

iEXCHANGE® NEW OUTPATIENT REQUEST TIP SHEET

HELP | PREFERENCES
System Admin log out

Starting point
Payer selected:
AmeriHealth Administrators

Inpatient

Other
New Other Request
Extend Other

Referral

Search

Other request entry
Once you enter the General information and Services information click **Next step**. iEXCHANGE evaluates your other request and displays the Other request preview page.

1 General information

Use the General information section to record the member ID (click Member search to verify eligibility), submitting provider as well as diagnostic information.

Notification date 09/15/2009 (mm/dd/yyyy)

Member ID
Enter or Search for ID

Submitting provider
Select provider

Treatment Setting

Is this an emergency?

Primary diagnosis
Enter Diagnosis code or Select from Short list

Secondary diagnosis 2
optional

Secondary diagnosis 3
optional

Attending physician
Select attending physician from the list

or enter or search for ID

Review Type

Other Treatment type

You must select Member search to retrieve the Patient's ID. Member search options include: member's last name and date of birth or first name; Member family ID (no alpha characters) and Date of birth or first name.

Review Type: If you know the clinical details of the case, select the appropriate "clinical" review option. Otherwise select "Initial non-clinical review."

Other Treatment type: Enter the type of treatment. (i.e. Medical, Surgical, Diagnostic Procedure, Home Care, Durable Medical Equipment)

2 Services information

Enter or select the principal procedure code, and any additional secondary procedures. Enter the servicing provider, the number of requested units/visits as well as the start and end dates for each procedure.

Principal Service

Procedure
Enter Procedure code or Select from Short list

Procedure search

Servicing provider
Select servicing provider from the list

or enter or search for ID

Unit(s)

Start date / / (mm/dd/yyyy)

End date / / (mm/dd/yyyy)

Purchase/Rent

Add up to 5 procedure codes by entering the code, using the drop down list OR search by description by clicking Procedure search.

Enter name of the outpatient facility or physician office when a procedure is performed.

Additional Comments (optional)

iEXCHANGE Contact Information
Include: Name, Phone Number and ext.

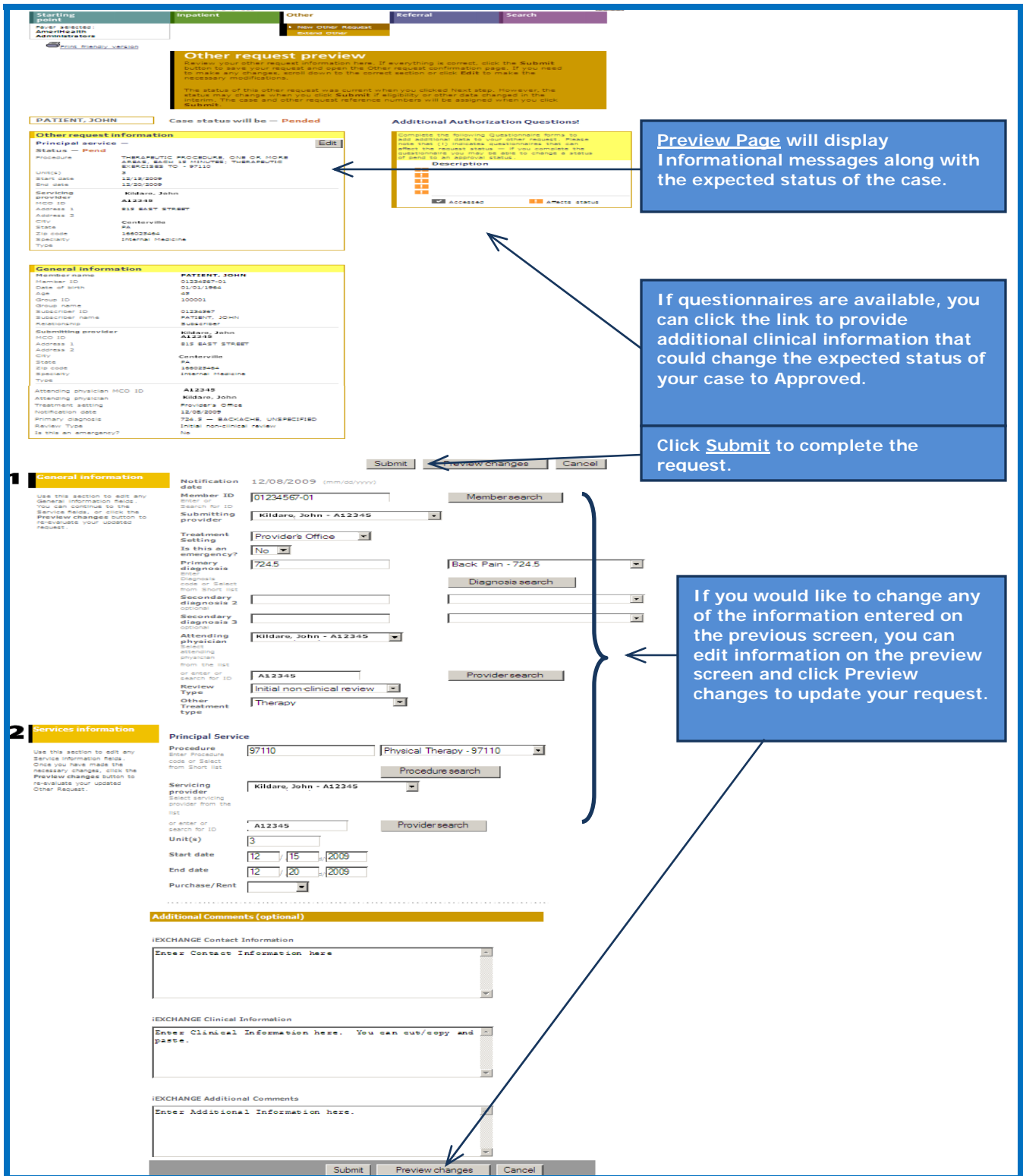
iEXCHANGE Clinical Information
Include Clinical Information here

iEXCHANGE Additional Comments
Include other information here

Additional Comments fields are used to provide contact information, clinical information and additional comments. It is possible to "copy and paste" in these fields.

Click Next step to continue.

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Starting Point: Inpatient, Other, Referral, Search

Other request preview

Review your other request information here. If everything is correct, click the **Submit** button to save your request and open the Other request information page. If you need to make any changes, scroll down to the correct section or click **Edit** to make the necessary modifications.

The status of the other request was current when you clicked Next step. However, the status may change when you click **Submit** if eligibility or case data changed in the program. The case and other request reference numbers will be assigned when you click **Submit**.

PATIENT, JOHN Case status will be — Pending

Additional Authorization Questions!

Complete the following Questionnaire forms to add additional data to your other request. Please note that 110 indicates questions that can affect the request status until you complete the questionnaire. You may be able to change a status of some questions.

Preview Page will display Informational messages along with the expected status of the case.

If questionnaires are available, you can click the link to provide additional clinical information that could change the expected status of your case to Approved.

Click **Submit** to complete the request.

If you would like to change any of the information entered on the previous screen, you can edit information on the preview screen and click **Preview changes** to update your request.

1 General information

Use this section to add any general information fields. You can continue to the Service fields, or click the **Preview changes** button to revalidate your updated request.

Notification date: 12/08/2009 (mm/dd/yyyy)

Member ID: 01234567-01

Submitting provider: Kildare, John - A12345

Treatment Setting: Provider's Office

Is this an emergency? No

Primary diagnosis: 7245

Secondary diagnosis 2: [blank]

Secondary diagnosis 3: [blank]

Attending physician: Kildare, John - A12345

Review Type: Initial non-clinical review

Other Treatment type: Therapy

2 Services information

Use this section to edit any Service information fields. Once you have made the necessary changes, click the **Preview changes** button to revalidate your updated Other Request.

Principal Service: Procedure 97110 Physical Therapy - 97110

Servicing provider: Kildare, John - A12345

Unit(s): 3

Start date: 12/15/2009

End date: 12/20/2009

Purchase/Rent: [blank]

Additional Comments (optional)

IEEXCHANGE Contact Information

IEEXCHANGE Clinical Information

IEEXCHANGE Additional Comments

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Starting point
Inpatient
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Referral
Search

Payer selected:
AmeriHealth Administrators

▶ New Other Request
Extend Other

[Print friendly version](#)

Other request confirmation

This page contains other request information including the case ID and status (authorized or pend), the member's name and ID, and services. The service information includes the service description, service dates, units/visits and the status of the request. Additional provider information also appears.

When you clicked the Submit button, iEXCHANGE re-evaluated the data that appeared in the Preview. The request status may have changed if eligibility or other data changed in the interim.

Case ID — T093420004

PATIENT, JOHN

Status — **Pended**

Service Information

Case Reference # — 093420004S01001

Status — **Pend**

| | |
|---------------------------|---|
| Procedure | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTE; THERAPEUTIC EXERCISE TO — 97110 |
| Unit(s) | 3 |
| Start date | 12/18/2009 |
| End date | 12/20/2009 |
| Servicing provider MCO ID | A12345 |
| Servicing provider name | Kildare, John |
| Purchase/Rent | |

Diagnosis Information

| | |
|-------------------|-------------------------------|
| Primary diagnosis | 724.9 — BACKACHE, UNSPECIFIED |
|-------------------|-------------------------------|

Treatment Information

| | |
|-------------------------------|-----------------------------|
| Treatment Setting Description | Provider's Office |
| Notification date | 12/08/2009 |
| Review Type | Initial non-clinical review |

Patient Information

| | |
|-----------------|----------------------|
| Member name | PATIENT, JOHN |
| Member ID | 01234567-01 |
| Date of birth | 01/01/1964 |
| Age | 45 |
| Group ID | 100001 |
| Group name | |
| Subscriber ID | 01234567 |
| Subscriber name | PATIENT, JOHN |
| Relationship | Subscriber |

Submitting provider information

| | |
|----------------------------|---------------|
| Submitting provider | Kildare, John |
| Submitting provider MCO ID | A12345 |
| Attending physician MCO ID | A12345 |
| Attending physician | Kildare, John |
| Is this an emergency? | No |

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Confirmation screen provides the overall Case status.

NOTE: a status of "Authorized" in this field does not mean all services are approved if multiple services have been entered.

Refer to the Service status to determine the individual status of each service requested.

Status of each Requested Service is listed, as well.

Notification of approval is not a determination of eligibility or a guarantee of payment. Please note that the patient must be enrolled on the date of service in order to be eligible for benefits. Medical necessity authorization does not guarantee that the specific service(s) requested are covered under the terms of the health care plan. Services covered by this notification that are later determined to be: (1) specifically excluded under the benefit plan, (2) in excess of any limitations in the benefits, or (3) subject to any other terms excluding coverage will be denied even if they have been approved for medical necessity and the patient has received the services. For coverage information and questions, please contact customer service at the number on the ID card.