



New York
Medicaid

Interactive Care Reviewer

Submit and inquire about
behavioral health prior
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 within ICR for prior authorization (PA).
- Access ICR through the Availity* Portal.
- Create a PA request.
- Inquire about a previously submitted PA request.

Agenda

Agenda for this course:

- Review the benefits of using ICR for PA.
- Create and submit inpatient/outpatient requests.
- Inquire about an existing request.

ICR details

ICR brings improved efficiency to the PA process:

- Physicians and facilities can submit PA requests for behavioral health (BH) 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 PA with which their tax ID/organization is affiliated.

Advantages of using the ICR

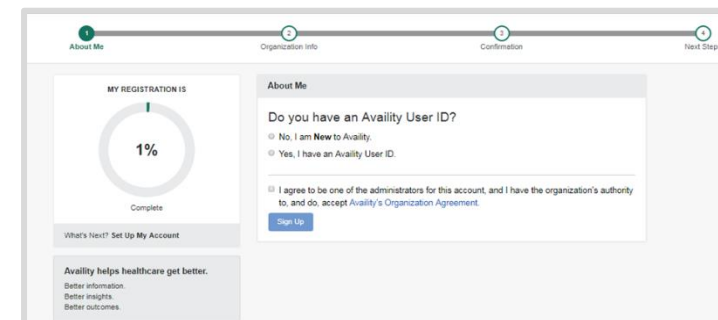
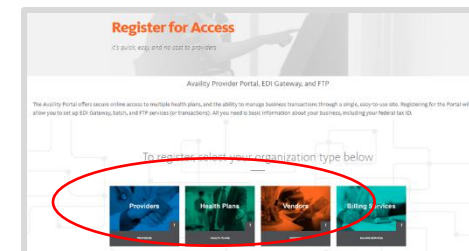
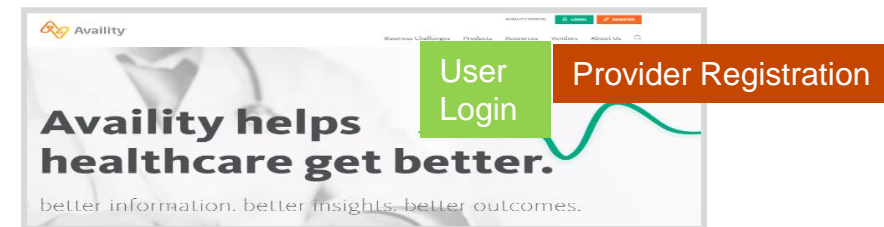
There are many advantages in using the ICR. The ICR improves the efficiency of the PA process:

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

Accessing the ICR

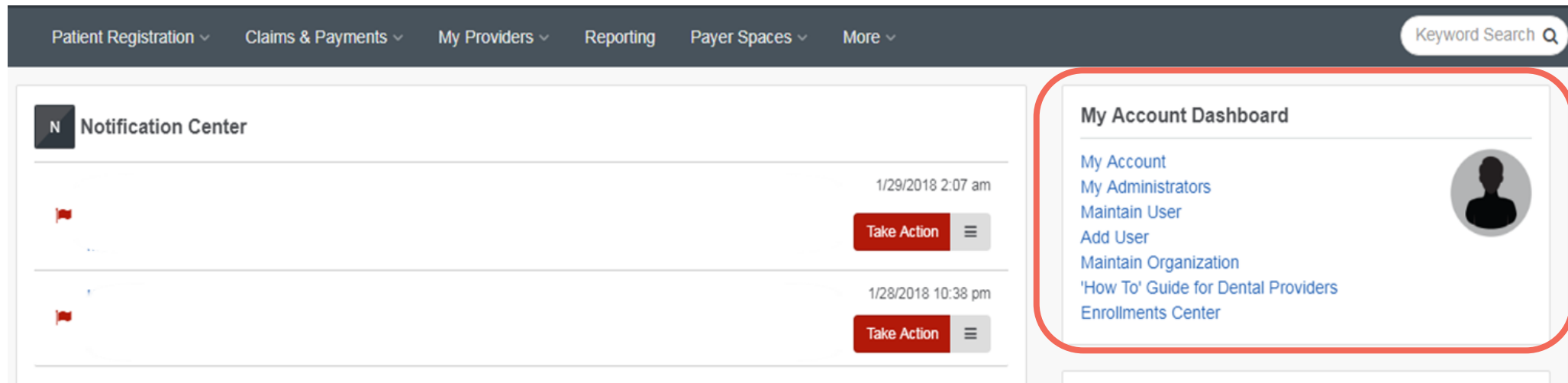
Access the ICR via the [Availity Portal](#).

- 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 to 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**.



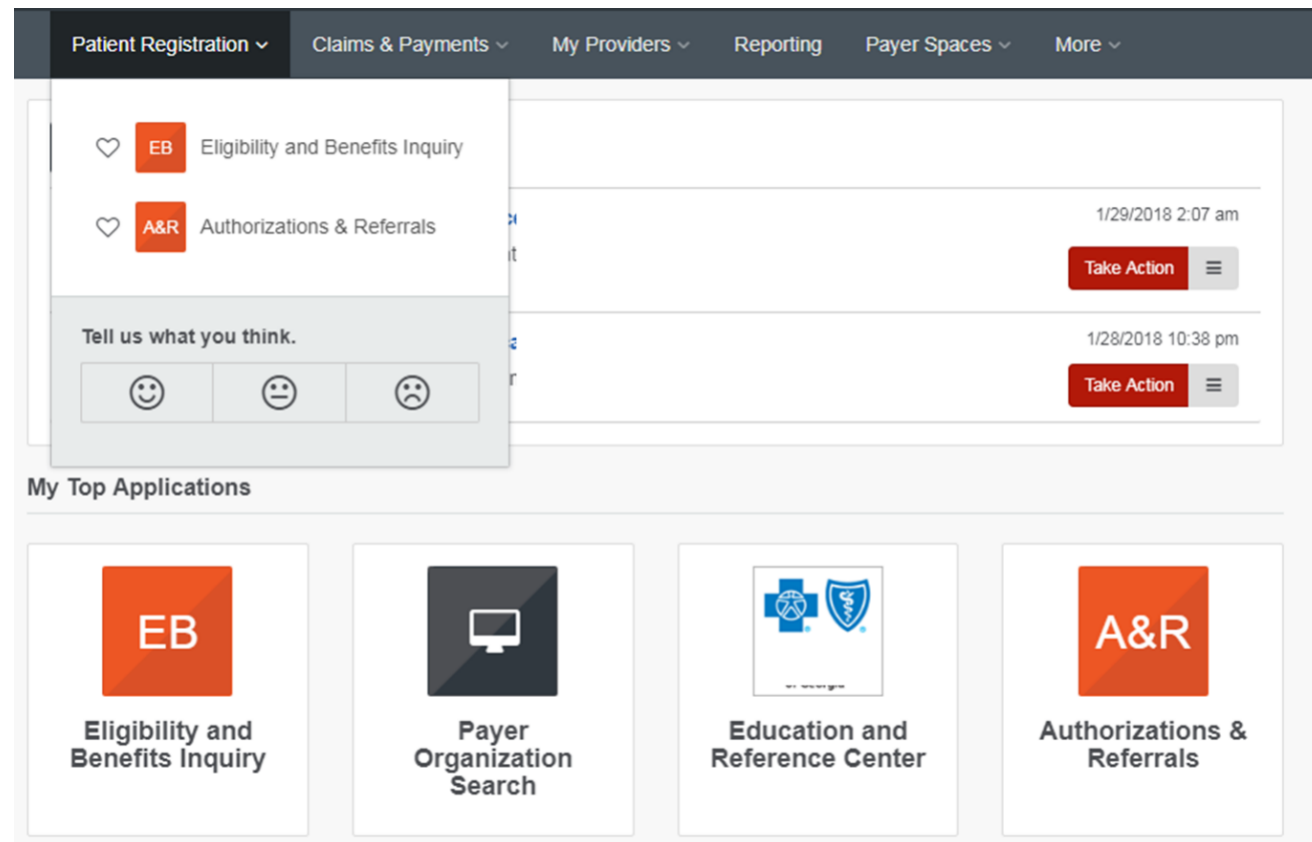
Availity administrator: granting access to the Availity Portal (cont.)

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

	<input type="checkbox"/>	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

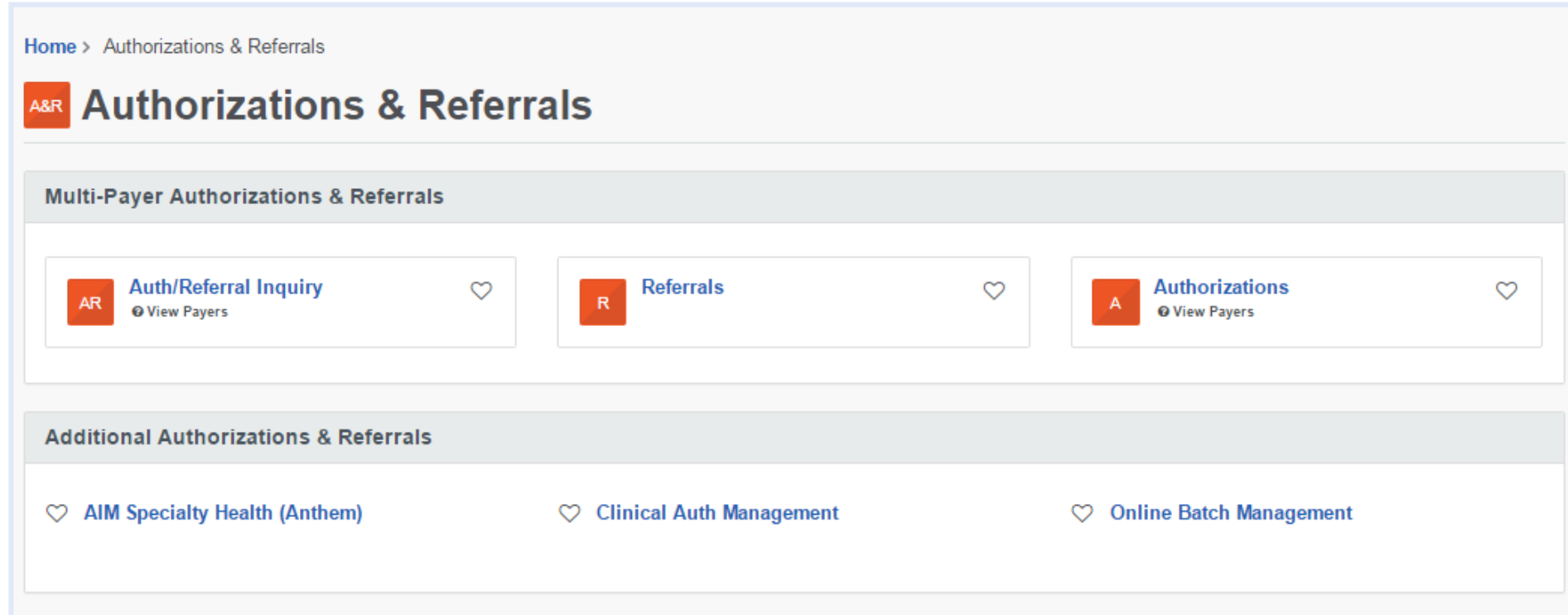
Accessing the ICR

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.)

This is the initial landing page for setting up an authorization. If the user has not registered, they will need to select **I Need Access** to obtain the correct login information.



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

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

Interactive Care Review										Welcome	Name	Logout	Contact Us	Quick Links
<div><div> My Organization's Requests</div><div> Create New Request</div><div> Search Submitted Requests</div><div> Check Case Status</div></div>														
<div>Page 1 of 27 View Results 20 533 Requests found Displaying 1 to 20</div>														
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				

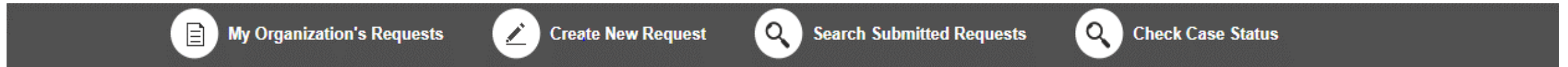
The ICR landing page/dashboard (cont.)

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

The screenshot displays the 'Interactive Care Reviewer' dashboard. At the top, there's a navigation bar with 'Welcome, Carol Butz', 'Logout', 'Contact Us', and 'Quick Links'. Below this is a search bar labeled 'Check Case Status'. The main content area features a table with columns: 'Request Tracking ID', 'Reference Number', 'Status', 'Patient Name', 'Submit Date', 'Created By', 'Updated Date', and 'Updated By'. The 'Status' column is highlighted, and a dropdown menu is open, showing options like 'Sort Ascending', 'Sort Descending', and 'Filters'. A green arrow points to the 'Status' column header, and another green arrow points to the 'Filters' option in the dropdown menu. The table contains several rows of data, including entries for 'Doe, Judy', 'TEST, MARY', 'Doe, Joe', 'Doe, Jacob', and 'TEST, BETTY'. The 'Status' column for 'Doe, Judy' shows 'Cancelled - Request Withdrawn by Provider'. The 'Submit Date' column shows dates like '2015-09-12' and '2015-08-15'. The 'Updated Date' column shows dates like '2015-09-14' and '2015-09-12'. The 'Updated By' column shows 'System' for all entries.

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

ICR dashboard tabs



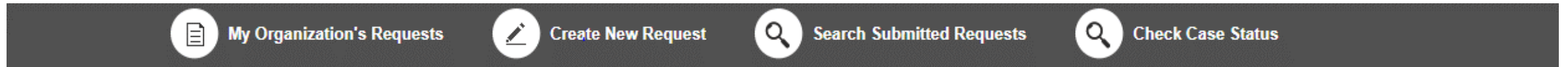
Tabs across the top of the dashboard:

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 Submitted 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.)



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 PA/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

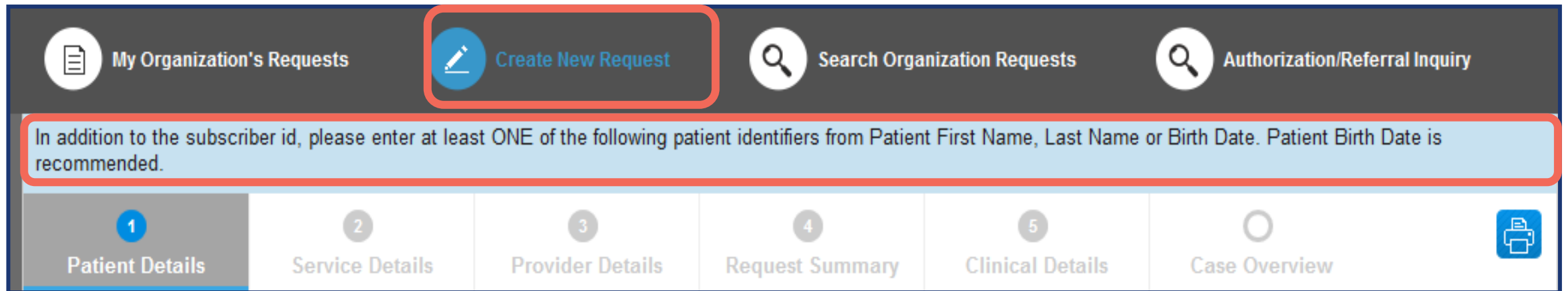
Do you want to verify if PA is required? The ICR gives you quick access to that information in most cases. Enter:

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

A message will appear indicating whether or not PA 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

- 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.



The screenshot displays the ICR dashboard interface. At the top, there is a dark grey navigation bar with four main sections: 'My Organization's Requests' (with a document icon), 'Create New Request' (with a pencil icon and highlighted by a red box), 'Search Organization Requests' (with a magnifying glass icon), and 'Authorization/Referral Inquiry' (with a magnifying glass icon). Below this bar is a light blue message bar, also highlighted by a red box, 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.' At the bottom, there is a horizontal menu bar with six tabs: 'Patient Details' (with a blue circle containing the number 1), 'Service Details' (with a grey circle containing the number 2), 'Provider Details' (with a grey circle containing the number 3), 'Request Summary' (with a grey circle containing the number 4), 'Clinical Details' (with a grey circle containing the number 5), and 'Case Overview' (with a grey circle). A blue print icon is located on the far right of the menu bar.

Patient details

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

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

Admit Date *

MM/DD/YYYY

Patient Last Name



Patient First Name

FIND PATIENT

19

Patient details (cont.)

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

1	2	3	4	5		
Patient Details	Service Details	Provider Details	Request Summary	Clinical Details	Case Overview	
<i>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.</i>						
<i>Required Fields *</i>						
 Profiles ▶						
Request Type *		Case Type *		Admit Date *		
Inpatient ▼		Psychiatric ▼		07/02/2018 		
Subscriber ID *		Patient Date of Birth		Patient Last Name		Patient First Name
<div><div></div><div>ID must be entered exactly as it appears on the members ID card.</div></div>		MM/DD/YYYY				
<div>FIND PATIENT</div>						

Profile templates

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

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

1

Patient Details

In addition to the Date is recommended

Required Fields *

Profile

Request Type *

Inpatient

Subscriber ID *

JRA473A07636

ID must be entered as the members ID card

Select Profile

Close X

Standard Profile	(Inpatient, Outpatient, Lab Only, Office, DME, BH)	Procedure Code	view	Select
Profile Type				
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		...	✓

Profile Details

Back to Profiles

Profile Name

BH INP Psych

Select

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

Profile templates (cont.)

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.

Select Profile

Close

Standard Profile	Profile Type <small>(Inpatient, Outpatient, Lab Only, Office, DME, BH)</small>	View / Select
IP Medical-Emergency	Inpatient	<div>...</div> <div>✓</div>
IP Surgical	Inpatient	<div>...</div> <div>✓</div>
OP Surgery	Outpatient	<div>...</div> <div>✓</div>
ASC Surgery	Outpatient	<div>...</div> <div>✓</div>
OP Diagnostic	Outpatient	<div>...</div> <div>✓</div>
OP Medical Care	Outpatient	<div>...</div> <div>✓</div>
OP Hosp Diagnostic X-ray	Outpatient	<div>...</div> <div>✓</div>
Lab Diagnostic	Lab Only	<div>...</div> <div>✓</div>
Office Surgery	Office	<div>...</div> <div>✓</div>

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

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

1

2

3


4

5

Patient DetailsService DetailsProvider DetailsRequest SummaryClinical DetailsCase 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 *
11/29/2016

Subscriber ID *

Patient Date of Birth
MM/DD/YYYY

Patient First Name

<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

FIND PATIENT

Patient details

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

Hx

Subscriber ID

VZT12345678

Name

Doe, Joe

Patient Date of Birth

12/12/1966

Gender

Male

Eligibility Coverage

Active Coverage

Coverage Period

06/01/2006 - 12/31/9999

Interchange Control No.

12345678

Relationship

Self

Group Number

12345678

Group Name

Kristen's Boutique

Request Type

Outpatient

Case Type

Medical

Service Date From

11/08/2016

Service Date To

11/08/2016

BACK TO FIND PATIENT

CONFIRM PATIENT

Service details — outpatient examples

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

Diagnosis Services

* Required Fields [More Information](#)

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

Source of Admission *: Direct Admit

Diagnosis Code(s) *: F32.1 - ICD10

Description: Major depressive disorder, single episode, moderate

Primary

Next

1 Complete diagnosis fields.

2 Complete services fields.

Diagnosis Services

* Required Fields [More Information](#)

Place of Service: On Campus Outpatient Hospital

Type of Service: Intensive Outpatient

Service From: 06/13/2018 Service To: 06/15/2018

Quantity: 1 Visit(s)

Add Service +

Previous Next

Service details — outpatient examples (cont.)

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

The screenshot shows a web application interface for entering service details. At the top, there are six tabs: Patient Details, Service Details (active), Provider Details, Request Summary, Clinical Details, and Case Overview. Below the tabs, there are two main sections: Diagnosis and Services. The Services section is highlighted with a red circle. Below the Services section, there is a table with columns: Place of Service, Type of Service, Procedure Code(s), and Description. The table contains one row with the following data: Office, Professional, 90867 CPT, and Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management. Below the table, there is a form with columns: Service From, Service To, Quantity, Per Every, Duration, and Total. The form contains the following data: 01/19/2017, 01/25/2017, 1, Visit(s), and 1 Visit(s). The 'Add Service' button is highlighted with a red circle. The 'Next' button is also visible at the bottom right.

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 From *	Service To *	Quantity *	Per Every	Duration	Total
01/19/2017	01/25/2017	1	Visit(s)		1 Visit(s)

[Add Service](#) +

[Previous](#) [Next](#)

Service details: diagnosis (inpatient)

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

Diagnosis

** Required Fields* [More Information](#)

Request Type
Inpatient

Case Type
Psychiatric

Place of Service *
Inpatient Hospital

Type of Service *
Psychiatric

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 .

Service details: length of stay (inpatient)

The screenshot shows a medical form with a horizontal tab bar at the top. The tabs are: 1 Patient Details, 2 Service Details (highlighted with a red circle), 3 Provider Details, 4 Request Summary, 5 Clinical Details, and Case Overview. Below the tabs is a light blue horizontal bar. Underneath that is a section with two tabs: Diagnosis and Length of Stay (highlighted with a red circle). Below the tabs, there is a red asterisk icon and the text '* Required Fields', followed by an information icon and the text 'More Information'. The form contains four fields: 'From' with the value '06/29/2018', 'Through' (empty), 'Days *' with the value '2', and 'Level Of Care *' with a dropdown menu showing 'Acute'. A plus sign icon is at the end of the form.

From	Through	Days *	Level Of Care *
06/29/2018		2	Acute

Length of stay:
1. Type number of days.
2. Select level of care.
3. Select.



Previous Next

Provider details

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

★

Add Servicing Provider

★

☐ Same as Requesting Provider

Complete required fields for all sections.
Search all or select from favorites.

Next

Ordering provider

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*.

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

★

Add Servicing Provider

☐ Same as Requesting Provider

★

Add Ordering Physician

☐ Same as Servicing Provider

☐ Same as Requesting Provider

Next

Provider details

Search

Close

☒ Practitioner

☐ Provider Group

☐ Facility

Last Name *

Ghazi

full city name has to be exact match

State *

OH

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	<div><div></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></div></div>

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

* Complete all required fields.

Select the appropriate provider type.

Select Search.

Favorites

ICR allows providers to save up to 25 favorites for:

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

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	×	+

Provider details: contact information

1Patient Details

2Service Details

3Provider Details

4Request Summary

5Clinical Details

Case Overview

★ Required Fields

i

 More Information

Hx

Add from Favorites or Search for Provider

▼ Requesting Provider

Provider Type

Last Name

First Name

Speciality

NPI

Address 1

Address 2

City

State

Zipcode

Country

Practitioner

Doe

Delores

Cardiovascular Disease

1234567890

Greenfield

OH

45215 1448

United States

Contact Last Name *

Contact First Name *

Contact Telephone *

Ext

Fax Number

(NNN) NNN-NNNN

By inputting a fax number above, you agree to accept personal health information (PHI), 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

The *Request Summary* page is where users will be able to verify whether the services require PA. If the services do not require PA, 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.

1Patient Details

2Service Details

3Provider Details

4Request Summary

5Clinical 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

Clinical details: provider form

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

Required Fields * Information Tool Tip ⓘ

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 * Reviewer Phone Number * (NNN) NNN-NNNN Reviewer Fax Number * (NNN) NNN-NNNN

DSM-5 Diagnosis/Subtype/Specifier *

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

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

Complete all required fields * on the template.

Clinical details: provider form (cont.)

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

Below the tabs, there are links for "Required Fields" (with a red star) and "Information Tool Tip" (with a blue 'i' icon). On the right, there are icons for a document, a lock, a magnifying glass, and a printer.

The "Attachments, Images and Photos" section includes a "Choose File" button (highlighted with a red box), a text area for "Description" (with a red arrow pointing to it), and an "Upload" button. A note specifies: "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, it lists 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 features a large text area. A blue box on the left contains the text: "Complete the *Clinical Notes* section if the form is not available or if you choose to skip the form." A blue box on the right contains the text: "Option to upload attachments, images and photos to support notes." Below this, another blue box contains the text: "Select **Add Note** after manually typing information in the field." At the bottom right, there are "Add Note" and "Next" buttons, with a red arrow pointing down to the "Add Note" button.

At the bottom of the form, a small text prompt reads: "Please verify you have added..."

Case overview

View all details of the request entered before submitting.

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

Expand All

Patient Details

Service Details

Provider Details

Clinical Details

Submit

Case overview (cont.)

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.

1

Patient Details

2

Service Details

3

Provider Details

4

Request Summary

5

Clinical Details

6

Case Overview

Expand All

Hx

▶

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.


Submitted request in ICR

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.

 My Organization's Requests

 Create New Request

 Search Organization Requests



 Authorization/Referral Inquiry

Thank you for submitting the request. Please note the Request Tracking ID 280648

Page 1 of 21

View Results 20





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

Viewing a decision — inpatient or outpatient

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**.

<div><div> My Organization's Requests</div><div> Create New Request</div><div> Search Submitted Requests</div><div> Check Case Status</div></div>										
<div>Page 3 of 21 View Results 20 Displaying 41 to 60 of 419 Requests Found</div>										
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

Viewing a decision/request for additional information

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.

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 UM304372	Subscriber ID	Status Approved	Created By	Request Tracking ID 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

Provider letters

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

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

Patient Details

2

Service Details

3

Provider Details

4

Request Summary

5

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

Viewing a decision

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.

Case Overview

Transaction History

Expand All

Cancel Case

Update Clinical

Update Case

Letters Summary

Patient Details

Service Details

Request Type

Outpatient

Case Type

Medical

Service Date

12/01/2016 To 12/31/2016

Level of Service

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

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

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

The screenshot displays the Availity web interface for 'Authorizations & Referrals'. A blue octagon with the number '1' points to the 'Auth/Referral Inquiry' button, which is highlighted with a red rectangle. Below this, another blue octagon with the number '2' points to the 'Payer' and 'Organization' dropdown menus in the inquiry form, which are also highlighted with a red rectangle. The form includes a 'Submit' button and a 'Clear' button. A disclaimer at the bottom states: '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.'

Home > Authorizations & Referrals

A&R Authorizations & Referrals

Multi-Payer Authorizations & Referrals

AR Auth/Referral Inquiry
View Payers

R Referrals

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.

Submit Clear

Search using Check Case Status

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

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.

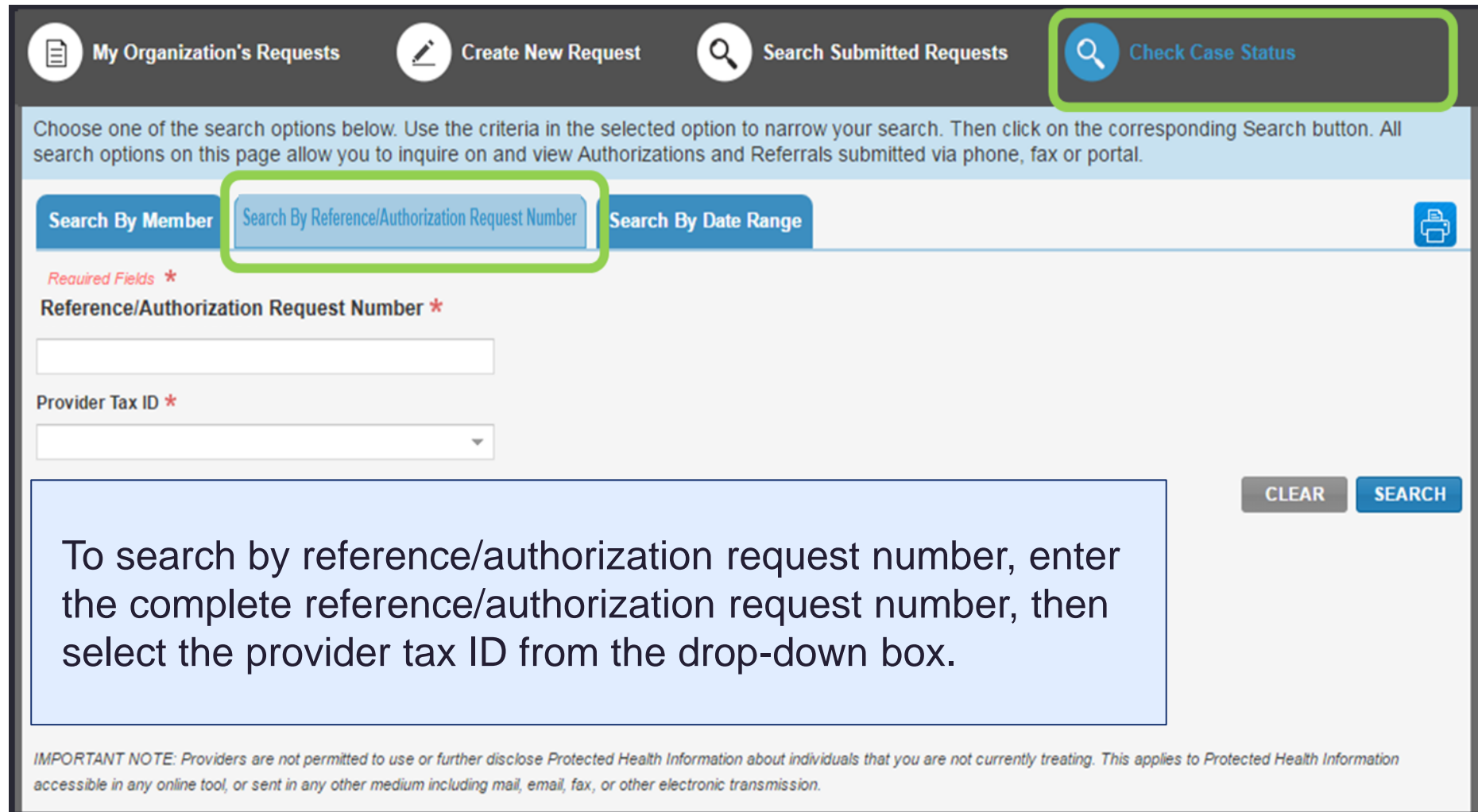
Subscriber ID *	Patient Birth Date *	Patient First Name
<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
Authorization Type	Service Start Date *	Service End Date *
<input type="text" value="All"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>
Identifier Type *	Provider Tax ID *	
<input type="text" value="Select One"/>	<input type="text"/>	

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.

Search by reference/authorization request number



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

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/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 *

Service End Date *

Authorization Type

Provider Tax ID *

MM/DD/YYYY

MM/DD/YYYY

All

Identifier Type *

Select One

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

CLEAR

SEARCH

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.

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 organization requests

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.

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?


- 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

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

Page 1 of 1

View Results 20

Displaying 1 to 1 of 1 Requests Found

Request Tracking ID	Reference No	Patient Name	Service Date Range	Request Submission Date	Requesting Provider NPI	Status
280667			11/08/2016 - 11/08/2016			Not Submitted

Behavioral health PA submission capabilities

- Submit PA requests for BH 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.

Adding clinical information to a BH inpatient continued stay request

Applicable to BH inpatient requests



Qualifications for adding clinical to an ICR request

The ICR request must be:

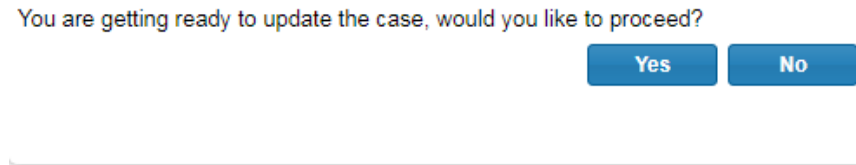
- A psychiatric or substance abuse inpatient case.
- In an approved or pending status.
- An ICR-created request (in other words, not phone or fax).

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, this message will be displayed to the user:



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	Contact Telephone *	Ext
dsf, sdf	(555) 555-5555	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.

A blue rectangular button with the text "Submit Update" in white, centered within the button.

- The user will then be directed back to the dashboard. The additional clinical will be sent to Utilization Management for evaluation.

ICR enhancements for BH



ICR enhancements for BH

UM Algorithm Initial Psych Review:

- Fill out the seven questions.
- Select the **parent** checkbox on the left of the screen before filling out the remaining questions.
- Agree to the *Disclaimer*.

The screenshot displays the 'Interactive Care Reviewer' interface. At the top, a blue header bar contains the title 'Interactive Care Reviewer' and user information 'Welcome, sdf dsf' with links for 'Logout', 'Contact Us', and 'Quick Links'. Below the header is a navigation bar with icons and labels: 'My Organization's Requests', 'Create New Request', 'Search Submitted Requests', 'Check Case Status', and 'Check Appeal Status'. A table below the navigation bar displays request details: Patient Name (JOHN, PETER), Subscriber ID (XPB435T40447), Status (Not Submitted), Created by (dsf, sdf), and Request Tracking ID (321945). Below the table is a tabbed interface with tabs labeled 1 through 6: 'Patient Details', 'Service Details', 'Provider Details', 'Request Summary', 'Clinical Details' (which is selected and highlighted in blue), and 'Case Overview'. The main content area below the tabs has a light blue header with 'Required Fields *' and 'Information Tool Tip'. Below this is a reminder: 'Reminder: Do not enter/upload session notes for Behavioral Health Treatment'. The main section is titled 'BH Initial Review' and contains three risk rating sections, each with a checkbox and a list of options: 1. 'Risk of Harm To Self Risk Rating(Check all that apply)' with options: Not present, Ideation, Plan, Means, Prior Attempt. 2. 'Risk of Harm To Others Risk Rating(Check all that apply)' with options: Not present, Ideation, Plan, Means, Prior Attempt. 3. 'Psychosis Risk Rating: (0=None; 1= Mild or Mildly Incapacitating; 2= Moderate or Moderately Incapacitating; 3= Severe or Severely Incapacitating; N/A=Not Assessed)' with options: 0, 1.

ICR enhancements for BH (cont.)

BH Initial Review	
<input checked="" type="checkbox"/>	Risk of Harm To Self Risk Rating(Check all that apply)
<input type="checkbox"/>	Not present
<input checked="" type="checkbox"/>	Ideation
<input type="checkbox"/>	Plan
<input type="checkbox"/>	Means
<input type="checkbox"/>	Prior Attempt
<input checked="" type="checkbox"/>	Risk of Harm To Others Risk Rating(Check all that apply)
<input checked="" type="checkbox"/>	Not present
<input type="checkbox"/>	Ideation
<input type="checkbox"/>	Plan
<input type="checkbox"/>	Means
<input type="checkbox"/>	Prior Attempt
<input checked="" type="checkbox"/>	Psychosis Risk Rating: (0=None; 1= Mild or Mildly Incapacitating; 2= Moderate or Moderately Incapacitating; 3= Severe or Severely Incapacitating; N/A=Not Assessed)
<input type="checkbox"/>	0
<input checked="" type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	Substance Use (Risk Rating: (0=None; 1= Mild or Mildly Incapacitating; 2= Moderate or Moderately Incapacitating; 3= Severe or Severely Incapacitating; N/A=Not Assessed)
<input checked="" type="checkbox"/>	0
<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	N/A
Disclaimer	
<input checked="" type="checkbox"/>	I confirm that the information entered on this form is accurate and complete based on the records available at the time of this request. I understand the health plan or its designees may request medical documentation to verify the accuracy of the information reported on this form.
By submitting this request you are confirming that the information you have provided on this form is accurate and complete based on your clinical assessment of the patient and the records available to you as of the date of this request	

ICR enhancements for BH (cont.)

Interactive Care Review

Welcome, sdf dsfLogoutContact UsQuick Links

My Organization's Requests

Create New Request

Search Submitted Requests

Check Case Status

Check Appeal Status

Patient Name

JOHN, PETER

Subscriber ID

XPB435T40447

Status

Not Submitted

Created by

dsf, sdf

Request Tracking ID

322134

1

Patient Details

2

Service Details

3

Provider Details

4

Request Summary

5

Clinical Details

Case Overview

Required Fields *

Information Tool Tip

Hx

Reminder: Do not enter/upload session notes for Behavioral Health Treatment

BH Initial Review

☒ Risk of Harm To Self Risk Rating(Check all that apply)

☒ Not present

☐ Ideation

☐ Plan

☐ Means

☐ Prior Attempt

☒ Risk of Harm To Others Risk Rating(Check all that apply)

☒ Not present

☐ Ideation

☐ Plan

☐ Means

☐ Prior Attempt

ICR enhancements for BH (cont.)

☒ Psychosis Risk Rating: (0=None; 1= Mild or Mildly Incapacitating; 2= Moderate or Moderately Incapacitating; 3= Severe or Severely Incapacitating; N/A=Not Assessed)

☒ 0

☐ 1

☐ 2

☐ 3

☐ N/A

☒ Substance Use (Risk Rating: (0=None; 1= Mild or Mildly Incapacitating; 2= Moderate or Moderately Incapacitating; 3= Severe or Severely Incapacitating; N/A=Not Assessed)

☐ 0

☐ 1

☒ 2

☐ 3

☐ N/A

Substance Use Screening (Check if applicable and give score)

☐ CIWA:

☒ COWS:

For substance use disorders, please complete the following additional information:
Current assessment of American Society of Addiction Medicine (ASAM) criteria

☒ Dimension 1 (acute intoxication) and/or withdrawal potential) Risk Rating

☐ Minimal/none-not under influence, minimal withdrawal potential

☒ Mild-recent use but minimal withdrawal potential

☐ Moderate-recent use, needs 24 hour monitoring

☐ Significant-potential for or history of severe withdrawal, history of withdrawal seizures

☐ Severe-presents with severe withdrawal, current withdrawal seizures

ICR enhancements for BH (cont.)

☒ **Dimension 2 (biomedical conditions and complications) Risk Rating**

☐ Minimal/none-none or insignificant medical problems

☒ **Mild-mild medical problems that do not require special monitoring**

☐ Moderate-medical condition requires monitoring but not intensive treatment

☐ Significant-medical condition has a significant impact on treatment and requires 24 hour monitoring

☐ Severe-medical condition requires intensive 24 hour medical management

☒ **Dimension 3 (emotional, behavioral or cognitive complications) Risk Rating**

☐ Minimal/none-none or insignificant psychiatric or behavioral symptoms

☒ **Mild-psychiatric or behavioral symptoms have minimal impact on treatment**

☐ Moderate-Impaired mental status; passive suicidal/homicidal ideations; impaired ability to complete ADL's

☐ Significant-suicidal/homicidal ideations, behavioral or cognitive problems or psychotic symptoms require 24 hour monitoring

☐ Severe-active suicidal/homicidal ideations and plans, acute psychosis, severe emotional lability or delusions. Unable to attend to ADL's, psychiatric and/or behavioral symptoms require 24 hour medical management

☒ **Dimension 4 (readiness to change) Risk Rating**

☐ Maintenance-engaged in treatment

☒ **Action-committed to treatment and modifying behavior and surroundings**

☐ Preparation-planning to take action and is making adjustments to change behavior. Has not resolved ambivalence

☐ Contemplative-ambivalent, acknowledges having a problem and beginning to think about it, has indefinite plan to change

☐ Pre-Contemplative-in treatment due to external pressure, resistant to change

☒ **Dimension 5 (relapse, continued use or continued problem potential) Risk Rating**

☐ Minimal/none-little likelihood of relapse

☒ **Mild-recognizes triggers, uses coping skills**

☐ Moderate-aware of potential triggers for MH/SA issues but requires close monitoring

☐ Significant-not aware of potential triggers for MH/SA issues, continues to use/relapse despite treatment

☐ Severe-unable to control use without 24 hour monitoring, unable to recognize potential triggers for MH/SA despite consequences

ICR enhancements for BH (cont.)

☒ Dimension 6 (recovery living environment) Risk Rating

☐ Minimal/none-supportive environment

☒ Mild-environmental support adequate but inconsistent

☐ Moderate-moderately supportive environment for MH/SA issues

☐ Significant-lack of support in environment or environment supports substance use

☐ Severe-environment does not support recovery or mental health efforts; resides with an emotionally/physically abuse individual OR active user; coping skills and recovery require a 24 hour setting

Disclaimer

☒ I confirm that the information entered on this form is accurate and complete based on the records available at the time of this request. I understand the health plan or its designees may request medical documentation to verify the accuracy of the information reported on this form.

By submitting this request you are confirming that the information you have provided on this form is accurate and complete based on your clinical assessment of the patient and the records available to you as of the date of this request

Next

ICR enhancements for BH (cont.)

BH Continued Stay Review	
<input checked="" type="checkbox"/> Risk of Harm To Self Risk Rating(Check all that apply)	
<input type="checkbox"/> Not present	
<input checked="" type="checkbox"/> Ideation	
<input checked="" type="checkbox"/> Plan	
<input type="checkbox"/> Means	
<input type="checkbox"/> Prior Attempt	
<input checked="" type="checkbox"/> Risk of Harm To Others Risk Rating(Check all that apply)	
<input type="checkbox"/> Not present	
<input checked="" type="checkbox"/> Ideation	
<input checked="" type="checkbox"/> Plan	
<input type="checkbox"/> Means	
<input type="checkbox"/> Prior Attempt	
<input checked="" type="checkbox"/> Psychosis Risk Rating: (0=None; 1= Mild or Mildly Incapacitating; 2= Moderate or Moderately Incapacitating; 3= Severe or Severely Incapacitating; N/A=Not Assessed)	
<input type="checkbox"/> 0	
<input type="checkbox"/> 1	
<input checked="" type="checkbox"/> 2	
<input type="checkbox"/> 3	
<input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Substance Use (Risk Rating: (0=None; 1= Mild or Mildly Incapacitating; 2= Moderate or Moderately Incapacitating; 3= Severe or Severely Incapacitating; N/A=Not Assessed)	
<input type="checkbox"/> 0	
<input type="checkbox"/> 1	
<input type="checkbox"/> 2	
<input type="checkbox"/> 3	
<input type="checkbox"/> N/A	
Substance Use Screening (Check if applicable and give score)	
<input type="checkbox"/> Current treatment plan	
<input type="checkbox"/> Medications	
<input type="checkbox"/> Have medications changed (type, dose/and/or frequency) since admission?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
<input type="checkbox"/> Have any prn medications been administered?	
<input type="checkbox"/> Yes	

ICR enhancements for BH (cont.)

☒ Attending groups?

☒ Yes

☐ No

☐ N/A

☒ Family or other supports involved in treatment?

☒ Yes

☐ No

☐ N/A

☒ Member is improving in (check all that apply):

☒ Thought Process

☒ Yes

☐ No

☐ Affect

☐ Yes

☐ No

☐ Mood

☐ Yes

☐ No

☐ Performing ADL's

☐ Yes

☐ No

☐ Impulse Control/Behavior

☐ Yes

☐ No

☐ Sleep

☐ Yes

☐ No

Disclaimer

☒ I confirm that the information entered on this form is accurate and complete based on the records available at the time of this request. I understand the health plan or its designees may request medical documentation to verify the accuracy of the information reported on this form.

By submitting this request you are confirming that the information you have provided on this form is accurate and complete based on your clinical assessment of the patient and the records available to you as of the date of this request

[Next](#)

ICR enhancements for BH (cont.)

Data Tool Questions: These will only be visible in the event the enhancement was unable to approve based on the information submitted.

Data Tool Questions

☐ Diagnoses (psychiatric, chemical dependency and medical)

☐ Precipitant to admission. Be specific. Why is the treatment needed now?

fight w spouse

☐ Risk of Harm to Self:

☐ If present, describe:

☐ If prior attempt, date and description:

☐ Risk of Harm to Others:

☐ If present, describe:

☐ If prior attempt, date and description:

☐ Psychosis Risk:

☐ If present, describe:

☐ Psychosis Rating Symptoms

☐ Hallucinations (auditory/visual)

☐ Paranoia

☐ Delusions

☐ Command Hallucinations

☐ Results of Depression Screening?

ICR enhancements for BH (cont.)

☒ Substance Use Information

☒ Substance Risk Rating

☐ Alcohol

☐ Marijuana

☒ Cocaine

☐ PCP

☐ LSD

☐ Methamphetamines

☐ Opioids

☐ Barbiturates

☐ Benzodiazepines

☐ Other

☐ Urine Screening (UDS)

☐ Yes

☐ No

☐ Unknown

☐ Urine Screening if YES

☐ Positive (If checked, list drugs):

☐ Negative

☐ Pending

☐ Blood Alcohol Level (BAL)

☐ Yes

☐ No

☐ Unknown

☐ Blood Alcohol Level (BAL) if YES, enter value

ICR enhancements for BH (cont.)

☒ Substance Use:

☒ If present, describe last use, frequency, duration, sober history:

last was before April 15

☒ ASAM Criteria: Describe symptoms

☐ Dimension 1 (acute intoxication) and/or withdrawal potential (such as vitals, withdrawal symptoms):

☐ Dimension 2 (biomedical conditions and complications)

☐ Dimension 3 (emotional, behavioral or cognitive complications)

☐ Dimension 4 (readiness to change)

☐ Dimension 5 (relapse, continued use or continued problem potential)

☐ Dimension 6 (recovery living environment)

☒ If any ASAM dimensions have moderate or higher risk ratings, how are they being addressed in treatment or discharge planning?

should have all been low enough to meet

☒ Treatment Plan Info

☐ Previous treatment

☐ Include provider name, facility name, medications, specific treatment/levels of care and adherence.

☒ Current treatment plan

☒ Standing medications:

Yes

☐ As needed Medications Administered (not just ordered):

ICR enhancements for BH (cont.)

☐ As needed Medications Administered (not just ordered):

☒ Other treatment and/or interventions planned (including when family therapy is planned):

☐ Support system

☐ Include coordination activities with case managers, family, community agencies and so on. If case is open with another agency, name the agency, phone number and case number.

☐ Readmission within last 30 days?

☐ If yes and readmission was to the discharging facility, what part of the discharge plan did not work and why?

☐ Discharge planning

☐ Initial discharge plan

☐ List name and number of discharge planner and include whether the member can return to current residence.

☐ Planned discharge level of care:

☐ Describe any barriers to discharge:

☐ Expected discharge date:

By submitting this request you are confirming that the information you have provided on this form is accurate and complete based on your clinical assessment of the patient and the records available to you as of the date of this request

[Next](#)

ICR enhancements for BH (cont.)

Additional clinical notes if available can now be attached.

Required Fields *

Information Tool Tip

Attachments, Images and Photos

Reminder: Do not enter/upload session notes for Behavioral Health Treatment

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

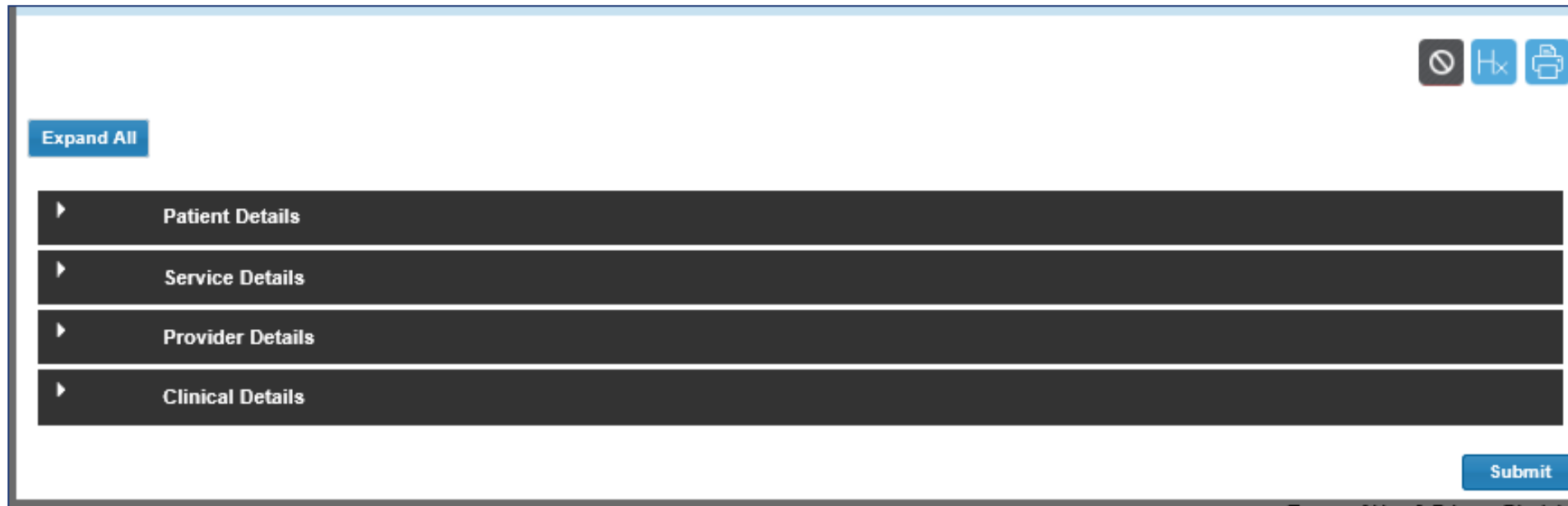
Description

Clinical Notes

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

ICR enhancements for BH (cont.)

Once the information has been entered and **Submit** is selected, ICR will return the user to the dashboard.



The screenshot displays a web form interface for ICR (Interim Care Report) enhancements for Behavioral Health (BH). The form is contained within a light blue border. In the top right corner, there are three icons: a dark square with a white circle and slash, a blue square with a white 'Hx' symbol, and a blue square with a white printer icon. On the left side, there is a blue button labeled 'Expand All'. Below this button, there are four dark gray horizontal bars, each with a white right-pointing triangle on the left and white text in the center. The text labels are 'Patient Details', 'Service Details', 'Provider Details', and 'Clinical Details'. At the bottom right of the form, there is a blue button labeled 'Submit'.

ICR additional information

Ask your Availity administrator to grant you the appropriate role assignment, then follow these instructions to access ICR through the [Availity Portal](#):

Do you create and submit prior authorization requests?

Required role assignment: Authorization and Referral Request

Do you check the status of the case or results of the authorization request?

Required role assignment: Authorization and Referral Inquiry

Once you have the authorization role assignment, log onto Availity with your unique user ID and password, and follow these steps:

1. Select **Patient Registration** from Availity's homepage.
2. Select **Authorizations & Referrals**.
3. Select **Authorizations** (for requests) or select **Auth/Referral Inquiry** (for inquiries).

ICR additional information (cont.)

Training:

Follow these instructions to access ICR on-demand training through the Availity Custom Learning Center:

- From Availity's homepage, select Payer Spaces > Anthem Blue Cross and Blue Shield HP tile > Applications > Custom Learning Center tile.
- From the *Courses* screen, use the filter catalog and select **Interactive Care Reviewer – Online Authorizations** from the menu. Then, select **Apply**.
- You will find two pages of online courses consisting of on-demand videos and reference documents illustrating navigation and features of ICR. Enroll for the course(s) you want to take immediately or save for later.

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://providers.anthem.com/ny> 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 PA 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 [Availity.com](https://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 **800-450-8753**.

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

Thank you!





* Availity, LLC is an independent company providing administrative support services on behalf of the health plan.
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