



# iExchange Training

## Other (Outpatient) Tip Sheet



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Liberating.

Proprietary and Confidential

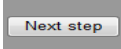
# Getting Started

- » 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


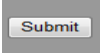
# Request Submission

» Each request has three stages


## 1. Request Entry

- » 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 (iExchange Provider) text box at the bottom of the page should be used to provide your contact name, phone number or email address
- » 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 additional edits are required

## 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>WPS and Arise Health Insurance</b> <a href="#">Select a different payer</a>		New other request New other behavioral health request Extend other request Add other services Other clinical review		

## 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.

### ▶ [New other behavioral health request](#)

Click the **New other behavioral health 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.

### ▶ [Other clinical review](#)

Click the **Other clinical review** link, above. You will first search for the other treatment you wish to review.

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.

Click on Member search to verify eligibility for your patient

## Other request entry

Once you enter the General information and Services information click on Member search. iExchange evaluates your other request and displays the Other request entry.

### 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>	12/19/2016 (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>	Aurora Mental Health Center - BHP151797001 - 1134149057 <a href="#">Submitting provider summary</a>
<b>Facility</b> (optional) Select facility from the list or search for ID	<input type="button" value="Provider search"/> <a href="#">Facility summary</a>
<b>Servicing provider</b> Select a servicing provider from the list or search for ID	<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="button" value="Provider search"/> <a href="#">Attending physician summary</a>
<b>Treatment setting</b>	<input type="button" value="Provider search"/>
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<b>Primary diagnosis</b> Enter Diagnosis code or Select from Short list	<input type="button" value="Diagnosis search"/>
<b>Secondary diagnosis</b> (optional)	
<b>Secondary diagnosis</b> (optional)	
<b>Secondary diagnosis</b> (optional)	
<b>Secondary diagnosis</b> (optional)	

When entering your diagnosis information, you can search by description by click Diagnosis search

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

Place of service (optional)

Start date

 /  /  (mm/dd/yyyy)

End date

 /  /  (mm/dd/yyyy)

Service 2 (optional)

Procedure

Enter Procedure code or Select from Short list

Unit(s)

Treatment type

Review type

Place of service (optional)

Start date

 /  /  (mm/dd/yyyy)

End date

 /  /  (mm/dd/yyyy)

Fields marked as (optional) can be left blank

Treatment type

Review type

Place of service (optional)

Start date

 /  /  (mm/dd/yyyy)

End date

 /  /  (mm/dd/yyyy)

Additional notes (optional)

Exchange Provider

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

**Informational**

If service 1 is posted, 3 units will be pending

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

**Other request preview**

Review your other request information here. If you click the **Submit** button to save your request and open the Other request information page to make any changes, scroll down to the bottom to make any necessary modifications.

The status of this other request was current when you saved it. The status may change when you click **Submit** if eligible. In the interim, the request reference number will be available.

If supported by the payer, you have an option to add services to your 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.

Summary				
Service	Code	Start/end date	Units	Projected status
1	99342	04/01/2014 - 04/30/2014	3	PEND

Other request information	
<b>Member</b>	Test, Test
Member ID	T1
Date of birth	06/05/1981
Age	32
Gender	Male

General other information	
Treatment setting	Office
Notification date	04/02/2014
Primary diagnosis	496 - Chronic airway obstruction, not elsewhere classified
iEXCHANGE Communication	tom - 608-555-1212
iEXCHANGE Clinical Information	
iEXCHANGE Diagnostic Results	

Request can be edited, additional service can be added, submitted or cancelled – click Submit to proceed to the confirmation page

 [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:

The confirmation number indicates you have informed us of these services as required by your program protocols. We can only make a benefit decision when we receive all necessary claim information in accordance with the provisions of the health plan. This ... [more information](#)

Request ID: **14092-A001** [Attach file](#)

Code	Start/end date	Units	Status
99342	04/01/2014 - 04/30/2014	3	<b>PEND</b>

#### Request information

Test, Test	
T1	
06/05/1981	
32	
Male	
Other	
01/01/2011 - 01/01/20	
Subscriber ID	T1
Subscriber name	Test, Test

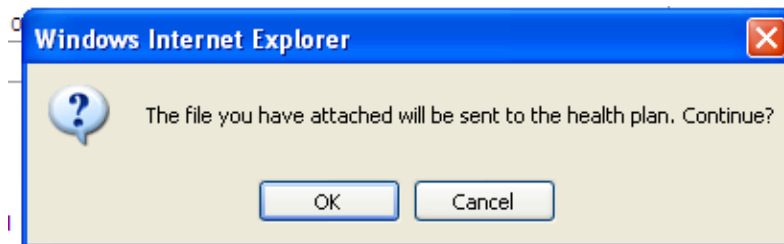
Confirmation page can be printed by clicking the Print friendly version link at the top of the screen

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



# Request Attachments

- » 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

# Request Attachments – Confirmation page

1

## Prior auth request confirmation

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

### Payer Notice:

THIS IS NOT A GUARANTEE OF ELIGIBILITY, COVERAGE OR PAYMENT FOR SERVICES.

Request ID: **20150904-000240** [Attach file](#)

Click Attach file

### Summary

Service	Code	Start/end date	Units	Status
1	99221	09/04/2015 - 09/09/2015	365	<b>APPROVE</b>

2 and 3

## Request Attachments

### Attach new file

Allowable file type(s): PDF, 7z

Title:

Attachment:

Enter a document title and select Browse to select a document

# Request Attachments – Confirmation page

4

**Request Attachments**

Attach new file

Allowable file type(s): PDF, 7z

Title:

Attachment:

Click Attach

5

Provider MCO ID  
Address  
Phone

**Request Attachments**

Attach new file

Allowable file type(s): PDF, 7z

Title:

Attachment:

**Windows Internet Explorer**

? The file you have attached will be sent to the health plan. Continue?

Click OK to attach the document to the request

# Request Attachments – Confirmation page

**Informational**  
The file selected has been successfully attached and will be sent to the health plan.

## Prior auth request confirmation

This page contains prior auth request information including the request ID and status (authorized or pending), 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 prior auth request status may have changed if eligibility or other data changed in the interim.

**Payer Notice:**  
THIS IS NOT A GUARANTEE OF ELIGIBILITY, COVERAGE OR PAYMENT FOR SERVICES.

Request ID: **20150904-000240** [Attach file](#)

### Summary

Service	Code	Start/end date	Units	Status
1	99221	09/04/2015 - 09/09/2015	365	<b>APPROVE</b>

Message at the top will confirm the attachment as been sent or is in progress