



Anthem Blue Cross and Blue Shield Healthcare Solutions  
Medicaid Managed Care



# Interactive Care Reviewer

Submit and inquire about  
behavioral health  
authorizations

# Course objectives

After completing this course, participants will be able to:

- List the benefits of using the Interactive Care Reviewer (ICR).
- Identify the products and services available on the 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 the ICR for member authorizations
- To create and submit inpatient/outpatient requests
- To inquire about an existing request

# ICR details

The 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, 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

You'll see great advantages in using the ICR. The ICR improves the efficiency of the authorization process:

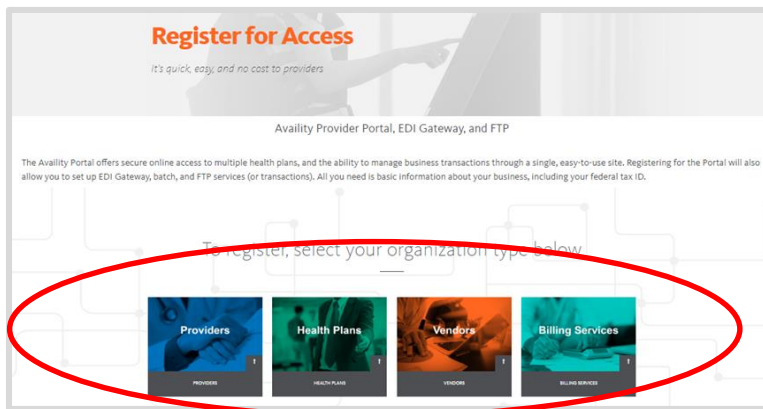
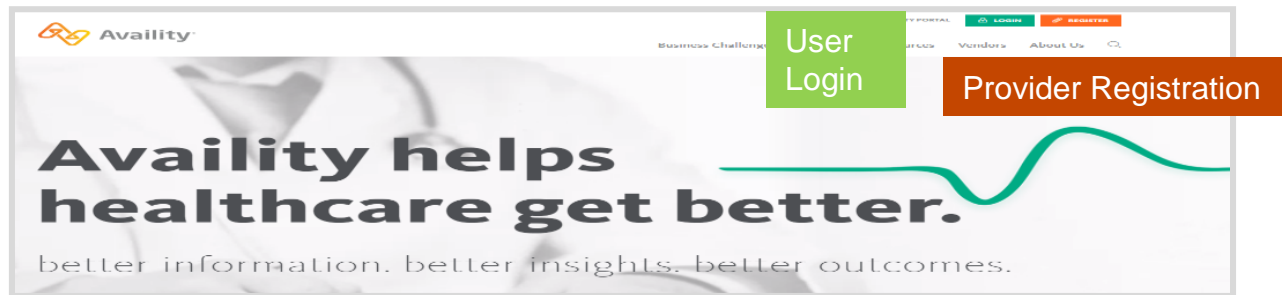
- Authorizations are in one place and are accessible at any time by any staff member.
- This means there's no need to fax! Reduced paperwork!
- You can quickly check authorization status online and update requests.
- You have the ability to sign up for email updates
- You can attach and submit clinical notes and supporting images.
- You have 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 ([www.Availity.com](http://www.Availity.com)).

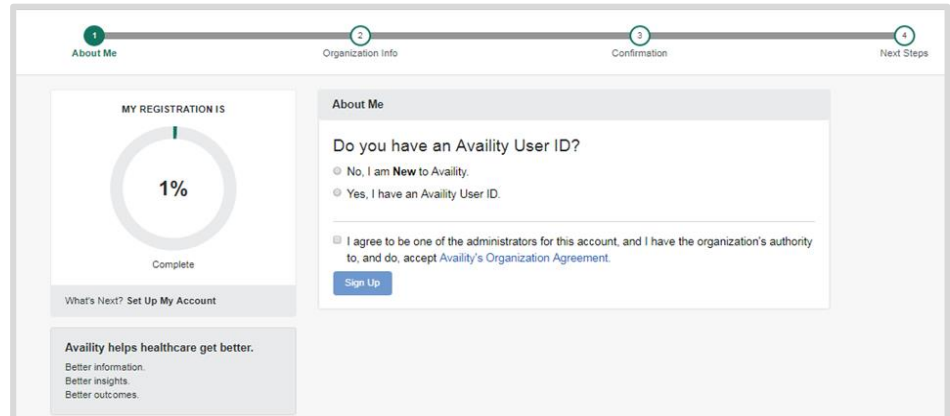
1

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



2

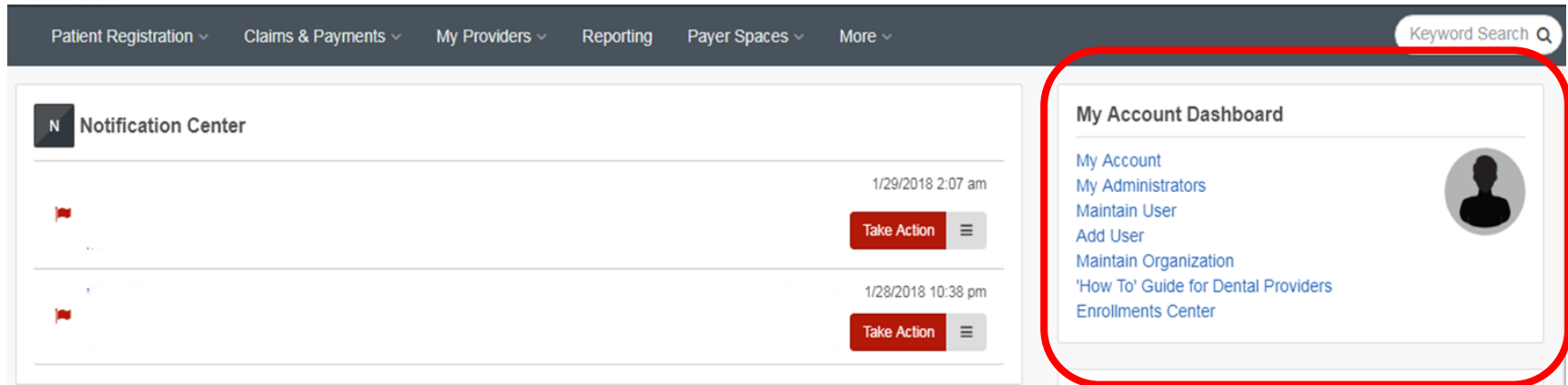
Select the appropriate organization type link and you will be redirected to the *Registration Form*.



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



Your 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**.

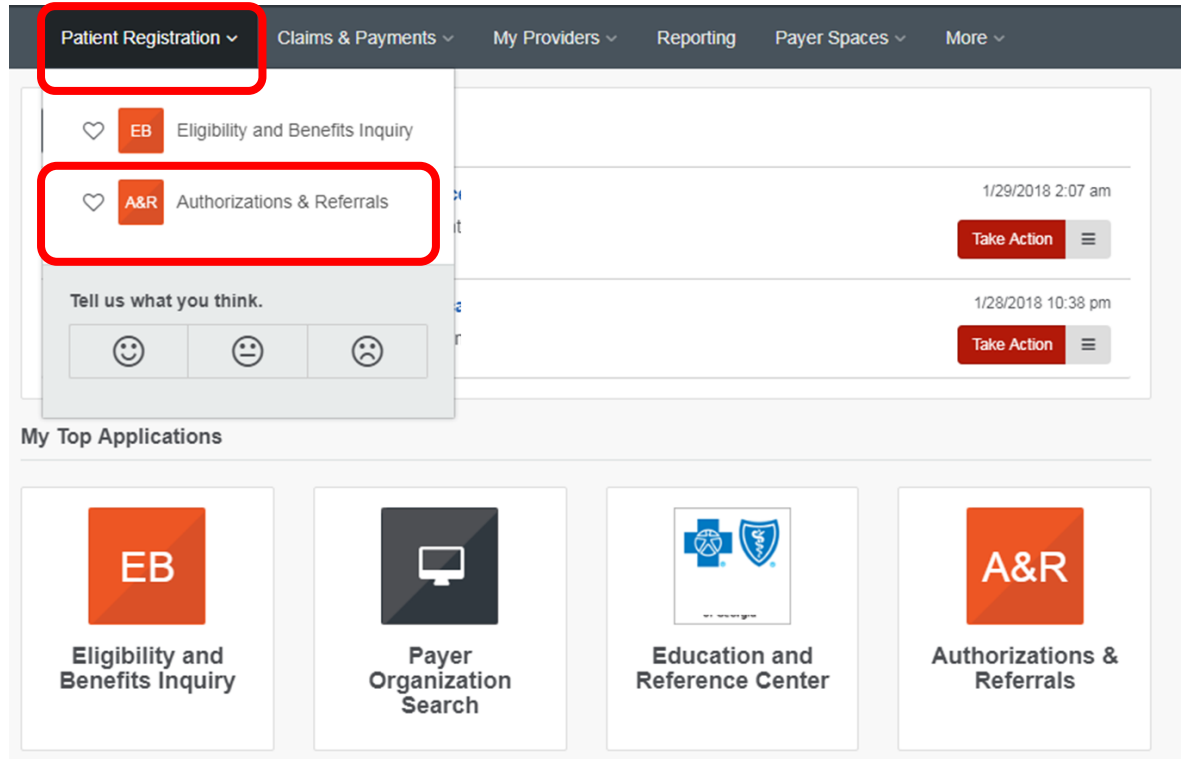
# Availity administrator: Granting access on the Availity Portal (cont.)

		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](#)


**Referrals**  
[View Payers](#)


**Authorizations**  
[View Payers](#)

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

### Additional Authorizations & Referrals

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

 [Clinical Auth Management](#)

 [Online Batch Management](#)

Note: For users with only *Authorization/Referral Inquiry* access, go to slide 45 for instructions on inquiry functions.

# 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

Welcome Name Logout Contact Us Quick 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 recent ICR requests: submitted, requests not yet submitted, cases requiring additional information and cases where a decision has been rendered.

# The ICR landing page/dashboard (cont.)

Interactive Care Review

My Organization's Requests

Page 1 of 1 | View Results 20

Request Tracking ID	Reference Number	Status	Patient Name
		See Details	
		See Details	
		Cancelled - Request Withdrawn by Provider	Doe, Judy
		See Details	TEST, MARY
		See Details	Doe, Joe
		See Details	Doe, Jacob
		See Details	TEST, BETTY

Sort Ascending  
Sort Descending  
Filters

Additional Information Needed  
Approved  
Bariatric Request Received  
Benefits for these services may not be covered  
Cancelled - Duplicate Request  
Cancelled - See Details  
Cancelled - Request Withdrawn  
Cancelled - Request Withdrawn by Provider  
Case Type Changed  
CHIPA Delegated  
Contact Other Vendor  
Other Contact Payer  
Denied  
Duplicate  
Multiple Decisions  
Not Submitted

Welcome, Carol Butz | Logout | Contact Us | Quick Links

Check Case Status

Submit Date	Created By	Updated Date	Updated By
2015-09-12 09:50:48 AM		2015-09-14 12:45:01 PM	System
2015-09-12 09:13:54 AM		2015-09-14 07:50:47 AM	System
2015-09-12 10:20:04 AM		2015-09-12 01:46:02 PM	System
2015-08-15 06:00:11 PM		2015-09-12 01:04:43 PM	System
2015-09-12 09:03:19 AM		2015-09-12 12:56:45 PM	System
2015-08-15 05:55:06 PM		2015-09-12 12:53:45 PM	System
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). To clear filter, select the icon circled in red.

# 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.

# 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.

- **Check Appeal Status** allows for the ability to check the status of an appeal by entering the appeal number and member ID.

# Creating a new request

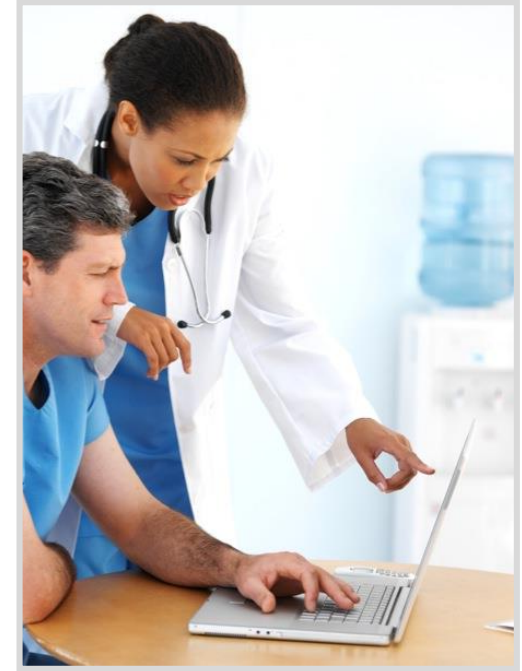


# Creating a new request

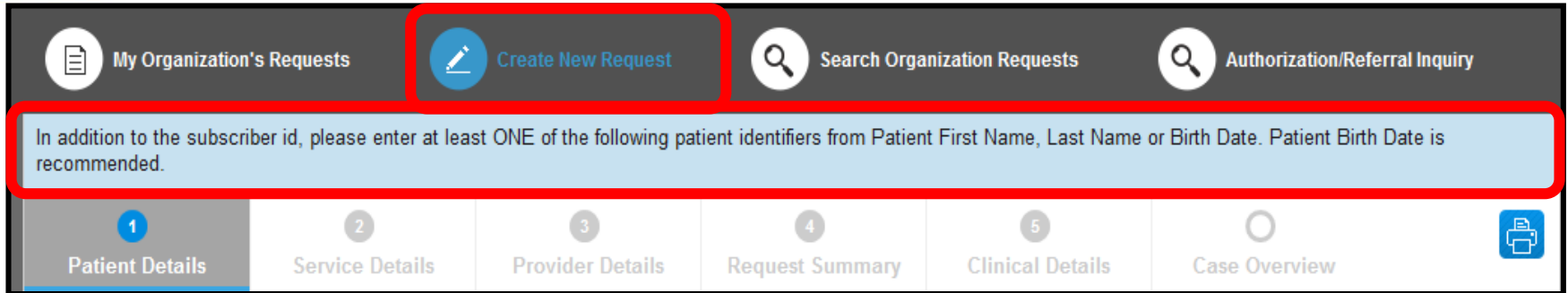
Do you want to verify if an authorization is required? The ICR gives you quick access to that information in most cases. Enter:

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

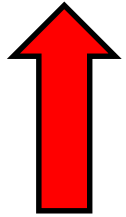
A message will appear indicating whether or not an authorization is required for most requests. This information can be printed or saved to a PDF and is available later via an ICR search.



# 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 bar with a red border containing an error message: '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 error bar is a menu bar with six tabs: 'Patient Details' (active, marked with a blue circle and the number 1), 'Service Details' (marked with a grey circle and the number 2), 'Provider Details' (marked with a grey circle and the number 3), 'Request Summary' (marked with a grey circle and the number 4), 'Clinical Details' (marked with a grey circle and the number 5), and 'Case Overview' (marked with a grey circle). A printer icon is located on the right side of the menu bar.




- 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	2	3	4	5	
Patient Details	Service Details	Provider Details	Request Summary	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**. For Behavioral Health requests, choose either *Psychiatric* or *Substance Abuse* as the case type.

# Patient details (cont.)

<b>1</b> 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 ▼

Case Type \*  
Psychiatric ▼

Admit Date \*  
07/02/2018

Subscriber ID \*

Patient Date of Birth  
MM/DD/YYYY

Patient Last Name

Patient First Name

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

**FIND PATIENT**

Complete all required fields, then select **Find Patient**. It is recommended to use the *Patient Date of Birth* in addition to the Subscriber ID.

# Profile templates

Select the dot to view the *Standard Profile*.

1 Patient Details

In addition to the Date is recommended

Required Fields \*

Profile

Request Type \*

Inpatient

Subscriber ID \*

JRA473A07636

ID must be entered on the members ID card

### Select Profile

Close X

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

You 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	Select
Inpatient	Psychiatric	Inpatient Hospital	Psychiatric	Emergency	✓

# 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 six tabs: 'Patient Details' (active), 'Service Details', 'Provider Details', 'Request Summary', 'Clinical Details', and 'Case Overview'. Below the tabs is a blue instruction bar: '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 contains several input fields: 'Request Type' (dropdown menu with 'Inpatient' selected), 'Case Type' (dropdown menu with 'Psychiatric' selected), 'Admit Date' (text field with '11/29/2016' and a calendar icon), 'Subscriber ID' (text field), 'Patient Date of Birth' (text field with placeholder 'MM/DD/YYYY'), and 'Patient First Name' (text field). A calendar pop-up is open for the 'Admit Date' field, 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. 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.

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

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 selected in a navigation bar. The 'Diagnosis' section is active, displaying fields for Request Type (Outpatient), Case Type (Psychiatric), Service Date (06/13/2018 - 06/15/2018), Place of Service (On Campus Outpatient Hospital), Type of Service (Intensive Outpatient), Level of Service (Elective), and Source of Admission (Direct Admit). The 'Diagnosis Code(s)' field is circled in red, showing 'F32.1 - ICD10' and 'Major depressive disorder, single episode, moderate'. A magnifying glass icon is visible next to the code field.

1

Complete diagnosis fields.

If the diagnosis code is not known, select the magnifying glass to search.

2

Complete services fields.

The screenshot shows the 'Services' section of the form. The 'Services' tab is circled in red. It displays fields for Place of Service (On Campus Outpatient Hospital), Type of Service (Intensive Outpatient), Service From (06/13/2018), Service To (06/15/2018), and Quantity (1 Visit(s)). A table with the following data is shown:

Requested	Service From	Service To	Quantity
	06/13/2018	06/15/2018	1 Visit(s)

Buttons for 'Add Service', 'Previous', and 'Next' are visible at the bottom.

# Service details (outpatient examples)

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

- Navigation Tabs:** Patient Details (1), Service Details (2, selected), Provider Details (3), Request Summary (4), Clinical Details (5), Case Overview (6).
- Sub-tabs:** Diagnosis, Services (selected and circled in red).
- 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
- Request Form:**

Requested	Service From	Service To	Quantity	Per Every	Duration	Total
	01/19/2017	01/25/2017	1	Visit(s)		1 Visit(s)
- Red Annotations:** A red circle highlights the 'Services' tab. A red box highlights the date range, quantity, and unit in the request form. A blue arrow points to a plus sign icon next to the unit, which is also circled in red.
- Bottom Form:**

Service From	Service To	Quantity	Per Every	Duration	Total	
10/01/2018	01/01/2019	2	Unit(s)	1	Week(s)	24 Unit(s)

In this example, the request is for 2 units, every week, for 12 weeks, which equals 24 units. Select the plus sign again to enter that procedure on the request before selecting the **Next** button.

# Service details: Diagnosis (inpatient)

**1** Patient Details **2** Service Details **3** Provider Details **4** Request Summary **5** Clinical 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. Choose level of care.
3. Select **+**.
4. Then **Next**.

The screenshot shows a form with five tabs: Patient Details, Service Details (selected), Provider Details, Request Summary, and Clinical Details. Below the tabs is a section for 'Diagnosis' and 'Length of Stay'. The 'Length of Stay' section has a red circle around it. Below this section are fields for 'From', 'Through', 'Days', and 'Level Of Care'. The 'From' field is set to '06/29/2018', 'Through' is empty, 'Days' is set to '2', and 'Level Of Care' is set to 'Acute'. A red asterisk indicates required fields. A blue plus sign is in the bottom right corner of the form. At the bottom right, there are 'Previous' and 'Next' buttons, with the 'Next' button highlighted by a green box.

# Provider details

1	2	3	4	5	
Patient Details	Service Details	Provider Details	Request Summary	Clinical Details	Case Overview
★ <i>Required Fields</i>  <i>More Information</i>					
   					
<i>Add from Favorites or Search for Provider</i>					
<div>Add Requesting Provider</div>			<div>★ </div>		
<div>Add Servicing Provider</div>			<div><input checked="" type="checkbox"/> Same as Requesting Provider <div>★ </div></div>		
<p>Complete required fields for all sections.</p> <p>Search all or select from favorites.</p>					
<div>Next</div>					

# Ordering provider

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

\* Required Fields

i

 More Information

Hx

Add from Favorites or Search for Provider

Add Requesting Provider	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Add Servicing Provider	<input type="checkbox"/> Same as Requesting Provider	<input checked="" type="checkbox"/>
Add Ordering Physician	<input checked="" type="checkbox"/> Same as Servicing Provider	<input checked="" type="checkbox"/> Same as Requesting Provider

Next

The *Ordering Provider Information* section appears for some specific outpatient requests. Examples include: *Place of Service — Home*

# Provider details - Search

**\* Complete all required fields.**

**Select the appropriate provider type.**

**Select Search.**

Search

☒ Practitioner ☐ Provider Group ☐ Facility

Last Name \* First Name \* City State \* Zip Code

Ghazi Freidoon OH

full city name has to be exact match 5 digits only




or search by NPI

NPI


Clear 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	 
Doe, Delores	1234567890	Cardiovascular Disease	456 Sunset Ave, Niceville, OH, United States, 12345	(999) 999-9999	 

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

To add a provider to favorites, select the  button. Each user can add up to 25 providers per category.

# Provider details - Search

**\* Complete all required fields.**

**Select the appropriate provider type.**

**Select Search.**

Search

☒ Practitioner ☐ Provider Group ☐ Facility

Last Name \* First Name \* City State \* Zip Code

Ghazi Freidoon OH



full city name has to be exact match 5 digits only

or search by NPI

NPI

Clear 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	 
Doe, Delores	1234567890	Cardiovascular Disease	456 Sunset Ave, Niceville, OH, United States, 12345	(999) 999-9999	 

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

To add a provider to favorites, select the star button. Each user can add up to 25 providers per category.




# Favorites





To select from favorites, select the star button

*Add from Favorites or Search for Provider*

Add Requesting Provider	<input checked="" type="checkbox"/> Same as Requesting Provider		
Add Servicing Provider	<input type="checkbox"/> Same as Requesting Provider		
Add Ordering Physician	<input checked="" type="checkbox"/> Same as Servicing Provider <input checked="" type="checkbox"/> Same as Requesting Provider		

Select Favorite

Close 

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

To select a favorite, select the plus button.

# Provider details: Contact information

The screenshot displays a web form titled 'Provider Details' with a tabbed interface. The 'Provider Details' tab is active, showing fields for 'Requesting Provider' and 'Contact Information'. The 'Requesting Provider' section includes fields for 'Provider Type' (Practitioner), 'Last Name' (Doe), 'First Name' (Delores), 'Speciality' (Cardiovascular Disease), 'NPI' (1234567890), 'Address 1' (123 Main St), 'Address 2', 'City' (Greenfield), 'State' (OH), and 'Zipcode' (45215 1448). The 'Contact Information' section, highlighted with a red box, includes fields for 'Contact Last Name \*', 'Contact First Name \*', 'Contact Telephone \*', 'Ext', and 'Fax Number'. Below these is an 'Email Address' field with a note: 'Please add your e-mail address if you want to receive e-mail notification.' and an 'Add Email' button. A 'Next' button is at the bottom right.

1	2	3	4	5	6
Patient Details	Service Details	Provider Details	Request Summary	Clinical Details	Case Overview
<p>★ Required Fields <a href="#">More Information</a></p> <p>Add from Favorites or Search for Provider</p> <p>Requesting Provider</p> <p>Provider Type: Practitioner</p> <p>Last Name: Doe</p> <p>First Name: Delores</p> <p>Speciality: Cardiovascular Disease</p> <p>NPI: 1234567890</p> <p>Address 1: 123 Main St</p> <p>Address 2:</p> <p>City: Greenfield</p> <p>State: OH</p> <p>Zipcode: 45215 1448</p> <p>Country: United States</p> <p>Contact Last Name * <input type="text"/></p> <p>Contact First Name * <input type="text"/></p> <p>Contact Telephone * <input type="text"/></p> <p>Ext <input type="text"/></p> <p>Fax Number <input type="text" value="(NNN) NNN-NNNN"/></p> <p>Email Address Please add your e-mail address if you want to receive e-mail notification. <input type="text"/></p> <p>Add Email</p> <p>Add Servicing Provider <input type="checkbox"/> Same as Requesting Provider</p> <p>Next</p>					

- Enter *Contact Last Name*, *Contact First Name* and if necessary, the *Contact Phone Number*. This should be the clinical person that UM can contact for questions.
- The fax number is optional.
- The email address is optional; but recommended if you would like to receive emails regarding updates to the case.

# Request summary

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

Review required for this request

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 you will be able to verify whether the services require prior authorization. If the services do not require precertification, you can note the tracking ID and close out the request.

# Clinical details: Provider form

Example of a template in ICR – for Inpatient requests, the Facility Based Clinical Assessment Template will display.

1 Patient Details 2 Service Details 3 Provider Details 4 Request Summary 5 Clinical Details 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 Treating/Attending Provider Address Treating/Attending Provider Phone Number (404) 834-1513

Caller  
SUTTER MEDICAL CENTER SACRAMENTO

Continued Stay Reviewer \* Reviewer Phone Number \* Reviewer Fax Number \*

DSM-5 Diagnosis/Subtype/Specifier \*

Complete all required fields \* on the template.

Clinical information is generally mandatory for **all** authorization requests. There are a few state exceptions.

# Clinical details: Provider form (cont.)

The screenshot shows a web form with a top navigation bar containing tabs: 1 Patient Details, 2 Service Details, 3 Provider Details, 4 Request Summary, 5 Clinical Details (active), and Case Overview. Below the tabs is a light blue instruction bar: "Please enter either Clinical Notes and/or upload attachments/images/photos in order to submit the request".

The main form area has a header with "Required Fields ★" and "Information Tool Tip ⓘ". On the right are icons for document, no, 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). Below this is the "Clinical Notes" section, which has a text area and an "Add Note" button (with a red arrow pointing to it). At the bottom right is a "Next" button.

Annotations include:




- A red box around the "Choose File" button.
- A red arrow pointing from the "Upload" button to the "Add Note" button.
- A red arrow pointing down from the "Add Note" button to the "Next" button.

Text boxes provide additional context:

- "If you completed a template, this section is optional unless otherwise directed." (points to the Clinical Notes text area)
- "Option to upload attachments, images and photos to support notes." (points to the Attachments section)
- "Select **Add Note** after manually typing information in the field." (points to the Add Note button)

At the bottom of the form, a small text line reads: "Please verify you have added clinical information for the correct patient before clicking on 'Add Note'."

# Case overview

1	2	3	4	5	6	
Patient Details	Service Details	Provider Details	Request Summary	Clinical Details	Case Overview	
<a href="#">Expand All</a>					  	
<div><div>▶</div><div>Patient Details</div></div>						
<div><div>▶</div><div>Service Details</div></div>						
<div><div>▶</div><div>Provider Details</div></div>						
<div><div>▶</div><div>Clinical Details</div></div>						
						<a href="#">Submit</a>

View all the details of the request you entered for a final time before it is submitted.

# Case overview (cont.)

1

Patient Details

2

Service Details

3

Provider Details

4

Request Summary

5

Clinical Details

6

Case Overview

Expand All

▶

Patient Details

▼

Service Details

Request Type

Inpatient

Case Type

Psychiatric

Service Date

08/29/2018 - 07/01/2018

Place of Service

Inpatient Hospital

Type of Service

Psychiatric

Level of Service

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 submit for your request.

# Submitted request in ICR





The screenshot displays the ICR dashboard interface. At the top, there is a navigation bar with four icons: 'My Organization's Requests', 'Create New Request', 'Search Organization Requests', and 'Authorization/Referral Inquiry'. Below this, a light blue confirmation bar states: 'Thank you for submitting the request. Please note the Request Tracking ID 280648'. The main content area features a table of requests. The table has columns for 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 data shows a request with Tracking ID 280648, Reference Number UM304634, and Status 'Review In Progress'. The 'Status' column header and the 'Review In Progress' value are highlighted with red boxes. Above the table, there are pagination controls showing 'Page 1 of 21' and 'View Results 20', along with a message 'Displaying 1 to 20 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
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 (usually 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

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

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 UM304372	Subscriber ID	Status Approved	Created By	Request Tracking ID 280724

**Case Overview** Transaction History

Expand All ←


- 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

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

▼ 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

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)

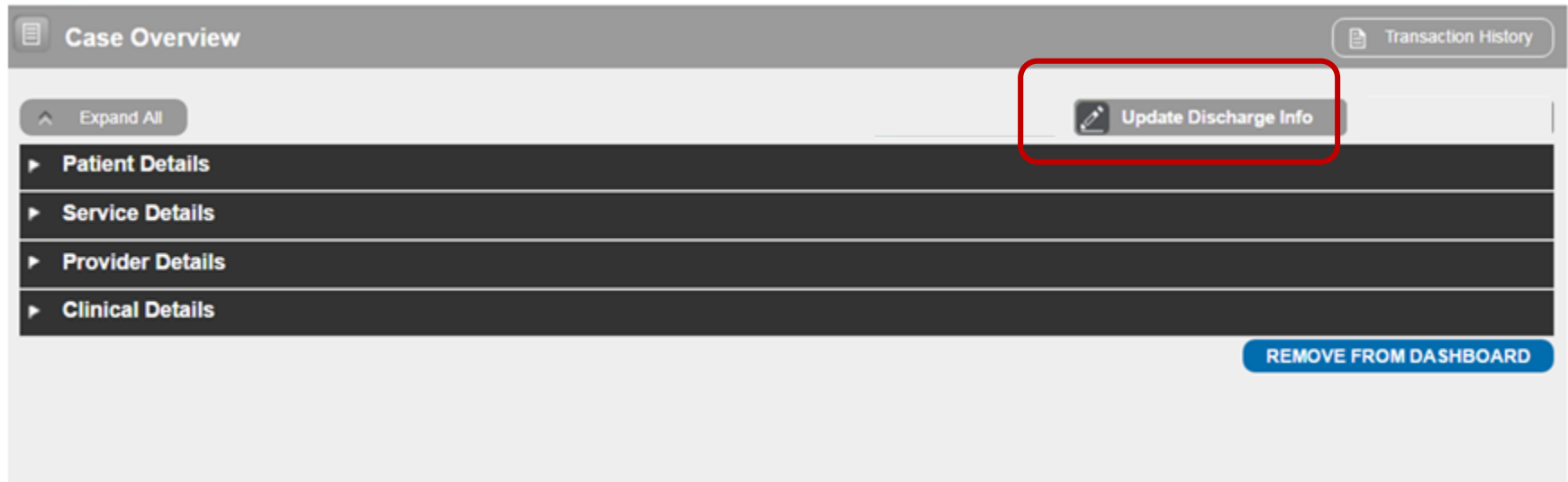
Diagnosis Codes	Description	Primary
M54.5 - ICD10	Low back pain	<input checked="" type="radio"/>

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.

# Inquiry features on the ICR

## Reminder:

**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*.

**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.

# Search using Check Case Status

Interactive Care Reviewer

Welcome, test test Logout Contact Us Quick Links

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

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

Identifier Type \* Provider ID \* Provider Type \*

Select One  
Select One  
Practitioner  
Group/Facility

SEARCH

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

The first search option is *Search By Member*. Enter data in required fields.

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

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

Required Fields \*

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

Service Start Date \*

MM/DD/YYYY

Service End Date \*

MM/DD/YYYY

Authorization Type

All

Provider Tax ID \*

Identifier Type \*

Select One

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

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, and provider 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

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

- Requests created via ICR (whether they are on the dashboard or not; whether they are submitted or not).

You 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.

# 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

Results will display below the search criteria. Select Request Tracking ID hyperlink to view request.

# 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 you to enter clinical details.

# 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 "anthem.com" as a trusted site to bypass the proxy.
- Clear your cache if there seem to be missing fields or if you continue to have errors.
- Remember — Admit date for inpatient requests cannot be changed once you submit.
- 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.
- ICR is not currently compatible with a touch screen. If you use a touch screen, disable your touch screen.

# Wrapping up (cont.)

Now it's your turn!

- Use the 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 the ICR, contact your local network representative.

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

# Thank you

**<https://mediproviders.anthem.com/nv>**

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