

# 15 Enter a SAR – Pharmacy Provider

## **Introduction to Enter a SAR -**

The step-by-step instructions to “Enter a SAR” with a pharmacy as the service provider for drugs requiring specific authorization is described in this section.

Only “Drugs that Require Specific Authorization” need to be individually authorized. All other drugs are allowed to be billed using the physician or Special Care Center authorizations (excluding medical supplies).

NOTE: Drugs that have been end-dated on the CMS Net formulary file may be authorized if medically necessary by users with SARAUTH security.

## **Objectives**

At the completion of this section, you will be able to:

- Enter a SAR with a pharmacy as the service provider
- Authorize NDC codes for restricted drugs
- Authorize NDC for individual medical supply code.
- “Submit” the SAR for validation

## 15.1 Find the Client

Notes

1. Access Service Authorization Request by clicking the “Authorization” link.

The screenshot shows the DHCS website interface. At the top, there are navigation links for [California Home](#), [DHCS Home](#), and [DHCS Organization](#). Below this is the main heading "Acceptance Test" with the subtitle "Caring for Children with Special Medical Needs...". A horizontal menu contains "Home Page", "Program Modules", "Reports", and "Administration". The "Program Modules" dropdown menu is open, listing several options: "Authorization" (highlighted with a red circle and a red arrow), "Provider", "Case Notes", "Correspondence", "Appt Scheduling", "Batch Correspondence", "MTP", "Conf Sched", and "Patient Therapy Claims" (with a red arrow). To the right of the dropdown, there are links for "Formulary and Medical Supplies" and "Procedure Code". Below the menu, there is a "Welcome To CMS NE" banner and a personalized greeting: "Good morning, Molly Pho" and "Your security group is Sta". Further down, there are links for "Web Messages", "Correspondence", "Case Notes", and "Appointments". On the left side of the page, there is a photograph of a person sitting on a bed.

**Notes**

- 2. Enter search criteria in the “By Client” area:
- 3. Click the “Find” button or hit ‘Enter’ key to select client.

California Home DHCS Home DHCS Organization Tuesday, December 28, 2010 1:50:25 P.M.

### System Test

Caring for Children with Special Medical Needs... Contact Us | Help | Logout

Home Page | CCS Modules | Reports | Administration Web Messages (0)

#### Search - Service Authorization

**BY CLIENT**

Search Client

| <input type="checkbox"/> Patient Name              | Case # | CIN        | SSN | DOB        | Gender | County |                                     |
|--|--------|------------|-----|------------|--------|--------|-------------------------------------|
| <input type="checkbox"/>                           |        |            |     |            | Select | Select | <input type="button" value="Find"/> |
| <input checked="" type="checkbox"/> SKYWALKER,LUKE | 777777 | 30526372A4 |     | 01/13/2005 | FEMALE | 36     | <input type="button" value="X"/>    |

**BY PROVIDER**

Hospital / Medical Provider  Special Care Centers  Dental Provider

Provider Name   Provider ID

**BY SAR**

SAR Number

Service Begin Date   Service End Date

SAR Status

Advanced Search Options

*You may search for the client by CCS Number.*

 This search is similar to the one performed in CMS Net (character-based system).

Field descriptions are provided in CMS Net Web Online Help.

4. Then click the “Add SAR” button.

California Home DHCS Home DHCS Organization Tuesday, December 28, 2010 1:50:25 P.M.

### System Test

Caring for Children with Special Medical Needs... Contact Us | Help | Logout

Home Page | CCS Modules | Reports | Administration Web Messages (0)

#### Search - Service Authorization

**BY CLIENT**

Search Client

| <input type="checkbox"/> Patient Name              | Case #  | CIN        | SSN | DOB        | Gender | County |      |
|--|---------|------------|-----|------------|--------|--------|------|
| <input type="checkbox"/>                           |         |            |     |            | Select | Select | Find |
| <input checked="" type="checkbox"/> SKYWALKER,LUKE | 7777777 | 30526372A4 |     | 01/13/2005 | FEMALE | 36     | X    |

**BY PROVIDER**

Hospital / Medical Provider  Special Care Centers  Dental Provider

Provider Name  Find Provider ID  Find

**BY SAR**

SAR Number

Service Begin Date  Service End Date

SAR Status

Advanced Search Options

Search Add SAR Clear

Field descriptions are provided in CMS Net Web Online Help.

## 15.2 Select a Provider for the SAR

This example will demonstrate how to select a provider for a SAR.

1. Click the “Hospital/Medical Provider” radio button.
2. Enter provider search information.
3. Click the “Search” button.

### Notes

You may search for the provider by Name.

Provider ID for hospital or medical providers is 9 characters. At least 8 characters must be entered.

Enter provider name. Partial searches are permitted.

Search results can be narrowed to Pharmacies/Pharmacists by using the “Provider Type” drop-down.

The screenshot shows a web application interface for searching providers. At the top, there are navigation links: Home Page, Program Modules, Reports, Administration, and Web Messages (0). Below this is a blue header bar with the text 'Search - Providers'. The main content area is titled 'SEARCH PROVIDER' and includes a note: 'Required fields are marked in \*'. The form contains several fields: 'Search Category' with radio buttons for 'Hospital / Medical Provider' (selected), 'Special Care Centers', and 'Dental Provider'; 'Provider Name' with a text input field containing 'bioscrip'; 'Specialty/Allied Health' with a dropdown menu; 'Special Care Center Type' with a dropdown menu; 'County' with a dropdown menu; and 'Provider Type' with a dropdown menu. At the bottom of the form are two buttons: 'Search' and 'Clear'. Three yellow callout boxes with black numbers are overlaid on the form: '1.' points to the 'Hospital / Medical Provider' radio button; '2.' points to the 'Provider Name' text input field; and '3.' points to the 'Search' button.

Field descriptions are provided in CMS Net Web Online Help.

4. Click on the link (blue underlined name of your selection).
5. If more than 20 records are found, you may view additional matches on the next page by: *Clicking the "Next Records" link OR clicking the "Prev Records" link.*

**List of Providers**

| Provider Name/Address  | Provider ID             | Provider Type       | Status | County        | Paneled |
|--|-------------------------|---------------------|--------|---------------|---------|
| <a href="#">BIOSCRIP INFUSION SERVICE</a><br>320 S FLOWER ST STE #A<br>BURBANK CA 91502        | 1942225586              | Pharmacy/Pharmacist | ACTIVE | LOS ANGELES   |         |
| <a href="#">BIOSCRIP PHARMACY, INC</a><br>4940 VAN NUYS BLVD STE 104<br>SHERMAN OAKS CA 91403  | 1114920089<br>PHA454360 | Pharmacy/Pharmacist | ACTIVE | LOS ANGELES   |         |
| <a href="#">BIOSCRIP PHARMACY, INC</a><br>8490 SANTA MONICA BLVD STE 1<br>W HOLLYWOOD CA 90069 | 1386445231<br>PHA435210 | Pharmacy/Pharmacist | ACTIVE | LOS ANGELES   |         |
| <a href="#">BIOSCRIP PHARMACY, INC</a><br>3900 5TH AVE STE 110<br>SAN DIEGO CA 92103           | 1184627051<br>PHA441910 | Pharmacy/Pharmacist | ACTIVE | SAN DIEGO     |         |
| <a href="#">BIOSCRIP PHARMACY, INC</a><br>2262 MARKET ST<br>SAN FRANCISCO CA 94114             | 1164425120              | Pharmacy/Pharmacist | ACTIVE | SAN FRANCISCO |         |
| <a href="#">BIOSCRIP PHARM, SRVC, INC</a><br>2787 CHARTER ST<br>COLUMBUS OH 43228              | 1619970845<br>XPH015092 | Pharmacy/Pharmacist | ACTIVE |               |         |

Show All Statuses

1-6 out of 6 Matching Records

Provider Name \*

Address 1 \*

City \*

State \*

Medical / Hospital
  Special Care Centers
  Dental

Address 2

County \*

Zip \*

Field descriptions are provided in CMS Net Web Online Help.

## 15.3 Enter SAR Information

1. Enter SAR Information
2. Then click the “Add Services” button.

Home Page | Program Modules | Reports | Administration Web Messages (0)

### Enter SAR

**LUKE SKYWALKER, 7777777**

Required fields are marked in \* SEARCH MEDS

CLIENT INFORMATION

|                 |                |                     |                |                     |                 |
|-----------------|----------------|---------------------|----------------|---------------------|-----------------|
| Client Name:    | LUKE SKYWALKER | Case Number:        | 7777777        | Date Of Birth:      | 01/13/2005      |
| Alias:          |                | Med Elig Status:    |                | Application Status: | 3RD LETTER SENT |
| F/R Elig:       |                | Diagnostic Only:    | NO             | PSA Status:         | NOT REQUIRED    |
| Reg Status:     | ACTIVE         | Client Elig Status: | 9N M/C ONLY    | Program Begin Date: | 01/13/2010      |
| CI#: 38088672A4 |                | County:             | SAN BERNARDINO | Program End Date:   | 01/12/2011      |
| Gender:         | FEMALE         | MTU:                |                | Language:           | ENGLISH         |
| Caseload Code:  | 36Z001         |                     |                |                     |                 |

**PROVIDER INFORMATION**

|                |   |                            |  |
|----------------|---|----------------------------|--|
| Provider Name: | BIOSCRIP INFUSION SERVIC  | Provider Number:           | 1942225586   |
| Provider Type: | PHARMACY/PHARMACIST   |                            |  |
| Address 1 *:   | <input type="text" value="320 S FLOWER ST"/>  | Address 2:                 | <input type="text" value="STE #A"/>                                    |
| City *:        | <input type="text" value="BURBANK"/>  | County:                    | <input type="text" value="Los Angeles"/>                               |
| State *:       | <input type="text" value="CA"/>   | Zip *:                     | <input type="text" value="91502"/> <input type="button" value="Find"/> |
| Phone No.:     | <input type="text" value="818"/> <input type="text" value="830"/> <input type="text" value="5335"/> | Paneled Non PIMF Provider: | <input type="text"/> <input type="button" value="Find"/>               |

**SAR INFORMATION**

|                         |   |                   |   |
|-------------------------|---|-------------------|---|
| SAR Number:             |   | SAR Status:       |   |
| Service Begin Date *:   | <input type="text" value="01/13/2010"/>                                 | Service End Date: | <input type="text" value="06/13/2010"/>     |
| Service Request Date *: | <input type="text" value="01/18/2011"/>                                 | Number of Days:   | <input type="text"/>                        |
| EPSDT-SS:               | <input type="checkbox"/>  | Category:         | <input type="text" value="Select"/>         |
| State Approved:         | <input type="radio"/> Yes <input type="radio"/> No                      |                   |   |
| State Funded:           | <input type="checkbox"/>  | SAR County *:     | <input type="text" value="San Bernardino"/> |
| Primary Diagnosis*:     | <input type="text" value="745.5 OSTIUM SECUNDUM TYPE ATRIAL SEPTAL I"/> |                   | <input type="button" value="Find"/>         |
| Secondary Diagnosis:    | <input type="text"/>  |                   | <input type="button" value="Find"/>         |

**SERVICE CODE INFORMATION**

| Remove Service Code | Modifier/Type | Service Description | Units | Quantity | Amount |
|---------------------|---------------|---------------------|-------|----------|--------|
|                     |               |                     |       |          |        |

**SPECIAL INSTRUCTIONS**

Enter SAR Information



**Keep in Mind:**

CMS Net Web does not allow users to enter a SAR that has a service begin date before 7/1/2004.

## 15.4 Search for Services

1. Click the “Drugs Requiring Specific Authorization” radio button.
2. Enter search criteria for drugs requiring specific authorization.
3. Click the “Search” button.

### Notes

*In this example, we will associate Nutropin to the SAR.*

Certain drugs such as Factor are not allowed to be authorized with a NDC. Factor codes are listed as a medical procedure code. For example J7190.

Only pharmacy provider types may be issued a SAR with an NDC (Drugs Requiring Specific Authorization)

Example of searching by Generic Name:

- Somatropin
- Palivizumab

Example of searching by Label Name:

- Nutropin
- Synagis

### Search Tips:



Searching by a “NDC” will return matches that *start with* whatever you type in that field.

*Example for NDC Field: “5024200”*

*Returns the following matches: “50242001501,” “50242001502,” and “50242001966” among others.*



Searching by a “Label Drug Name,” returns matches that *contain* whatever you type in that field.

*Example for Label Drug Name: “Nutropin”*

*Returns the following matches: “Nutropin 10 MG Vial,” “Nutropin 5 MG Vial,” and “Nutropin AQ 5MG/ML Vial” among others.*

## 15.5 Select Services

1. Check the appropriate service code(s) for the SAR. If an exact match is found, the option button will be pre-selected.
2. Click the “Continue” button.

Home Page | Program Modules | Reports | Administration Web Messages (0)

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**Search - Select Services**

| Select                              | NDC Code    | Label Name                  | Generic Name                  | Begin Date | End Date |
|-------------------------------------|-------------|-----------------------------|-------------------------------|------------|----------|
| <input type="checkbox"/>            | 00169701001 | NOVOSEVEN RT 1,000 MCG VIAL | COAGULATION FACTOR VIA RECOMB | 07/01/2008 |          |
| <input type="checkbox"/>            | 00169702001 | NOVOSEVEN RT 2,000 MCG VIAL | COAGULATION FACTOR VIA RECOMB | 07/01/2008 |          |
| <input type="checkbox"/>            | 00169705001 | NOVOSEVEN RT 5,000 MCG VIAL | COAGULATION FACTOR VIA RECOMB | 07/01/2008 |          |
| <input checked="" type="checkbox"/> | 00169706001 | NOVOSEVEN 1,200 MCG VIAL    | COAGULATION FACTOR VIA RECOMB | 10/01/2006 |          |
| <input type="checkbox"/>            | 00169706101 | NOVOSEVEN 2,400 MCG VIAL    | COAGULATION FACTOR VIA RECOMB | 06/01/2004 |          |
| <input type="checkbox"/>            | 00169706201 | NOVOSEVEN 4,800 MCG VIAL    | COAGULATION FACTOR VIA RECOMB | 10/01/2006 |          |

Found 1-6 out of 6 Matching Records

NDC Code

Field descriptions are provided in CMS Net Web Online Help.

## Notes

Users with SAR-OVERRIDE, Regional Office Administrator, or State Administrator security access will see this “NDC” field where the user can manually add a prescription to the SAR.

**NOTE: Manually entering a NDC will pay at the Brand Name price, which is different than the drug billed on the physician or Special Care Center SAR. (generic price).**

Manually entered NDC may be combined with NDC from the Drugs that Require Specific Authorization.

## 15.6 Specify Service Code Information

For each service code that appears on the SAR:

- Check the “Remove” indicator if the service code was entered erroneously.
- Enter Units. Required entry: The total number of times a procedure or service is requested. For drug codes: Enter the total number of times the authorized quantity is requested (for example, a units of “3” would be the original plus two refills).
- Enter Quantity. Only for NDC drug or medical supply codes. Enter the total number of tablets, capsules, volume of liquid (in mls) or quantity of ointments/creams (in grams).
- Enter Amount (only for EPSDT-SS SARs when the price is not on the procedure master file. This field is available to only those with access to update EPSDT-SS SARs.)

Notes

Home Page | Program Modules | Reports | Administration Web Messages (0)

### Enter SAR

**LUKE SKYWALKER, 7777777**

Required fields are marked in \* SEARCH MEDS

**CLIENT INFORMATION**

Client Name: LUKE SKYWALKER    Case Number: 7777777    Date Of Birth: 01/13/2005  
 Alias:  
 F/R Elig:  
 Reg Status: ACTIVE    Med Elig Status: NO    Application Status: 3RD LETTER SENT  
 CII: 38088672A4    Diagnostic Only: NO    PSA Status: NOT REQUIRED  
 Gender: FEMALE    Client Elig Status: 9N M/C ONLY    Program Begin Date: 01/13/2010  
 Caseload Code: 382001    County: SAN BERNARDINO    Program End Date: 01/12/2011  
 MTU:    Language: ENGLISH

**PROVIDER INFORMATION**

Provider Name: BIOSCRIP INFUSION SERVIC    Provider Number: 1942225586  
 Provider Type: PHARMACY/PHARMACIST  
 Address 1\*: 320 S FLOWER ST    Address 2: STE #A  
 City\*: BURBANK    County: Los Angeles  
 State\*: CA    Zip\*: 91502 Find  
 Phone No.: 818 - 830 5335    Paneled Non PMF Provider: Find

Change Provider   Edit Provider

**SAR INFORMATION**

SAR Number: 97027313260    SAR Status: PENDING  
 Service Begin Date\*: 01/13/2010    Service End Date: 06/13/2010  
 Service Request Date\*: 01/18/2011    Number of Days: 152  
 EPSDT-SS:     Category: Select  
 State Approved:  Yes  No  
 State Funded:     SAR County\*: San Bernardino  
 Primary Diagnosis\*: 745.5 OSTIUM SECUNDUM TYPE ATRIAL SEPTAL D [ Find  
 Secondary Diagnosis: Find

**SERVICE CODE INFORMATION**

| Remove                   | Service Code | Modifier       | Type | Service Description      | Units | Quantity | Amount |
|--------------------------|--------------|----------------|------|--------------------------|-------|----------|--------|
| <input type="checkbox"/> | 00169706001  | KC<br>NU<br>QE |      | NOVOSEVEN 1,200 MCG VIAL | 6     | 4800.0   |        |

**SPECIAL INSTRUCTIONS**

Special instructions

Add Services   Submit   Undo

**Quantity:** Quantity = 4800 for one vial of medication.

**Units:** Units = 6 for the total number of fills allowed, including the original dispensing.

Field descriptions are provided in CMS Net Web Online Help.

# 15.7 Enter More Service Codes

1. To add another service code, click the "Add Services" button.

Home Page | Program Modules | Reports | Administration Web Messages (0)

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## Enter SAR

**LUKE SKYWALKER, 777777** [SEARCH MEDS](#)

Required fields are marked in \*

**CLIENT INFORMATION**

|                |                        |                     |                |                     |                 |
|----------------|------------------------|---------------------|----------------|---------------------|-----------------|
| Client Name:   | LUKE SKYWALKER         | Case Number:        | 777777         | Date Of Birth:      | 01/13/2005      |
| Alias:         |                        | Med Elig Status:    |                | Application Status: | 3RD LETTER SENT |
| F/R Elig:      |                        | Diagnostic Only:    | NO             | PSA Status:         | NOT REQUIRED    |
| Reg Status:    | ACTIVE                 | Client Elig Status: | 9N M/C ONLY    | Program Begin Date: | 01/13/2010      |
| CIN:           | 38088672A4             | County:             | SAN BERNARDINO | Program End Date:   | 01/12/2011      |
| Gender:        | FEMALE                 | MTU:                |                | Language:           | ENGLISH         |
| CaseLoad Code: | <a href="#">36Z001</a> |                     |                |                     |                 |

**PROVIDER INFORMATION**

|                |                          |                           |   |
|----------------|--------------------------|---------------------------|---|
| Provider Name: | BIOSCRIP INFUSION SERVIC | Provider Number:          | 1942225586                                    |
| Provider Type: | PHARMACY/PHARMACIST      | Address 2:                | STE #A  |
| Address 1 *:   | 320 S FLOWER ST          | City *:                   | BURBANK                                       |
| City *:        | BURBANK                  | County:                   | Los Angeles                                   |
| State *:       | CA                       | Zip *:                    | 91502 <span style="float: right;">Find</span> |
| Phone No.:     | 818 - 830 5335           | Paneled Non PMF Provider: | <span style="float: right;">Find</span>       |

Change Provider
Edit Provider

**SAR INFORMATION**

|   |  |
|---|--|
| SAR Number  | SAR Status   |
| Service Begin Date * <input type="text" value="01/13/2010"/>                                | Service End Date <input type="text" value="06/13/2010"/> |
| Service Request Date * <input type="text" value="01/18/2011"/>                              | Number of Days <input type="text"/>                      |
| EPSDT-SS <input type="checkbox"/>   | Category <input type="text" value="Select"/>             |
| State Approved <input type="radio"/> Yes <input type="radio"/> No                           |  |
| State Funded <input type="checkbox"/>   | SAR County * <input type="text" value="San Bernardino"/> |
| Primary Diagnosis * <input type="text" value="745.5 OSTIUM SECUNDUM TYPE ATRIAL SEPTAL I"/> | <span style="float: right;">Find</span>                  |
| Secondary Diagnosis <input type="text"/>  | <span style="float: right;">Find</span>                  |

**SERVICE CODE INFORMATION**

| Remove | Service Code | Modifier | Type | Service Description | Units | Quantity | Amount |
|--------|--------------|----------|------|---------------------|-------|----------|--------|
|        |              |          |      |                     |       |          |        |

**SPECIAL INSTRUCTIONS**

Special instructions

Add Services
Submit
Undo

## 15.8 Search for Another Drug Code

1. Enter either the Label Drug Name, Generic Drug Name, or NDC under the 'Drugs Requiring Specific Authorization' section.

Home Page | Program Modules | Reports | Administration Web Messages (0)

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**Search - Service Code**

**PROCEDURE CODE**

Service Code:   
 Description:

**SERVICE GROUPING**

Service Group:   
 Description:

**DRUGS REQUIRING SPECIFIC AUTHORIZATION**

NDC:   
 Generic Drug Name:   
 Label Drug Name:

**MEDICAL SUPPLIES**

Medical Supply Code:   
 Generic Name:    
 Label Name:

**MEDICAL SUPPLY/PROCEDURE GROUP**

Medical Supply/Procedure Group:   
 TCG01-EMERGENCY GROUND MEDICAL TRANSPORTATION  
 TCG02-EMERGENCY AIR MEDICAL TRANSPORTATION

2. Click the 'Search' button and select the drug by checking the select box.
3. Then click 'Continue' button.

Home Page | Program Modules | Reports | Administration Web Messages (0)

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**Search - Select Services**

| Select                              | NDC Code    | Label Name                    | Generic Name                  | Begin Date | End Date |
|-------------------------------------|-------------|-------------------------------|-------------------------------|------------|----------|
| <input type="checkbox"/>            | 58394001201 | XYNTHA 250 UNIT KIT           | ANTHEMOPH.FVIII PLAS/ALB FREE | 07/01/2008 |          |
| <input checked="" type="checkbox"/> | 58394001301 | XYNTHA 500 UNIT KIT           | ANTHEMOPH.FVIII PLAS/ALB FREE | 07/01/2008 |          |
| <input type="checkbox"/>            | 58394001401 | XYNTHA 1,000 UNIT KIT         | ANTHEMOPH.FVIII PLAS/ALB FREE | 07/01/2008 |          |
| <input type="checkbox"/>            | 58394001501 | XYNTHA 2,000 UNIT KIT         | ANTHEMOPH.FVIII PLAS/ALB FREE | 07/01/2008 |          |
| <input type="checkbox"/>            | 58394001603 | XYNTHA 3,000 UNIT SYRINGE KIT | ANTHEMOPH.FVIII PLAS/ALB FREE | 01/01/2011 |          |

Found 1-5 out of 5 Matching Records

NDC Code:

## 15.9 Click “Submit” to Complete SAR Entry

Perform one of the following actions:

- Click the “Undo” button to exit from the SAR Entry page. The SAR will not be saved.
- Click the “**Submit**” button to save the SAR; the SAR *is* ready for authorization.

Home Page | Program Modules | Reports | Administration Web Messages (0)

### Enter SAR

**LUKE SKYWALKER, 777777** SEARCH MEDS

Required fields are marked in \*

**CLIENT INFORMATION**

|                |                |                     |                |                     |                 |
|----------------|----------------|---------------------|----------------|---------------------|-----------------|
| Client Name:   | LUKE SKYWALKER | Case Number:        | 777777         | Date Of Birth:      | 01/13/2005      |
| Alias:         |                | Med Elig Status:    | NO             | Application Status: | 3RD LETTER SENT |
| F/R Elig:      |                | Diagnostic Only:    | NO             | PSA Status:         | NOT REQUIRED    |
| Reg Status:    | ACTIVE         | Client Elig Status: | 9N M/C ONLY    | Program Begin Date: | 01/13/2010      |
| CIN:           | 38088872A4     | County:             | SAN BERNARDINO | Program End Date:   | 01/12/2011      |
| Gender:        | FEMALE         | MTU:                |                | Language:           | ENGLISH         |
| Caseload Code: | 38Z001         |                     |                |                     |                 |

**PROVIDER INFORMATION**

|                |                          |                          |   |
|----------------|--------------------------|--------------------------|---|
| Provider Name: | BIOSCRIP INFUSION SERVIC | Provider Number:         | 1942225586                                    |
| Provider Type: | PHARMACY/PHARMACIST      |                          |   |
| Address 1 *    | 320 S FLOWER ST          | Address 2                | STE #A  |
| City *         | BURBANK                  | County                   | Los Angeles                                   |
| State *        | CA                       | Zip *                    | 91502 <span style="float: right;">Find</span> |
| Phone No.      | 818 - 830 5335           | Paneled Non PMF Provider | <span style="float: right;">Find</span>       |

Change Provider
Edit Provider

**SAR INFORMATION**

|                        |  |                  |                |
|------------------------|--|------------------|----------------|
| SAR Number             | 97027313260  | SAR Status       | PENDING        |
| Service Begin Date *   | 01/13/2010   | Service End Date | 06/13/2010     |
| Service Request Date * | 01/18/2011   | Number of Days   | 152            |
| EPSTD-SS               | <input type="checkbox"/>   | Category         | Select         |
| State Approved         | <input type="radio"/> Yes <input type="radio"/> No                                 |                  |                |
| State Funded           | <input type="checkbox"/>   | SAR County *     | San Bernardino |
| Primary Diagnosis *    | 745.5 OSTIUM SECUNDUM TYPE ATRIAL SEPTAL D <span style="float: right;">Find</span> |                  |                |
| Secondary Diagnosis    | <input type="text"/> <span style="float: right;">Find</span>                       |                  |                |

**SERVICE CODE INFORMATION**

| Remove                   | Service Code | Modifier       | Type | Service Description      | Units | Quantity | Amount |
|--------------------------|--------------|----------------|------|--------------------------|-------|----------|--------|
| <input type="checkbox"/> | 00169706001  | KC<br>NU<br>QE |      | NOVOSEVEN 1,200 MCG VIAL | 6     | 4800.0   |        |
| <input type="checkbox"/> | 58394001301  | KC<br>NU<br>QE |      | XYNTHA 500 UNIT KIT      | 6     | 30.0     |        |

**SPECIAL INSTRUCTIONS**

Special instructions

Add Services
Submit
Undo

The status of the SAR will be "Pending." The user will be taken to the Narrative.

Notes

### Case Notes

Main Case Notes screen

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**CASE NOTES**

Required fields are marked in \*

**CLIENT INFORMATION**

Client Name: LUKE SKYWALKER      Case Number: 7777777      Date Of Birth: 01/13/2005

**CASE NOTE DETAILS**

Entry Date: 01/18/2011

Subject\*: SAR-Pending      Service Authorization status: Pending

Details:

SAR #: 97027313260  
Provider: BIOSCRIP INFUSION SERVIC  
Service Begin Date: 01/13/2010  
Service End Date: 06/13/2010

Narrative:

Number of characters left: 15000