



# 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

# 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 previously provided via phone.
- Update cases or request an extension within the ICR tool.

# ICR details

The ICR brings improved efficiency to the authorization 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

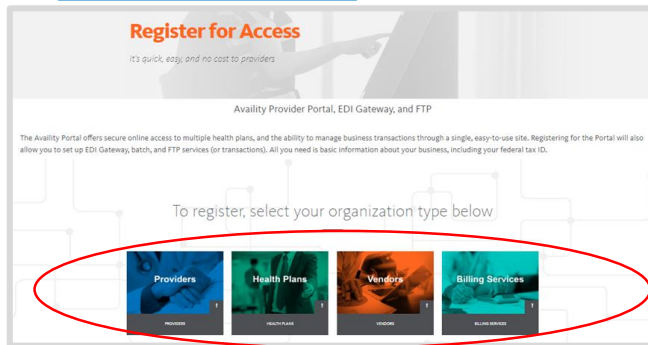
You'll see great advantages in using the ICR. The ICR improves the efficiency of the authorization process:

- 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.
- Proactive communication is conducted via 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.

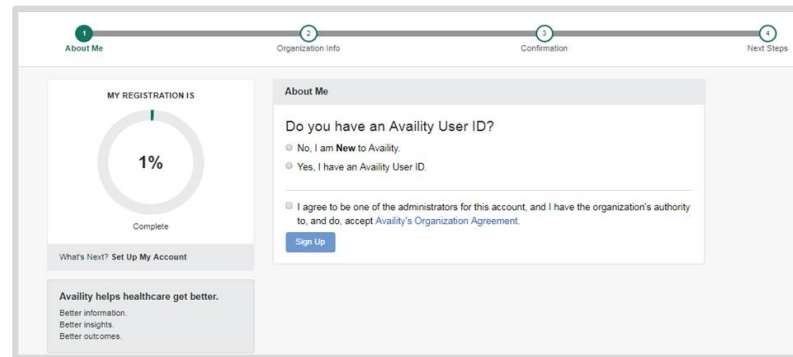
# Accessing the ICR

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

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



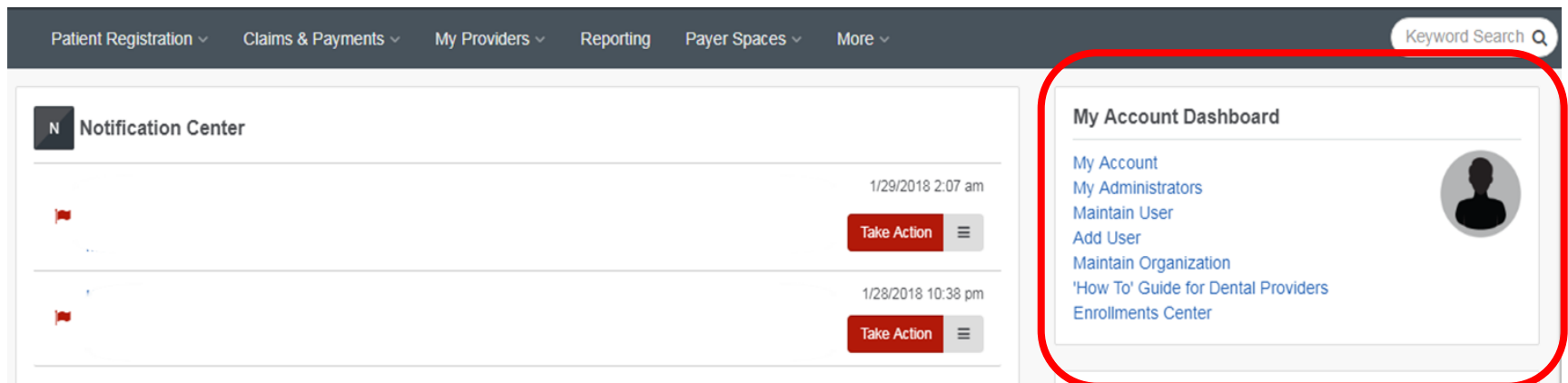
2 Select the appropriate organization type link, and you will be redirected to the *Registration Form*.



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

# Availity administrator: granting access on the Availity Portal

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**.



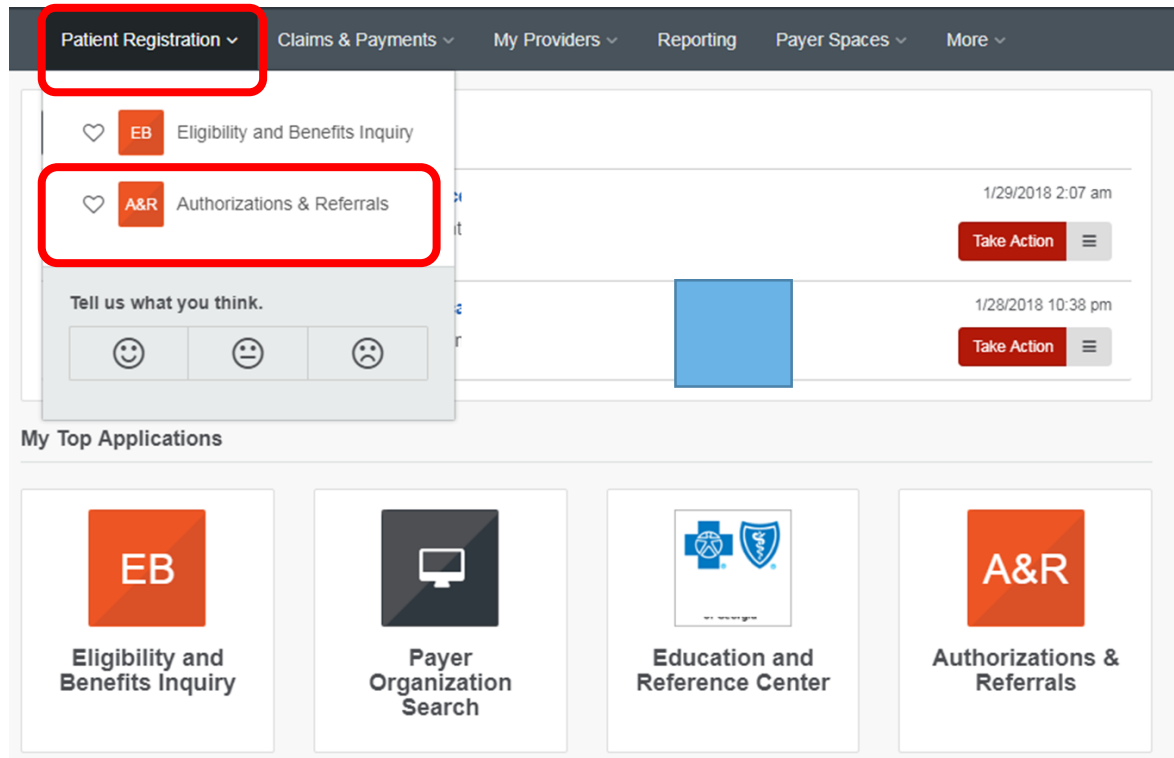
# Availity administrator: granting access on the Availity Portal (cont.)

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.)



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

## Authorizations & Referrals


### Multi-Payer Authorizations & Referrals


 **Auth/Referral Inquiry**  
[View Payers](#) 


 **Referrals** 

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

### Additional Authorizations & Referrals

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

 [Clinical Auth Management](#)

 [Online Batch Management](#)

# ICR Terms of Use and Disclaimers



## Interactive Care Reviewer Terms of Use and Disclaimers

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

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

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

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

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

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

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

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





ACCEPT

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

[Terms of Use & Privacy Disclaimer](#)

# The ICR landing page/dashboard

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

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 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 Review (ICR) dashboard. The main table lists requests with columns for Request Tracking ID, Reference Number, Status, Patient Name, Submit Date, Created By, Updated Date, and Updated By. A dropdown menu is open for the Status column, showing options like 'Additional Information Needed', 'Approved', 'Bariatric Request Received', etc. A green arrow points to the 'Filters' option in the dropdown menu.

**Interactive Care Review**

My Organization's Requests

Page 1 of 1 | View Results 20

Request Tracking ID	Reference Number	Status	Patient Name	Submit Date	Created By	Updated Date	Updated By
		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				

**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

Requests | Check Case Status

# ICR dashboard tabs

Tabs across the top of the dashboard:

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



My Organization's Requests



Create New Request



Search Submitted Requests



Check Case Status

# 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 authorization/referral, the case must be associated with the tax ID listed under the organization you selected in the Availity Portal.



My Organization's Requests



Create New Request



Search Submitted Requests



Check Case Status



# Creating a new request

# Creating a new request

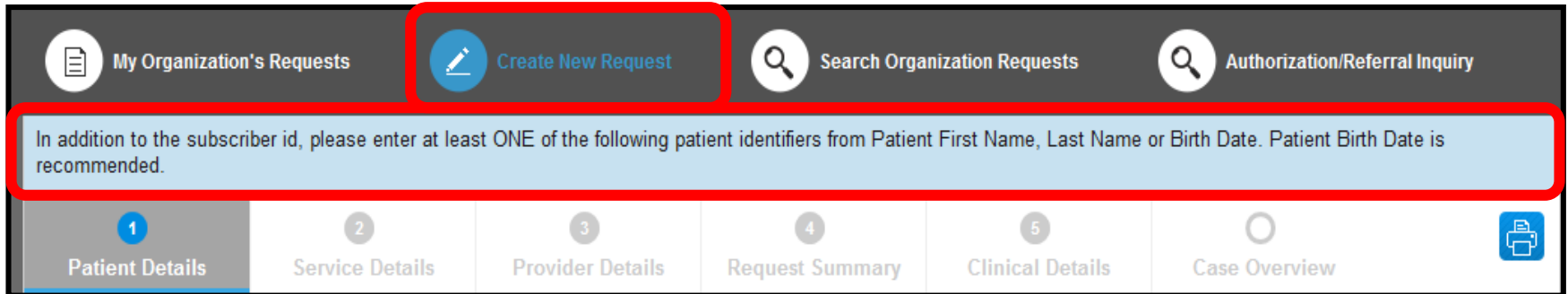
Do you want to verify if an authorization is required? The ICR gives you quick access to that information in most cases. Enter:

- 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

- 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 shows the ICR dashboard interface. At the top, there is a dark grey navigation bar with four items: '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 horizontal bar with a red border containing the text: 'In addition to the subscriber id, please enter at least ONE of the following patient identifiers from Patient First Name, Last Name or Birth Date. Patient Birth Date is recommended.' Below the blue bar is a white menu bar with six tabs: 'Patient Details' (with a blue circle containing the number 1 and highlighted by a red arrow), '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 printer icon is located on the right side 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	6 Case Overview
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In addition to the subscriber ID, please enter at least ONE of the following patient identifiers from patients First Name, Last Name or Birth Date. Patient Birth Date is recommended.

Required Fields \*



Profiles

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

Admit Date \*

MM/DD/YYYY

Patient Last Name

LAST

Patient First Name

FIRST

FIND PATIENT


# 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

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

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

**FIND PATIENT**

# Profile templates

- Click on the dot to view the *Standard Profile*
- You will be able to see what will be populated on the *Patient Details* screen and on the *Service Details* screen.

**Select Profile** [Close X]

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

**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 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 <i>(Inpatient, Outpatient, Lab Only, Office, DME, BH)</i>	View / Select	
IP Medical-Emergency	Inpatient	...	✓
IP Surgical	Inpatient	...	✓
OP Surgery	Outpatient	...	✓
ASC Surgery	Outpatient	...	✓
OP Diagnostic	Outpatient	...	✓
OP Medical Care	Outpatient	...	✓
OP Hosp Diagnostic X-ray	Outpatient	...	✓
Lab Diagnostic	Lab Only	...	✓
Office Surgerv	Office	...	✓

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

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

**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 \***    **Case Type \***    **Admit Date \***

Inpatient    Psychiatric    11/29/2016

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

MM/DD/YYYY

**FIND PATIENT**

Calendar: 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

# Patient details

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

1 Patient Details	2 Service Details	3 Provider Details	4 Request Summary	5 Clinical Details	Case Overview
<div>Subscriber ID: VZT1234567</div> <div>8 Eligibility Coverage: Active Coverage</div> <div>Group Number: 12345678</div> <div>Service Date From: 11/08/2016</div> <div>Name: Doe, Joe</div> <div>Coverage Period: 06/01/2006 - 12/31/9999</div> <div>Group Name: Kristen's Boutique</div> <div>Service Date To: 11/08/2016</div> <div>Patient Date of Birth: 12/12/1966</div> <div>Interchange Control No.: 12345678</div> <div>Request Type: Outpatient</div> <div>Gender: Male</div> <div>Relationship: Self</div> <div>Case Type: Medical</div> <div>BACK TO FIND PATIENT</div> <div>CONFIRM PATIENT</div>					

# 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) \* Description Primary

F32.1 - ICD10 Major depressive disorder, single episode, moderate

Next

1

Complete diagnosis 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)

Requested

Add Service

Previous Next

2

Complete services fields.

# 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-based form for entering service details. At the top, there are six tabs: Patient Details, Service Details (selected), 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 this, 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 for entering service details. This form has a red border and contains the following fields: Service From (01/19/2017), Service To (01/25/2017), Quantity (1), Per Every (Visits), Duration (1 Visit(s)), and Total (1 Visit(s)). A blue arrow points from the 'Add Service +' button to the 'Next' button at the bottom right of the form.

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	Visits		1 Visit(s)

Requested

Add Service +

Previous Next

# Service details: diagnosis (inpatient)

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.

The screenshot shows a medical form with the following sections:

- Navigation Bar:** 1 Patient Details, 2 Service Details (highlighted), 3 Provider Details, 4 Request Summary, 5 Clinical Details, Case Overview.
- Sub-Navigation Bar:** Diagnosis (highlighted), Length of stay.
- Form Fields:**
  - 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 Table:**

Diagnosis Code(s)	Description	Primary
<input type="text"/>		<input type="checkbox"/>
- Buttons:** Next

# Service details: length of stay (inpatient)

Length of stay:

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

The screenshot shows a medical form with several tabs: Patient Details, Service Details (highlighted with a red circle), Provider Details, Request Summary, Clinical Details, and Case Overview. Below the tabs is a section for 'Diagnosis' and 'Length of Stay' (highlighted with a red circle). The 'Length of Stay' section includes a 'From' date field (06/29/2018), a 'Through' date field, a 'Days' field (2), and a 'Level Of Care' dropdown menu (Acute). A red asterisk indicates required fields. A green box highlights the 'Print' icon in the top right corner.

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

Diagnosis Length of Stay

\* Required Fields More Information

From Through Days \* Level Of Care \*

06/29/2018 2 Acute +

Print

Previous

Next

## Provider details

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

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

Add Requesting Provider

Add Servicing Provider

☐ Same as Requesting Provider

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

Patient Details

2

Service Details

3

Provider Details

4

Request Summary

5

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

Practitioner

\* Complete all required fields.

Select the appropriate provider type.

Last Name \*  
Ghazi

First Name \*  
Freidoon

City  
full city name has to be exact match

State \*  
OH

Zip Code  
5 digits only

or search by NPI

NPI

Clear

Select Search.

Search

Page 1 of 1 | View Results 25

Displaying 1 to 20 of 20 Requests Found

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

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

# Favorites

You can save up to 25 favorites for:

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

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

# Provider details: contact information

1

2

3

4

5

6

Patient DetailsService DetailsProvider DetailsRequest SummaryClinical DetailsCase Overview

★ Required Fields

More Information

Add from Favorites or Search for Provider

▼ Requesting Provider

Provider Type

Last Name

First Name

Speciality

Practitioner

Do

Delor

Cardiovascular Disease

NPI

1234567890

Address 1

Address 2

City

State

Zipcode

123 Main St

Greenfield

OH

45215 1448

Country

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 receive e-mail notification of your case tracking number and not the specific member details.

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

Add Email

Add Servicing Provider

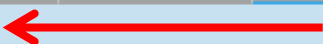
☐ Same as Requesting Provider




Next

# Request summary

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

1 Patient Details	2 Service Details	3 Provider Details	4 Request Summary	5 Clinical Details	<input type="radio"/> Case Overview	
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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
------------------	-----------------

# Clinical details: provider form

- Templates allow you to enter clinical detail previously provided via phone.
- Complete all required fields \* on the template.

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

Required Fields \* Information Tool Tip i

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

Member Telephone Number (NNN) NNN-NNNN Member Alternate/Cell Phone Number (NNN) NNN-NNNN

Treating/Attending Provider Slavin, Douglas R Treating/Attending Provider Address 1100 GREEN ST SW, CONYERS, GA, 30012 Treating/Attending Provider Phone Number (404) 834-1513

Caller SUTTER MEDICAL CENTER SACRAMENTO

Continued Stay Reviewer \* Reviewer Phone Number \* (NNN) NNN-NNNN Reviewer Fax Number \* (NNN) NNN-NNNN

DSM-5 Diagnosis/Subtype/Specifier \*

# 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 \*" in red and "Information Tool Tip" with a question mark icon. On the right are icons for document, image, zoom, and print.

The "Attachments, Images and Photos" section includes a "Choose File" button (highlighted with a red box), a "Description" text field (with a red arrow pointing to it), and an "Upload" button. Text below the button 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." and "Max file size: 10MB. Allowed file types: jpeg/jpg, bmp, tiff, pdf, gif, doc, docx, xls, xlsx, txt".

The "Clinical Notes" section has a text area and an "Add Note" button. A red box highlights the text area with the instruction: "Complete the *Clinical Notes* section if the form is not available or if you choose to skip the form." Another red box highlights the "Add Note" button with the instruction: "Select **Add Note** after manually typing information in the field." A final red box at the bottom of the form contains the text: "Please verify you have added clinical information for the correct patient before clicking on 'Add Note'."

At the bottom right are "Add Note" and "Next" buttons.

# Case overview

- View all the details of the request you entered for a final time before they are submitted.

1	2	3	4	5	6	
Patient Details	Service Details	Provider Details	Request Summary	Clinical Details	Case Overview	
<div>Expand All</div>						<div><div></div><div>Hx</div><div></div></div>
▶ Patient Details						
▶ Service Details						
▶ Provider Details						
▶ Clinical Details						
						<div>Submit</div>

# Case overview (cont.)

- 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.

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

Expand All

⌵

⌵

Request Type  
Inpatient

Case Type  
Psychiatric

Service Date  
06/29/2018 - 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
06/29/2018	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.

The screenshot displays the ICR dashboard interface. At the top, there is a navigation bar with four icons and labels: 'My Organization's Requests', 'Create New Request', 'Search Organization Requests', and 'Authorization/Referral Inquiry'. Below this bar, a light blue message box contains the text: 'Thank you for submitting the request. Please note the Request Tracking ID 280648'. This message box is highlighted with a red rectangle. Below the message box, there is a table of requests. The table has columns: 'Request Tracking ID', 'Reference Number', 'Status', 'Patient Name', 'Service Date Range', 'Request Type', 'Requesting Provider NPI', 'Submit Date', 'Created By', 'Updated Date', and 'Updated By'. The first row of data shows a request with tracking ID 280648, reference number UM304634, and status 'Review In Progress'. The 'Status' column for this row is highlighted with a red rectangle. The table also includes pagination controls at the top: 'Page 1 of 21', 'View Results 20', and '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>										
<< < 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		11/11/2016 -	Outpatient	1871558510	2016-11-11		2016-11-11	

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

Patient Name	Reference Number UM304372	Subscriber ID YRP824M55529	Status Approved	Created By	Request Tracking ID 280724
--------------	------------------------------	-------------------------------	--------------------	------------	-------------------------------

 **Case Overview**

Transaction History

Expand All

Cancel Case

Update Clinical

Update Case

▼ Letters Summary

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

▶ Patient Details

▶ Service Details

▶ Provider Details

▶ Clinical Details

REMOVE FROM DASHBOARD

# 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)

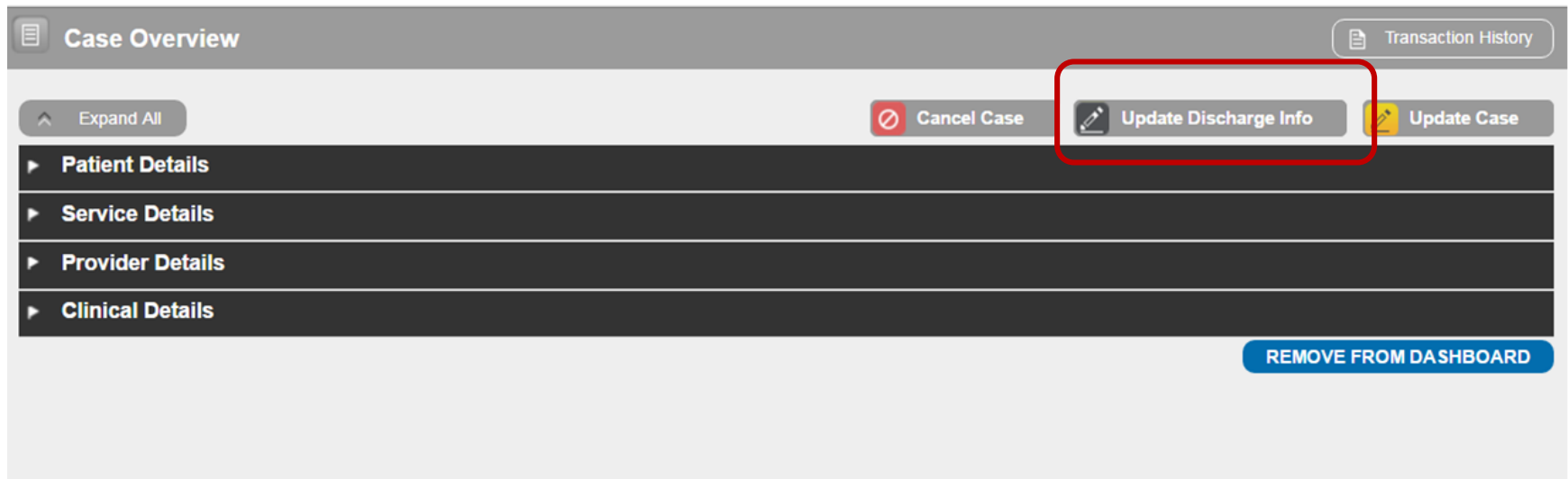
Diagnosis Codes	Description	Primary
M54.5 - ICD10	Low back pain	<input checked="" type="radio"/>

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.



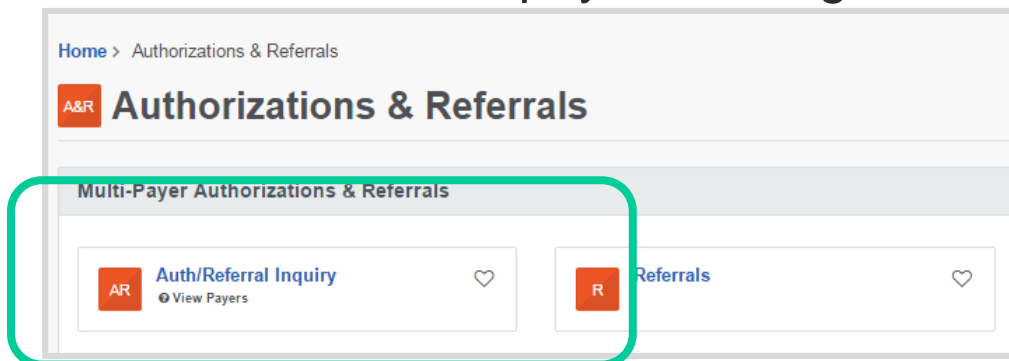


# Inquiry features on the ICR

# User access to the ICR — inquiry

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

1



Home > Authorizations & Referrals

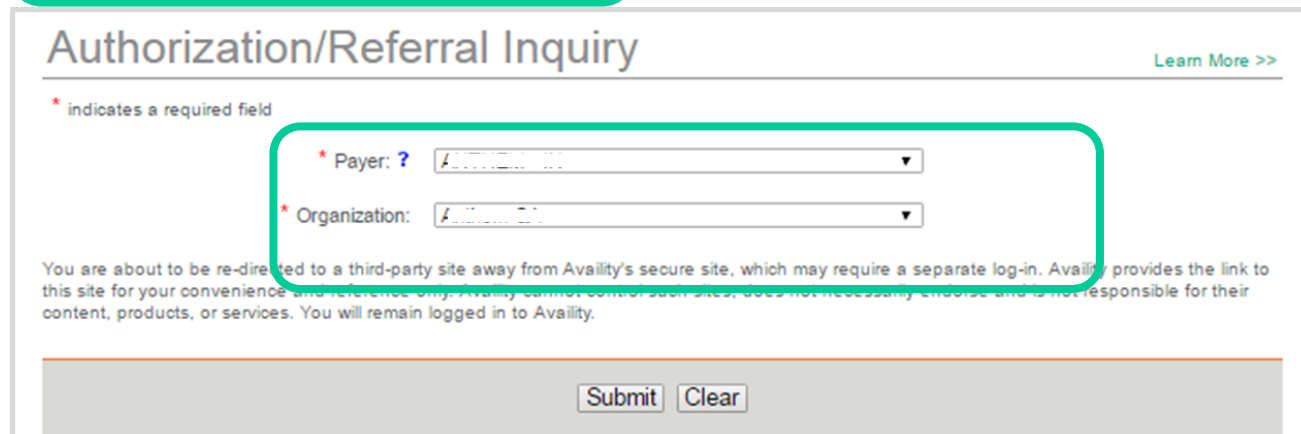
**A&R Authorizations & Referrals**

Multi-Payer Authorizations & Referrals

**AR Auth/Referral Inquiry** [View Payers](#)

**R Referrals**

2



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

\* indicates a required field

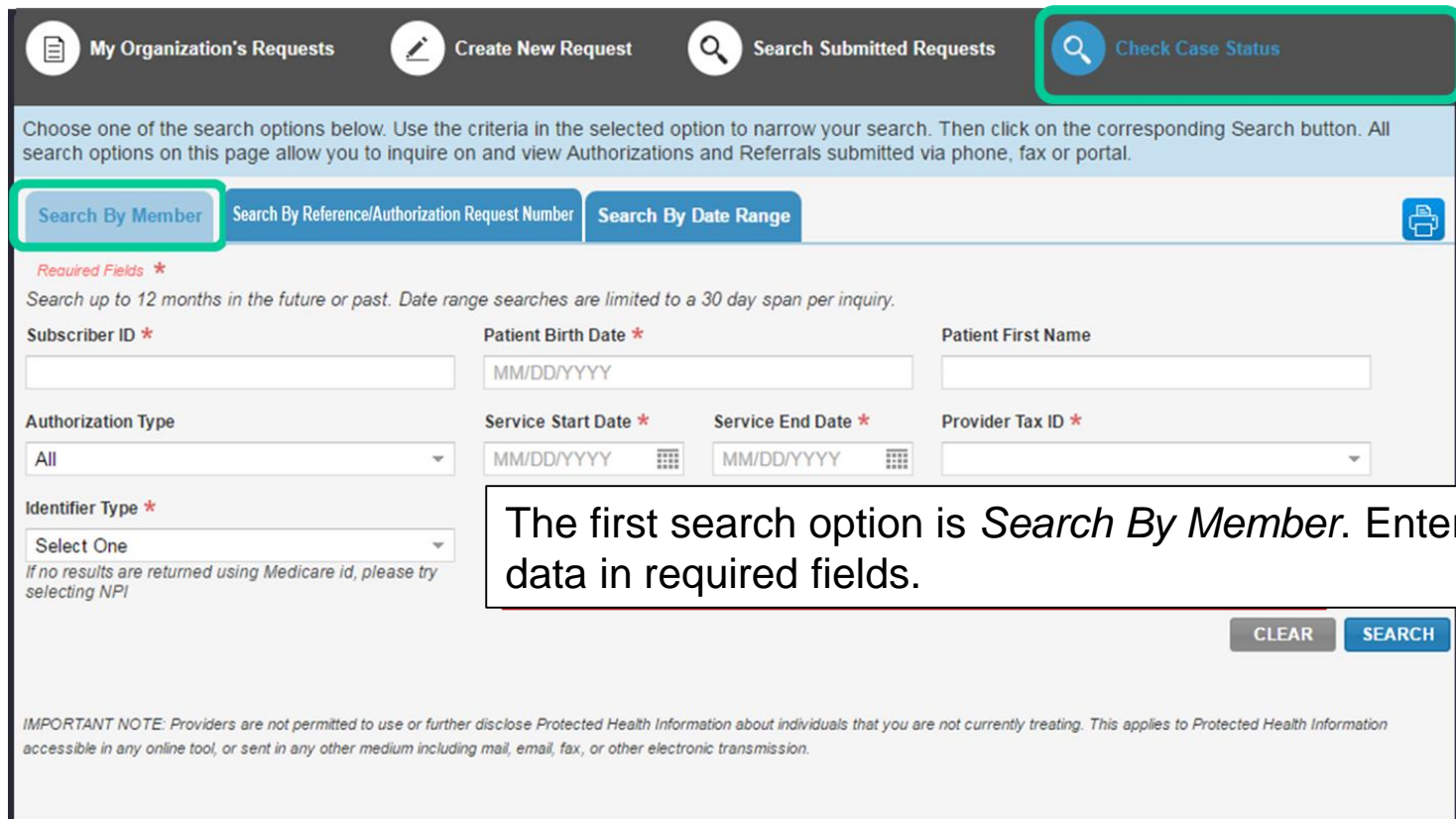
\* Payer: ?

\* Organization:

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

# 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

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

Identifier Type \*

Select One

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

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

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

The screenshot shows a web application interface with a dark grey header bar containing four navigation buttons: 'My Organization's Requests' (with a document icon), 'Create New Request' (with a pencil icon), 'Search Submitted Requests' (with a magnifying glass icon), and 'Check Case Status' (with a magnifying glass icon and a green border). Below the header, a light blue instruction bar states: 'Choose one of the search options below. Use the criteria in the selected option to narrow your search. Then click on the corresponding Search button. All search options on this page allow you to inquire on and view Authorizations and Referrals submitted via phone, fax or portal.' Below this, there are three search option buttons: 'Search By Member', 'Search By Reference/Authorization Request Number' (highlighted with a green border), and 'Search By Date Range'. To the right of these buttons is a printer icon. Below the search options, a red text label 'Required Fields \*' is followed by two fields: 'Reference/Authorization Request Number \*' with a text input box, and 'Provider Tax ID \*' with a dropdown menu. At the bottom right of the form are 'CLEAR' and 'SEARCH' buttons. A white text box with a black border is overlaid on the bottom left of the form, containing instructions on how to search. At the very bottom, a small italicized text block provides an important note about Protected Health Information.

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

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

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

*Required Fields \**

**Reference/Authorization Request Number \***

**Provider Tax ID \***

**CLEAR**   **SEARCH**

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

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

# Search by date range

My Organization's Requests

Create New Request

Search Submitted Requests

Check Case Status

Search By Member

Search By Reference/Referral Number

Search By Date Range

**Service Start Date \***

**Service End Date \***

**Authorization Type**

**Provider Tax ID \***

MM/DD/YYYY

MM/DD/YYYY

All

**Identifier Type \***

Select One

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

CLEAR

SEARCH

# Search organization requests

- 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.
- 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.

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 Service Date From Service Date To Requesting or Servicing Provider / Facility NPI  
All MM/DD/YYYY MM/DD/YYYY

# 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

# Wrapping up

## Helpful tip:

- If you receive the *system temporarily unavailable* message on a consistent basis, your organization's firewall may be blocking the site. Please contact your IT department and ask them to review internet filters and add **<https://mediproviders.anthem.com/ca>** 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 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 Provider Services at **1-855-817-5786**.

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



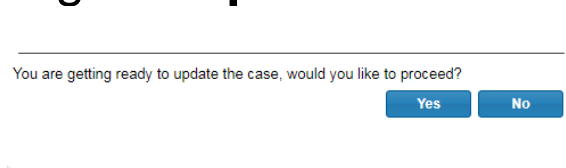
**Adding clinical  
information to a  
behavioral health  
inpatient continued  
stay request**

# 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, an additional button will appear in the top right of the ICR screen if the request is opened from the dashboard or via **search submitted requests**.

# How to add clinical to the request

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



- 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.

Add Note

Updated By

User Name

dsf, sdf

Contact Telephone \*

(555) 555-5555

Ext

123

59

# How to add clinical to the request

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



<https://mediproviders.anthem.com/ca>

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