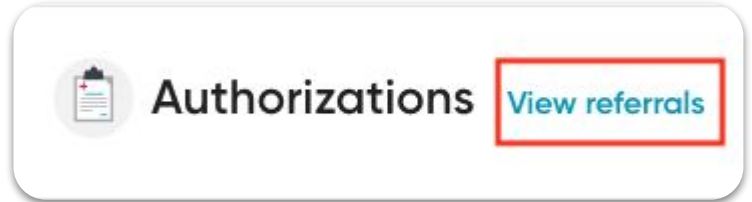


Step-by-Step Instructions

1 First, you will login to the Cohere portal using your username and password (or SSO, if applicable). When you login, you will land on the **authorizations dashboard**.



2 To switch over to the **referrals dashboard**, simply click on the **view referrals** button next to "Authorizations."



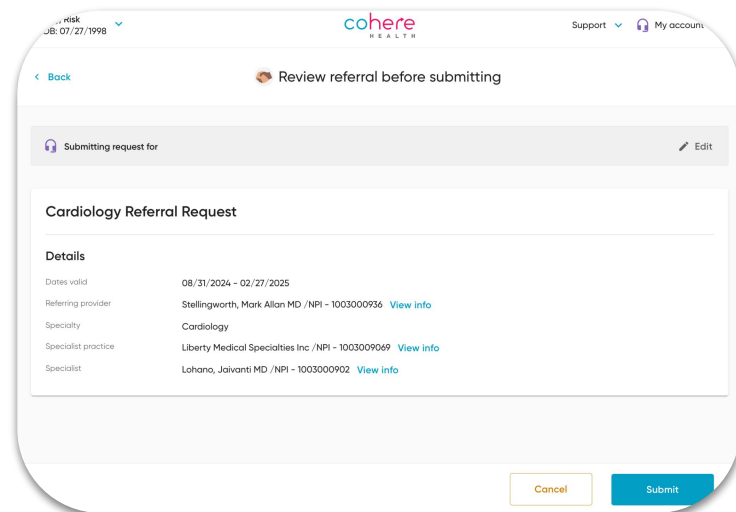
3 On the **referrals dashboard**, you can see the referral requests and their statuses for the patients at your practice.

You can start a referrals request from either dashboard. From the referrals dashboard, click on the blue **start referral** button in the top right corner. You will then be asked to enter the health plan member ID and date of birth for the patient.

4 Once the correct patient is returned, click **start referral** to continue with your request. The next step is to enter all the details for your request, including *start date*, *diagnosis*, *referring provider*, *specialist provider*, and *specialist practice information*. Once you have entered these details, you can proceed to the next step.

5 This brings us to the last step of the process, which is to review the details of the request before submitting. If you need to make any changes, you will need to click **<Back** to return to the previous page.

Once you have reviewed and confirmed all details are accurate, click **submit**. Once you press submit, we immediately begin processing the request. Currently, **all** referral requests through Cohere will be **covered**.



Frequently Asked Questions

1 Can I submit referrals through Cohere?

Anyone who submits prior authorizations in the Cohere portal is also capable of submitting referral requests. **However**, referral requests can **only** be submitted for patients whose coverage is compatible. The platform will allow you to start a prior authorization or a referral request after searching for the patient, if they have compatible coverage.

Eligible patient

Patient search

Find a patient: all information required.

Health plan member ID
106097873

Member date of birth
01/26/1965

Search

Add patient with a temporary ID

1 RESULT:

Smith, John [Patient summary](#)

HealthPlanName

Start auth request Start referral

Ineligible patient

Patient search

Find a patient: all information required.

Health plan member ID
H106097873

Member date of birth
09/16/1986

Search

Add patient with a temporary ID

1 RESULT:

Smith, John [Patient summary](#)

HealthPlanName

Start auth request

2 What if I don't have the specialist provider or practice details?

The specialist provider details are optional, but you are required to include the speciality practice details. If you do not have this information, we recommend reaching out to the referring provider.

3 Am I able to see referrals submitted outside of my practice?

Once you have submitted a referral for a specific patient, you will have access to **ALL** historic referrals for that patient that were submitted through Cohere (even from other users outside of your organization or place of work). You can view ALL referral requests from the referrals **patient summary** page.

However, you will **NOT** be able to see referrals for this patient submitted from a platform outside of Cohere.

cohere HEALTH

Support My account

Entity, Risk • Referrals [View authorizations](#) [Start referral request](#)

Entity, Risk
Member ID 456456456

Sex
Female

Member ID
456456456

DOB
07/27/1998

Age
26 years

Address
123 penthaus Miami, TN

Phone
(678) 999-8212

Preferred written language
-

PCP grouper ID
-

Primary plan
Humana

Cardiology Referral Request

Covered
Referral #R-QXLR5319

Details

Dates valid 09/16/2024 - 03/15/2025

Primary diagnosis I50.20 - Unspecified systolic (congestive) heart failure

Secondary diagnosis -

Referring provider Stellingworth, Mark Allan MD [View info](#)

Specialty Cardiology

Specialist practice Liberty Medical Specialties Inc / NPI - 1003009069 [View info](#)

Specialist Lohano, Jaivanti MD [View info](#)

Requested by Unknown [View info](#)

Cardiology Referral Request

Covered
Referral #R-AAAA0000

4 What happens if the specialist practice or provider I select are listed as out-of-network (OON)?

If the specialist practice or provider you select is OON, the portal will alert you.

You will be asked to answer attestations for **both** the practice and provider, when applicable. You will be asked to “attest that the provider is out of network with a valid exception reason” and then select an appropriate reason from the drop down menu.

These attestations are optional; they were originally designed to capture the results of evaluating an exception to inform the determination outcome. However, now that the referral process will result in 100% **covered** determinations, this optional step can be skipped with no impact on the outcome.

The screenshot shows a form with two sections. The first section is titled "Specialist practice" and contains a search field with "Orthopedic Surgery" entered, a search icon, and a field for "Churchview Supportive Living / NPI - 1003002650" with a search icon and a TIN field with "364442761". Below this is a red-bordered alert box with a yellow warning icon and the text: "Provider is out-of-network. You can switch to an in-network provider or proceed with your out-of-network request." Below the alert is a checkbox labeled "I attest that the provider is out of network with a valid exception reason (optional)". The second section is titled "Specialist (optional)" and contains a search field with "Lee, Joon S PT / NPI - 1003006529" entered, a search icon, and a TIN field with "201360123". Below this is another red-bordered alert box with the same text as the first. Below the second alert is a checkbox labeled "I attest that the provider is out of network with a valid exception reason (optional)".

The screenshot shows a form with a red-bordered alert box at the top with a yellow warning icon and the text: "Provider is out-of-network. You can switch to an in-network provider or proceed with your out-of-network request." Below the alert is a checked checkbox labeled "I attest that the provider is out of network with a valid exception reason (optional)". Below the checkbox is a dropdown menu labeled "Select reason" with three options: "The patient has changed health plans in the last 90 days (continuity of care)", "This provider's network status has changed in the last 90 days (continuity of care)", and "There are no in-network providers available within 50 miles of the patient".

5 Am I able to make edits to a referral request after it has been submitted?

No, you are not able to make any edits to referral requests once they have been submitted. If the patient needs to see a specialist for longer, please submit an **additional referral request**.

6 How long are referrals valid for?

Referral requests are valid for six (6) months from the start date entered when submitting the request. Referrals will be active throughout the indicated time frame, so any visits billed during this time will be **covered**. If you need to extend the referral window, please submit an **additional referral request**.

7 Why am I unable to enter procedure codes?

Referrals *automatically* include all standard office visit CPT codes. Since there is no way to know the duration or complexity of a billable event in the future, Cohere does not ask providers to “guess” which code(s) will be billed during the specialist office visit(s).

For CPT codes *other* than office visit codes, please submit a **prior-authorization** request instead.

8 **Why am I unable to enter the number of visits?**

All visits that are billed during the indicated time frame of the referral request will be **covered**. Referral requests are valid for six (6) months from the start date entered when submitting the request.

Since there is no way to know the duration or complexity of a billable event in the future, Cohere does not ask providers to “guess” how many visits will be billed by the specialist office.

9 **What is the difference between prior-authorization and referral requests?**

- A referral request is submitted to request **office visit CPT codes**.
- A prior-authorization request is submitted to request **any other CPT codes**.