iExchange Training

Other (Outpatient) Tip Sheet
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 receive 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
   » User can click to the right of the Request ID if a document needs to be attached to the request
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.

---

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

Click on Member search to verify eligibility for your patient.

You must search for a member.
At least one procedure code must be entered on the initial request entry page.

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

Fields marked as (optional) can be left blank.
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, additional service can be added, submitted or cancelled – click Submit to proceed to the confirmation page.
Confirmation page can be printed by clicking the Print friendly version link at the top of the screen.

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 ...

Request ID: 14092-A001 Attach file

<table>
<thead>
<tr>
<th>Code</th>
<th>Start/end date</th>
<th>Units</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>99342</td>
<td>04/01/2014 - 04/30/2014</td>
<td>3</td>
<td>PEND</td>
</tr>
</tbody>
</table>

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 Browse to select locate the file to be attached
4. Click Attach 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]

   **Summary**

<table>
<thead>
<tr>
<th>Service</th>
<th>Code</th>
<th>Start/end date</th>
<th>Units</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>99221</td>
<td>09/04/2015 - 09/09/2015</td>
<td>365</td>
<td>APPROVE</td>
</tr>
</tbody>
</table>

   [Click Attach file]

2. **Request Attachments**

   **Attach new file**
   Allowable file type(s): PDF, 7z
   
   **Title:** Patient Medical Record
   
   **Attachment:**
   [Browse...]
   [Attach]

   [Enter a document title and select Browse to select a document]
Request Attachments – Confirmation page

4

Click Attach

5

Click OK to attach the document to the request
Request Attachments – Confirmation page

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, Exchange 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

<table>
<thead>
<tr>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Code</td>
</tr>
<tr>
<td>Start/end Date</td>
</tr>
<tr>
<td>Units</td>
</tr>
<tr>
<td>Status</td>
</tr>
<tr>
<td>1 99221</td>
</tr>
</tbody>
</table>

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