



# IEEXCHANGE® NEW INPATIENT REQUEST TIP SHEET

## Entry

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Starting point: **Inpatient** | Other | Referral | Search

Player selected: **Independence Administrators** | **New Inpatient Request** | Extend Inpatient

### Inpatient request entry

Once you enter the General information and Services information click **Next step**. IEEXCHANGE 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:

Submitting provider:

Facility:

Treatment setting:

Is this a surgical admission?

Admit date:  /  /

Is this an emergency?

Primary diagnosis:

Secondary diagnosis optional:

Secondary diagnosis optional:

Requested length of stay:

Attending physician:

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):

Scheduled date:  /  /

Servicing provider:

Additional Comments (optional):

IEEXCHANGE Contact Information:

IEEXCHANGE Clinical Information:

IEEXCHANGE Additional Comments:

**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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## 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**

**Submitting provider**

**Facility**

**Treatment setting**

**Is this a surgical admission?**

**Admit date**  /  /

**Is this an emergency?**

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**Primary diagnosis**

**Secondary diagnosis optional**

**Secondary diagnosis optional**

**Requested length of stay**

**Attending physician**

**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**

**Scheduled date**

**Servicing provider**

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.

# iEXCHANGE® NEW INPATIENT REQUEST TIP SHEET

## Preview

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Starting point: Inpatient | Other | Referral | Search

Payer selected: Independence Administrators

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**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 request [Edit]  
Procedure: STATUS AUTHORIZE - ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT - 27130  
Servicing Provider: Kildare, John  
MCO ID: A12345

**Additional Authorization Questions!**  
Complete the following Questionnaire forms to add additional data to your inpatient request. Please note that (1) indicates questionnaires that can affect the request status – if you complete the questionnaire you may receive an approval.

Description	Accessed	Affects status
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**General information**  
Member name: PATIENT, JOHN  
Member ID: 01234567-01  
Date of birth: 01/01/1984  
Age: 45  
Group ID: 999999  
Group name: Group Name  
Subscriber ID: PATIENT, JOHN  
Subscriber name: PATIENT, JOHN  
Relationship: Subscriber

Buttons: 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: 01234567-01 [Member search]

Submitting provider: Kildare, John - A12345

Facility: Crozer/Taylor/ Springfield - Inpatient - 00 [Facility search]

Treatment setting: Inpatient

Is this a surgical admission? Yes

Admit date: 10 / 01 / 2009

Is this an emergency? No

Primary diagnosis: 715.10 [Degenerative Joint Disease - 715.1] [Diagnosis search]

Secondary diagnosis optional: [ ] [ ]

Requested length of stay: 5

Attending physician: Kildare, John - 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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## Confirmation

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Starting point: **Inpatient** | Other | Referral | Search

Payer selected: **Independence Administrators**

New Inpatient Request | Extend Inpatient

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### 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

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**Principal Service**

Procedure: **STATUS AUTHORIZE ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEM - 27434**

Servicing provider: Kildare, John  
 Servicing provider MCO ID: A12345

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**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 — OSTEOARTHRITIS, 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.