

# AmeriHealth Administrators – iExchange Training

## Other (Outpatient) Request Tip Sheet





# Getting Started

- » Login information is case sensitive
  - » User ID, iExchange ID and Password are required
  - » Users will be prompted to change passwords every 30 days
  
- » System time out
  - » If there is no activity for a period of 60 minutes, users will be “timed out” of iExchange and you will received the below message:
  - » "Your session has expired. Please, login again."
  
- » Do not use the “Back” button to navigate in iExchange
  - » At the bottom of most pages you will see buttons (such as “Cancel”, “Back”, or “New Search”) that allow you to return to previous pages
  - » You can click the “Starting point” block in the upper left hand corner at anytime to return to the main page

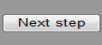






# Request Submission

» Each request has three stages


## 1. Request Entry (pages 5 and 6)

- » All fields should be completed unless marked as **(optional)**
- » System administrators can add frequently used providers, diagnoses and procedures to facilitate data entry
- » Additional Notes (Reviewer Notes) text box at the bottom of the page should be used to provide additional clinical information and comments
- » Users will click  at the bottom of the screen to proceed to the Preview page

## 2. Request Preview

- » Allows user to review request information a final time before submitting
- » Displays Outcome Status of the request if it is submitted as is
- » Allows user to return to entry page and edit if necessary – click  at the bottom of the screen
- » Users can click  if no edits are needed

## 3. Request Confirmation

- » Displays the Outcome Status and request ID
- » Displays same information as Preview page
- » User able to open print friendly version of this page – click  [Print friendly version](#)
- » User can click [Attach file](#) to the right of the Request ID if a document needs to be attached to the request





Starting point	Inpatient	Other	Referral	Search
Payer selected: <b>AmeriHealth Administrators</b> <a href="#">Select a different payer</a>		New other request Extend other request Add other services		

### Other instructions

Use this page to select the other transaction you wish to perform. Depending on the payer you have selected, you can choose to submit a new other request, other request extension, other clinical review, new other behavioral health request, other behavioral health request extension, or prior auth request.

#### ▶ [New other request](#)

Click the **New other request** link, above. A blank Other request entry page appears. You can add a member ID and all request information for this member.

#### ▶ [Extend other request](#)

Click the **Extend other request** link, above. You will first search for the other treatment you wish to extend.

#### ▶ [Add other services](#)

Click the **Add other services** link, above. You will first search for the other treatment you wish to add services to.

Select New Other Request

**A Note before you begin:** if you selected the wrong payer (you want to submit this request to a different payer) click the **Select a different payer** link above, to return to the **Starting point** page and select the correct payer.



Starting point	Inpatient	Other	Referral	Search
Payer selected: <b>AmeriHealth Administrators</b> <a href="#">Select a different payer</a>		▶ New other request Extend other request Add other services		

### 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.

**Payer Notice:**

Any notification of certification/approval is not a determination of eligibility or a guarantee of payment.

### 1 General information

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

<b>Notification date</b>	05/19/2016 (mm/dd/yyyy)
<b>Member ID</b> Enter or Search for ID	You must search for a member. <input type="button" value="Member search"/>
<b>Submitting provider</b>	ARIA HEALTH - 0133 - 111409579 <a href="#">Submitting provider summary</a>
<b>Servicing provider</b> Select a servicing provider from the list or search for ID	<input type="text"/> <input type="button" value="Provider search"/> <a href="#">Servicing provider summary</a>
<b>Attending physician</b> (optional) Select attending physician from the list or search for ID	<input type="text"/> <input type="button" value="Provider search"/> <a href="#">Attending physician summary</a>
<b>Treatment setting</b>	<input type="text"/>
<b>Primary diagnosis</b> Enter Diagnosis code or Select from Short list	ICD10 <input type="text"/> <input type="button" value="Diagnosis search"/>
<b>Secondary diagnosis</b> (optional)	ICD10 <input type="text"/>
<b>Secondary diagnosis</b> (optional)	ICD10 <input type="text"/>
<b>Secondary diagnosis</b> (optional)	ICD10 <input type="text"/>
<b>IEXCHANGE Submitter's Name</b> (required)	<input type="text"/>
<b>IEXCHANGE Submitter's Phone Number</b> (required)	<input type="text"/>

Click on Member search

1. Enter Member ID or Name and Date of Birth
2. Select Submit search
3. Click View existing requests to view previously submitted requests
4. If no potential duplicate requests are found, select Return to member search
5. Click on Select to return to the request entry page

When entering your diagnosis information, please select the appropriate coding scheme



## 2 Services information

Enter or select procedure codes and modifiers, each one with requested units/visits as well as start date and end date. You must have at least one procedure. You may have as many procedures as there are areas to enter them.

### Service 1

**Procedure**  
Enter Procedure code or Select from Short list

**Unit(s)**

**Treatment type**

**Review type**

**Start date** (mm/dd/yyyy)

**End date** (mm/dd/yyyy)

Procedure search

### Service 2 (optional)

**Procedure**  
Enter Procedure code or Select from Short list

**Unit(s)**

**Treatment type**

**Review type**

**Start date** (mm/dd/yyyy)

**End date** (mm/dd/yyyy)

Add up to 4 procedure codes by using the drop down list OR search by description by clicking Procedure search.

### Service 3 (optional)

**Procedure**  
Enter Procedure code or Select from Short list

**Unit(s)**

**Treatment type**

**Review type**

**Start date** (mm/dd/yyyy)

**End date** (mm/dd/yyyy)

Procedure search

### Service 4 (optional)

**Procedure**  
Enter Procedure code or Select from Short list

**Unit(s)**

**Treatment type**

**Review type**

**Start date** (mm/dd/yyyy)

**End date** (mm/dd/yyyy)

Procedure search

### Additional notes (optional)

iExchange Notes

After completing all required fields, click Next Step at the bottom of the page

Next step

Cancel

**Informational**

**Pending to RN for review of clinical information against Criteria/Medical Policy. If clinical information has not been provided with service 1 please contact Patient Care Management to provide clinical information using the toll free number on the member's identification card.**

**If service 1 is posted, 3 units will be pended.**

**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 confirmation page. If you need to make any changes, scroll down to the bottom of the page and click **Edit** to make the necessary modifications.

The status of this other 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 request reference number will be assigned when you click **Submit**.

If supported by the payer, you have an option to select to add additional services to the request. Click the **Submit and add services** button to save your request with the services already entered and open the Additional other services entry page.

**Payer Notice:**

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**Summary**

Service	Code	Start/end date	Units	Projected status
1	97110	06/01/2016 - 06/15/2016	3	PEND

**Other request information**

**Member**  
 Member ID: KEITH, AMANDA  
 03133563-02  
 Date of birth: 12/10/1983  
 Age: 32  
 Group ID: 104651  
 Group name: IBEW LOCAL UNION NO 126 H AND W F  
 Subscriber ID: 03133563  
 Subscriber name:

**Servicing provider**  
 Provider MCO ID: ARIA HEALTH  
 0411  
 Specialty:  
 Address: PO Box 8500 6395  
 Philadelphia  
 PA  
 19178-6395

**Attending physician**  
 Desai, Rashmikant S  
 Provider MCO ID: P734058

**Servicing provider**  
 Provider MCO ID: ARIA HEALTH  
 0411  
 Specialty:  
 Address: PO Box 8500 6395  
 Philadelphia  
 PA  
 19178-6395

**Attending physician**  
 Desai, Rashmikant S  
 Provider MCO ID: P734058

**Service 1**  
 Procedure: 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes  
 therapeutic exercises to develop strength and endurance, range of  
 motion and flexibility  
 Treatment type: Medical  
 Review type: Routine- Service not started  
 Service start/end dates: 06/01/2016 - 06/15/2016  
 Service dates/Units/Status: 06/01/2016 - 06/15/2016 - 3 Units - PEND  
 Servicing provider: ARIA HEALTH

**Submitting provider**  
 Provider MCO ID: ARIA HEALTH  
 0133  
 Specialty:  
 Address: PO Box 8500 6395  
 Philadelphia  
 PA  
 19178-0001

**General other information**

Treatment setting: Home  
 Notification date: 06/01/2016  
 IEXCHANGE Submitter's Name: Tom  
 IEXCHANGE Submitter's Phone Number: 6107551813  
 IExchange Notes:

Edit Submit and add services Submit Cancel

Preview page – includes projected status of the request and allows the user to verify the accuracy of the information prior to final submission

Request can be edited, submitted and additional services added, submitted, or cancelled


[Print friendly version](#)

## Other request confirmation

This page contains other request information including the request 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 other request status may have changed if eligibility or other data changed in the interim.

### Payer Notice:

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Request ID: **1615300011** [Attach file](#)

### Summary

Service	Code	Start/end date	Units	Status
1	97110	06/01/2016 - 06/15/2016	3	<b>PEND</b>

### Other request information

<b>Member</b>	KEITH, AMANDA
Member ID	03133563-02
Date of birth	12/10/1983
Age	32
Group ID	104651
Group name	IBEW LOCAL UNION NO 126 H AND W F
Subscriber ID	03133563
Subscriber name	
<b>Servicing provider</b>	ARIA HEALTH
Provider MCO ID	0411
<b>Service 1</b>	
Procedure	97110 - Therapeutic procedure, 1 or more a therapeutic exercises to develop strength and endurance, range of motion and flexibility
Treatment type	Medical
Review type	Routine- Service not started
Service start/end dates	06/01/2016 - 06/15/2016
Service dates/Units/Status	06/01/2016 - 06/15/2016 - 3 Units - PEND
Servicing provider	ARIA HEALTH
<b>Submitting provider</b>	ARIA HEALTH
Provider MCO ID	0133

Confirmation page includes the Request ID and allows the user to attach additional required information to support the request



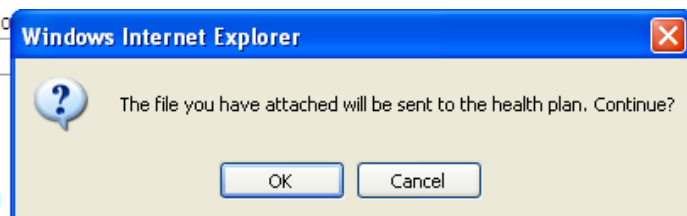




» Users can attach documents to any existing authorization request in iExchange

» Follow the below steps to add attachments

1. User can click [Attach file](#) to the right of the Request ID if a document needs to be attached to the request
2. Enter a title for the document to be attached
3. Click  to select locate the file to be attached
4. Click  to add the document
5. Click OK in the popup window to continue or cancel if the attachment was selected in error



6. Information message will appear at the top of the page to indicate that the file has been successfully attached

