AmeriHealth ADMINISTRATORS

iEXCHANGE® NEW INPATIENT REQUEST TIP SHEET
Entry

Sponsored by AmeriHealth Administrators

iEXCHANGE | MEDecision

HELP | PREFERENCES

System Admin log out

Starting point | Inpatient | Other | Referral | Search

Payer selected: AmeriHealth 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.

1 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 08/31/2009 (mm/dd/yyyy)

Member ID — Member search

Submitting provider

Facility — Facility search

Treatment setting

Is this a surgical admission?

Admit date

Is this an emergency?

Primary diagnosis — Diagnosis search

Secondary diagnosis (optional)

Secondary diagnosis (optional)

Requested length of stay

Attending physician — Provider search

LOS Bed Type

Review Type

Inpatient Treatment type

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 — Procedure search

Scheduled date

Servicing provider — Provider search

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

Next step | Cancel

Local intranet 75%

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.

Requested length of stay (LOS): If the Admission is a DRG admission, enter 1 for the length of stay. Otherwise, enter the number of requested days.

LOS Bed Type: Indicate the Bed type (i.e. Acute – Med/Surg, ICU, Telemetry, Sub-acute). For DRG admissions, enter the bed type of Acute-Med/Surg.

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

Inpatient Treatment type: Enter the type of admission (i.e. Medical, Surgical, Obstetrics, Neonatal, skilled Nursing).

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

NOTE: when requesting multiple units for a procedure. the procedure code, scheduled date. and servicing provider must be entered separately for each unit.

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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AmeriHealth ADMINISTRATORS

iEXCHANGE® NEW INPATIENT REQUEST TIP SHEET
Entry Maternity – Surgical Admission

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.

1 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: 12/09/2009 (mm/dd/yyyy)

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

Submitting provider

Facility (Select facility from the list) or (Enter or Search for ID) — Facility search

Treatment setting: Inpatient

Is this a surgical admission?

Admit date: 04 / 05 / 2010

Is this an emergency? No

Primary diagnosis (Enter Diagnosis code or Select from Short list) — Diagnosis search

Secondary diagnosis (optional)

Secondary diagnosis (optional)

Requested length of stay

Attending physician (Select attending physician from the list) or (enter or search for ID) — Provider search

LOS Bed Type

Review Type

Inpatient Treatment type

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) — Procedure search

Scheduled date

Servicing provider (Select servicing provider from the list) or (enter or search for ID) — Provider search

For surgical admissions, select "Yes" and provide the procedure information in Section 2.

The Admit Date is the date of admission or, for maternity pre-notification, the estimated date of confinement (EDC).

Provide the primary and secondary diagnosis. For maternity, the primary diagnosis is the type of delivery anticipated. Use "650" for vaginal delivery or "669.7" for cesarean section.

Length of stay: For maternity pre-notification enter 2 days for vaginal delivery and 4 days for cesarean section stays.

Enter LOS Bed Type of "Acute Med/Surg"

Inpatient treatment type – For maternity delivery use Obstetrics, for surgical admissions use Surgical or Transplant.

For surgical admissions always provide the planned surgical services, up to 5 procedures can be listed. For maternity pre-notification, use "59400" for vaginal delivery and "59510" for cesarean section delivery.

For maternity pre-notification, use the EDC as the Scheduled date.

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iEXCHANGE® NEW INPATIENT REQUEST TIP SHEET
Preview

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HELP | PREFERENCES log out

Starting point | Inpatient | Other | Referral | Search

Payer selected: AmeriHealth Administrators

New Inpatient Request
Extend Inpatient

Print friendly version

Informational
Pending to RN for review of clinical information against Criteria/Medical Policy.

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**.

PATIENT, JOHN Case status will be — Authorized

Inpatient request information
Principal service Edit

Procedure	STATUS AUTHORIZE - ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEM - 27130
Servicing Provider	Kildare, John
MCO ID	A12345

General information

Member name	PATIENT, JOHN
Member ID	01234567-01
Date of birth	01/01/1964
Age	45
Group ID	999999
Group name	Group Name
Subscriber ID	
Subscriber name	PATIENT, JOHN
Relationship	Subscriber

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

Submit | Preview changes | Cancel

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	12/07/2009 (mm/dd/yyyy)
Member ID Enter or Search for ID	01234567-01 — Member search
Submitting provider	Kildare, John - A12345
Facility Select facility from the list	Crozer/ Taylor/ Springfield - Inpatient - 00
or Enter or Search for ID	— Facility search
Treatment setting	Inpatient
Is this a surgical admission?	Yes
Admit date	10 / 01 / 2009
Is this an emergency?	No
Primary diagnosis Enter Diagnosis code or Select from Short list	715.10 — Degenerative Joint Disease - 715.1 — Diagnosis search
Secondary diagnosis optional	
Secondary diagnosis optional	
Requested length of stay	5
Attending physician Select attending physician from the list	Kildare, John - A12345
or enter or search for ID	A12345 — Provider search
LOS Bed Type	Acute-Med/Surg

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.

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iEXCHANGE® NEW INPATIENT REQUEST TIP SHEET
Confirmation

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HELP | PREFERENCES log out

Starting point | Inpatient | Other | Referral | Search

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New Inpatient Request
Extend Inpatient

Print friendly version

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.

PATIENT, JOHN Case ID — I093410003 Status — Authorized

Pend

Case Reference # —093410003L00001

General member information

Member name	PATIENT, JOHN
Member ID	01234567-01
Date of birth	01/01/1964
Age	45
Group ID	999999
Group name	Group Name
Subscriber ID	01234567
Subscriber name	PATIENT, JOHN
Relationship	Subscriber

Principal Service

Procedure	STATUS AUTHORIZE - ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEM - 27130
Servicing provider	Kildare, John
Servicing provider MCO ID	A12345
Submitting provider	Kildare, John
Submitting provider MCO ID	A12345
LOS status	Pend
LOS ID	093410003L00001
Admit date	10/01/2009
To date	10/06/2009
LOS days	5
Treatment setting description	Inpatient
Facility MCO ID	0047
Facility name	CROZER/TAYLOR/SPRINGFIELD
LOS bed type	Acute-Med/Surg
Attending physician	Kildare, John
Attending physician MCO ID	A12345
Notification date	12/07/2009
Primary diagnosis	715.10 — OSTEOARTHROSIS, LOCALIZED, PRIMARY SITE UNSPECIFIED
Review Type	Initial non-clinical review
Is this an emergency?	No

Click the Printer Friendly button to print a copy of your request

Confirmation screen provides the overall Case status.

NOTE: a status of "Authorized" in this field does not mean all services and LOS requested are approved.

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

Service(s) Status: Status of requested services are listed individually with the service description.

LOS Status: Status of requested LOS.

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.

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