



# Interactive Care Reviewer

Submit and inquire about  
behavioral health  
authorizations

This communication applies to the Medicare Advantage and Medicaid programs in Kentucky.

# Course objectives

After completing this course, participants will be able to:

- List the benefits of using Interactive Care Reviewer (ICR).
- Identify the products and services available within ICR for authorizations.
- Access ICR through the Availity Portal.
- Create an authorization.
- Inquire about a previously submitted authorization.

# Agenda

Agenda for this course:

- To review the benefits of using ICR for authorizations
- To create and submit inpatient/outpatient requests
- To inquire about an existing request



# ICR details

ICR brings improved efficiency to the precertification process:

- Physicians and facilities can submit authorization requests for behavioral health services, including acute inpatient stays, residential and rehabilitation stays, intensive outpatient and partial hospital programs, electroconvulsive therapy, transcranial magnetic stimulation and psychiatric testing.
- Ordering and servicing physicians and facilities can use the inquiry feature to find information on any authorization with which their tax ID/organization is affiliated.



# Advantages of using the ICR

There are many advantages in using the ICR. The ICR improves the efficiency of the authorization process:

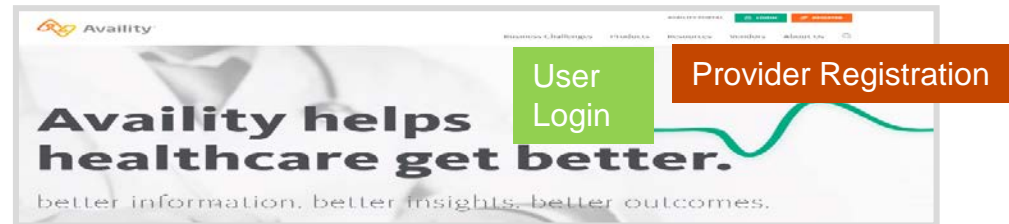
- Authorizations are in one place and are accessible at any time by any staff member.
- No need to fax! Reduced paperwork!
- Users can quickly check authorization status online and update requests.
- Proactive communication is conducted via email updates.
- Users can attach and submit clinical notes and supporting images.
- The ability to inquire on authorization requests submitted via phone, fax, ICR or other online tool.

# Accessing the ICR

Access the ICR via the Availity Portal (<https://www.availity.com>).

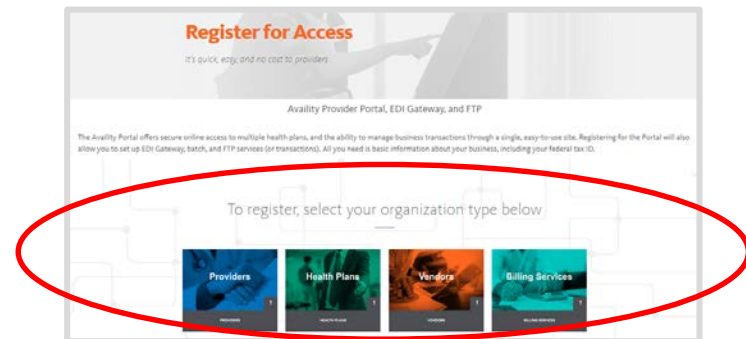
1

Select the REGISTER link to be redirected to the *Registration details* landing page.



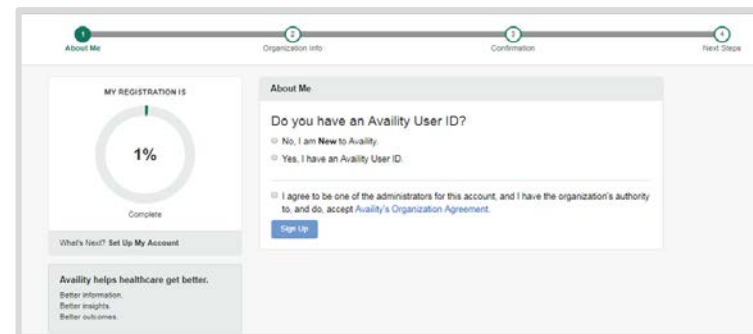
2

Select the appropriate organization type link, and you will be redirected to the *Registration Form*.

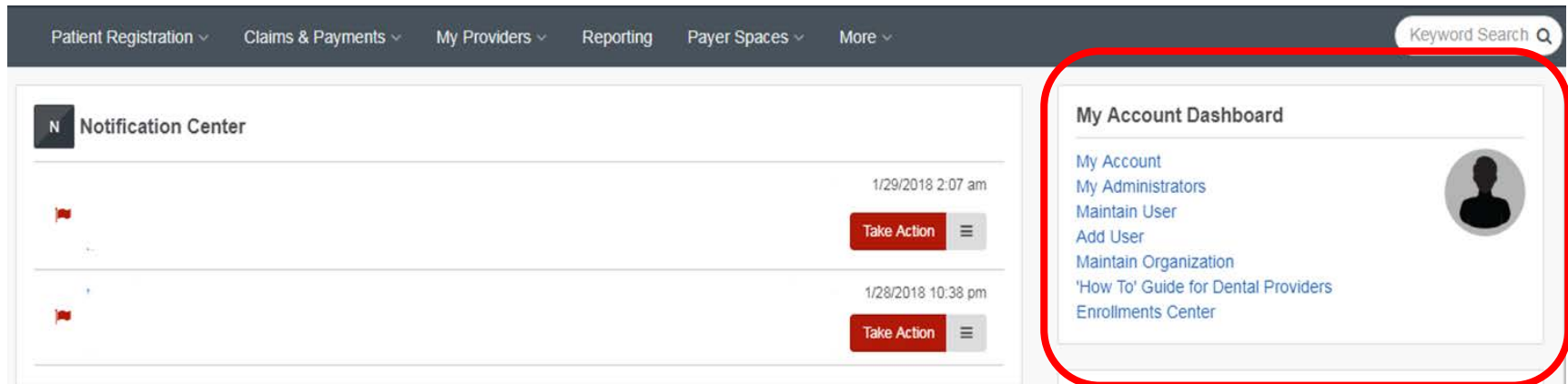


3

The person starting the registration process agrees to be the administrator for the organization and can now register for the Availity Portal.




# Availity administrator: granting access on the Availity Portal



The organization's Availity Portal administrator can select **Maintain User** from their *Account Dashboard* located on the upper-right corner of the home page to add functionality to an existing user. To create a new access, the administrator selects **Add User**.

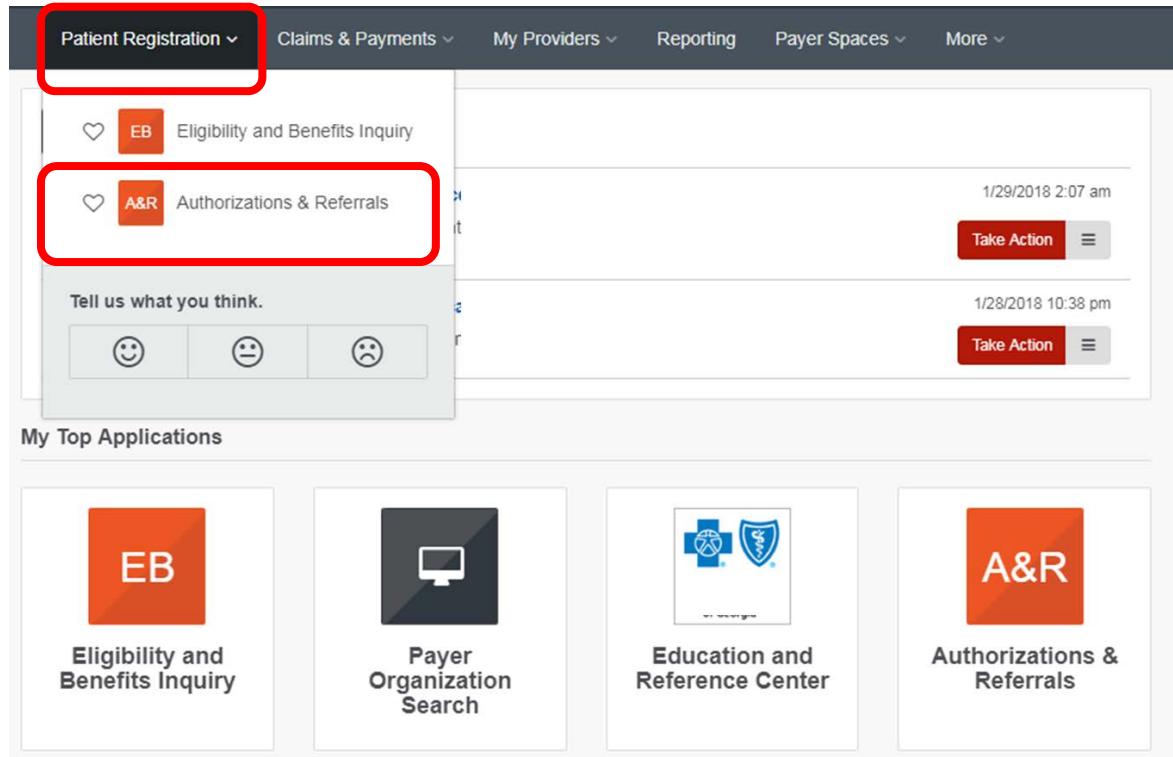
# Availity administrator: granting access to the Availity Portal (cont.)

		Role(s)
User Roles		
<input checked="" type="checkbox"/>		Base Role
<input checked="" type="checkbox"/>		Authorization and Referral Inquiry
<input checked="" type="checkbox"/>		Authorization and Referral Request
<input checked="" type="checkbox"/>		Claim Status
<input checked="" type="checkbox"/>		Claims Management

Assign users the roles of **Authorization and Referral Inquiry** and **Authorization and Referral Request**.



# Accessing the ICR



To access the ICR from the Availity Portal, choose **Authorizations & Referrals** under the *Patient Registration* link on the top navigational bar.

# Accessing the ICR (cont.)

[Home](#) > [Authorizations & Referrals](#)

## Authorizations & Referrals

### Multi-Payer Authorizations & Referrals



[Auth/Referral Inquiry](#)

[View Payers](#)



You don't have this permission. The good news is your admin can give you access.  
[I Need Access](#)



[Referrals](#)



[Authorizations](#)

[View Payers](#)



### Additional Authorizations & Referrals



[AIM Specialty Health \(Anthem\)](#)



[Clinical Auth Management](#)



[Online Batch Management](#)

# ICR *Terms of Use and Disclaimers*



## Interactive Care Reviewer Terms of Use and Disclaimers

Together with IBM we have developed this online system using IBM's Watson technology to allow providers to request utilization management determinations, to assist in assembling required information, and to view an advance determination with information regarding review of coverage for a requested service.

All treatment decisions, and the consequences and outcomes thereof, are the responsibility of the health care provider and the patient, not the Plan. In general:

- Plan deductibles and co-payments apply before final payment can be made.
- Plan maximums and limitations will apply before payment can be made.
- Plan benefits may change upon renewal.

Health care providers will continue to receive a formal written notice of the Plan determinations, which will include specific additional information regarding the administration of benefits for the requested service.

The data provided by this system is protected health information ("PHI") and must be treated with the same care as other PHI that is exchanged during the normal course of business. PHI shall only be used as necessary for patients currently receiving treatment. Health care providers using this system must ensure that use of PHI is subject to the provider's own policies and procedures, in compliance with applicable law. Such use shall further be subject to the terms and conditions of the Provider's agreement with the Plan.

Access, use, or disclosure of information related to certain sensitive medical services is strictly limited by federal and state laws. Sensitive medical services may include, but are not limited to, treatment for: substance use disorders, sexually transmitted illnesses or mental conditions. Such information may only be accessed, used, or disclosed with the authorization of the patient or for treatment purposes. Accessing sensitive service information outside of these requirements is prohibited.

Drug and alcohol abuse treatment records may only be accessed, used, or disclosed with the consent of the patient or to the extent necessary to respond to a bona fide medical emergency.

By selecting 'Accept', you acknowledge that you have read and you agree to these Terms of Use/Disclaimer.

ACCEPT

Read and accept the disclaimer.  
Be sure to enable pop-ups!

[Terms of Use & Privacy Disclaimer](#)

# The ICR landing page/dashboard

Interactive Care Reviewer

WelcomeNameLogoutContact UsQuick Links

My Organization's Requests

Create New Request

Search Submitted Requests

Check Case Status

Page 1 of 27

View Results 20

533 Requests found Displaying 1 to 20

Request Tracking ID	Reference Number	Status	Patient Name	Service Date Range	Request Type	Requesting Provider NPI	Submit Date	Created By	Updated Date	Updated By
		Review In Progress		10/09/2015 - 10/09/2015	Outpatient	1073549929	2015-10-08 12:22:54 PM		2015-10-08 12:23:52 PM	System
		See Details		10/09/2015 - 10/10/2015	Inpatient	1912007543	2015-10-07 10:41:44 AM		2015-10-07 10:54:43 AM	System
		See Details		10/09/2015 - 10/10/2015	Inpatient	1912007543	2015-10-07 10:30:37 AM		2015-10-07 10:35:34 AM	System
		See Details		10/09/2015 - 10/10/2015	Inpatient	1912007543	2015-10-07 10:06:40 AM		2015-10-07 10:17:39 AM	System
		Review In Progress		09/30/2015 - 09/30/2015	Inpatient	1922098342	2015-10-01 11:54:06 AM		2015-10-06 11:07:34 AM	System
		Review In Progress		09/28/2015 - 10/12/2015	Inpatient	1396714663	2015-10-06 09:53:39 AM		2015-10-06 09:54:29 AM	System
		Approved		10/06/2015 - 10/06/2015	Outpatient	1922098342	2015-10-05 12:19:36 PM		2015-10-05 12:24:42 PM	System

The dashboard displays requests submitted, requests not yet submitted, cases requiring additional information and cases where a decision has been rendered.

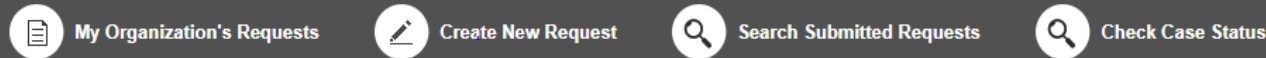
# The ICR landing page/dashboard (cont.)

The screenshot displays the Interactive Care Review (ICR) dashboard. At the top, there's a header with 'Interactive Care Review' and a user profile 'Welcome, Carol Butz'. Below the header, there's a search bar and a 'Check Case Status' button. The main area contains a table of requests. The table has columns: Request Tracking ID, Reference Number, Status, Patient Name, Submit Date, Created By, Updated Date, and Updated By. A dropdown menu is open for the Status column, showing various request statuses. A green arrow points to the 'Filters' option in the dropdown.

Request Tracking ID	Reference Number	Status	Patient Name	Submit Date	Created By	Updated Date	Updated By
		See Details		2015-09-12 09:50:48 AM		2015-09-14 12:45:01 PM	System
		See Details		2015-09-12 09:13:54 AM		2015-09-14 07:50:47 AM	System
		Cancelled - Request Withdrawn by Provider	Doe, Judy	2015-09-12 10:20:04 AM		2015-09-12 01:46:02 PM	System
		See Details	TEST, MARY	2015-08-15 06:00:11 PM		2015-09-12 01:04:43 PM	System
		See Details	Doe, Joe	2015-09-12 09:03:19 AM		2015-09-12 12:56:45 PM	System
		See Details	Doe, Jacob	2015-08-15 05:55:06 PM		2015-09-12 12:53:45 PM	System
		See Details	TEST, BETTY	2015-09-12 09:25:33 AM		2015-09-12 12:51:38 PM	System

All columns have up and down arrows for quick sorting. Some also have a filter option (shown here).

# ICR dashboard tabs



Tabs across the top of the dashboard:

- **My Organization's Requests** is the home page of the application and displays the dashboard.
- **Create New Request** is used to start a new inpatient or outpatient request.
- **Search Organization Requests** allows for the ability to search for any ICR case requested by your organization or any request with which your organization is associated. This includes requests with a status of *review not required*.

# ICR dashboard tabs (cont.)



My Organization's Requests



Create New Request



Search Submitted Requests



Check Case Status

- **Check Case Status** allows for the ability to view any cases submitted associated with the tax ID(s) on the request. This includes submissions by phone, fax, etc.

Note: In order to view the authorization/referral, the case must be associated with the tax ID listed under the organization you selected in the Availity Portal.

# Creating a new request

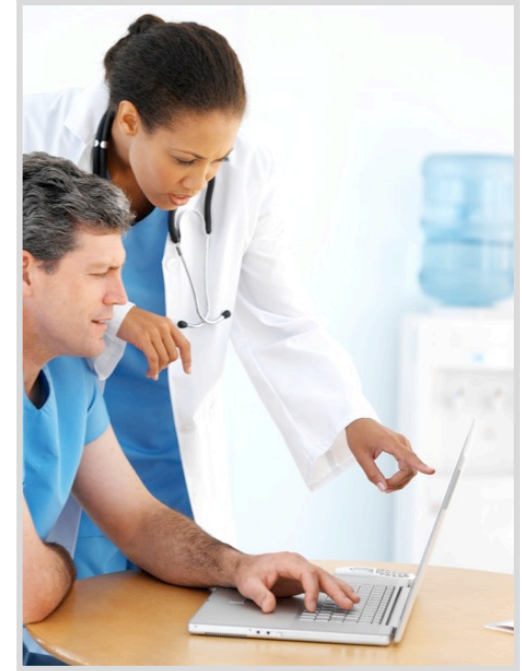


# Creating a new request

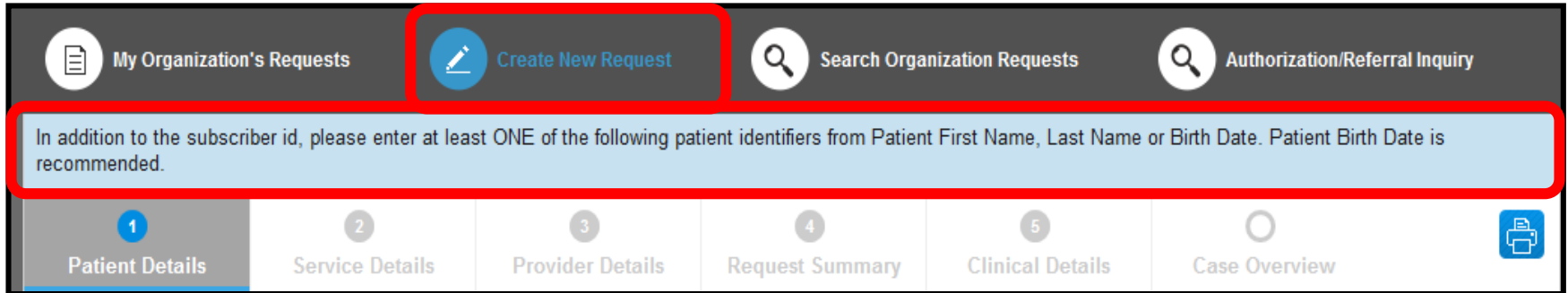
Do you want to verify if an authorization is required? The ICR gives you quick access to that information in most cases. Enter:

- Patient information.
- Diagnosis and procedure information.
- Provider details.

A message will appear indicating whether or not an authorization is required for most requests. This information can be printed or saved to a PDF and is available later via an ICR search.



# Starting a new request on the ICR



The screenshot shows the top navigation bar of the ICR dashboard. It includes four main buttons: 'My Organization's Requests', 'Create New Request' (highlighted with a red box), 'Search Organization Requests', and 'Authorization/Referral Inquiry'. Below the navigation bar is a blue messaging bar with a red border, containing the text: 'In addition to the subscriber id, please enter at least ONE of the following patient identifiers from Patient First Name, Last Name or Birth Date. Patient Birth Date is recommended.' Below the messaging bar is a horizontal menu with six tabs: 'Patient Details' (labeled with a blue circle containing the number 1), 'Service Details', 'Provider Details', 'Request Summary', 'Clinical Details', and 'Case Overview'. A red arrow points from the 'Patient Details' tab to the first bullet point in the list below.


- Select **Create New Request** from the ICR dashboard tab.
- Watch the blue bar for messaging. Errors turn the box red.
- Menu bar shows where you are.

# Patient details

1 Patient Details   2 Service Details   3 Provider Details   4 Request Summary   5 Clinical Details   Case Overview

*In addition to the subscriber ID, please enter at least ONE of the following patient identifiers from patients First Name, Last Name or Birth Date. Patient Birth Date is recommended.*

Required Fields \*

 Profiles ▶

Request Type \*  
Inpatient  
Select One  
Inpatient  
Lab Only-Outpatient  
Outpatient  
Referral

Case Type \*  
Psychiatric  
Select One  
Maternity  
Medical  
Medical Injectable  
Neonatal  
OB/Global  
Psychiatric  
Rehabilitation  
Substance Abuse  
Surgical

Admission Date \*  
MM/DD/YYYY

Patient Last Name  
Patient First Name

FIND PATIENT


Select from the *Request Type* and *Case Type* menus or save steps by selecting **Profiles**.

# Patient details (cont.)

<b>1</b> Patient Details	2 Service Details	3 Provider Details	4 Request Summary	5 Clinical Details	○ Case Overview
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*In addition to the subscriber ID, please enter at least ONE of the following patient identifiers from patients First Name, Last Name or Birth Date. Patient Birth Date is recommended.*

*Required Fields \**

 Profiles ▶

<b>Request Type *</b> Inpatient ▼	<b>Case Type *</b> Psychiatric ▼	<b>Admit Date *</b> 07/02/2018	
<b>Subscriber ID *</b> <input type="text"/>	<b>Patient Date of Birth</b> MM/DD/YYYY	<b>Patient Last Name</b> <input type="text"/>	<b>Patient First Name</b> <input type="text"/>

*ID must be entered exactly as it appears on the members ID card.*

**FIND PATIENT**

Complete all required fields, then select **Find Patient**.

# Profile templates

Click on the dot to view the *Standard Profile*.

Standard Profile	(Inpatient, Outpatient, Lab Only, Office, DME, BH)	Procedure Code	View	Select
BH INP Detox	Inpatient		...	✓
BH INP Psych	Inpatient		...	✓
BH INP Residential Detox	Inpatient		...	✓
<b>BH INP Residential Psych</b>	Inpatient		...	✓
BH OP IOP	Outpatient		...	✓
BH OP PHP	Outpatient		...	✓
BH OP PHSA	Outpatient		...	✓

**Users** will be able to see what will be populated on the *Patient Details* screen and on the *Service Details* screen.

## Profile Details

[Back to Profiles](#)

**Profile Name**  
BH INP Psych

Request Type	Case Type	Place of Service	Type of Service	Level of Service
Inpatient	Psychiatric	Inpatient Hospital	Psychiatric	Emergency

Select

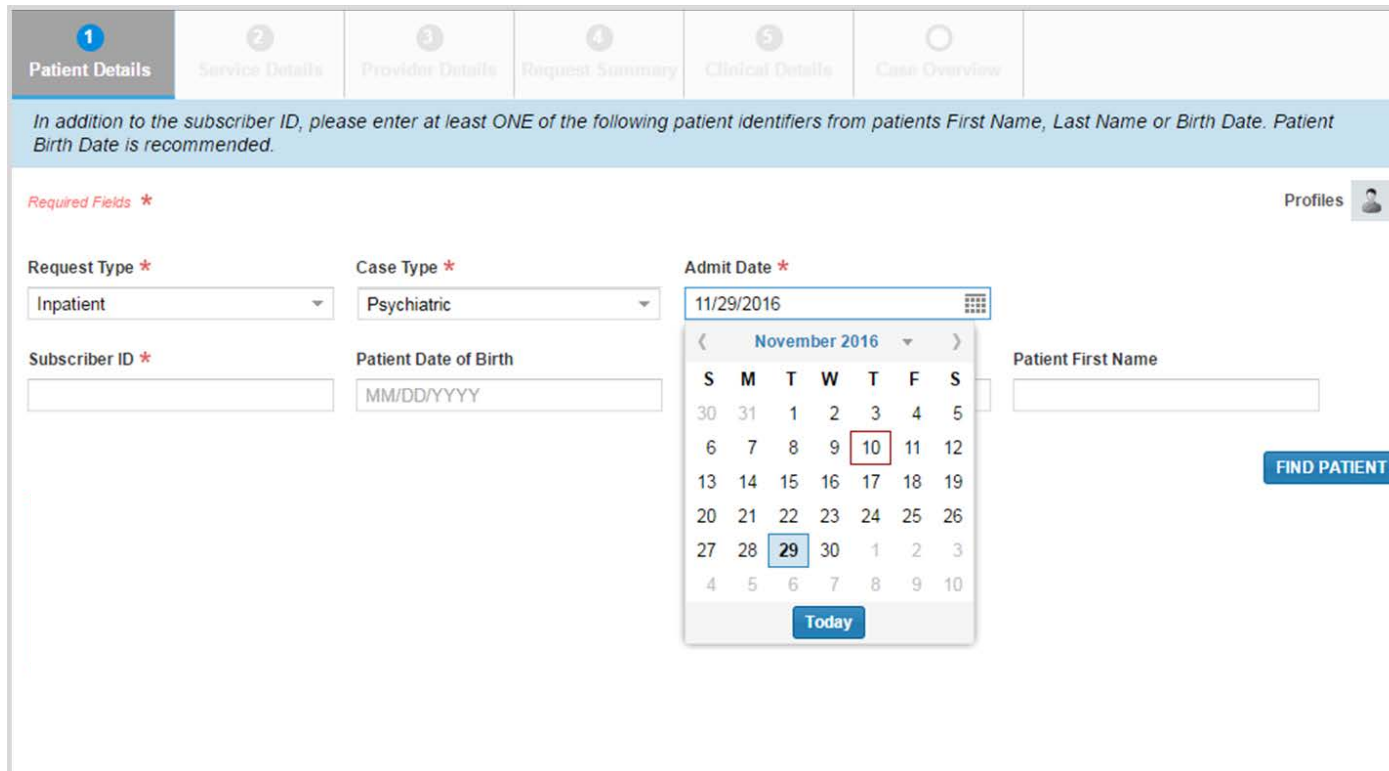


# Profile templates (cont.)

Select Profile			Close X
Standard Profile	Profile Type <small>(Inpatient, Outpatient, Lab Only, Office, DME, BH)</small>	View / Select	
IP Medical-Emergency	Inpatient	...	<input checked="" type="checkbox"/>
IP Surgical	Inpatient	...	<input checked="" type="checkbox"/>
OP Surgery	Outpatient	...	<input checked="" type="checkbox"/>
ASC Surgery	Outpatient	...	<input checked="" type="checkbox"/>
OP Diagnostic	Outpatient	...	<input checked="" type="checkbox"/>
OP Medical Care	Outpatient	...	<input checked="" type="checkbox"/>
OP Hosp Diagnostic X-ray	Outpatient	...	<input checked="" type="checkbox"/>
Lab Diagnostic	Lab Only	...	<input checked="" type="checkbox"/>
Office Surgery	Office	...	<input checked="" type="checkbox"/>

Select the check mark to select a standard profile. This action will populate the mandatory *Request Type* and *Case Type* fields on the *Patient Details* screen and *Place of Service*, *Type of Service*, and *Level of Service* on the *Service Details* screen.

# Patient details: date of service (inpatient — admit date)



The screenshot shows a web form for patient details. At the top, there are tabs: 1 Patient Details (active), 2 Service Details, 3 Provider Details, 4 Request Summary, 5 Clinical Details, and Case Overview. Below the tabs, a blue banner contains the text: "In addition to the subscriber ID, please enter at least ONE of the following patient identifiers from patients First Name, Last Name or Birth Date. Patient Birth Date is recommended." Below this, a red asterisk indicates "Required Fields". The form includes several input fields: "Request Type" (dropdown menu with "Inpatient" selected), "Case Type" (dropdown menu with "Psychiatric" selected), "Admit Date" (calendar widget showing "11/29/2016"), "Subscriber ID" (text input), "Patient Date of Birth" (text input with placeholder "MM/DD/YYYY"), and "Patient First Name" (text input). A "FIND PATIENT" button is located to the right of the "Patient First Name" field. A "Profiles" link with a user icon is in the top right corner. The calendar widget for "Admit Date" is open, showing "November 2016". The calendar grid has days of the week (S, M, T, W, T, F, S) and dates. The date "10" is highlighted with a red box, and "29" is highlighted with a blue box. A "Today" button is at the bottom of the calendar.

1 Patient Details 2 Service Details 3 Provider Details 4 Request Summary 5 Clinical Details Case Overview

In addition to the subscriber ID, please enter at least ONE of the following patient identifiers from patients First Name, Last Name or Birth Date. Patient Birth Date is recommended.

Required Fields \*

Request Type \* Inpatient

Case Type \* Psychiatric

Admit Date \* 11/29/2016

Subscriber ID \*

Patient Date of Birth MM/DD/YYYY

Patient First Name

FIND PATIENT

Profiles

November 2016

S	M	T	W	T	F	S
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10

Today

The admit date **cannot** be changed once the case is submitted!

# Patient details

A message in the blue bar will indicate if the member's preauthorization cannot be completed using the ICR.

1	2	3	4	5	
Patient Details	Service Details	Provider Details	Request Summary	Clinical Details	Case Overview
<div>Subscriber ID</div> <div>VZT12345678</div>					
<div>Name</div> <div>Doe, Joe</div>					
<div>Patient Date of Birth</div> <div>12/12/1966</div>					
<div>Gender</div> <div>Male</div>					
<div>Eligibility Coverage</div> <div>Active Coverage</div>					
<div>Coverage Period</div> <div>06/01/2006 - 12/31/9999</div>					
<div>Interchange Control No.</div> <div>12345678</div>					
<div>Relationship</div> <div>Self</div>					
<div>Group Number</div> <div>12345678</div>					
<div>Group Name</div> <div>Kristen's Boutique</div>					
<div>Request Type</div> <div>Outpatient</div>					
<div>Case Type</div> <div>Medical</div>					
<div>Service Date From</div> <div>11/08/2016</div>					
<div>Service Date To</div> <div>11/08/2016</div>					
<div>BACK TO FIND PATIENT</div> <div>CONFIRM PATIENT</div>					



# Service details (outpatient examples)

The screenshot shows the 'Service Details' tab with the 'Diagnosis' sub-tab selected. The 'Diagnosis Code(s)' field is circled in red. The form includes fields for Request Type, Case Type, Service Date, Place of Service, Type of Service, Level of Service, and Source of Admission. A table lists the diagnosis code F32.1 - ICD10 and its description, Major depressive disorder, single episode, moderate.

Diagnosis Code(s) *	Description	Primary
F32.1 - ICD10	Major depressive disorder, single episode, moderate	<input type="radio"/>

1

Complete diagnosis fields.

The screenshot shows the 'Service Details' tab with the 'Services' sub-tab selected. The 'Services' tab is circled in red. The form includes fields for Place of Service, Type of Service, Service From, Service To, and Quantity. A table lists the service details.

Requested	Service From *	Service To *	Quantity *
	06/13/2018	06/15/2018	Visit(s)

2

Complete services fields.

# Service details (outpatient examples)

The screenshot displays a medical software interface with the following components:

- Navigation Tabs:** Patient Details (1), Service Details (2, highlighted), Provider Details (3), Request Summary (4), Clinical Details (5), Case Overview (6).
- Sub-tabs:** Diagnosis, Services (highlighted with a red circle).
- Service Details Table:**

Place of Service	Type of Service	Procedure Code(s)	Description
Office	Professional	90867 CPT	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
- Service Entry Form:**

Service From *	Service To *	Quantity *	Per Every	Duration	Total
01/19/2017	01/25/2017	1	Visit(s)		1 Visit(s)
- Buttons:** Add Service (+) (circled in red with a blue arrow pointing to it), Previous, Next.

Select plus sign again to enter that procedure to case before selecting the **Next** button.

# Service details: diagnosis (inpatient)

1 Patient Details 2 **Service Details** 3 Provider Details 4 Request Summary 5 Clinical Details 6 Call Details

Diagnosis Length of Stay

\* Required Fields [More Information](#)

**Request Type**  
Inpatient

**Case Type**  
Psychiatric

**Service Date**  
07/02/2018

**Place of Service \***  
Inpatient Hospital

**Type of Service \***  
Psychiatric

**Level of Service \***  
Urgent

**Source of Admission \***  
ER Admit

**Diagnosis Code(s) \*** Description Primary

Next

If level of service is urgent:  
1. Select **Level of Service**.  
2. Select **Source of Admission**.  
3. Type diagnosis code(s).  
4. Select +.

Urgent level of service is only an option for a future admission. If the date of admission is the current date (or in the past), options are elective and emergency.

# Service details: length of stay (inpatient)

Length of stay:

1. Type number of days.
2. Select level of care.
3. Select **+**.

1 Patient Details 2 Service Details 3 Provider Details 4 Request Summary 5 Clinical Details

Diagnosis Length of Stay

\* Required Fields [More Information](#)

From Through Days \* Level Of Care \*

06/29/2018 2 Acute +

Previous Next

# Provider details

1 Patient Details 2 Service Details 3 **Provider Details** 4 Request Summary 5 Clinical Details Case Overview

\* Required Fields More Information

Add from Favorites or Search for Provider

Add Requesting Provider

Add Servicing Provider ☒ Same as Requesting Provider

Next

Complete required fields for all sections.

Search all or select from favorites.

# Ordering provider

1 Patient Details 2 Service Details 3 Provider Details 4 Request Summary 5 Clinical Details 6 Case Overview

\* Required Fields More Information

Add from Favorites or Search for Provider

Add Requesting Provider

Add Servicing Provider ☐ Same as Requesting Provider

Add Ordering Physician ☒ Same as Servicing Provider ☒ Same as Requesting Provider

Next

The *Ordering Provider Information* section appears for some specific outpatient requests. Examples include: *Place of Service — Home* or *Type of Service — Diagnostic Lab, Dialysis, Durable Medical Equipment, Home Health Care, Physical Therapy, Radiation Therapy*.

# Provider details

Search

☒ Practitioner

\* Complete all required fields.

Select the appropriate provider type.

Last Name \*

First Name \*

City

State \*

Zip Code

Ghazi

Freidoon

OH

or search by NPI

NPI

Clear

Search

Select Search.

Page 1 of 1

View Results 25

Displaying 1 to 20 of 20 Requests Found

Name	NPI	Specialty	Address	Telephone	
Doe, Delores	1234567890	Cardiovascular Disease	123 Main ST, GREENFIELD, OH, United States, 12345	(555) 555-5555	<div><div>★</div><div>+</div></div>
Doe, Delores	1234567890	Cardiovascular Disease	456 Sunset Ave, Niceville, OH, United States, 12345	(999) 999-9999	<div><div>★</div><div>+</div></div>

If you are unable to locate your provider, please [click here](#) to manually enter your information

# Favorites

Select Favorite					Close X	
Name	NPI	Medicare ID	Specialty	Address		
Doe, Delores	1234567890		Cardiovascular Disease	123 Main ST, GREENFIELD, OH, United States, 12345	X	+
Doe, Delores	1234567890		Cardiovascular Disease	456 Sunset Ave, Niceville, OH, United States, 12345	X	+

ICR allows providers to save up to 25 favorites for:

- Requesting providers.
- Servicing providers.
- Facility durable medical equipment providers.
- Refer to providers.



# Provider details: contact information

1

2

3

4

5

Patient DetailsService DetailsProvider DetailsRequest SummaryClinical DetailsCase Overview

\* Required Fields

More Information

Add from Favorites or Search for Provider

▼ Requesting Provider

Provider Type

Practitioner

NPI

1234567890

Address 1

123 Main St

Country

United States

Last Name

Do

e

First Name

Delor

es

Speciality

Cardiovascular Disease

Address 2

City

Greenfield

State

OH

Zipcode

45215 1448

Contact Last Name \*

Contact First Name \*

Contact Telephone \*

Ext

Fax Number

(NNN) NNN-NNNN

By inputting a fax number above, you agree to accept e-mail notification and consent to receive e-mail, including decision letters (if applicable), at this fax number. Please insure fax machine is secure to receive PHI.

Email Address Please add your e-mail address if you want to receive e-mail notification.

Add Email

Please note, the email notification will only reference the case tracking number and not the specific member details.

Add Servicing Provider

☐ Same as Requesting Provider

Next

# Request summary

1

2

3

4

5

Patient Details

Service Details

Provider Details

Request Summary

Clinical Details

Case Overview

Review required for this request

Hx

Length of Stay Requested

From

Through

Days

Level of Care

06/29/2018

07/01/2018

3

Acute

Services

Place of Service

Type of Service

Inpatient Hospital

Psychiatric

NEXT

The *Request Summary* page is where users will be able to verify whether the services require prior authorization. If the services do not require precertification, users can note the tracking ID and close out the request. If users need to search for it later, they can locate the request by the tracking ID or patient information.

# Clinical details: provider form

1 Patient Details 2 Service Details 3 Provider Details 4 Request Summary 5 Clinical Details 6 Case Overview

Required Fields \* Information Tool Tip i

Reminder: Do not enter/upload session notes for Behavioral Health Treatment  
Facility Based Clinical Assessment Template

Member Telephone Number (NNN) NNN-NNNN	Member Alternate/Cell Phone Number (NNN) NNN-NNNN	
Treating/Attending Provider Slavin, Douglas R	Treating/Attending Provider Address 1100 GREEN ST SW, CONYERS, GA, 30012	Treating/Attending Provider Phone Number (404) 834-1513
Caller SUTTER MEDICAL CENTER SACRAMENTO		
Continued Stay Reviewer * i	Reviewer Phone Number * (NNN) NNN-NNNN i	Reviewer Fax Number * (NNN) NNN-NNNN i
DSM-5 Diagnosis/Subtype/Specifier * <div></div>		

Templates allow users to enter clinical detail previously provided via phone.

Clinical information is mandatory for **all** authorization requests.

Complete all required fields \* on the template.

# Clinical details: provider form (cont.)

The screenshot shows a multi-step form with tabs: Patient Details, Service Details, Provider Details, Request Summary, Clinical Details (active), and Case Overview. A blue bar at the top of the Clinical Details section reads: "Please enter either Clinical Notes and/or upload attachments/images/photos in order to submit the request".

Below this bar are links for "Required Fields" and "Information Tool Tip". On the right are icons for document, eye, Hx, and print.

The "Attachments, Images and Photos" section includes a "Choose File" button (highlighted with a red box), a text area for "Description", and an "Upload" button (with a red arrow pointing to it). A note below the text area states: "Please attach only documentation that contains the minimum necessary personal health information (PHI) to support the review for this request. Please verify you are attaching image(s) for the correct patient before clicking upload." Below this is a list of allowed file types: "Max file size: 10MB. Allowed file types: jpeg/jpg, bmp, tiff, pdf, gif, doc, docx, xls, xlsx, txt".

The "Clinical Notes" section has a text area and an "Add Note" button (with a red arrow pointing to it). A "Next" button is at the bottom right. A red box highlights the "Add Note" button.

Annotations include:

- A box on the left: "Complete the *Clinical Notes* section if the form is not available or if you choose to skip the form."
- A box on the right: "Option to upload attachments, images and photos to support notes."
- A box below it: "Select **Add Note** after manually typing information in the field."

At the bottom, a footer note reads: "Please verify you have added clinical information for the correct patient before clicking on 'Add Note'."

# Case overview

The screenshot shows a web interface for a case overview. At the top, there is a horizontal navigation bar with six tabs: '1 Patient Details', '2 Service Details', '3 Provider Details', '4 Request Summary', '5 Clinical Details', and '6 Case Overview'. The '6 Case Overview' tab is currently selected and highlighted with a blue underline. Below the navigation bar is a light blue header bar. Underneath this, there is a white area containing an 'Expand All' button on the left and three icons (a circle with a diagonal line, a magnifying glass, and a printer icon) on the right. Below these elements is a list of four expandable sections, each with a right-pointing triangle icon and a label: 'Patient Details', 'Service Details', 'Provider Details', and 'Clinical Details'. At the bottom right of the form, there is a blue 'Submit' button.

View all details of the request entered before submitting.

# Case overview (cont.)

1

2

3

4

5

6

Patient DetailsService DetailsProvider DetailsRequest SummaryClinical DetailsCase Overview

Expand All

Patient Details

Service Details

Request Type

Case Type

Service Date

Inpatient

Psychiatric

08/29/2018 - 07/01/2018

Place of Service

Type of Service

Level of Service

Inpatient Hospital

Psychiatric

Urgent

Source of Admission

Observation to Inpatient

Diagnosis

Dx Code(s)

Description

Primary

Length of Stay

From

Through

Days

Level of Care

Decision

08/29/2018

07/01/2018

3

Acute

Initial Request

Select **Expand All** to review all sections.

Select the arrow to expand one section.

To modify information, select the title of the page to go back and edit fields.  
Select **Submit** to do the final submission of the request.





# Submitted request in ICR

The screenshot displays the ICR dashboard interface. At the top, there is a navigation bar with four icons and labels: 'My Organization's Requests', 'Create New Request', 'Search Organization Requests', and 'Authorization/Referral Inquiry'. Below this, a light blue banner contains the text: 'Thank you for submitting the request. Please note the Request Tracking ID 280648'. This banner is highlighted with a red rectangle. Below the banner, there is a pagination section showing 'Page 1 of 21', 'View Results 20', and 'Displaying 1 to 20 of 419 Requests Found'. To the right of this section are two icons: a funnel and a printer. Below the pagination section is a table with the following columns: 'Request Tracking ID', 'Reference Number', 'Status', 'Patient Name', 'Service Date Range', 'Request Type', 'Requesting Provider NPI', 'Submit Date', 'Created By', 'Updated Date', and 'Updated By'. The first row of the table contains the following data: '280648', 'UM304634', 'Review In Progress', 'Esser, Joe', '11/08/2016 - 11/08/2016', 'Outpatient', '1922098342', '2016-11-28 09:35:58 AM', 'Butz, Carol', '2016-11-28 09:36:20 AM', and 'Butz, Carol'. The 'Status' column is highlighted with a red rectangle.

Request Tracking ID	Reference Number	Status	Patient Name	Service Date Range	Request Type	Requesting Provider NPI	Submit Date	Created By	Updated Date	Updated By
280648	UM304634	Review In Progress	Esser, Joe	11/08/2016 - 11/08/2016	Outpatient	1922098342	2016-11-28 09:35:58 AM	Butz, Carol	2016-11-28 09:36:20 AM	Butz, Carol

Once a request has been submitted, the dashboard will appear and the new request will be viewable at the top with a *Review In Progress* status. Confirmation that it was submitted and the tracking ID will be viewable in the blue bar.

# Viewing a decision — inpatient or outpatient

<div><div> My Organization's Requests</div><div> Create New Request</div><div> Search Submitted Requests</div><div> Check Case Status</div></div>										
<< < Page 3 of 21 > >> View Results 20 Displaying 41 to 60 of 419 Requests Found										
Request Tracking ID	Reference Number	Status	Patient Name	Service Date Range	Request Type	Requesting Provider NPI	Submit Date	Created By	Updated Date	Updated By
280772	UM304398	Approved	Mouse, Mick	1/14/2016 - 1/14/2016	Outpatient	1982718490	2016-11-14 03:31:46 PM	Jackson, Jill	2016-11-14 03:31:51 PM	Jackson, Jill
280771	UM304397	Approved	Sick, Patience	11/14/2016 - 11/14/2016	Outpatient	1225158454	2016-11-14 03:19:04 PM	Nurse, Jane	2016-11-14 03:19:09 PM	System
280765	UM304391	Review In Progress	Doe, John	11/11/2016 - 11/11/2016	Outpatient	1922098342	2016-11-11 06:13:24 PM	Jackson, Jill	2016-11-11 06:13:29 PM	Jackson, Jill
280764	UM304390	Partial Decision	Duck, Donald	11/11/2016 - 11/11/2016	Outpatient	1871558510	2016-11-11 06:02:15 PM	Smith, Sally	2016-11-11 06:02:21 PM	Smith, Sally
280468		Not Submitted	Test, Mary	10/19/2016 - 10/21/2016	Inpatient	1487776985		Nurse, Jane	2016-11-11 05:48:21 PM	Nurse, Jane
280680		Not Submitted	Frozen, Elsa	11/29/2016 - 11/30/2016	Inpatient			Smith, Sally	2016-11-11 05:46:14 PM	Smith, Sally

Submitted requests will have a *Review in Progress* status. If a user has entered an email address on the *Provider Details* page, they will receive emails when there is activity on a case. Look for cases that are last updated by system and where status is no longer *Review In Progress*. Those cases with updates or a decision can be viewed by selecting **Request Tracking ID**.



# Viewing a decision/request for additional information

This Authorization request has been approved, as certification requirements have been met. No further action is required unless the services performed are different than those requested. You will be receiving an authorization letter.

Case has been updated, please expand Service Details section to view details.

1	2	3	4	5	
Patient Details	Service Details	Provider Details	Request Summary	Clinical Details	Case Overview

Reference Number	Subscriber ID	Status	Created By	Request Tracking ID
UM304372		Approved		280724

Case Overview

Transaction History

Expand All

Cancel Case

Update Clinical

Update Case

Letters Summary

Patient Details

Service Details

Provider Details

Clinical Details


REMOVE FROM DASHBOARD


To view status details, select the tracking number from the dashboard and then select **Expand All** to allow the case information to be viewable. View decision letters associated with your requests.

# Provider letters

This Authorization request has been approved, as certification requirements have been met. No further action is required unless the services performed are different than those requested. You will be receiving an authorization letter.

Case has been updated, please expand Service Details section to view details.

1	2	3	4	5		
Patient Details	Service Details	Provider Details	Request Summary	Clinical Details	Case Overview	
Patient Name	Reference Number UM304372	Subscriber ID YRP824M55529	Status Approved	Created By	Request Tracking ID 280724	

 Case Overview

Transaction History

Expand All

Cancel Case

Update Clinical

Update Case

▼ Letters Summary

Letter - #UM304372- Requesting Provider - 11/10/2016

Patient Details

Service Details

Provider Details

Clinical Details

REMOVE FROM DASHBOARD

Provider letters associated with the request are viewable by expanding the **Letters Summary** section.

# Viewing a decision

Case Overview

Transaction History

Expand All

Cancel Case

Update Clinical

Update Case

Letters Summary

Patient Details

Service Details

Request Type

Case Type

Service Date

Level of Service

Outpatient

Medical

12/01/2016 To 12/31/2016

Elective

Diagnosis Code(s)

Diagnosis Codes	Description	Primary
M54.5 - ICD10	Low back pain	<input checked="" type="radio"/>

Services

Type of Service	Procedure Code	Service Description	Decision
Durable Medical Equipment Rental	E0748 - HCPCS	Osteogenesis stimulator, electrical, noninvasive, spinal applications	Request approved

Look at the *Procedure Code* section to view the decision, to see if additional information is needed or to see if the case is pending for other reasons.

# Discharge notes

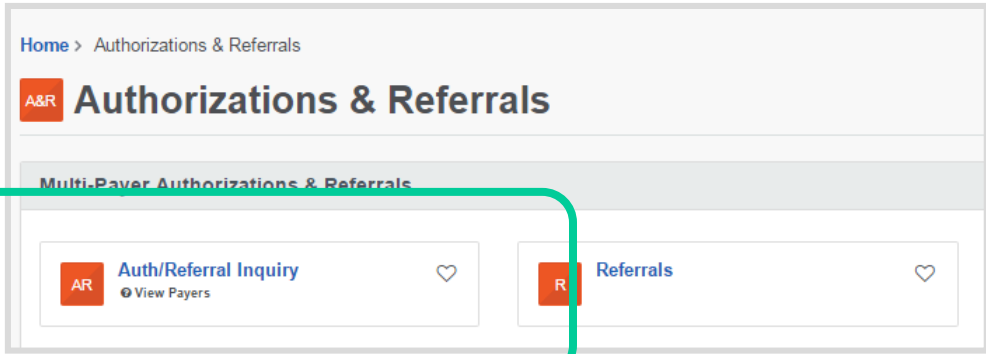


You will have an option available to select **Update Discharge Info** if it applies to the case — This is also available for cases submitted by phone/fax.

# Inquiry features on the ICR

# User access to the ICR — inquiry



1




Home > Authorizations & Referrals

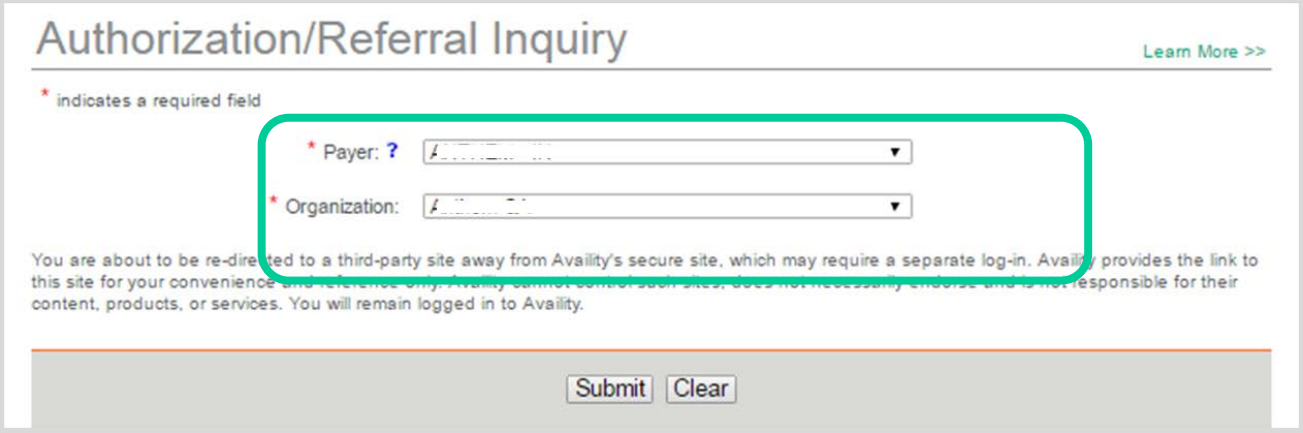
## A&R Authorizations & Referrals

Multi-Payer Authorizations & Referrals

**AR** Auth/Referral Inquiry  

**R** Referrals 

2



## Authorization/Referral Inquiry [Learn More >>](#)

\* indicates a required field

\* Payer: ?

\* Organization:

You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.

To inquire on any authorization submitted by phone, fax, ICR or other online tool, choose **Auth/Referral Inquiry** under the *Authorizations & Referrals* link. Then choose the payer and organization.

# Search using Check Case Status

My Organization's Requests Create New Request Search Submitted Requests **Check Case Status**

Choose one of the search options below. Use the criteria in the selected option to narrow your search. Then click on the corresponding Search button. All search options on this page allow you to inquire on and view Authorizations and Referrals submitted via phone, fax or portal.

**Search By Member** Search By Reference/Authorization Request Number Search By Date Range

*Required Fields \**  
Search up to 12 months in the future or past. Date range searches are limited to a 30 day span per inquiry.

Subscriber ID \* Patient Birth Date \* Patient First Name

Authorization Type Service Start Date \* Service End Date \* Provider Tax ID \*

Identifier Type \*

Select One

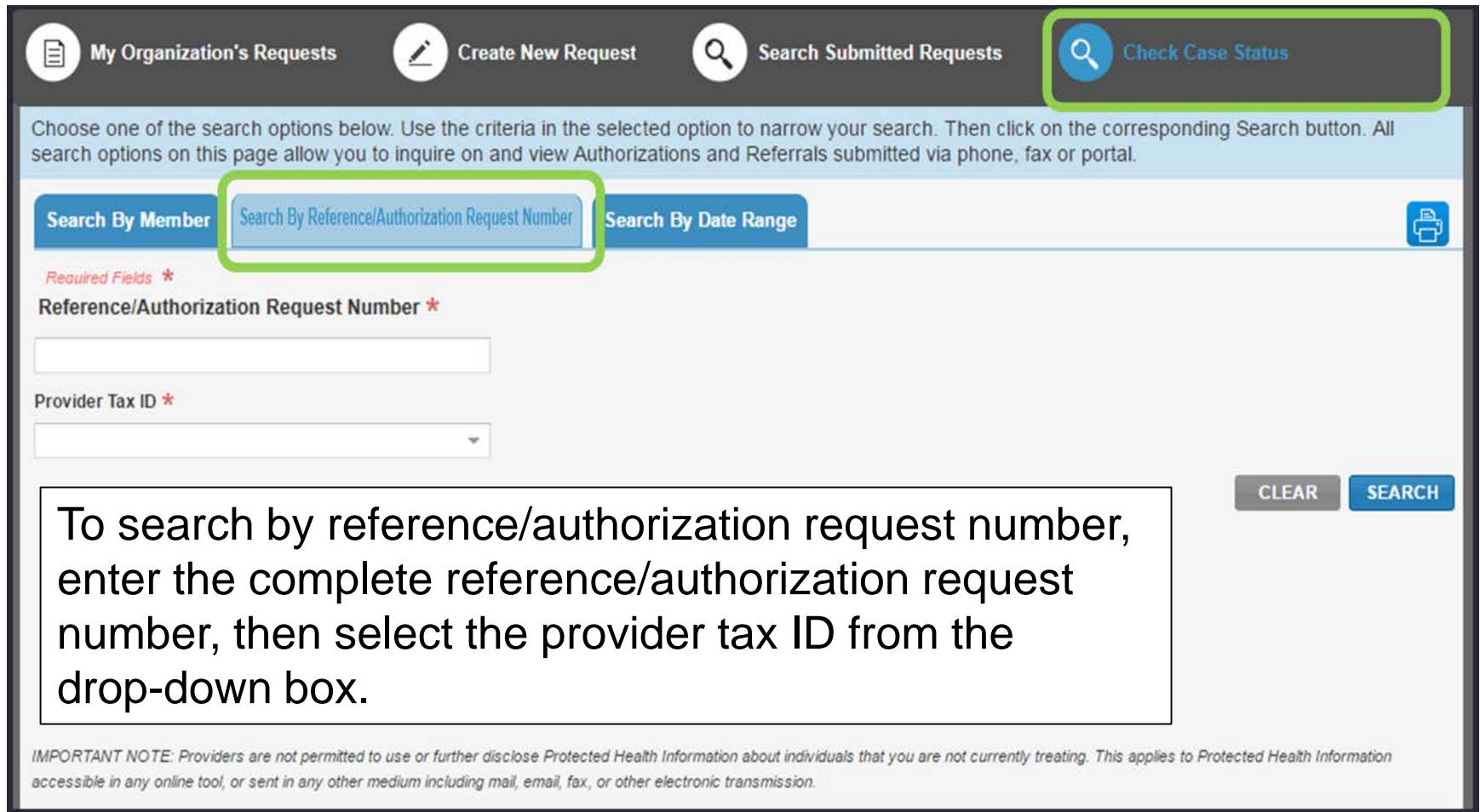
If no results are returned using Medicare Id, please try selecting NPI

CLEAR SEARCH

IMPORTANT NOTE: Providers are not permitted to use or further disclose Protected Health Information about individuals that you are not currently treating. This applies to Protected Health Information accessible in any online tool, or sent in any other medium including mail, email, fax, or other electronic transmission.

Ordering and servicing physicians and facilities can make an inquiry to view the details for the services using the **Check Case Status** option.

# Search by reference/authorization request number



The screenshot shows the Anthem portal search interface. At the top, there are four navigation buttons: 'My Organization's Requests', 'Create New Request', 'Search Submitted Requests', and 'Check Case Status'. The 'Check Case Status' button is highlighted with a green box. Below the navigation bar, a light blue banner contains instructions: 'Choose one of the search options below. Use the criteria in the selected option to narrow your search. Then click on the corresponding Search button. All search options on this page allow you to inquire on and view Authorizations and Referrals submitted via phone, fax or portal.' Below this banner are three search options: 'Search By Member', 'Search By Reference/Authorization Request Number', and 'Search By Date Range'. The 'Search By Reference/Authorization Request Number' option is highlighted with a green box. Below the search options, there are two required fields: 'Reference/Authorization Request Number' and 'Provider Tax ID'. The 'Reference/Authorization Request Number' field is a text input, and the 'Provider Tax ID' field is a drop-down menu. To the right of the fields are 'CLEAR' and 'SEARCH' buttons. A text box on the left side of the form contains instructions: 'To search by reference/authorization request number, enter the complete reference/authorization request number, then select the provider tax ID from the drop-down box.' At the bottom of the form, there is an 'IMPORTANT NOTE' about Protected Health Information.

My Organization's Requests Create New Request Search Submitted Requests Check Case Status

Choose one of the search options below. Use the criteria in the selected option to narrow your search. Then click on the corresponding Search button. All search options on this page allow you to inquire on and view Authorizations and Referrals submitted via phone, fax or portal.

Search By Member Search By Reference/Authorization Request Number Search By Date Range

Required Fields \*

Reference/Authorization Request Number \*

Provider Tax ID \*

CLEAR SEARCH

To search by reference/authorization request number, enter the complete reference/authorization request number, then select the provider tax ID from the drop-down box.

**IMPORTANT NOTE:** Providers are not permitted to use or further disclose Protected Health Information about individuals that you are not currently treating. This applies to Protected Health Information accessible in any online tool, or sent in any other medium including mail, email, fax, or other electronic transmission.



# Search by date range

My Organization's Requests

Create New Request

Search Submitted Requests

Check Case Status

Search By Member

Search By Reference/Referral Number

Search By Date Range

Service Start Date \*

Service End Date \*

Authorization Type

Provider Tax ID \*

MM/DD/YYYY

MM/DD/YYYY

All

Identifier Type \*

Select One

To search by date range, enter a 30-day or less date span, then choose the provider tax ID from the drop-down box and identifier type.

CLEAR

SEARCH

# Search organization requests

My Organization's Requests   Create New Request   **Search Submitted Requests**   Check Case Status

Search results will be limited to requests associated or submitted for your organization on Interactive Care Reviewer. For all other requests such as phone or fax, please use the Authorization/Referral Inquiry tab. Only requests submitted on Interactive Care Reviewer by your organization can be updated using this tool. For all other updates, please follow your normal process.

☐ Only display cases submitted by organization   ☒ Display all cases associated with my organization

Request Tracking ID   Reference No   Subscriber ID

Patient Last Name   Patient First Name   Patient Birth Date (MM/DD/YYYY)

Request Type (All)   Service Date From (MM/DD/YYYY)   Service Date To (MM/DD/YYYY)   Requesting or Servicing Provider / Facility NPI

CLEAR   SEARCH

Users will have the option to select ***Only display cases submitted by organization*** or ***Display all cases associated with my organization*** and complete one or more of the fields.

What functions are available from the ***Search Submitted Requests*** tab?

- Locate a request that has a status of ***Review Not Required***.
- Locate a request that is not submitted.
- Locate a request that has been archived.
- Update a request.

# Search results

My Organization's Requests

Create New Request

Search Submitted Requests

Check Case Status

☐ Only display cases submitted by organization☒ Display all cases associated with my organization

Request Tracking ID

Reference No

Subscriber ID

Patient Last Name

Patient First Name

Patient Birth Date

MM/DD/YYYY

Request Type

All

Service Date From

MM/DD/YYYY

Service Date To

MM/DD/YYYY

Requesting or Servicing Provider / Facility NPI

CLEAR

SEARCH

Page 1 of 1

View Results 20

Displaying 1 to 1 of 1 Requests Found



# Behavioral health authorization submission capabilities

- Submit authorization requests for behavioral health services including acute inpatient stays, residential and rehabilitation stays, intensive outpatient and partial hospital programs, electroconvulsive therapy, transcranial magnetic stimulation, applied behavioral analysis therapy, and psychiatric testing.
- Templates allow providers to enter clinical details previously provided via phone.
- Update cases or request an extension within the ICR tool.



# Wrapping up

Helpful tip:

- If you receive the *system temporarily unavailable* message on a consistent basis, your organization's firewall may be blocking the site. Please contact your IT department and ask them to review internet filters and add <https://mediproviders.anthem.com/ky> as a trusted site to bypass the proxy.
- Clear your cache if there seems to be missing fields or if you continue to have errors.
- Remember — Admit date for inpatient requests cannot be changed once you submit.
- When you make a new member plan, make a new favorites list.
- You can submit your requests from any computer with internet access. We recommend you use Internet Explorer 11, Chrome, Firefox or Safari for optimal viewing.



# Wrapping up (cont.)

Now it's your turn!

- Use ICR to determine whether an authorization is required, submit authorizations for many members covered by our plans and inquire to find details on submitted cases.

As a reminder:

- Access the ICR via the Availity Portal. If your practice does not have access, go to <http://www.availity.com> and select **Register**.
- Already use the Availity Portal? Your Availity administrator can grant you access to **Authorizations and Referral Request** and/or **Authorization and Referral Inquiry**, and you can start using the ICR right away.

# Contacts

For questions about ICR, contact Provider Services at **1-855-661-2028**.

For questions about Availity registration and access, contact Availity Client Services at: **1-800-AVAILITY (1-800-282-4548)**.





# Adding clinical information to a behavioral health inpatient continued stay request

Applicable to behavioral health inpatient requests for Medicare and Medicaid



# Qualifications for adding clinical to an ICR request

- The ICR request must be:
  - A psychiatric or substance abuse inpatient case.
  - In an approved or pending status.
  - An ICR-created request (in other words, not phone or fax).
- When clinical is able to be added to a request in ICR, this button will appear in the top right of the ICR screen if the request is opened from the dashboard or via “search submitted requests.”



# How to add clinical to the request

- After selecting the **Update Clinical** button, the user will be displayed this message:

You are getting ready to update the case, would you like to proceed?

Yes

No

- User should select **Yes**, and then they will be directed to the *Clinical Details Page*.
  - User can attach a file(s) or add clinical notes into the **Clinical Notes** text box.
  - User must provide their phone number and extension (if applicable).
  - Select **Next** at the bottom of the screen when clinical has been added/attached.

# Screen shot of Clinical Details page

## Attachments, Images and Photos

Please attach only documentation that contains the minimum necessary personal health information (PHI) to support the review for this request. Please verify you are attaching image(s) for the correct patient before clicking upload.

Choose File

No file chosen

Max file size: 10MB. Allowed file types: jpeg/jpg, bmp, tiff, pdf, gif, doc, docx, xls, xlsx, txt

Description

Upload

## Clinical Notes

In order to submit a request, clinical information must be entered. Only pertinent clinical information for the request should be included in the clinical note.

Please verify you have added clinical information for the correct patient before clicking on 'Add Note'.

Add Note


## Updated By

User Name  
dsf, sdf

Contact Telephone \*  
(555) 555-5555

Ext  
123

# How to add clinical to the request

- After selecting **Next**, the user is presented with the *Case Overview Page*.
  - Scroll to the bottom of the *Case Overview Page* and select the **Submit Update** button. 
  - The user will then be directed back to the dashboard. The additional clinical will be sent to utilization management (UM) UM for evaluation.

# Thank you

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc., an independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

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