AmeriHealth ADMINISTRATORS

iEXCHANGE® NEW INPATIENT OBSTETRIC REQUEST TIP SHEET ENTRY

Sponsored by AmeriHealth

iEXCHANGE | MEDecision

HELP | PREFERENCES

Pat Lake log out

Starting point | Inpatient | Other | Referral | Search

Payer selected: Independence Administrators

New Inpatient Request

Extend Inpatient

Inpatient request entry

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

General information

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

Notification date: 11 / 30 / 2009 (mm/dd/yyyy)

Member ID (Enter or Search for ID): Member search

Submitting provider: Provider search

Facility (Enter or Search for ID): Facility search

Enter data to complete member, provider and facility information.

Treatment setting: Inpatient

Is this a surgical admission?: No

Admit date: 06 / 03 / 2010 (mm/dd/

The Admit date is the Estimated Date of Confinement (EDC) for the member.

Is this an emergency?: No

Primary diagnosis (Enter Diagnosis code or Select from Short list): 650 — NORMAL DELIVERY - 650

Diagnosis search

Primary diagnosis is the type of delivery anticipated: Normal (650) or Cesarean Section (669.7).

Secondary diagnosis (optional)

Secondary diagnosis (optional)

Requested length of stay

Enter days according to Federal Mandate: Normal Delivery 2 days, Cesarean Section 4 days

Attending physician (Enter or Search for ID): Provider search

LOS Bed Type: Acute-Med/Surg

Review Type: Initial non-clinical review

LOS Bed Type: enter Acute-Med/Surg for all Obstetric cases.
Indicate the Review Type

Inpatient Treatment type: Obstetrics

Inpatient Treatment type: enter Obstetrics

2 Services information

If necessary, record the principal procedure and any additional procedural information. Enter the exact code or select the procedure from the list and scheduled date for the service.

Principal Service (optional)

Procedure (Enter Procedure code or Select from Short list): 59400 — NORMAL VAGINAL DELIVERY - 59400

CESAREAN SECTION - 59510

NORMAL VAGINAL DELIVERY - 59400

Scheduled date: 06 / 03 / 2010 (mm/dd/yyyy)

Servicing provider (Enter or Search for ID): Provider search

Must enter a Procedure code for the type of delivery anticipated (match to primary dx code).

Note: Enter Scheduled date as the admit date.

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Additional Comments (optional)

iEXCHANGE Contact Information

Your name and phone number

Enter your Contact Information: name, phone number and extension if applicable.

iEXCHANGE Clinical Information

iEXCHANGE Additional Comments

Next step | Cancel

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iEXCHANGE® NEW INPATIENT OBSTETRIC REQUEST TIP SHEET ENTRY

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HELP | PREFERENCES

Pat Lake log out

Starting point | Inpatient | Other | Referral | Search

Payer selected: Independence Administrators

New Inpatient Request

Extend Inpatient

Error

This case may be a duplicate of one or more existing cases.

Inpatient request preview

Review your inpatient request information here. If everything is correct, click the **Submit** button to save your request and open the Inpatient request confirmation 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 this inpatient request was current when you clicked Next step. However, the status may change when you click **Submit** if eligibility or other data changed in the interim. The case and inpatient request reference numbers will be assigned when you click **Submit**.

Request Preview page: displays informational messages along with the expected status of the case.

Case status will be — Authorized

Inpatient request information

Principal service Edit

Procedure	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT - 59400
Servicing Provider	
MCO ID	J27751

Additional Authorization Questions!

Complete the following Questionnaire forms to add additional data to your inpatient request. Please note that (!) indicates questionnaires that can affect the request status — if you complete the questionnaire you may receive an approval.

Description	
!	
✔ Accessed	! Affects status

General information

Member name	
Member ID	
Date of birth	01/10/1984
Age	25
Group ID	087720
Group name	THE COUNTY OF DELAWARE C
Subscriber ID	
Subscriber name	
Relationship	Subscriber
Submitting provider	
MCO ID	J27751
Address 1	1335 W TABOR RD
Address 2	
City	PHILA
State	PA
Zip code	191785205
Specialty	
Type	Inpatient
Treatment setting	Inpatient
Notification date	12/02/2009
LOS status	Authorize
LOS bed type	Acute-Med/Surg
Attending physician	BENJAMIN, CHARLES D
Attending physician MCO ID	J27751
Length of stay days	2
Admit date	06/10/2010
To date	06/12/2010
Primary diagnosis	650 — NORMAL DELIVERY
Review Type	Initial non-clinical review
Is this an emergency?	No

Click **Submit** to complete the request

Submit | Preview changes | Cancel

Click **Preview changes** to edit any information entered on the previous screen. This action will update your request

1 **General information**

Use this section to edit any General information including the member ID (click Member search to verify eligibility), providers (submitting), facility, treatment setting, admit date and any diagnostic information.

Notification date	12 / 02 / 2009 (mm/dd/yyyy)	
Member ID Enter or Search for ID		Member search
Submitting provider	J27751	Provider search
Facility Enter or Search for ID	0047	Facility search
Treatment setting	Inpatient	
Is this a surgical admission?	No	
Admit date	03 / 08 / 2010 (mm/dd/yyyy)	
Is this an emergency?	No	
Primary diagnosis	650	NORMAL DELIVERY - 650

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iEXCHANGE® NEW INPATIENT OBSTETRIC REQUEST TIP SHEET ENTRY

Print friendly version

Click the Print friendly button to print a copy of your request

Inpatient request confirmation

This page contains inpatient request information including the case ID and status (authorized or pend), the member's name and ID, as well as service information. Additional provider information also appears. When you clicked the Submit button, iEXCHANGE re-evaluated the data that appeared in the Preview. The inpatient request status may have changed if eligibility or other data changed in the interim.

Confirmation screen provides overall Case status

Refer to LOS and Service status below to determine the individual status of services and requested LOS.

Case ID — I093360001 Status — Authorized

Authorize

Case Reference # —093360001L00001

General member information

Member name	
Member ID	
Date of birth	01/10/1984
Age	25
Group ID	087720
Group name	THE COUNTY OF DELAWARE C
Subscriber ID	
Subscriber name	
Relationship	Subscriber

Principal Service

Procedure	STATUS AUTHORIZE - ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVER - 59400
Servicing provider	
Servicing provider MCO ID	**J27751**
Submitting provider	
Submitting provider MCO ID	**J27751**
LOS status	Authorize
LOS ID	093360001L00001
Admit date	06/10/2010
To date	06/12/2010
LOS days	2
Treatment setting description	Inpatient
Facility MCO ID	0047
Facility name	CROZER/TAYLOR/SPRINGFIELD
LOS bed type	Acute-Med/Surg
Attending physician	
Attending physician MCO ID	J27751
Notification date	12/02/2009
Primary diagnosis	650 — NORMAL DELIVERY
Review Type	Initial non-clinical review
Is this an emergency?	No

Service status and description

LOS Status and description

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