

# iEXCHANGE® NEW OUTPATIENT REQUEST TIP SHEET

HELD | PREFERENCES
log out

Starting point  
Payer selected:  
Independence  
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  Member search

**Submitting 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  Provider search

**Review Type**

**Other Treatment type**

#### 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

**Servicing provider**  
Select servicing provider from the list

or enter or search for ID  Procedure search

**Unit(s)**

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

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

**Purchase/Rent**

**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

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)

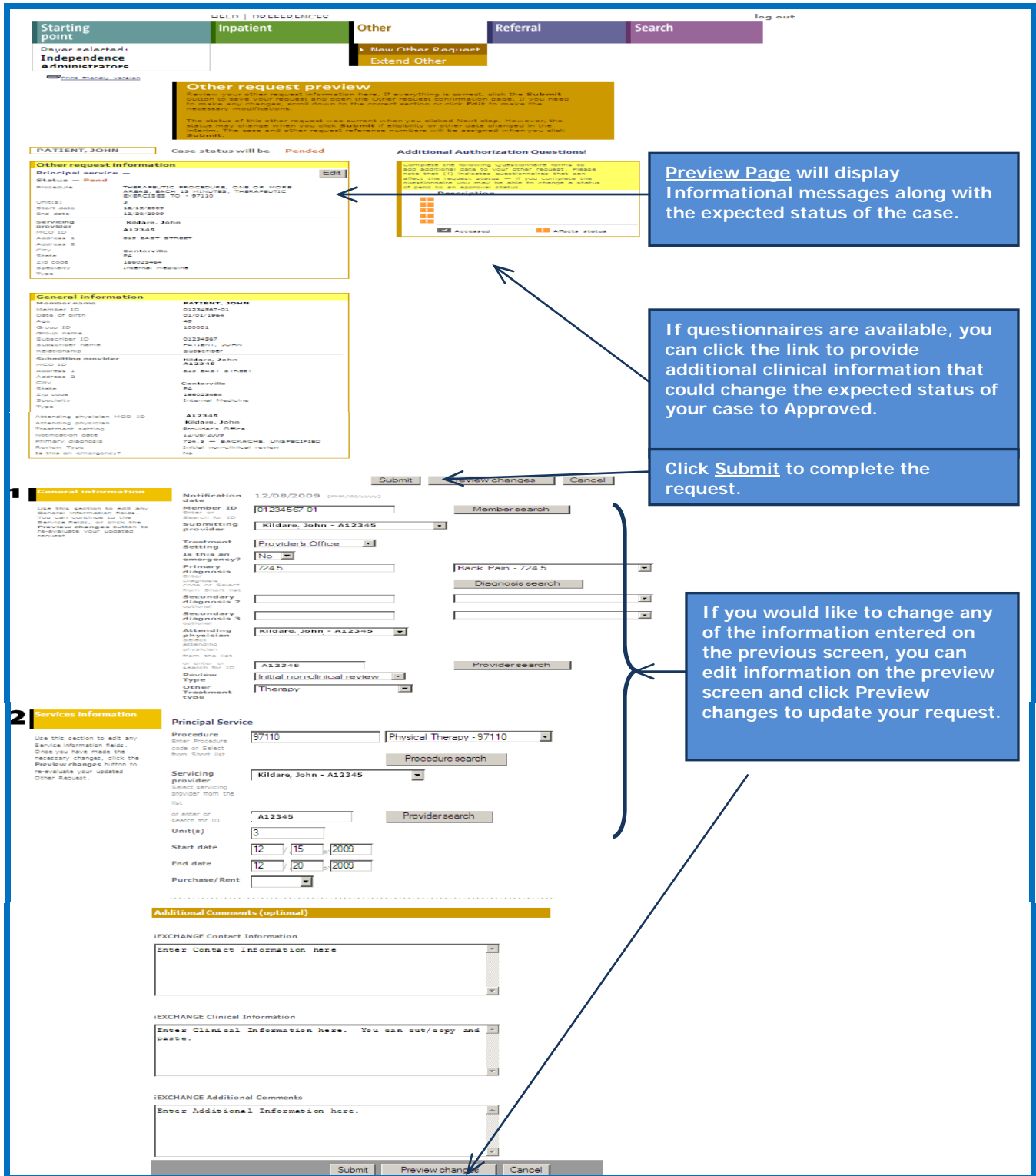
Add up to 5 procedure codes by entering the code, using the drop down list OR search by description by clicking Procedure search.

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

**Additional Comments** 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.

# !EXCHANGE® NEW OUTPATIENT REQUEST TIP SHEET



**Starting point**  
 Dayer selected: Independence Administrators  
 Other: New Other Request, Extend Other  
 Referral: Search  
 Log out

**Other request preview**  
 Click the Other Request preview button when you reach this step. However, the status may change when you click Submit if eligible, or other data changed in the database. The case and other request reference numbers will be assigned when you click Submit.

**Other request information**  
 Status: Pending  
 Procedure: THERAPEUTIC PROCEDURE, CUBICA CODES  
 EXERCISE TO - 97110  
 Start date: 12/18/2009  
 End date: 12/20/2009  
 Servicing provider: KILDARE, JOHN  
 HCC ID: A12345  
 Address 1: 819 EAST STREET  
 Address 2:  
 City: Centerville  
 State: IA  
 Zip code: 50022464  
 Specialty: Internal Medicine  
 Type:

**Additional Authorization Questions**  
 Complete the following questionnaire items to add additional data to your other request. Note that (1) indicates questionnaires that can affect the request status, or if you complete the questionnaire, you can click the status to change the status.  
 Affects status  
 Affects status

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

**General information**  
 Member name: PATIENT, JOHN  
 Member ID: 01234567-01  
 Date of birth: 01/01/1966  
 Age: 43  
 Group ID: 100001  
 Group name: 01234567  
 Subscriber ID: PATIENT, JOHN  
 Subscriber name: PATIENT, JOHN  
 Relationship:  
 Submitting provider: KILDARE, JOHN  
 Address 1: 819 EAST STREET  
 Address 2:  
 City: Centerville  
 State: IA  
 Zip code: 50022464  
 Specialty: Internal Medicine  
 Type: A12345  
 Attending physician HCC ID: A12345  
 Attending physician: Kildare, John  
 Treatment setting: PROVIDER'S OFFICE  
 Notification date: 12/08/2009  
 Primary diagnosis: 724.5 - BACKACHE, UNSPECIFIED  
 Review type: Initial non-clinical review  
 Is this an emergency? No

**Additional Authorization Questions**  
 Affects status  
 Affects status

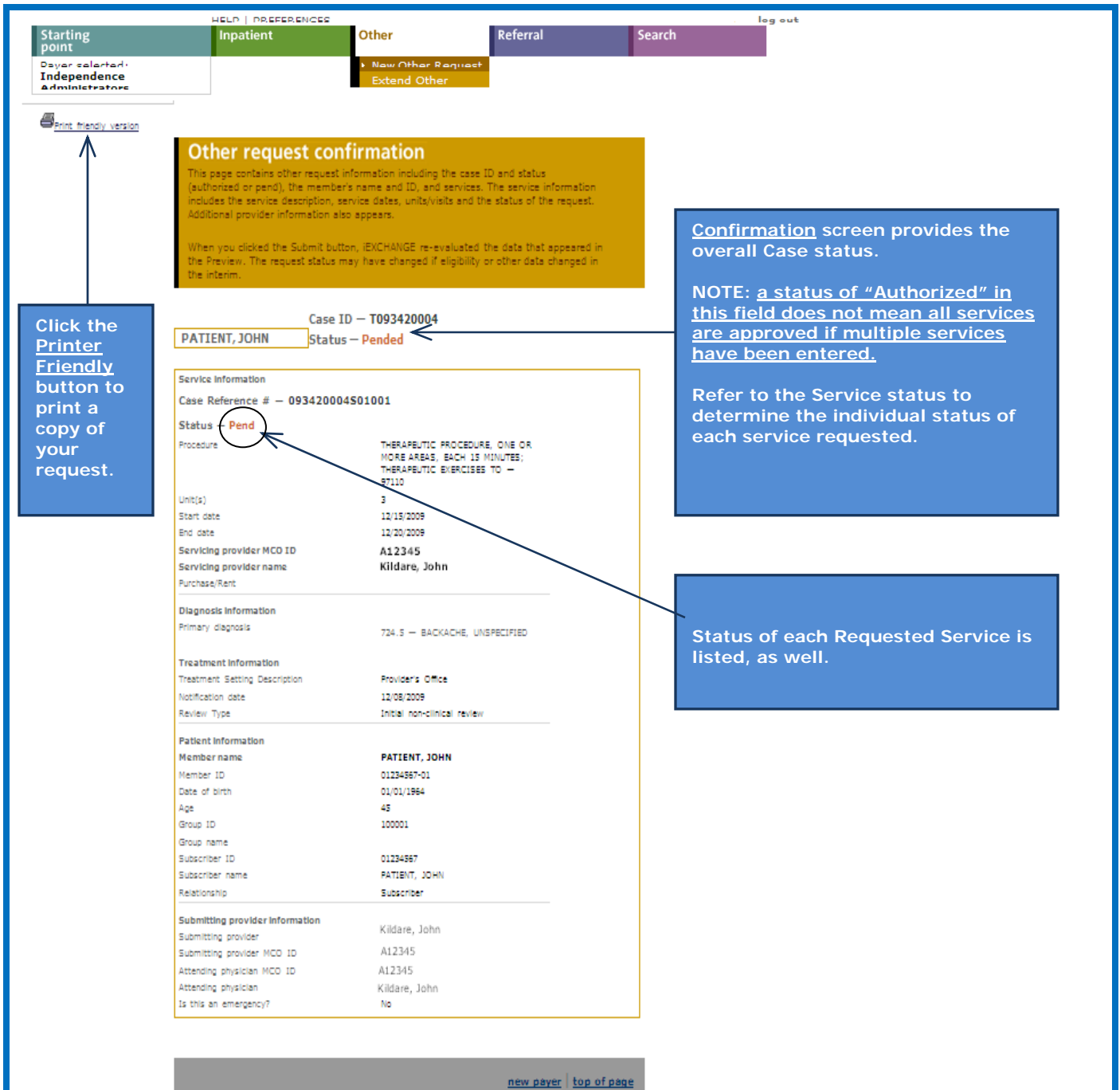
**Click Submit to complete the request.**

**Services information**  
 Use this section to add any service information. Once you have made the necessary changes, click the Preview changes button to re-evaluate your updated Other Request.  
 Notification date: 12/08/2009  
 Member ID: 01234567-01  
 Search for ID: Member search  
 Submitting provider: Kildare, John - A12345  
 Treatment setting: Provider's Office  
 Is this an emergency? No  
 Primary diagnosis: 724.5  
 Back Pain - 724.5  
 Diagnosis search  
 Secondary diagnosis 2:  
 Secondary diagnosis 3:  
 Attending physician: Kildare, John - A12345  
 or enter or search for ID: A12345  
 Provider search  
 Review type: Initial non-clinical review  
 Other: Therapy  
 Treatment type:  
 Procedure: 97110  
 Physical Therapy - 97110  
 Procedure search  
 Servicing provider: Kildare, John - A12345  
 Select servicing provider from the list:  
 or enter or search for ID: A12345  
 Provider search  
 Unit(s): 3  
 Start date: 12/15/2009  
 End date: 12/20/2009  
 Purchase/Rent:  
 Additional Comments (optional)  
 IEXCHANGE Contact Information  
 Enter Contact Information here.  
 IEXCHANGE Clinical Information  
 Enter Clinical Information here. You can cut/copy and paste.  
 IEXCHANGE Additional Comments  
 Enter Additional Information here.

**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.**

**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.**

# iEXCHANGE® NEW OUTPATIENT REQUEST TIP SHEET



**Starting point**  
Dayer selected: Independence Administrators

**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  
Status – **Pended**

**Service Information**  
Case Reference # – 093420004501001  
Status – **Pend**  
Procedure: THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO – 87110  
Unit(s): 3  
Start date: 12/15/2009  
End date: 12/20/2009  
Servicing provider MCO ID: A12345  
Servicing provider name: Kildare, John  
Purchase/Rent:

**Diagnosis Information**  
Primary diagnosis: 724.5 – 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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**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 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.