

Entering a Referral in Tapestry Link

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose

This document provides step-by-step instructions for submitting an authorization request, requesting an extension to an existing authorization, adding notes to an authorization, and checking the status of an existing authorization request in Epic Tapestry Link.

The names and authorization numbers contained in this document are fictional and are intended for training purposes only.

Table of Contents:

Entering a Referral in Tapestry Link	1
Abstract Purpose	1
Helpful Hints	2
Attachments/Notes:.....	2
Authorization Creation/Search:	2
New Referral Tab:	3
Patient Search:	3
Provider Search:	3
Session Timeout:	4
Registration:	4
Navigation Menu.....	5
Searching for a Patient	6
Prior Authorization Requirements	9
Dismissed Authorizations.....	16
New Referral	16
Navigation Menu – Referral Search.....	18
Navigation Menu – Authorization Worklist.....	21

Helpful Hints

This document replaces the process for entering authorizations in iExchange. If you are entering an authorization in EviCore or CCUM, your process has not changed.

You may SSO from Epic Tapestry Link to EviCore and CCUM

You must be a registered user of Network Health's provider portal to access Epic Tapestry Link.

Attachments/Notes:

- The user has the option to add **Notes** by clicking the + [Add](#) sign on the **New Referral Tab** during authorization creation.
 - Notes may be added to inpatient authorizations in a pend **or** decisioned status.
 - Notes may only be added to outpatient authorizations in a pend status.
 - If notes need to be added to a decisioned authorization, please contact our UM team.
 - The user may add information specific to the admission such as the start date, or request their approval be sent via fax.
 - If the authorization was requested in error, the user may indicate in the **Notes** section to cancel or void the authorization request.
 - The user may **add a file** to support the authorization request, or to support concurrent review stays.
 - NOMNC's and POA's may be added to the **Notes** section.
 - Requests to have the referral faxed may be added to the **Notes** section.
 - The user also has the option to add notes by clicking the [Add Note/Attachment](#) link on the **Referral Search** tab after the authorization has been created.

Authorization Creation/Search:

- When searching for a Referral number, always search with a Capital "E".
- When searching for a Referral number, best practice is not to include the suffix, or you may receive the following message "No referrals found"
 - Correct way: E1234
 - Incorrect way: E1234-1
- There are multiple ways to create an authorization request- please refer to pages 6-16 in this document for additional details.
- When creating an authorization, the required fields are Priority, Type and Referral To.
 - Authorization Priority:
 - Concurrent Reviews: Select Concurrent (treatment or services are in progress)
 - New Skilled Nursing admissions: Select Non-Urgent Pre-Service (services not yet completed)
 - This category will be used for most requests
- Default Fields:
 - Number of visits should only be changed for outpatient services.
 - **Inpatient services should remain at 1 visit**, the visit(s) will be updated

- by our UM team during the authorization review/approval.
- Start date defaults to today's date.
 - The user should update accordingly.
- Expiration date defaults to 90 days from the start date.
 - This should only be changed for **outpatient** services.
 - **Inpatient date(s)** will be updated **by our UM team** during the authorization review/approval.

Authorization Worklist:

- The **Authorization Worklist** will default to *Additional Information Needed* when there is an authorization that requires a response. The user may change the search options based on their needs.
- The Authorization Worklist is linked to the users approved NPI/TIN via Network Health's provider portal.
 - If you are unable to locate an authorization in the Authorization Worklist, you may search via the **Referral Search icon**.

New Referral Tab:



- The **Primary Procedure** is only required for outpatient services or pre-scheduled inpatient admissions.
- **IMPORTANT:** CPT/HCPC code(s) **should not be** entered for inpatient admissions or skilled nursing stays.
 - Doing so may result in a "No Authorization Required" notification on your request, which may not be correct as the determination was made on the CPT/HCPC code rather than the inpatient admission itself.
- The **Admission Type** is only required for inpatient services- including inpatient and skilled nursing admissions.
 - Refer to pages 16 & 17 for more information.

Patient Search:

- When searching for a Patient, you must enter the patient's complete first and last name, do not use abbreviations.
- You have the option to search by patient MRN, however please note the Epic Tapestry Link MRN will not match your internal MRN.
- If you are searching for an existing patient, utilize the **Search My Patients** tab.
- To search for all patients, utilize the **Search All Patients** tab from the Patient tab in the navigation menu.

Provider Search:

- The **Referral By** and **Referral To** are linked to the users approved NPI/TIN via Network Health's provider portal.
- The **Network Level** will indicate if the provider is In Network or Out of Network.

Session Timeout:

- The session timeout is currently set to ten (10) minutes. However, if you close your browser or navigate away from the application without logging out, your session will automatically expire after five (5) minutes, regardless of the configured timeout setting.

Registration:

To access Epic Tapestry Link, you must be a registered user of Network Health's secure Provider Portal.

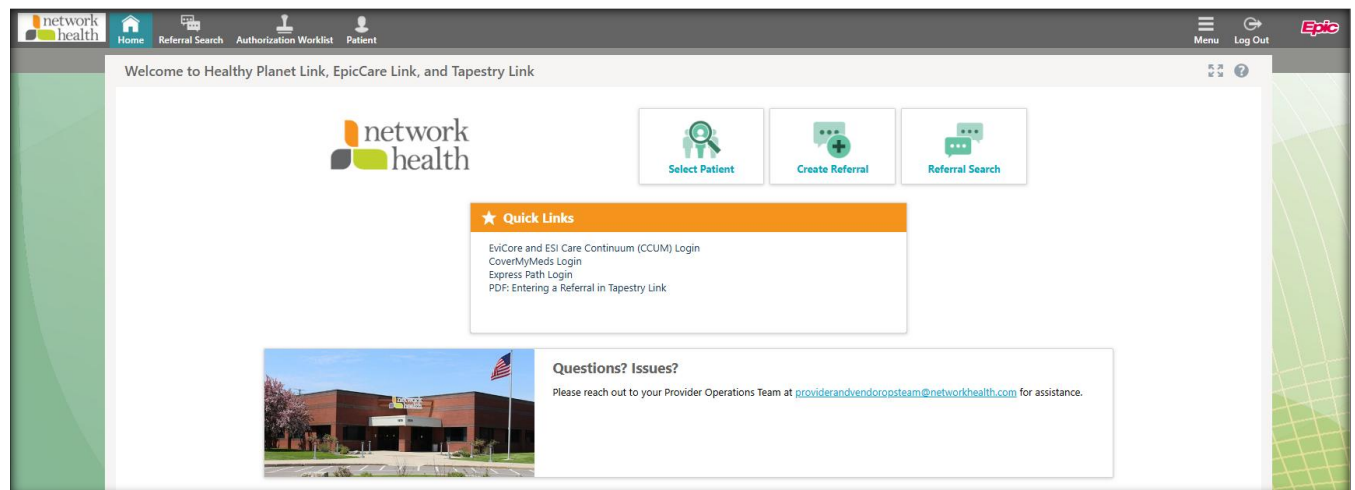
If you are not currently a registered user, you may click [HERE](#) to begin the process.

- Navigate to the **I'm a provider** tab to complete your registration.

After completing your provider portal registration, you will arrive at the Network Health landing page. Navigate to the **Authorizations** tab and click on the Epic link from the drop-down menu.

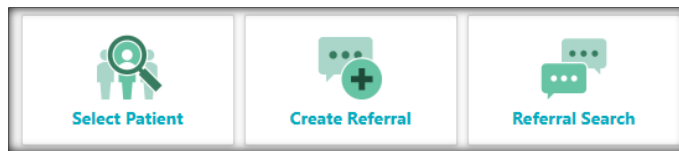


You should now be directed to the Epic home page.



Located on the home page you will find three quick search icons for your convenience:

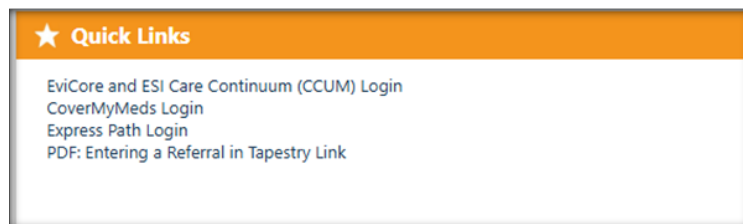
Select Patient, Create Referral and Referral Search.



The home page also includes quick links allowing you to navigate directly to one of our vendor partners:

- EviCore and ESI Care Continuum (CCUM)
- CoverMyMeds
- Express Path

You may also view the PDF document on **Entering a Referral in Tapestry Link**.

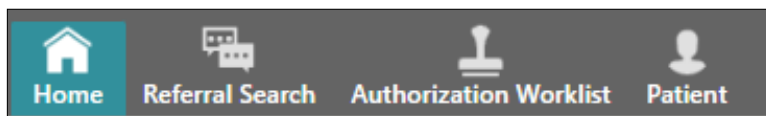


If you would like assistance with the application, you may email our Provider Operations team directly.

Questions? Issues?

Please reach out to your Provider Operations Team at providerandvendoropsteam@networkhealth.com for assistance.

Navigation Menu

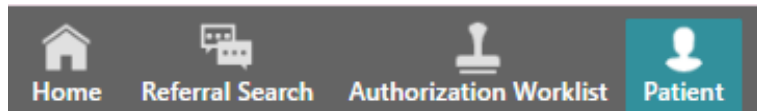


There are four options available on the navigation menu at the top left of your screen.

If you'd like to begin a new search, click the **Home** tab to be taken back to the landing page.

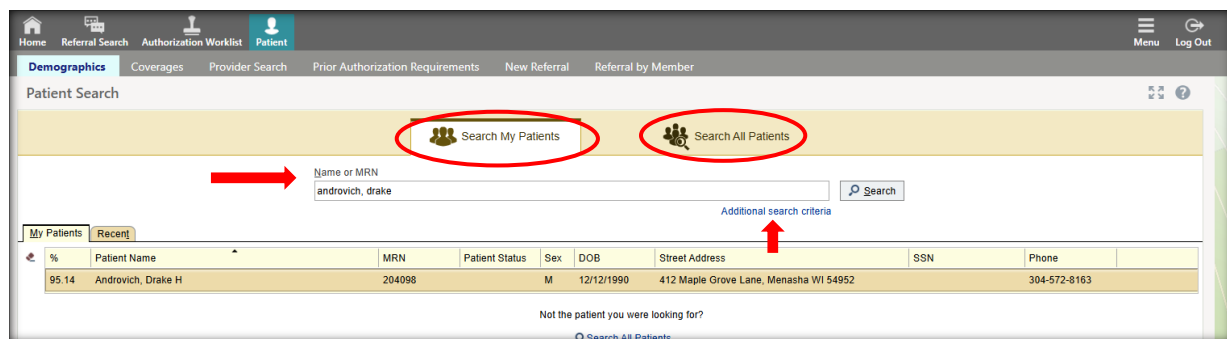
Searching for a Patient

Click the **Patient** tab on the navigation menu to begin your search.



If you are searching for an existing patient, you may begin your search from the **Search My Patients** tab.

If you are searching for a new patient, you may begin your search from the **Search All Patients** tab.



- You may enter the patient's name in the **Name or MRN** and click the search button, however, please note the Epic Tapestry Link MRN will not match your internal MRN.

Patient Name	MRN
Ambulatory, Abe Norman	202427

You may also add **Additional search criteria** such as sex, birth date (DOB) or social security number (SSN) by clicking the link near the search button.

- Note**, you must enter the patient's complete first and last name as it appears on their member ID card.
- Do not use abbreviations or you will not be able to continue.

Once you have located the correct patient, you may double click on their name.

The **Search My Patient** list will display two tabs, *My Patients* and *Recent*.

The **My Patients** list will alphabetically display all patients for this provider.

My Patients Recent		«Filter by primary care providers»							
	Patient Name	MRN	Patient Status	Sex	DOB	Street Address	SSN	Phone	
A	Ambulatory, Abe Norman	202427	Alive	M	3/16/1948	134 Elm Street, Madison WI 53706	xxx-xx-7810	608-213-5806	
B	Androvich, Drake H	204098		M	12/12/1990	412 Maple Grove Lane, Menasha WI 54952		304-572-8163	
C									
D	Brown, Camila	204065		F	1/13/1967	4649 SUNSET AVE, MANITOWOC WI 54220		831-947-2284	

The **Recent** list will display the patient names and when they were Last Accessed.

My Patients Recent									
Last Accessed	Patient Name	MRN	Patient Status	Sex	DOB	Street Address	SSN	Phone	
7 hours ago	Androvich, Drake H	204098		M	12/12/1990	412 Maple Grove Lane, Menasha WI 54952		304-572-8163	
2 days ago	Gonzalez, Paisley G	204052	Alive	F	9/19/1985	3526 RIVER CT, BROOKFIELD WI 53005		819-632-7095	
Jul 14	Carter, Layla W	204020		F	4/29/1994	8999 WASHINGTON AVE, ASHWAUBENON WI 5...			

The **Search All Patients** tab has three required fields, **Name**, **Sex** and **Birth Date**.

Once you have the required information entered in these fields, you may click the **Search** box.

 Search My Patients

 Search All Patients 

Fill out the required fields to gain access to a member. Enter additional information for a more accurate match.

Search for Patient

Name

Sex

Birth Date

SSN Last 4

MRN

Member ID

ZIP Code

Medicare Beneficiary Identifier

 Search

 Clear

Next you have the option to add this member to your patient list.

Enter a **Reason** from one of the five options given, confirm the patient selection, then click **Select**.

Confirm Patient Selection
Click Select to add this member to your list.

Escor, Jessica L - 204107
 Born 2/21/1989 (37 y.o.)
 Female
 1053 Birchwood Drive
 Menasha Wisconsin 54952
 Not on file
 207-381-6094 (H)
 No e-mail address on file

Reason Reason Comment

Select the groups to which you want to add the patient:

☐ EHS LINK GROUP EHS LINK GROUP
☐ Tapestry Link Patients

Select

Once you have selected the patient, you will be taken to the **Demographics** tab, which displays basic demographic information in the center, as well as coverage and recent authorization information on the left side of the page.

Demographics Demographics Coverages Provider Search Prior Authorization Requirements New Referral Referral by Member

DA
Drake H. Androvich
 Male, 35 years old, 12/12/1990
 MRN: 204098

COVERAGE PCP/LOCATION
 None
 None

PRIMARY COVERAGE
 NH NETWORK HEALTH / NH
 BENEFIT PLACEHOLDER

RECENT AUTHORIZATIONS
 X Hospital - Outpatient
 7/21/2026 - 10/19/2026
 X Hospital - Outpatient
 7/21/2026 - 10/19/2026
 X Durable Medical Equip...
 7/20/2026 - 10/18/2026

Basic Demographics
 Name: Androvich, Drake H
 MRN: 204098
 SSN: [REDACTED]
 Sex: Male
 Date of Birth: 12/12/1990 (35 yrs)
 Gender identity: [REDACTED]

Contact Information
 Address: 412 Maple Grove Lane
 Menasha WI 54952
 Phone: 304-572-8163 (Home) "Preferred"

PCP and Center
 Primary Care Provider: None Specified
 Center: None

Administrative
 Signature on File: No
 Date Filed: None on file
 Power of Attorney: No
 Date Asked: None on file
 Advance Directive: No
 Date Asked: None on file

When you are viewing a specific patient, a navigation menu will display with the following options:

- **Demographics** – Provides basic patient demographic information.
- **Coverages** – Provides the plan information, member ID as well as the effective and term dates.
- **Provider Search** - Allows the user to search for a specific provider.
- **Prior Authorization Requirements** - Allows the user to search and determine whether a procedure requires prior authorization.
- **New Referral**- Allows the user to begin a new referral request.
- **Referral by Member** - The user has the option to view all referrals for a specific member. By default, the option will be on *Show Active Referrals*.

- To change the view, simply click the drop down and select **Show All Referrals**.

View Option: ▼

- Show Active Referrals
- Show All Referrals

You may sort any of the column headings by clicking the heading name and choosing the sort option you prefer.

Referrals found: 35

ID	Payor	Referred By ▼	Referred To	Status	Start Date	Expiration Date	Creation Date
E3595	NH NETWORK HEALTH			INCOMPLETE	05/05/2026	05/05/2027	05/05/2026
E3732	NH NETWORK HEALTH	TAPESTRY, GENERAL EXTERNAL PROVIDER	THEDACARE MEDICAL CENTER WAUPACA INC HOSP				05/13/2026
E3678	NH NETWORK HEALTH	TAPESTRY, GENERAL EXTERNAL PROVIDER	DRAAK, KERIN B	Authorized	05/13/2026	05/13/2027	05/13/2026

Prior Authorization Requirements

When you select the **Prior Authorization Requirements** tab, you will be required to enter in a Procedure or Revenue Code in the **Service Search** box to determine if the service requires prior authorization.

Click **Search** to see the results.

Demographics Coverages Provider Search **Prior Authorization Requirements** New Referral Referral by Member

✱ Prior Authorization Requirements

Authorization Information
Authorization requirements may change at any time. The Service Date (the specific date a service is rendered to the member or participant) is required to accurately determine whether prior authorization is needed.

Service Search

Procedure

OR

Revenue Code

Authorization Info

Service Date

Member Coverage

Diagnosis

Modifier

Referred By Provider

Referred To Provider

Referred To Location/POS

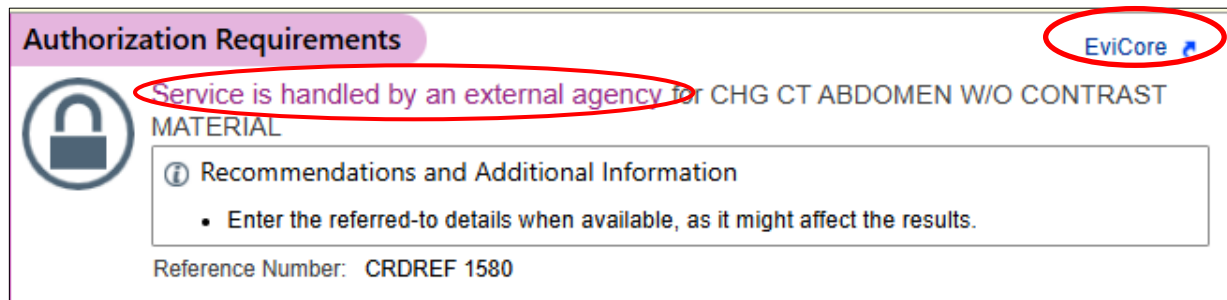
Please or Service Type

Search

Choose a service to get started

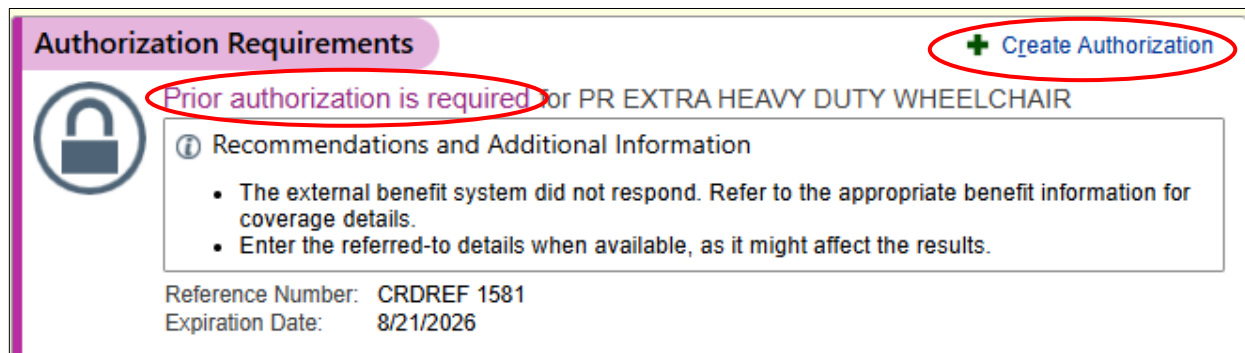
If the service is managed by one of our vendor partners EviCore or CCUM, a message with a link to the appropriate vendor partner will display.

Example, CPT Code 74150:



If the service is managed by Network Health, you will receive a message allowing you to [Create Authorization](#).

Example, HCPC Code K0007:



To [Create the Authorization](#), you must complete all required fields that display the **red** exclamation mark icon before you submit your authorization request.

- The Number of visits will default to 1.
 - This should only be changed for outpatient services.
 - **Inpatient services should remain at 1 visit**, the visit(s) will be updated by our UM team during authorization review/approval.
- The Start date will default to today's date.
 - The user should update accordingly.
- The Expiration date will default 90 days from the Start date.
 - This should only be changed for outpatient services.
 - **Inpatient date(s)** will be updated **by our UM team** during the authorization review/approval.
- The Retroactive referral box will not be checked
 - It is important to update the Number of visits, Start date and/or check the Retroactive referral box if needed.



Next, click on the magnifying glass “search icon” to choose the **Priority**, **Type**, and **Referral To** for the prior authorization request.

- **Note**, the steps to create an authorization are the same whether you select the patient from the navigation menu and create the authorization from the Prior Authorization Requirements tab, from the New Referral Tab, or if you Create a Referral from the Landing Page.

The screenshot shows the 'New Referral' form with three tabs: 'Primary Px/Type', 'General Information', and 'Diagnoses/Services'. The 'General Information' tab is active. It contains several fields: 'Priority' (circled in red), 'Type' (circled in red), 'Reason', 'Number of visits' (set to 1), 'Start date' (8/10/2026), 'Expiration date' (11/8/2026), 'Retroactive referral?' checkbox, 'Referral By' (circled in red), 'Referral To' (circled in red), 'Provider', 'Location/POS', 'Provider specialty', 'Department specialty', and 'Vendor'. Each of the four circled fields has a magnifying glass icon next to it, indicating a search function.

Priority options are as follows:

- **Note**, select Concurrent (treatment or services are in progress) for all concurrent reviews.
- Select Non-Urgent Pre-Service (services not yet completed) for all **new** Skilled Nursing admissions.

Priority:		Search
Search Matches:		
Name	ID	
Concurrent (treatment or services are in progress)	100	
Non-Urgent Pre-Service (services not yet completed)	107	
Part B Standard (Medicare Only- medications only)	103	
Part B Urgent (Medicare Only- Members life, health or recovery is in serious jeopardy- medications only)	104	
Urgent Pre-Service (Members life, health or recovery is in serious jeopardy)	108	
Investigational/Experimental (see the Authorization by Code list for codes potentially considered experimental or investigational)	102	

Type options are as follows:

- **Note**, you may need to use the scroll bar on the right-hand side to view all 32 options.

The screenshot shows a search results interface with a table of search matches. The table has two columns: 'Name' and 'ID'. The results are as follows:

Name	ID
Acupuncture	64
Air Ambulance	NH27
Ambulatory Surgery	NH1
Awaiting Admission	NH20
Behavioral Health - Inpatient	A7

Next, enter the name of the provider who will be performing the service, or the name of the facility where the services will be performed in the **Name, ID or NPI field** and click the search icon.

If you do not know the name of the provider or facility, you may enter criteria in *any of the bold fields*, then click the search icon.

- The bold fields are **Name, ID or NPI**, **Internal Department**, **Provider Specialty**, and **Clinical Interest**.

The screenshot shows a search form with the following fields and controls:

- Name, ID, or NPI:** (circled in red)
- State: (with search icon)
- Internal Department:** (with search icon)
- Provider Specialty:** (with search icon)
- Language: (with search icon)
- City: (with search icon)
- ZIP: (with search icon)
- Department Specialty: (with search icon)
- Gender: (with search icon)
- Clinical Interest:** (with search icon)
- Search button (with magnifying glass icon, circled in red)
- Clear button (with trash icon)
- Cancel button (with X icon)

We entered the provider's name in the Name, ID, or NPI field and click the search icon. When we confirmed our provider was correct, we clicked the **Accept** button.

The current search results display 4 providers; the user has the option to click **Next Level** or **All Providers** for additional search results.

DA

Drake H. Androvich
Male, 35 years old, 12/12/1990
MRN: 204098

COVERAGE PCP/LOCATION
None

PRIMARY COVERAGE
NH NETWORK HEALTH / NH BENEFIT PLACEHOLDER

RECENT AUTHORIZATIONS
Hospital - Inpatient
8/12/2026 - 11/10/2026
Durable Medical Equip...
8/3/2026 - 11/1/2026
Durable Medical Equip...
8/3/2026 - 11/1/2026

Change patient

Demographics Coverages Provider Search Prior Authorization Requirements **New Referral** Referral by Member

Provider Search

Search Criteria

Search Results: 4 providers found

	Name	NPI	Network Level	Street	City	State	ZIP	Provider Type
☐			In Network		APPLETON	Wisconsin		Hospital
☐			In Network		APPLETON	Wisconsin		Hospital
☐			In Network		APPLETON	Wisconsin		Hospital
☐			In Network		APPLETON	Wisconsin		Hospital

(Next Level) (All Providers)

Accept Cancel

Next, you are required to enter the **Diagnoses** that are associated with the service.

- You may type in the ICD-10 code or enter a word description and click on the search icon.

New Referral

Primary Px/Type General Information **Diagnoses/Services**

Diagnoses

Diagnosis

+ Add

We typed in *fracture femur* and clicked on the search icon. Below are a few of the diagnosis options we were provided with:

Once you locate the diagnosis code from the list, **single click** to add it to your request.

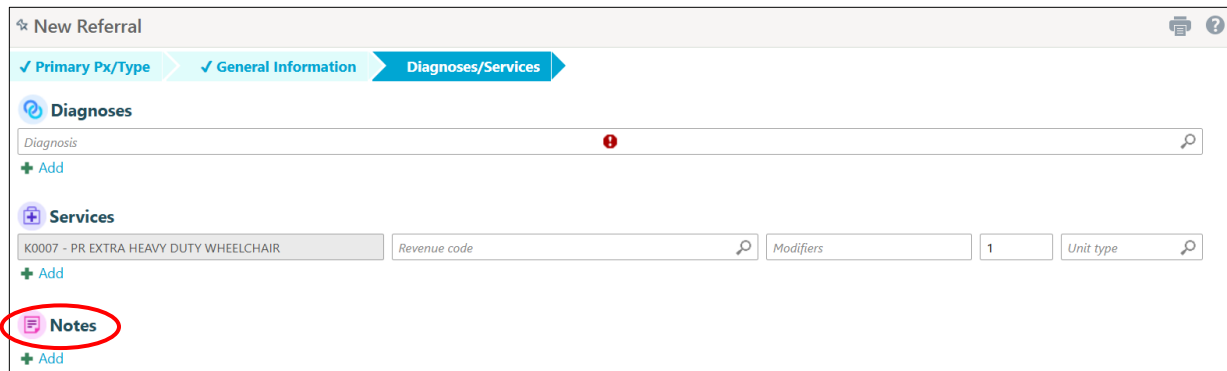
Please make a selection

Diagnosis:

Search Matches:

%	ID	Name	ICD-10 Codes
85.63%	M96.662	Fracture of femur following insertion of orthopedic implant, joint prosthesis, or bone plate, left leg	M96.662
85.63%	M96.661	Fracture of femur following insertion of orthopedic implant, joint prosthesis, or bone plate, right leg	M96.661
85.63%	M96.669	Fracture of femur following insertion of orthopedic implant, joint prosthesis, or bone plate, unspecified leg	M96.669

You have the option to enter additional **Services** by clicking the + **Add** sign, see pages 16 & 17 for additional information.



The screenshot shows the 'New Referral' form with three tabs: 'Primary Px/Type', 'General Information', and 'Diagnoses/Services'. The 'Diagnoses/Services' tab is active. Under the 'Diagnoses' section, there is a search bar and a '+ Add' button. Under the 'Services' section, there is a list of services, including 'K0007 - PR EXTRA HEAVY DUTY WHEELCHAIR', and a '+ Add' button. The 'Notes' section is circled in red, and a red arrow points to it. The 'Notes' section also has a '+ Add' button.

You also have the option to add **Notes** by clicking the + **Add** sign. After you select the + **Add** sign, additional options will display that allow the user to add a file.



IMPORTANT:

- The user may add the admission start date in the notes section.
- The user may request the authorization decision be sent via fax.
- The user may add a note to request their request be cancelled or voided.
- The user may **add a file** to support the authorization request, or documentation to
- support a concurrent review.
 - **Note**, SmartTools are available to assist with the authorization request- please follow the guidance of the SmartTools and add the following information to ensure accurate and timely processing of your authorization.
 - Contact Name
 - Phone Number
 - Fax Number
 - Admission Date
 - Additional Information (if applicable), such as faxing the authorization letter.



Notes

Changing the note type will clear the current note.

Note type

Provider Comments [6]

Note summary

You have SmartTools that must be resolved or removed [\(More Information\)](#).

Contact Name: ***
Phone Number (###-###-####): ***
Fax Number (###-###-####): ***
Admission Date (Required for all Inpatient Admissions): ***
Additional Information (if applicable):

Attachment

Add file

100.0 MB Total Allowed

Save Note

Discard Note

When the information on the page looks correct, click **Request Referral** to submit your referral request.

← Back

✓ Request Referral

✗ Cancel Request

You will now be provided with a summary of your Referral by Member, including your Authorization #.

Authorizations

Authorization #E4245-1

NH NETWORK HEALTH/NH BENEFIT PLACEHOLDER

7/18/2026 – 10/16/2026

Status

Service Code

Rev Code

Mod

Appr/Req

Pending Review

K0007 - PR EXTRA HEAVY DUTY WHEELCHAIR

—

—

— / 1

Referred To

Provider

Vendor

Location

POS Type

Phone

Nhp Par Dme

—

—

—

999-999-9999

Patient Information

Patient Name

Legal Sex

DOB

SSN

Androvich, Drake H

Male

12/12/1990

Diagnosis Information

Diagnosis

S72.002S (ICD-10-CM) - Fracture of unspecified part of neck of left femur, sequela

Referral E4245

Durable Medical Equipment Purchase - Outgoing

Priority

Non-Urgent Pre-Service (services not yet completed)

Referred By

General External Provider Tapestry, MD

Referred To

Nhp Par Dme

Dismissed Authorizations

If the service you request is for one of our vendor partners (EviCore or CCUM), your authorization status will be **Dismissed Delegate Review Required**.

Authorizations				
Authorization #E4288-1 - NH NETWORK HEALTH/NH BENEFIT PLACEHOLDER				
Status	Service Code	Rev Code	Mod	Appr/Req
✕ Dismissed Delegate Review Required	74150 (CPT®) - CHG CT ABDOMEN W/O CONTRAST MATERIAL	—	—	— / 1

New Referral

Under the **Referral** or **Admission** *icon*, enter the service you wish to prior authorize in the box.

- **Note**, the **Primary Procedure** is only required for outpatient services or pre-scheduled inpatient admissions.
 - CPT/HCPC code(s) **should not be** entered for inpatient admissions or skilled nursing stays.
 - Doing so may result in a “No Authorization Required” notification on your request, which may not be correct as the determination was made on the CPT/HCPC code rather than the inpatient admission itself.
- The **Admission Type** is only required for inpatient services- including inpatient and skilled nursing admissions.

Home Referral Search Authorization Worklist Androvich, Drake H. Menu Log Out

Demographics Coverages Provider Search Prior Authorization Requirements **New Referral** Referral by Member

DA

Drake H. Androvich
Male, 35 years old, 12/12/1990
MRN: 204098

COVERAGE PCP/LOCATION
None
None

PRIMARY COVERAGE
NH NETWORK HEALTH / NH
BENEFIT PLACEHOLDER

RECENT AUTHORIZATIONS
Hospital - Inpatient
8/12/2026 - 11/10/2026
Durable Medical Equip...
8/3/2026 - 11/1/2026
Durable Medical Equip...
8/3/2026 - 11/1/2026

Primary Px/Type General Information Diagnoses/Services

Referral
**Outpatient Services
Pre-scheduled Inpatient Admissions**
Primary procedure

Admission
**ER/Urgent Inpatient Admissions
Skilled Nursing Stays**
Admission type

Change patient Next



Note, if you are authorizing an **Outpatient Service**, or **Pre-Scheduled Inpatient Admission**, best practice is to select your admission type and enter the specific CPT/HCPC code under the Services section on the following page.

New Referral

✓ Primary Px/Type ✓ General Information **Diagnoses/Services**

Diagnoses
Fracture of unspecified part of neck of left femur, sequela [S72.002S]
+ Add

Services

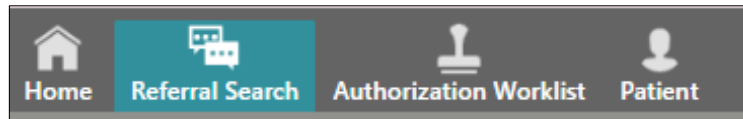
Procedure	Revenue code	Modifiers	Qty	Unit type
+ Add				

Add CPT/HCPC code here for all Outpatient Services and Pre-Scheduled Inpatient Admissions

Notes
+ Add

Remember! You have the option to create an authorization from multiple tabs, depending on how you begin your search. Please refer to pages 6-16 in this document to find details on the steps to take when creating the authorization requirements.

Navigation Menu – Referral Search



Next to the Home tab, users have the **Referral Search** option.

This tab allows the user to search with the following criteria:

- Referral Type (Incoming or Outgoing referrals)
- Referral creation date
 - After you select the Incoming or Outgoing box, the effective dates box will appear.
- Referral ID
- Referred By
- Referral Status

Please note that **Select all** is the default. If you would like to choose one of the options below, you need to deselect the Select all button.

There are nine options to choose from:

- Authorized
- Canceled
- Closed
- Denied
- Incomplete
- New Request
- Open
- Pending Review
- None

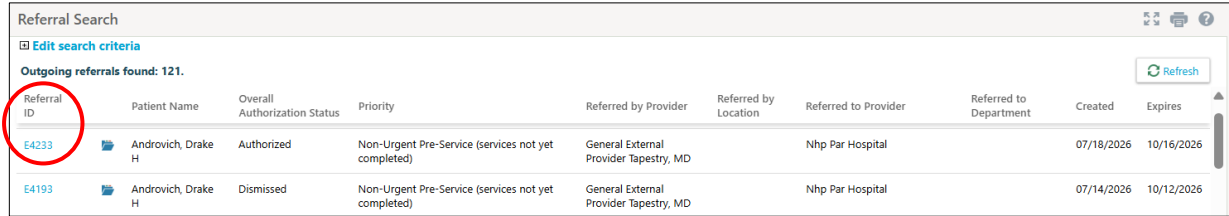
After you have selected your desired criteria, you may click the **Search** button.

A screenshot of the 'Referral Search' web application. The interface includes a navigation bar at the top with 'Home', 'Referral Search' (active), 'Authorization Worklist', and 'Patient' tabs. Below the navigation bar, the 'Referral Search' section contains an 'Edit search criteria' link. The search criteria are organized into three columns: 'Referral Type' (with 'Incoming' and 'Outgoing' buttons), 'Referred To' (a list of providers with a 'Select all' button and a count of 1/176), and 'Referral Status' (a list of status options with a 'Select all' button and a count of 1/9). The 'Referral Type' section also includes 'Creation Dates' and 'Effective Dates' with 'From' and 'To' date pickers. The 'Referral ID' section has a text input field with a red arrow pointing to it. The 'Referral Status' section lists nine options: 'Authorized' (checked), 'Canceled', 'Closed', 'Denied', 'Incomplete', 'New Request', 'Open', 'Pending Review', and '(none)'. A red circle highlights the 'Search' button at the bottom right of the search criteria section.

Next, you will receive a list of referrals that match your search criteria.

If you would like to view a specific referral, you may click on the **Referral ID**.

- **Note**, when entering a specific Referral ID, you must use a Capital “E” and omit any suffix that is on your referral, or you will receive the following message: “No referrals found”.



Referral Search

[Edit search criteria](#)

Outgoing referrals found: 121.

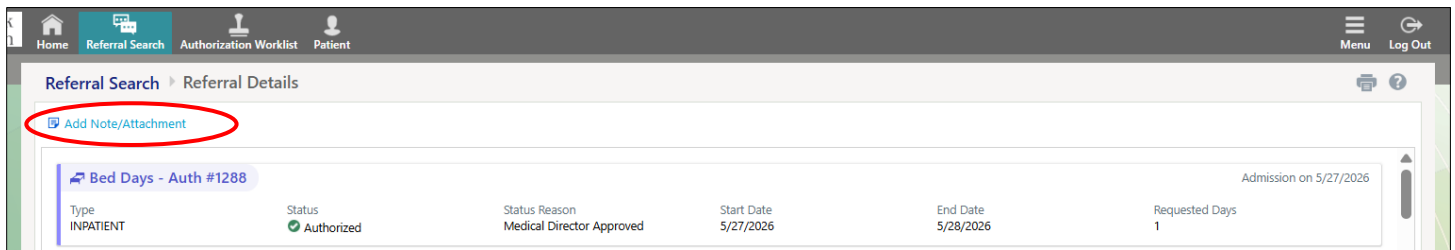
[Refresh](#)

Referral ID	Patient Name	Overall Authorization Status	Priority	Referred by Provider	Referred by Location	Referred to Provider	Referred to Department	Created	Expires
E4233	Androvich, Drake H	Authorized	Non-Urgent Pre-Service (services not yet completed)	General External Provider Tapestry, MD		Nhp Par Hospital		07/18/2026	10/16/2026
E4193	Androvich, Drake H	Dismissed	Non-Urgent Pre-Service (services not yet completed)	General External Provider Tapestry, MD		Nhp Par Hospital		07/14/2026	10/12/2026

The **Referral Details** provides six separate sections of information.

- **Authorizations** - Includes Authorization #, Status, Service/Revenue Code/Modifier and Approval dates
- **Referred To** - Includes Provider/Vendor name, Location information and phone number
- **Patient Information** - Includes patient’s name, legal sex, DOB and SSN if available
- **Diagnosis Information** - Includes ICD-10 code
- **Referral** - Includes Referral number, Referral type, Priority, Referred By and Referred To
- **Referral Notes** – Includes the full approval or denial authorization letter

If the user would like to enter notes in the referral, they may click [Add Note/Attachment](#) from the Referral Search tab.



The following box will display which allows the user to add notes along with an attachment. Once the notes are completed, they will display in the Referral Notes section.

- **Note**, the [Add Note/Attachment](#) may be used after the authorization is finalized to request changes.

New Referral Note

Changing the note type will remove the current note.

Note type: Provider Comments

Note summary: Test Notes 123

Note: [?] [Image] [Left Arrow] [Right Arrow] [List Icon]

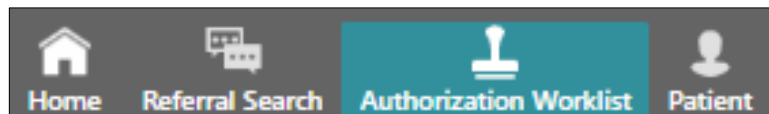
Admission Date (Required for all Inpatient Admissions): Test notes for Epic

Additional Information (if applicable):

Referral Notes			
ⓘ The following note will not be printed.			
Type	Date	User	Summary
Provider Comments	07/30/2026 4:15 PM	General External Provider Tapestry MD	Test Notes 123
Note: Admission Date (Required for all Inpatient Admissions): Test notes for Epic Additional Information (if applicable):			
Type	Date	User	Summary
UM Letter-Authorization	05/27/2026 11:51 AM	Rachell Care Manager	Auto: 17062-NH LETTER APPROVAL_IP_AWF_COLLECTION_Y0108_1706-06B-1024_C
Note:			

Navigation Menu – Authorization Worklist

Next to the Referral Search is the [Authorization Worklist](#) tab:



The user can click in the Search bar and search for their authorization by provider, member, authorization type, referral ID or authorization ID.



Note, the system will default your search option to **! 1 Additional Info Needed** when there is an authorization that requires a response. You may also change your search criteria to one of the following:

- All Outstanding
- Recent Decisions
- All Authorizations

We have changed the search criteria to **All Authorizations** and entered Referral ID **E4370**.

Once you select the correct ID number, it will display a summary of the request, providing the **Authorization** and **Referral** number, the **Requesting and Performing Provider**, Status, Authorization dates and **Requested Services**.

On the far right-hand side, the navigation menu displays two options.



The Menu tab provides the same options as the Navigation menu, except in a different search format.

