



# Provider Portal Participant Guide

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Corporate Clinical Systems Training Department

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# **1 LOGGING IN TO THE PROVIDER PORTAL**

## Logging in to Provider Portal



Sign In

Username:

Password:

Sign In

[Forgot your password?](#)

[Forgot your username?](#)

Getting Started with NaviNet

[Trouble Logging In?](#)


[Sign Up](#)

[What Plans Participate?](#)

AllPayer Access: New Year—are you ready?

Re-Save Bookmarks

Discontinued Support of Windows Vista



Important Information

We recently made some updates that might cause an error to render when accessing old bookmarks.


To avoid this, please navigate to the page you would like to bookmark and re-save it.

Coming This March!

We will be asking all users to provide and verify a valid email address.

Learn More...

Are You In The Loop?




Make sure you don't miss out on our important updates. Update your email address today by logging in and going to **My Account** and clicking **About Me** to receive important updates and information.

Are You Sharing Login Credentials?

HIPAA guidelines prohibit users from sharing login information. If you are sharing login credentials, please contact your NaviNet Security Officer to be added as a user. Don't know the name of your Security Officer? Log in and go to **My Account** and click **My Security**. There is no additional charge for adding users.

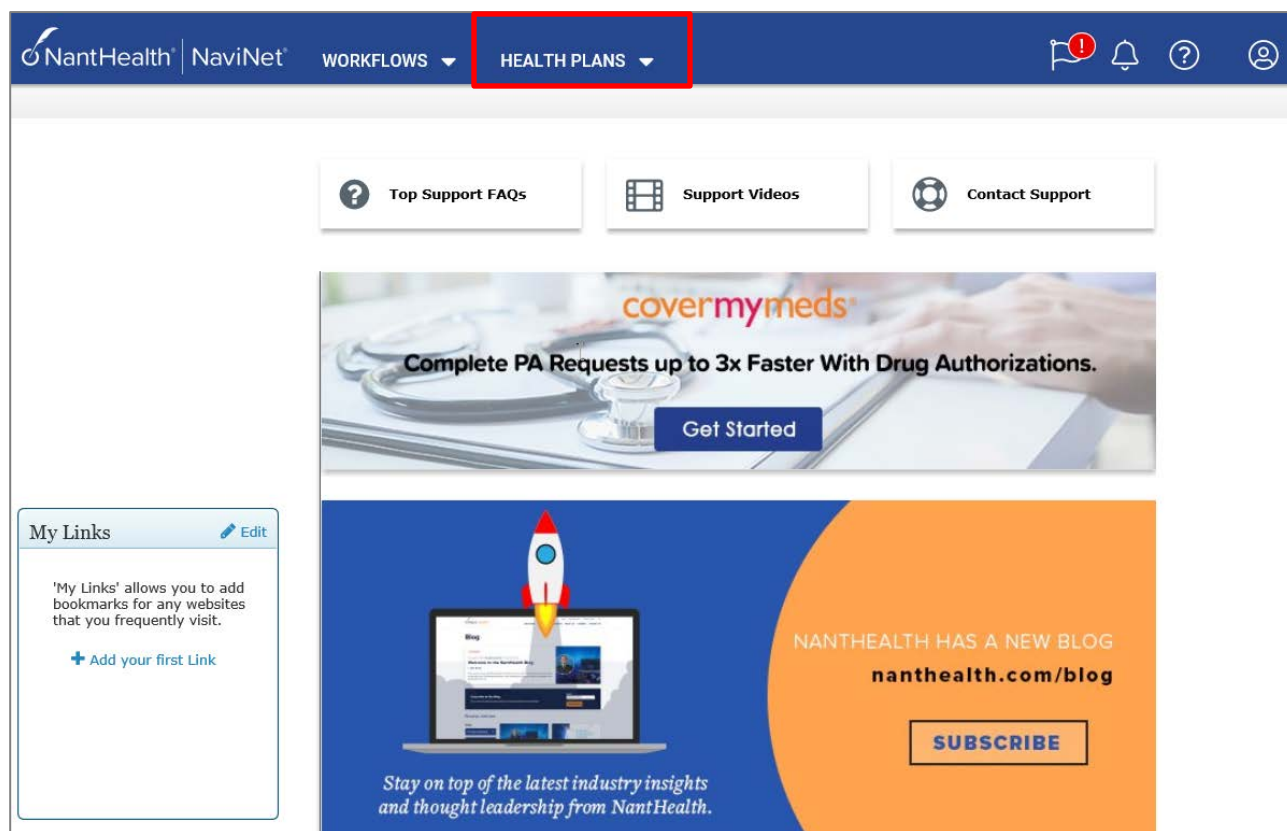
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[Terms of Use](#)



Step	Action
1.	Access NaviNet using the following address: <a href="https://navinet.navimedix.com">https://navinet.navimedix.com</a>
2.	Enter your <b>Username</b>
3.	Enter your <b>Password</b>
4.	Click the <b>Sign In</b> button <b>Result:</b> <i>The NaviNet Home screen will be displayed</i>

## Logging in to Provider Portal



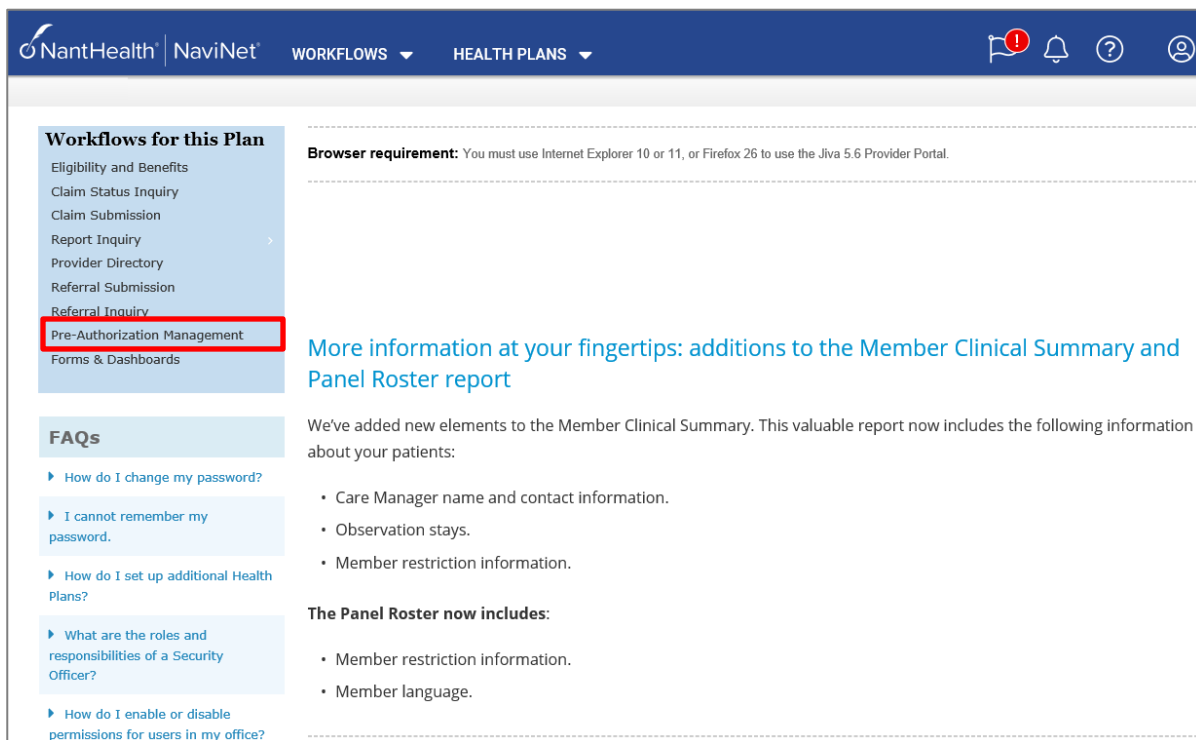
The NaviNet Home Page is not Health Plan-specific.

To locate your Health Plan:

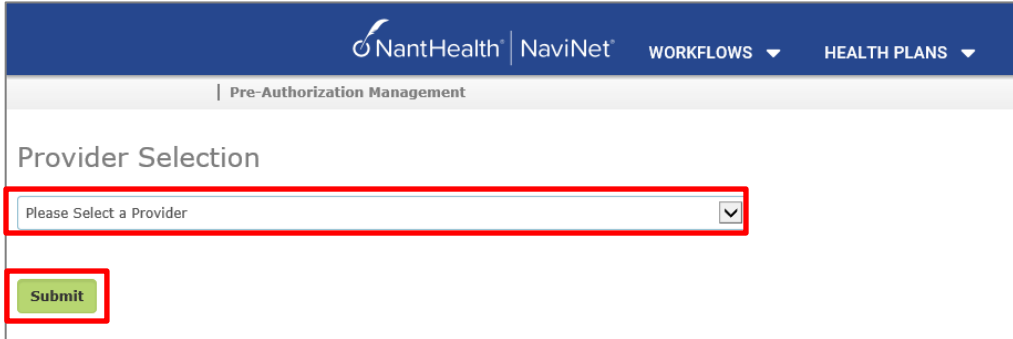
Step	Action
1.	Click on <b>HEALTHPLANS</b> in the top menu
2.	Select the appropriate <b>health plan</b> from the drop down list
	<b>Result:</b> The Health Plan-specific Home page will display

## Logging in to Provider Portal

The general layout of the Health Plan Home page will be similar across all Health Plans. However, each Health Plan may have customized items on their home page, such as links available in the **Workflows for the Plan** section.



To access the Provider Portal:

Step	Action
1.	<p>Click on the <b>Pre-Authorization Management</b> link</p> <p><b>Result:</b> JIVA/Provider Portal will open*</p> <p><b>*NOTE:</b> Based on the Plan, there may be an additional step prior to the Provider Portal opening. The <b>Provider Selection</b> page may display. If it does, you would select your Provider from the drop-down menu and click on the <b>Submit</b> button. The Provider Portal will then open.</p> 



## Overview of the Dashboard

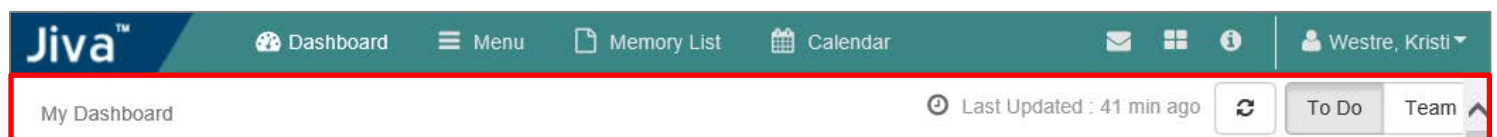
The dashboard consists of widgets (*or panels*) that help you to access the tasks that are assigned to you. It also provides high-level information about the episodes and activities assigned to you.

### Application Banner



Menu Bar	Description
Dashboard	Click to return to the Dashboard from anywhere within the Provider Portal.
Menu	Click to access ways to search for a member.
Memory list	The Memory List bookmarks Add and Edit screens. It is an easy way to move back to a member or episode you worked on earlier and have not closed.
Calendar	The calendar will display any tasks that have been assigned to you.
Messaging	N/A – The messaging functionality will not be used.
Legend	Click to see a legend of icons that may be associated with members.
Jiva Help	Click to access help for the screen you are on.
Profile	Click to make changes to the color scheme.

### My Dashboard Banner







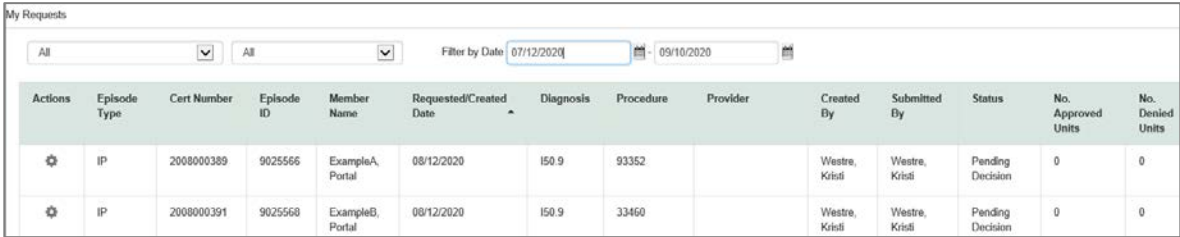
Item	Description
Last Updated	Displays the last time the Dashboard was updated
Refresh	Click the Refresh icon to update the Dashboard to view the most current information.
To Do	Displays the widgets containing information regarding episodes associated with you.
Team	Displays the widgets containing information regarding episodes associated with your team.

## Overview of the Dashboard: To-Do View

These widgets contain information regarding the episodes associated with you.

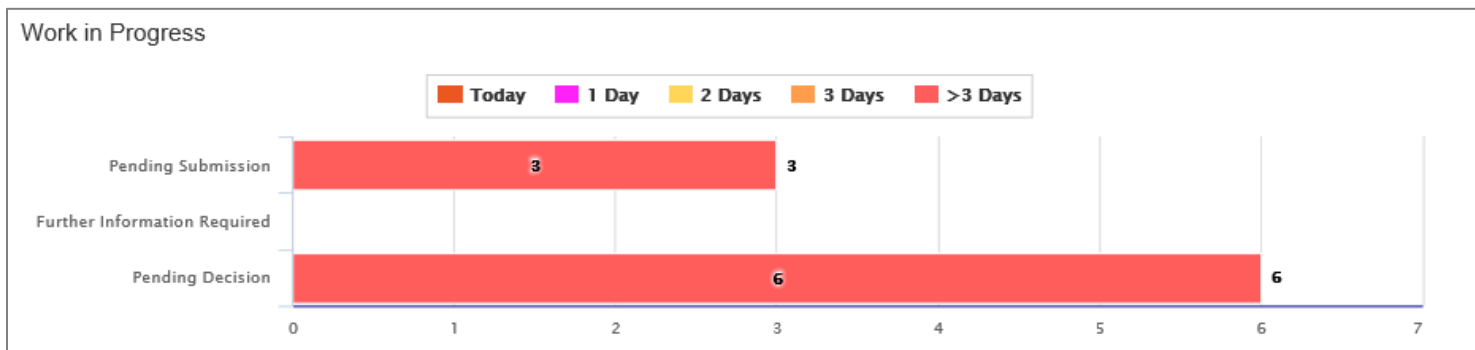
### Information Widget

	0 Alerts
	0 Messages
	7 My Requests
	0 Gaps in Care

Item	Description
<b>Alerts</b>	Displays the number of notifications or reminders of an action performed, or to be performed. Click on the hyperlink to view the alerts.
<b>Messages</b>	N/A – This functionality will not be used.
<b>My Requests</b>	<p>Displays the number of episodes that have been <b>submitted</b>. Click the hyperlink to view the list of requests.</p>  <p><i>Note: It does not include episodes that are pending submission.</i></p>
<b>Gaps in Care</b>	Displays any Gaps in Care for the members associated with you.

### Work in Progress Widget

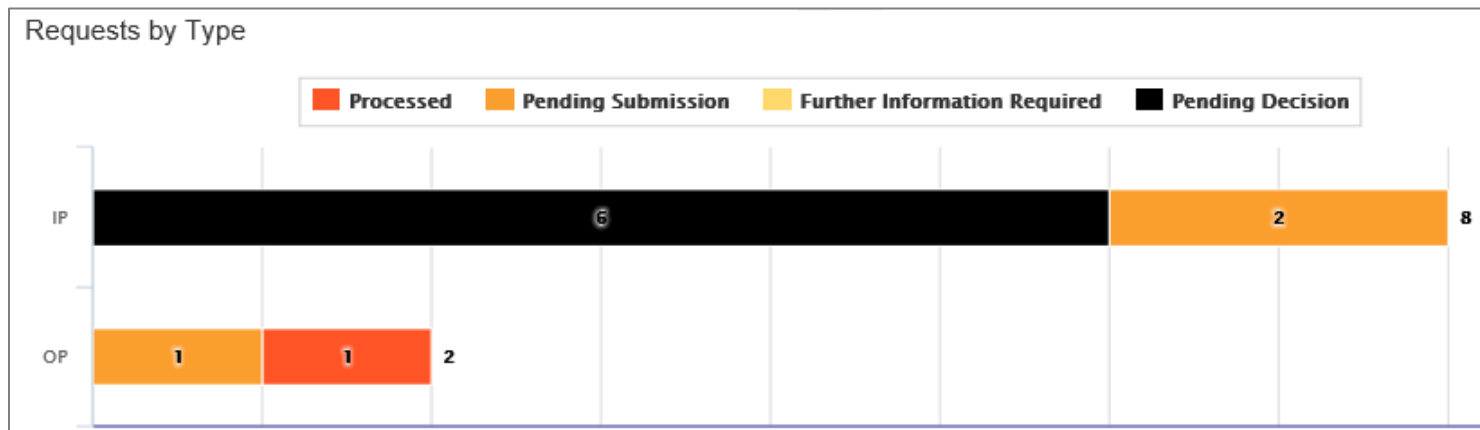
You can view the request statistics by status in the Work in Progress widget. It displays the number of requests created and their statuses in a graphical representation. It also displays the number of days that a request is in the same status (color coded). Clicking on a bar in the graph will display those given episodes.



## Overview of the Dashboard: To-Do View, continued

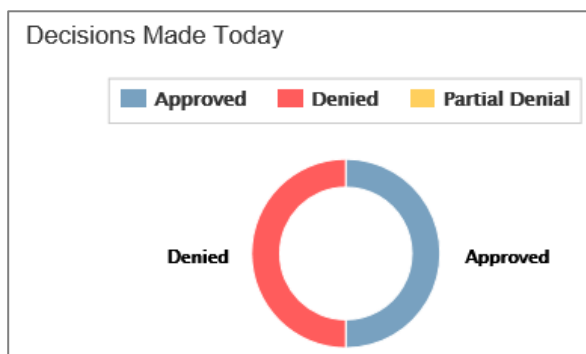
### Requests by Type Widget

The Requests by Type widget displays the number of requests that are processed, pending for submission, pending for decision, and awaiting further information based on the episode types.



### Decisions Made Today Widget

The Decisions Made Today widget displays the statistics of stay and service requests that are approved, denied, or partially denied pertaining to the requests made by you. Click on a status in the graph to view the associated episode(s).



### My Activities Widget

The My Activities widget displays the list of activities assigned to you that are schedule to be performed on the current date, by default.

## Overview of the Dashboard: Team View

The Team view will display information regarding your team.

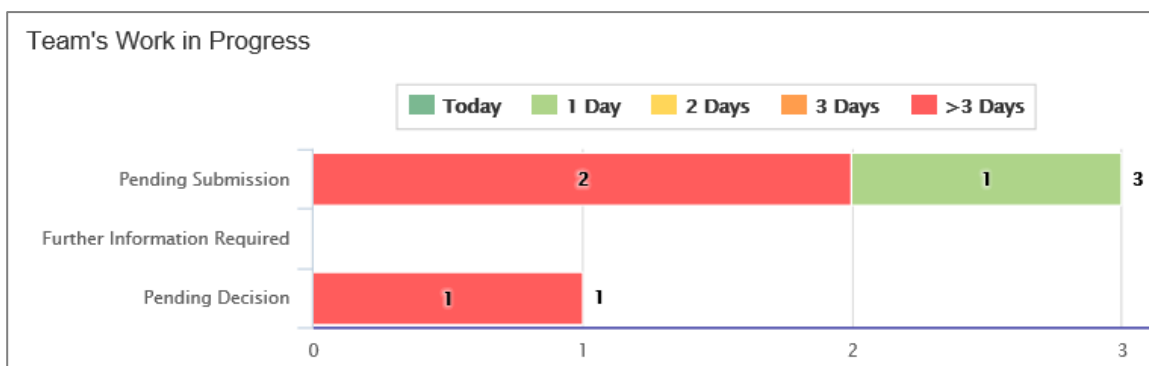
### Team Members Widget

The Team Members widget displays the number of team members along with their names. You can access episodes associated with your team members by clicking on their names. This will take you to their Dashboard.



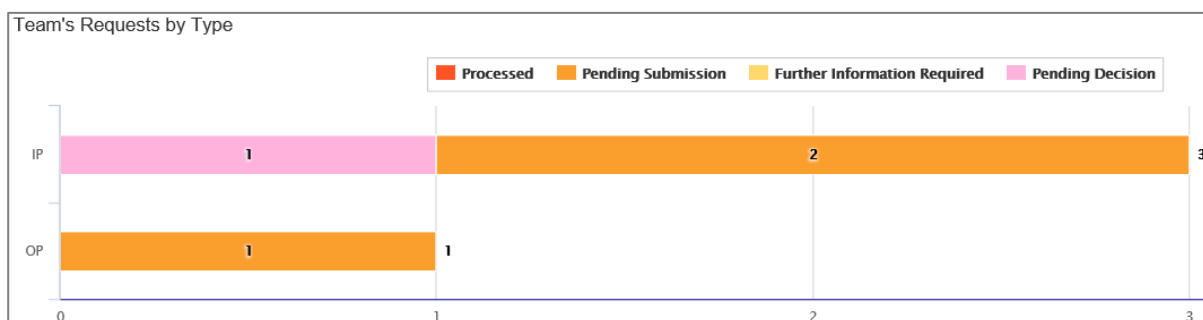
### Team's Work in Progress Widget

The Team's Work in Progress widget displays the number of episodes created by your team and is displayed based on the timeline.



### Team's Requests by Type Widget

The Team's Request by Type widget displays the number of requests that are processed, pending for submission, pending for decision, and awaiting further information depending on the episode types. You may click on a bar in the graph to access the specific information.






## **2 SEARCHING FOR A MEMBER**

## Searching for a Member – Search Request Tab

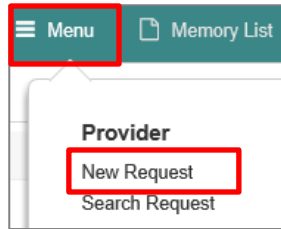
It is recommended that you search for a possible duplication before entering a request. Conducting the search using **Search Request** allows you to view existing requests for a member.

	<p style="text-align: center;"><b>Duplicate Case Check and Alert</b></p> <ul style="list-style-type: none"> <li>Jiva will compare dates of service, treating provider and procedure request to other cases for the member. You will receive a warning message if a possible duplicate exists.</li> <li>Jiva will not auto approve any case that is a possible duplicate. The request will be evaluated by the Utilization Management team.</li> </ul>
---	---

Step	Action																																																				
1.	<p>Click on <b>Search Request</b> on the menu bar.</p> <div><div><div>Menu</div><div>Memory List</div></div><div><div>Provider</div><div>New Request</div><div>Search Request</div></div></div>																																																				
2.	<p>Search by one of the following:</p> <table><tr><th>Search Information</th><th>Description</th></tr><tr><td>Member ID</td><td>Member ID Type: defaults to ELIG Member ID which is their health plan ID. You will need to enter <b>-01</b> at the end of the Member ID</td></tr><tr><td>Member Name &amp; DOB</td><td>You need to enter <b>both</b> the Member Name and DOB</td></tr><tr><td>Certification Number</td><td>If you are searching for a particular submitted or saved request, you may search by the Certification Number</td></tr></table>	Search Information	Description	Member ID	Member ID Type: defaults to ELIG Member ID which is their health plan ID. You will need to enter <b>-01</b> at the end of the Member ID	Member Name & DOB	You need to enter <b>both</b> the Member Name and DOB	Certification Number	If you are searching for a particular submitted or saved request, you may search by the Certification Number																																												
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3.	<p>Select “<b>Cases Treated By Me</b>” in the <b>View Requests</b> drop down. This will display requests associated with the selected business entity.</p>																																																				
4.	<p>Verify that “<b>All</b>” is in the <b>Business Entity</b> field.</p>																																																				
5.	<p>Click the <b>Search</b> button and check for duplicate requests.</p> <p><b>Result:</b> Cases found for the specified member will be displayed in the “<b>Request Search Results</b>” section, along with the <b>Add New Request</b> button. If no matching records for the specified member are found, a message will be displayed indicating this, along with the <b>Add New Request</b> button.</p> <table><tr><th>Action</th><th>Episode ID</th><th>Member Name</th><th>Episode Type</th><th>Date of Service</th><th>Cert Number</th><th>Diagnosis</th><th>Created By</th><th>Submitted By</th><th>Initial Due Date</th><th>Status</th><th>Decision</th><th>Decision Reason</th></tr><tr><td></td><td>9025648</td><td>ExampleA, Portal</td><td>IP</td><td>08/13/2020</td><td>2008000412</td><td>M13.169 ( Monoarthritis, not elsewhere classified, unspecified knee )</td><td>Westre, Kristi</td><td>Westre, Kristi</td><td></td><td>Processed</td><td>Approved</td><td>Clinical Reviewer Approval</td></tr><tr><td></td><td>9026454</td><td>ExampleA, Portal</td><td>IP</td><td>09/10/2020</td><td>92009000124</td><td>R69 ( Illness, unspecified )</td><td>Westre, Kristi</td><td></td><td></td><td>Pending Submission</td><td></td><td></td></tr><tr><td colspan="13"><div>Add New Request</div></td></tr></table>	Action	Episode ID	Member Name	Episode Type	Date of Service	Cert Number	Diagnosis	Created By	Submitted By	Initial Due Date	Status	Decision	Decision Reason		9025648	ExampleA, Portal	IP	08/13/2020	2008000412	M13.169 ( Monoarthritis, not elsewhere classified, unspecified knee )	Westre, Kristi	Westre, Kristi		Processed	Approved	Clinical Reviewer Approval		9026454	ExampleA, Portal	IP	09/10/2020	92009000124	R69 ( Illness, unspecified )	Westre, Kristi			Pending Submission			<div>Add New Request</div>												
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<div>Add New Request</div>																																																					

## Searching for a Member – New Request Tab

If the **Add New Request** button is not displayed after searching for a member using the **Search Request** tab, you can search for a member and add a new request using the **New Request** tab.



Step	Action
1.	Click on <b>Menu</b> on the menu bar.
2.	Select <b>New Request</b>

New Request

Member Last Name

Client

Q

Member First Name

Member ID Type

ELIG Member ID

▼


Member DOB

📅

Member ID \*

Search

Reset

Step	Action
1.	Enter the Member ID in the <b>Member ID</b> field. <div>  <div>When searching by <b>Member ID</b> you must enter “-01” at the end of the Member ID.</div> </div>
2.	Click the <b>Search</b> button to search for the member. <b>Result:</b> Information for the specified member will be displayed in the <b>Member Search Results</b> section and the <b>Add New Request</b> field will be displayed in the <b>Action</b> column.

New Request

Member Last Name

Client

Q

Member First Name

Member ID Type

ELIG Member ID

▼

Member DOB

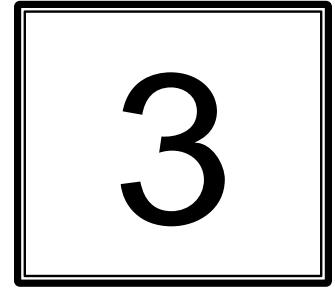
📅

Member ID \*

Search

Reset

	Jiva Member ID	Member Name	Member Date of Birth	Gender	Member ID	Coverage Start Date	Coverage End Date	Group Name	Action
⚙️		ExampleA, Portal	04/19/1966	F		01/01/2004	12/31/9999		<div>Add Request</div> <div>▼</div>



## **3 ENTER AN IP CLINICAL REQUEST**



## How to Enter an Inpatient Clinical Request

---

When entering a request you have 2 options:

- 1) Enter a clinical request which includes all clinical information.
- 2) Enter a nonclinical request where the clinical information can be added at a later time.

The steps in this chapter outline how to enter an IP clinical request. Reference chapter 4 “How to Enter an IP Non-clinical Request” and Chapter 5 “How to Add Clinical Information to an Existing IP Non-clinical Request” for more information.

When entering a **clinical** request, you **must provide** the following information:

- **Episode Details**
- **Diagnosis- primary a must, secondary is optional**
- **Treating Provider**
- **Attending Physician**
- **Add stay request**
- **Add Assessment (if triggered)**
- **All clinical information**



Requests where the clinical information is entered may auto approve based on what is requested and the information provided in the Assessment.

## Adding a New IP Clinical Request – Adding Episode Details

After locating the member (following the steps outlined in Chapter 2), click on **Add New Request** and select **Inpatient** from the drop-down list.

The Member Demographics are at the top of the page. You may click the drop-down caret on the right to expand the demographics window.

The screenshot shows the Jiva portal interface. At the top, there's a navigation bar with 'Jiva' logo and links for Dashboard, Menu, Memory List, and Calendar. Below this is a member information bar showing 'ExampleA, Portal (Female)', 'DOB: 04/19/1966 ( 54y )', 'Member ID:', and 'Government ID:'. Below the member info is a row of tabs: Address, Phone & Email, Coverage, Group, PCP/PCM, and Allergies. A red circle highlights a drop-down caret on the right side of the Allergies tab. Below the tabs is the 'Inpatient Request' section. On the left, there's a sidebar with 'Episode Details' highlighted. The main content area has three dropdown menus: 'Request Type \*', 'Request Priority \*', and 'Admit Type'. A red circle highlights the 'Optional Fields' link at the bottom of the form.

Follow these steps to complete the **Episode Details** section:

Step	Action
1.	Select the appropriate <b>Request Type</b> from the drop down
2.	Select the appropriate <b>Request Priority</b> from the drop down
3.	Select the appropriate <b>Admit Type</b> from the drop down

If you click the **Optional Fields** hyperlink, additional fields will be displayed.

The screenshot shows the 'Inpatient Request' form with the 'Optional Fields' section expanded. The 'Time Request' field is a text input, and the 'Reason for Request' field is a dropdown menu. Both fields are highlighted with a red box.

- **Time Request:** This field will auto-populated based on the **Request Priority**.
- **Reason for Request:** Select the appropriate reason from the drop down.

## Adding a New IP Clinical Request – Adding Diagnosis

You can add multiple diagnoses from this screen or you can utilize the **Favorite Diagnosis** hyperlink to save time and keystrokes. The **Favorite Diagnosis** function will allow you to create and manage a list of frequently used diagnoses. The list is unique to the provider's account. Reference Chapter 9 "Favorite Diagnosis List – How to Create a Favorites List."
















**Diagnosis**

Code Type \*

ICD10

Diagnosis \*

[Advanced Search](#)
[Favorite Diagnosis](#)

Step	Action												
1.	<b>Code Type</b> will default to ICD10. You may select a different code type if applicable.												
2.	Type the diagnosis or code in the <b>Diagnosis</b> field. You may also use the <b>Advanced Search</b> function, if needed.												
3.	Once you select the diagnosis, it will display on the screen and be attached to the episode. <div><table><tr><th>Primary Dx</th><th>Code Type</th><th>Diagnosis</th><th>Actions</th></tr><tr><td></td><td>ICD10</td><td>I50.9--Heart failure, unspecified</td><td></td></tr><tr><td></td><td>ICD10</td><td>R69--Illness, unspecified</td><td></td></tr></table></div>	Primary Dx	Code Type	Diagnosis	Actions		ICD10	I50.9--Heart failure, unspecified			ICD10	R69--Illness, unspecified	
Primary Dx	Code Type	Diagnosis	Actions										
	ICD10	I50.9--Heart failure, unspecified											
	ICD10	R69--Illness, unspecified											
4.	<table><tr><th>If you...</th><th>Then...</th></tr><tr><td>want to add additional diagnoses</td><td>Repeat steps 2 and 3.  <b>Note:</b><ul style="list-style-type: none"><li>- Click the remove icon  to remove a diagnosis from the request.</li><li>- You cannot remove a diagnosis unless there is more than one diagnosis already selected</li><li>- Click the <b>Star</b>  in the <b>Primary Dx</b> column if you need to designate a different diagnosis as primary.</li></ul></td></tr><tr><td><b>do not</b> want to add additional diagnoses</td><td>Proceed to the <b>Providers</b> section of the episode.</td></tr></table>	If you...	Then...	want to add additional diagnoses	Repeat steps 2 and 3.  <b>Note:</b> <ul style="list-style-type: none"><li>- Click the remove icon  to remove a diagnosis from the request.</li><li>- You cannot remove a diagnosis unless there is more than one diagnosis already selected</li><li>- Click the <b>Star</b>  in the <b>Primary Dx</b> column if you need to designate a different diagnosis as primary.</li></ul>	<b>do not</b> want to add additional diagnoses	Proceed to the <b>Providers</b> section of the episode.						
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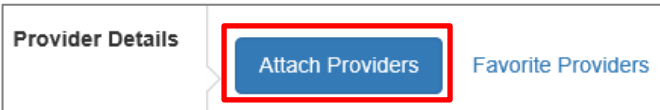
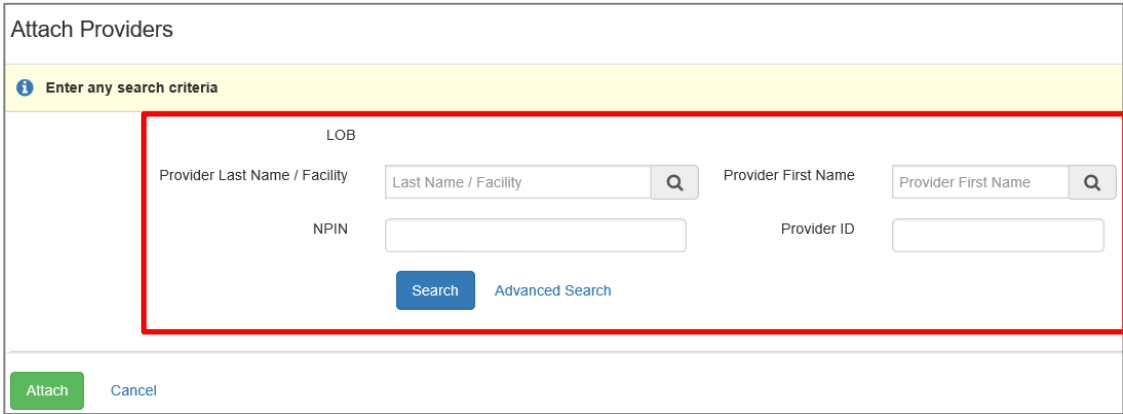
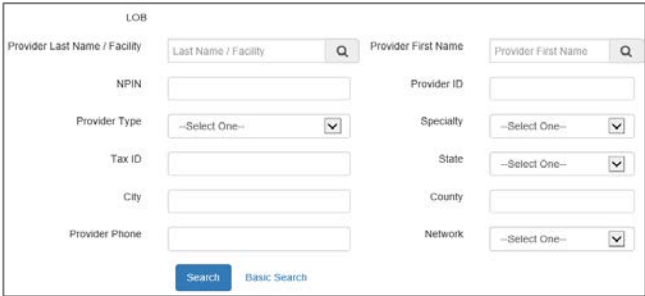
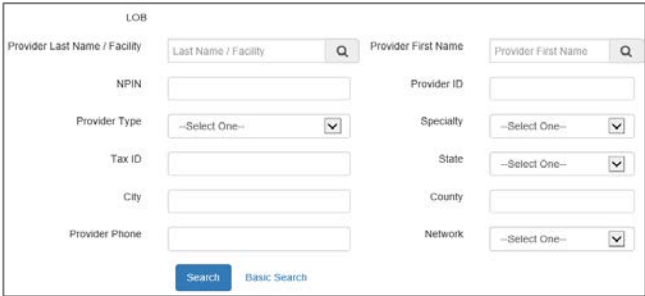
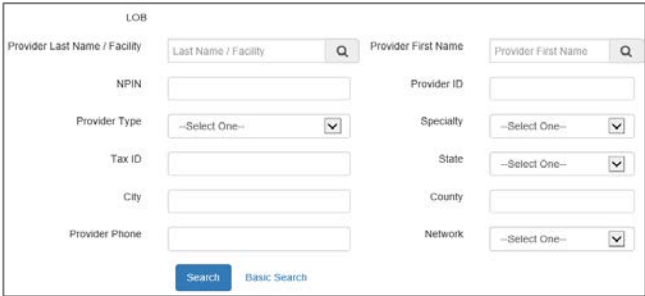
## Adding a New IP Clinical Request – Adding Providers

All Inpatient requests require a **Treating** provider (Facility) and an **Attending** physician.






The steps below outline the processes for adding providers to the request.







**Favorite Providers** - You can utilize the Favorite Providers hyperlink to save time and keystrokes. The **Favorite Providers** list will allow you to create and manage a list of frequently used providers. Reference Chapter 9 “*Favorite Provider List–How to Create a Favorites List.*”




Step	Action						
1.	<p>Click the <b>Attach Providers</b> button.</p> 						
2.	<p>Enter the appropriate search criteria and click on <b>Search</b>.</p> 						
3.	<p>After clicking <b>Search</b>:</p> <table border="1"> <thead> <tr> <th>If appropriate provider...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>Is displayed</td><td>Proceed to Step 4.</td></tr> <tr> <td><i>Is not</i> displayed</td><td> <p>You may use the <b>Advanced Search</b> functionality and click the <b>Attach</b> button after locating the provider</p>  </td></tr> </tbody> </table>	If appropriate provider...	Then...	Is displayed	Proceed to Step 4.	<i>Is not</i> displayed	<p>You may use the <b>Advanced Search</b> functionality and click the <b>Attach</b> button after locating the provider</p> 
If appropriate provider...	Then...						
Is displayed	Proceed to Step 4.						
<i>Is not</i> displayed	<p>You may use the <b>Advanced Search</b> functionality and click the <b>Attach</b> button after locating the provider</p> 						




## Adding a New IP Clinical Request – Adding Providers (cont.)

Search Results						
	Provider ID	Provider Name	Location	Type	Provider Role	Partici
	0000000	Hospital A	Any City, PA	Facility/Vendor	Treating 	
<div>  Single Attach            Multiple Attach            Set as Favorite         </div>						

Step	Action
4.	<ul style="list-style-type: none"> <li>Search for the facility.</li> <li>Once you have located the facility, select “<b>Treating</b>” from the drop-down list in the <b>Provider Role</b> column, click the  icon next to the provider row and select  <b>Single Attach</b> to attach the provider to the episode.</li> </ul> <p><b>Result:</b> The Provider will be attached and listed in the <b>Providers</b> section of the episode.</p>
5.	<ul style="list-style-type: none"> <li>Search for the attending physician.</li> <li>Once you have located the physician, select “<b>Attending</b>” from the drop-down list in the <b>Provider Role</b> column, click the  icon next to the provider row and select  <b>Single Attach</b> to attach the provider to the episode.</li> </ul> <p><b>Result:</b> The Provider will be attached and listed in the <b>Providers</b> section of the episode.</p>



If you want to ...	Then...
<b><u>Attach multiple providers to an episode at the same time</u></b>	<p>Follow the steps outlined below:</p> <ul style="list-style-type: none"> <li>Search for the desired providers</li> <li>In the row of each desired provider in the search results screen, select the appropriate Provider Role from the drop-down list, click the  icon next to the row and select the  <b>Multiple Attach</b> option</li> <li>As each provider is selected, they will be added to the “<b>Selected Providers List</b>” at the bottom of the screen</li> <li>When all providers have been added, verify the selected Provider Role and click the  <b>Attach</b> button to add them to the episode.</li> </ul>


Provider Details	ID	Name	Location	Role	Network	Phone	Action
		Hospital A		Treating 			
		Provider A		Attending 			

### NOTE:

- If the incorrect provider is attached, click the **Deactivate** icon  to deactivate the facility. The facility will be removed from the episode.

## Adding a New IP Clinical Request – Adding Stay Request

You can add a Stay Request (length of stay/days in hospital) without adding a Service Request. The Service Request is used to request a surgical procedure. The following steps outline how to add the Stay Request.

<b>Stay Request</b>	Service Type *	--Select One--	Actual Admit Date	<input type="text"/>	
	Place of Service	Medical			
	Requested Level Of Care	--Select One--	LOS Requested	<input type="text"/>	

Step	Action
1.	Select the most appropriate choice in the <b>Service Type</b> drop down.
2.	Select the most appropriate choice in the <b>Place of Service</b> drop down. <b>Note</b> - If you are uncertain, select " <b>Medical</b> ."
3.	Select the most appropriate "type of bed or unit" in which the member was admitted in the <b>Requested Level of Care</b> drop down.
4.	Enter the "date of admission" in the <b>Admit Date</b> field.
5.	Enter "1" in the <b>LOS Requested #</b> field.

## Adding a New IP Clinical Request – Adding Service Request (if applicable)





When adding a procedure to an Inpatient request, you will need to complete the **Service Request** section.



**Favorite Services** - You can utilize the Favorite Services hyperlink to save time and keystrokes. The **Favorite Services** functionality will allow you to create and manage a list of frequently used services. Reference Chapter 9 “*Favorite Services List—How to Create a Favorites List.*”

Step	Action																						
1.	<p>Complete information in the <b>Service Request</b> section (<i>if applicable</i>) using the guidelines outlined below:</p> <div data-bbox="404 548 1380 961"> </div> <table border="1"> <tr> <td><b>Service Type</b></td><td>Defaults to Inpatient, but update as needed</td></tr> <tr> <td><b>Place of Service</b></td><td>Defaults to Medical, but update as needed</td></tr> <tr> <td><b>Code Type</b></td><td>Defaults to CPT, but update as needed</td></tr> <tr> <td><b>Service Code</b></td><td>Enter the requested procedure code. <b>Note:</b> You can type the procedure code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate procedure from the list. You can also use the <b>Advanced Search</b> link to initiate a search for the procedure code.</td></tr> <tr> <td><b>Modifier</b></td><td>Enter modifier details as appropriate</td></tr> <tr> <td><b>Start Date</b></td><td>Defaults to match the Actual Admit date, update as needed</td></tr> <tr> <td><b>End Date</b></td><td>Defaults to the next day, update as needed</td></tr> </table> <p>To view these fields, you may need to click on the <b>Optional Fields</b> hyperlink.</p> <table border="1"> <tr> <td><b>Time Frame</b></td><td>Defaults to 1, but update as needed</td></tr> <tr> <td><b>Time Period</b></td><td>Defaults to 1, but update as needed</td></tr> <tr> <td><b>Units</b></td><td>Defaults to 1, but update as needed</td></tr> <tr> <td><b>UCR Cost</b></td><td>N/A – not used</td></tr> </table>	<b>Service Type</b>	Defaults to Inpatient, but update as needed	<b>Place of Service</b>	Defaults to Medical, but update as needed	<b>Code Type</b>	Defaults to CPT, but update as needed	<b>Service Code</b>	Enter the requested procedure code. <b>Note:</b> You can type the procedure code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate procedure from the list. You can also use the <b>Advanced Search</b> link to initiate a search for the procedure code.	<b>Modifier</b>	Enter modifier details as appropriate	<b>Start Date</b>	Defaults to match the Actual Admit date, update as needed	<b>End Date</b>	Defaults to the next day, update as needed	<b>Time Frame</b>	Defaults to 1, but update as needed	<b>Time Period</b>	Defaults to 1, but update as needed	<b>Units</b>	Defaults to 1, but update as needed	<b>UCR Cost</b>	N/A – not used
<b>Service Type</b>	Defaults to Inpatient, but update as needed																						
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<b>Modifier</b>	Enter modifier details as appropriate																						
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<b>Time Period</b>	Defaults to 1, but update as needed																						
<b>Units</b>	Defaults to 1, but update as needed																						
<b>UCR Cost</b>	N/A – not used																						

## Adding a New IP Clinical Request – Adding Service Request (if applicable), cont.

Step	Action																											
2.	<p>Click the <b>Add</b> button</p> <p><b>Result:</b> The Service Request line will now be populated (appears below the Service Request fields)</p> <table><tr><th colspan="9">Service Request</th></tr><tr><th>Action</th><th><input type="checkbox"/></th><th>Service Code</th><th>Requested#</th><th>Start Date</th><th>End Date</th><th>Service Type</th><th>Place of Service</th><th>Review Status</th></tr><tr><td></td><td></td><td>93352(CPT)</td><td>1</td><td>08/12/2020</td><td>08/13/2020</td><td>Inpatient</td><td>Medical</td><td></td></tr></table> <p><b>Note:</b> If a Service Request was added in error or with incorrect information, you may click the  icon in the <b>Action</b> column to remove the given line.</p>	Service Request									Action	<input type="checkbox"/>	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service	Review Status			93352(CPT)	1	08/12/2020	08/13/2020	Inpatient	Medical	
Service Request																												
Action	<input type="checkbox"/>	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service	Review Status																				
		93352(CPT)	1	08/12/2020	08/13/2020	Inpatient	Medical																					
3.	Repeat Steps 1 and 2 to add additional services, if appropriate																											



## Adding a New IP Clinical Request – InterQual

Access and complete InterQual Connect Clinical Criteria



If you need training or have questions regarding the use of InterQual Connect criteria, please contact your facility InterQual trainer or contact your Change HealthCare account representative.

The health plan is certified to conduct training for internal associates only.

Step	Action																								
1.	<div>Click the <b>Check for Review</b> button.</div> <div><div>Check For Review</div></div>																								
2.	<div>Once determined that one or both exists, you will receive the following pop-up message. Click <b>OK</b>.</div> <div><div>pr-jv6-ap-pp.amerihealthcaritas.com says</div><div>There are stay/service lines to be reviewed. Kindly complete the same before submit.</div><div><div>OK</div></div></div>																								
3.	<div>Click the appropriate <b>Go to Criteria</b> button.</div> <table><tr><th>If...</th><th>Then...</th></tr><tr><td>Only a <b>Stay Request</b></td><td><ul style="list-style-type: none"><li>Click the <b>Go to Criteria</b> button associated with the <b>Stay Request</b>.</li></ul></td></tr><tr><td>Both <b>Stay</b> and <b>Service Requests</b></td><td><ul style="list-style-type: none"><li>The <b>Go to Criteria</b> button associated with the Stay Request will be inactive.</li><li>Click the <b>Go to Criteria</b> button associated with the <b>Service Request</b>.</li></ul></td></tr></table> <div><div>Stay Request</div><div><div>Treatment Setting *Hospital - Inpatient</div><div>Treatment TypeMedical</div><div>Requested Level Of CareMedical</div><div>Review Status</div><div><div>Go to Criteria</div></div><div>Actual Admit Date10/12/2021</div><div>LOS Requested1</div></div></div> <div><div>Go to Criteria</div><div>Service Request</div><table><tr><th>Action</th><th>Service Code</th><th>Modifier</th><th>Requested#</th><th>Start Date</th><th>End Date</th><th>Treatment Setting</th><th>Treatment Type</th><th>Review Status</th></tr><tr><td><input checked="" type="checkbox"/></td><td>58280(CPT)</td><td></td><td>1</td><td>10/15/2021</td><td>11/15/2021</td><td>Hospital - Inpatient</td><td>Medical</td><td></td></tr></table></div>	If...	Then...	Only a <b>Stay Request</b>	<ul style="list-style-type: none"><li>Click the <b>Go to Criteria</b> button associated with the <b>Stay Request</b>.</li></ul>	Both <b>Stay</b> and <b>Service Requests</b>	<ul style="list-style-type: none"><li>The <b>Go to Criteria</b> button associated with the Stay Request will be inactive.</li><li>Click the <b>Go to Criteria</b> button associated with the <b>Service Request</b>.</li></ul>	Action	Service Code	Modifier	Requested#	Start Date	End Date	Treatment Setting	Treatment Type	Review Status	<input checked="" type="checkbox"/>	58280(CPT)		1	10/15/2021	11/15/2021	Hospital - Inpatient	Medical	
If...	Then...																								
Only a <b>Stay Request</b>	<ul style="list-style-type: none"><li>Click the <b>Go to Criteria</b> button associated with the <b>Stay Request</b>.</li></ul>																								
Both <b>Stay</b> and <b>Service Requests</b>	<ul style="list-style-type: none"><li>The <b>Go to Criteria</b> button associated with the Stay Request will be inactive.</li><li>Click the <b>Go to Criteria</b> button associated with the <b>Service Request</b>.</li></ul>																								
Action	Service Code	Modifier	Requested#	Start Date	End Date	Treatment Setting	Treatment Type	Review Status																	
<input checked="" type="checkbox"/>	58280(CPT)		1	10/15/2021	11/15/2021	Hospital - Inpatient	Medical																		

## Adding a New IP Clinical Request – InterQual, cont.

Step	Action						
4.	<p>You will receive the following message. Click <b>OK <u>only</u></b> if you completed the items listed.</p> <div> <p>pr-jv6-ap-pp.amerihealthcaritas.com says</p> <p>Click OK only after all diagnoses, stay and/or service detail lines are completed. Edits are not permitted after clicking OK. Click Cancel to edit or OK to continue.</p> <div> <div>OK</div> <div>Cancel</div> </div> </div>						
5.	<table border="1"> <thead> <tr> <th>If there is...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td><b>Matching Guideline</b></td><td> <p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. <b><i>Proceed to Step 6 in this section.</i></b></p> <div> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : I50.9, G0493</p> <p>Guideline : <input checked="" type="radio"/> Home Care Services, Adult, LOC:Home Care Q &amp; A  <input type="radio"/> Home Care Services, Pediatric, LOC:Home Care Q &amp; A</p> <div> <div>Ok</div> <div>Cancel</div> </div> </div> </td></tr> <tr> <td><b>No Matching Guideline</b></td><td> <p>You will receive this pop-up. Click <b>OK</b> to close the window and you will be returned to the request screen. <b><i>Proceed to Adding Documents.</i></b></p> <div> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : J40</p> <p>Guideline : No matching guideline was found.</p> <div> <div>Ok</div> <div>Cancel</div> </div> </div> </td></tr> </tbody> </table>	If there is...	Then...	<b>Matching Guideline</b>	<p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. <b><i>Proceed to Step 6 in this section.</i></b></p> <div> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : I50.9, G0493</p> <p>Guideline : <input checked="" type="radio"/> Home Care Services, Adult, LOC:Home Care Q &amp; A  <input type="radio"/> Home Care Services, Pediatric, LOC:Home Care Q &amp; A</p> <div> <div>Ok</div> <div>Cancel</div> </div> </div>	<b>No Matching Guideline</b>	<p>You will receive this pop-up. Click <b>OK</b> to close the window and you will be returned to the request screen. <b><i>Proceed to Adding Documents.</i></b></p> <div> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : J40</p> <p>Guideline : No matching guideline was found.</p> <div> <div>Ok</div> <div>Cancel</div> </div> </div>
If there is...	Then...						
<b>Matching Guideline</b>	<p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. <b><i>Proceed to Step 6 in this section.</i></b></p> <div> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : I50.9, G0493</p> <p>Guideline : <input checked="" type="radio"/> Home Care Services, Adult, LOC:Home Care Q &amp; A  <input type="radio"/> Home Care Services, Pediatric, LOC:Home Care Q &amp; A</p> <div> <div>Ok</div> <div>Cancel</div> </div> </div>						
<b>No Matching Guideline</b>	<p>You will receive this pop-up. Click <b>OK</b> to close the window and you will be returned to the request screen. <b><i>Proceed to Adding Documents.</i></b></p> <div> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : J40</p> <p>Guideline : No matching guideline was found.</p> <div> <div>Ok</div> <div>Cancel</div> </div> </div>						

## Adding a New IP Clinical Request – InterQual, cont.

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Step	Action						
6.	After answering the review questions, the Recommendations page will display either <b>Criteria Met</b> or <b>Criteria Not Met</b> .						
7.	From the <b>Recommendations</b> page: <table><tr><th>If you click...</th><th>Then...</th></tr><tr><td><b>Save</b></td><td>The review will be saved and can be updated, if needed, prior to submitting the request.</td></tr><tr><td><b>Complete</b></td><td>The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.</td></tr></table>	If you click...	Then...	<b>Save</b>	The review will be saved and can be updated, if needed, prior to submitting the request.	<b>Complete</b>	The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.
If you click...	Then...						
<b>Save</b>	The review will be saved and can be updated, if needed, prior to submitting the request.						
<b>Complete</b>	The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.						
8.	Close the InterQual tab to return to the Provider Portal						
9.	The request line will now display a status in the <b>Decision</b> column.						

## Adding a New IP Clinical Request – Adding Assessments

If an assessment is associated with the request, an **Assessment** section will be displayed where you may access and complete the associated assessment.

Assessments

New In Progress Completed Voided

Assessment Title	Identified On	Assessment Added By
 Sample Assessment	11/23/2020	Sentinel

Start  
Void  
Trend Report  
Print Blank Assessment


Page 1 of 1

Complete Save Save and Generate POC Cancel

Add Activity Notes Assessment (POC) Review Share With Member Last Answered Question

Assessment Score 0 of 9 Provider Portal Delivery Screening Assesmer Copy Group Answers Group Score : 0 of 9

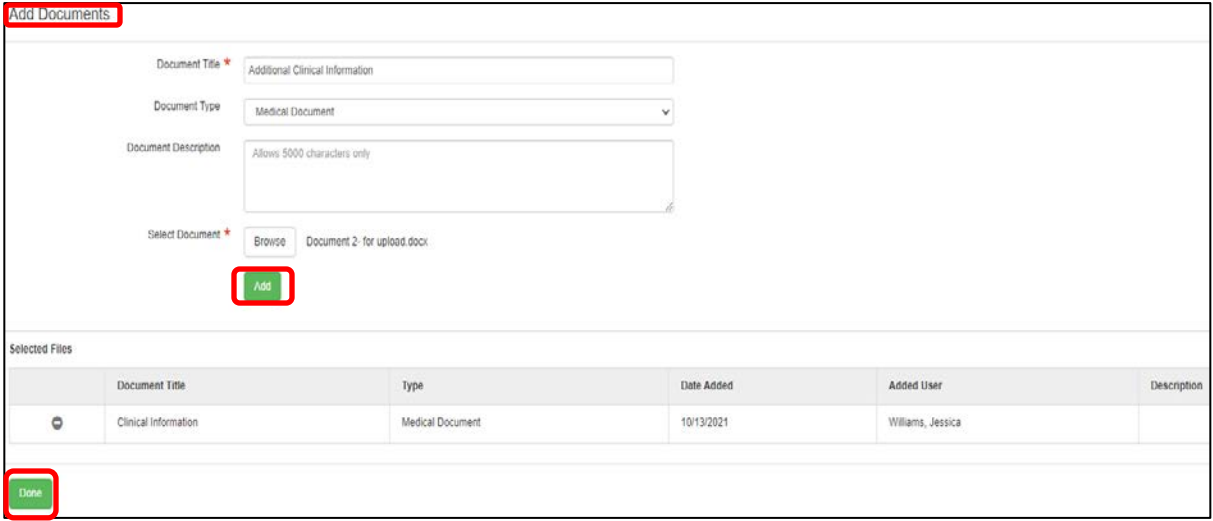
Timer 00:00:09

 Sample Question...

Step	Action
1.	In the <b>New</b> Tab of the Assessment section, click on the gear icon to the left of the Assessment and click on <b>Start</b> .
2.	Answer the questions. <b>Note</b> - Questions in <b>red</b> are mandatory.
3.	Click the <b>Complete</b> button to complete the assessment. <b>Note</b> - This will trigger any auto approval rules (if configured.) The <b>Save</b> button will <b>not</b> trigger the auto approval rules.

## Adding a New IP Clinical Request – Adding Documents

When submitting an **IP Clinical Request**, you must attach the clinical information. Follow these instructions to add **Documents**.

Step	Action
1.	<p>Complete the following:</p> <ol style="list-style-type: none"> <li><b>Document Title:</b> enter the title of the document</li> <li><b>Document Type:</b> defaults to <b>Medical Document</b>, update as needed.</li> <li><b>Document Description:</b> optional field</li> <li>Click the <b>Browse</b> button to search for the document you wish to upload <ol style="list-style-type: none"> <li>Click the desired document and click the <b>Open</b> button</li> </ol> </li> <li>You will see the document name listed next to the <b>Browse</b> button.</li> <li>You may add additional documents by selecting <b>Add</b>.</li> <li>Select <b>Done</b> when you have added all documents you wish to attach.</li> </ol> 

## Adding a New IP Clinical Request – Adding Notes

Notes

Note Type

--Select One--

▼

Note Encounter Date

08/13/2020

📅

Note Encounter Time

08

▼

49

▼

Note Text

File ▼ Edit ▼ View ▼ Format ▼ Tools ▼

**B**

*I*

U

ABC ✓

📄

⬆

⬇

⬆

Step	Action
1.	Select the appropriate <b>Note Type</b> from the drop-down menu.
2.	Enter the appropriate notes in the notes section. Be sure to include your <b>name</b> and <b>contact information</b> in the event the Plan needs to contact you.



This is a shared note field. Notes can be viewed and entered by both you and the plan.

## Adding a New IP Clinical Request – Submitting the Request

Once all required sections are completed, you are ready to submit the request.

Step	Action
1.	<p>Click on the <b>Submit</b> button to submit your request.</p> <div> <span>Submit</span> <span>Save as Draft</span> <span>Delete</span> <span>Cancel</span> </div> <p><b>Note:</b> The <b>Submit</b> button will not be active until a clinical review has been completed.</p>
2.	<p>The Request Details information will be displayed, including the Cert Number.</p> <p><b>Note:</b> If the request is programmed to auto-approve, you will see <b>Approved</b> in the <b>Decision</b> column.</p>

Request Details									
Episode Abstract									
Expected Decision Date : 08/15/2020		Authorization Type : IP		Episode Number : 9025648		Episode Status : OpenRequest		Cert Number 2008000412	
Stay Request	Stay ID	LOS Requested#	LOS Assigned#	LOS Denied	Auth Start Date	Auth End Date	Service Type	Decision	
	12548537	1	0	0	08/17/2020	08/18/2020	Inpatient	-	
Authorization Details	Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency
	12548538	27428(CPT)	1	0	0			Inpatient	Per Day
									Decision
									Pending



## **4 ENTER AN IP NON-CLINICAL REQUEST**



## How to Enter an Inpatient Non-Clinical Request

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A non-clinical request can be started by non-clinical staff or anyone who does not have clinical information available at the time of entry.

The non-clinical request can be saved and is available to access at a later time in order to add clinical data.

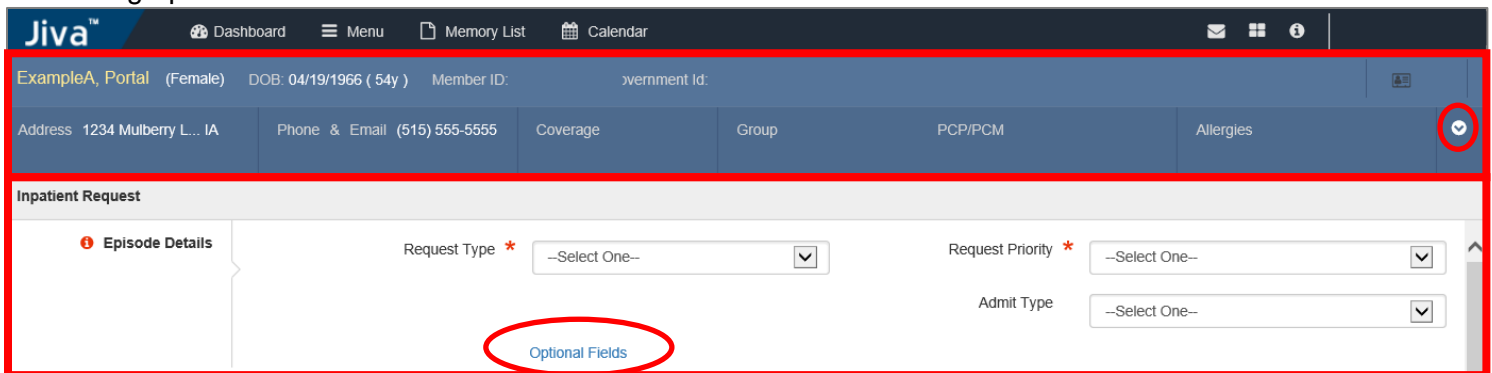
When entering a **non-clinical** request, you **must provide** the following information:

- **Episode Details**
- **Diagnosis- primary a must, secondary is optional**
- **Treating Provider**
- **Attending Physician**
- **Add stay request**

## Adding a New IP Non-Clinical Request – Adding Episode Details

After locating the member (following the steps outlined in Chapter 2), click on **Add New Request** and select **Inpatient** from the drop-down list.

The Member Demographics are at the top of the page. You may click the drop-down caret on the right to expand the demographics window.



Jiva™ Dashboard Menu Memory List Calendar

ExampleA, Portal (Female) DOB: 04/19/1966 ( 54y ) Member ID: Government Id:

Address 1234 Mulberry L... IA Phone & Email (515) 555-5555 Coverage Group PCP/PCM Allergies

Inpatient Request

Episode Details

Request Type \* --Select One--

Request Priority \* --Select One--

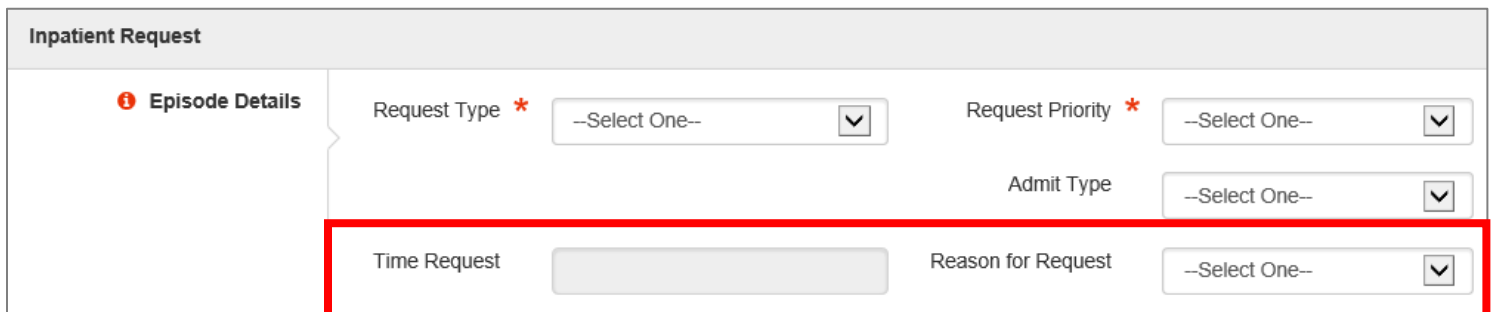
Admit Type --Select One--

Optional Fields

Follow these steps to complete the **Episode Details** section:

Step	Action
1.	Select the appropriate <b>Request Type</b> from the drop down
2.	Select the appropriate <b>Request Priority</b> from the drop down
3.	Select the appropriate <b>Admit Type</b> from the drop down

If you click the **Optional Fields** hyperlink, additional fields will be displayed.



Inpatient Request

Episode Details

Request Type \* --Select One--

Request Priority \* --Select One--

Admit Type --Select One--

Time Request

Reason for Request --Select One--

- **Time Request:** This field will auto-populated based on the **Request Priority**.
- **Reason for Request:** Select the appropriate reason from the drop down.

## Adding a New IP Non-Clinical Request – Adding Diagnosis

You can add multiple diagnoses from this screen or you can utilize the **Favorite Diagnosis** hyperlink to save time and keystrokes. The **Favorite Diagnosis** function will allow you to create and manage a list of frequently used diagnoses. The list is unique to the provider's account. Reference Chapter 9 "Favorite Diagnosis List – How to Create a Favorites List."

**Diagnosis**
















Code Type \*

ICD10

Diagnosis \*

Diagnosis

[Advanced Search](#)
[Favorite Diagnosis](#)

Step	Action												
1.	<b>Code Type</b> will default to ICD10. You may select a different code type if applicable.												
2.	Type the diagnosis or code in the <b>Diagnosis</b> field. You may also use the <b>Advanced Search</b> function, if needed.												
3.	Once you select the diagnosis, it will display on the screen and be attached to the episode. <div><table><tr><th>Primary Dx</th><th>Code Type</th><th>Diagnosis</th><th>Actions</th></tr><tr><td></td><td>ICD10</td><td>I50.9--Heart failure, unspecified</td><td></td></tr><tr><td></td><td>ICD10</td><td>R69--Illness, unspecified</td><td></td></tr></table></div>	Primary Dx	Code Type	Diagnosis	Actions		ICD10	I50.9--Heart failure, unspecified			ICD10	R69--Illness, unspecified	
Primary Dx	Code Type	Diagnosis	Actions										
	ICD10	I50.9--Heart failure, unspecified											
	ICD10	R69--Illness, unspecified											
4.	<table><tr><th>If you...</th><th>Then...</th></tr><tr><td>want to add additional diagnoses</td><td>Repeat steps 2 and 3.  <b>Note:</b><ul style="list-style-type: none"><li>- Click the remove icon  to remove a diagnosis from the request.</li><li>- You cannot remove a diagnosis unless there is more than one diagnosis already selected</li><li>- Click the <b>Star</b>  in the <b>Primary Dx</b> column if you need to designate a different diagnosis as primary.</li></ul></td></tr><tr><td><b>do not</b> want to add additional diagnoses</td><td>Proceed to the <b>Providers</b> section of the episode.</td></tr></table>	If you...	Then...	want to add additional diagnoses	Repeat steps 2 and 3.  <b>Note:</b> <ul style="list-style-type: none"><li>- Click the remove icon  to remove a diagnosis from the request.</li><li>- You cannot remove a diagnosis unless there is more than one diagnosis already selected</li><li>- Click the <b>Star</b>  in the <b>Primary Dx</b> column if you need to designate a different diagnosis as primary.</li></ul>	<b>do not</b> want to add additional diagnoses	Proceed to the <b>Providers</b> section of the episode.						
If you...	Then...												
want to add additional diagnoses	Repeat steps 2 and 3.  <b>Note:</b> <ul style="list-style-type: none"><li>- Click the remove icon  to remove a diagnosis from the request.</li><li>- You cannot remove a diagnosis unless there is more than one diagnosis already selected</li><li>- Click the <b>Star</b>  in the <b>Primary Dx</b> column if you need to designate a different diagnosis as primary.</li></ul>												
<b>do not</b> want to add additional diagnoses	Proceed to the <b>Providers</b> section of the episode.												

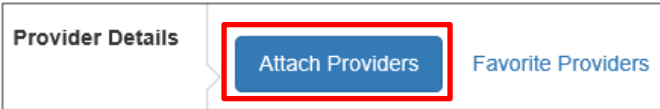
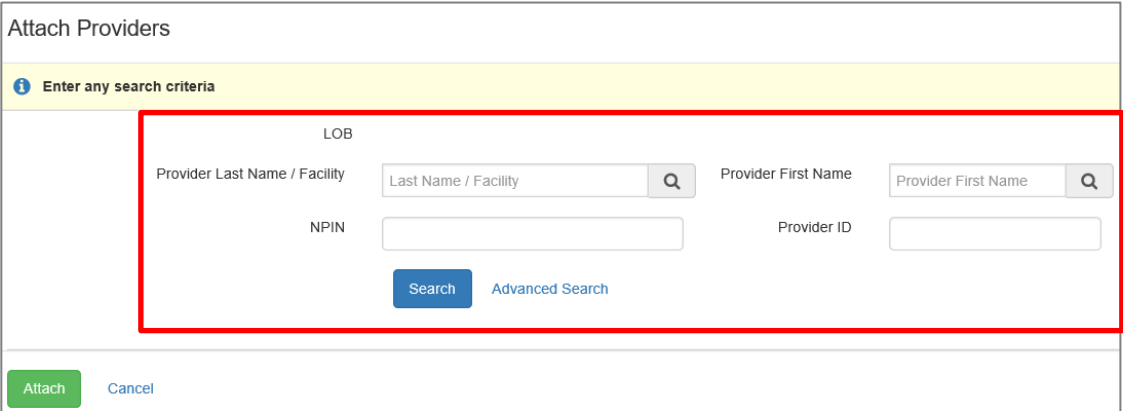
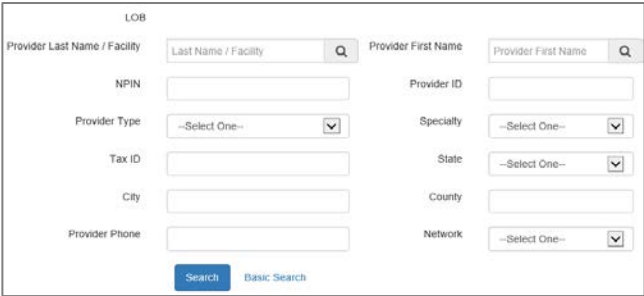
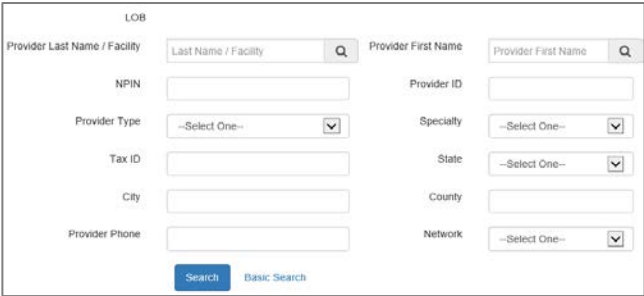
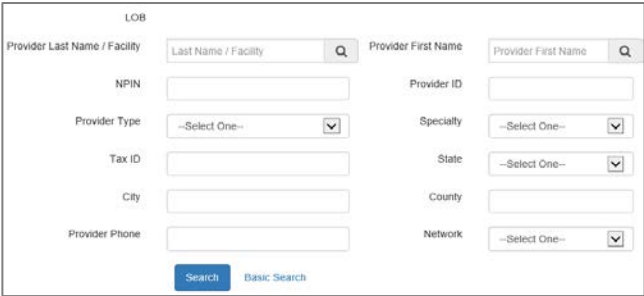
## Adding a New IP Non-Clinical Request – Adding Providers

All Inpatient requests require a **Treating** provider (Facility) and an **Attending** physician.






The steps below outline the processes for adding providers to the request.







**Favorite Providers** - You can utilize the Favorite Providers hyperlink to save time and keystrokes. The **Favorite Providers** list will allow you to create and manage a list of frequently used providers. Reference Chapter 9 “*Favorite Providers List–How to Create a Favorites List.*”




Step	Action						
1.	<p>Click the <b>Attach Providers</b> button.</p> 						
2.	<p>Enter the appropriate search criteria and click on <b>Search</b>.</p> 						
3.	<p>After clicking <b>Search</b>:</p> <table border="1"> <thead> <tr> <th>If appropriate provider...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>Is displayed</td><td>Click the <b>Attach</b> button</td></tr> <tr> <td><i>Is not</i> displayed</td><td> <p>You may use the <b>Advanced Search</b> functionality and click the <b>Attach</b> button after locating the provider</p>  </td></tr> </tbody> </table>	If appropriate provider...	Then...	Is displayed	Click the <b>Attach</b> button	<i>Is not</i> displayed	<p>You may use the <b>Advanced Search</b> functionality and click the <b>Attach</b> button after locating the provider</p> 
If appropriate provider...	Then...						
Is displayed	Click the <b>Attach</b> button						
<i>Is not</i> displayed	<p>You may use the <b>Advanced Search</b> functionality and click the <b>Attach</b> button after locating the provider</p> 						




## Adding a New IP Non-Clinical Request – Adding Providers (cont.)

Search Results						
	Provider ID	Provider Name	Location	Type	Provider Role	Partici
	0000000	Hospital A	Any City, PA	Facility/Vendor	Treating 	
<div>  Single Attach            Multiple Attach            Set as Favorite         </div>						

Step	Action
4.	<ul style="list-style-type: none"> <li>Search for the facility.</li> <li>Once you have located the facility, select “<b>Treating</b>” from the drop-down list in the <b>Provider Role</b> column, click the  icon next to the provider row and select  <b>Single Attach</b> to attach the provider to the episode.</li> </ul> <p><b>Result:</b> The Provider will be attached and listed in the <b>Providers</b> section of the episode.</p>
5.	<ul style="list-style-type: none"> <li>Search for the attending physician.</li> <li>Once you have located the physician, select “<b>Attending</b>” from the drop-down list in the <b>Provider Role</b> column, click the  icon next to the provider row and select  <b>Single Attach</b> to attach the provider to the episode.</li> </ul> <p><b>Result:</b> The Provider will be attached and listed in the <b>Providers</b> section of the episode.</p>



If you want to ...	Then...
<b><u>Attach multiple providers to an episode at the same time</u></b>	<p>Follow the steps outlined below:</p> <ul style="list-style-type: none"> <li>Search for the desired providers</li> <li>In the row of each desired provider in the search results screen, select the appropriate Provider Role from the drop-down list, click the  icon next to the row and select the  <b>Multiple Attach</b> option</li> <li>As each provider is selected, they will be added to the “<b>Selected Providers List</b>” at the bottom of the screen</li> <li>When all providers have been added, verify the selected Provider Role and click the  button to add them to the episode.</li> </ul>


Provider Details	ID	Name	Location	Role	Network	Phone	Action
		Hospital A		Treating 			
		Provider A		Attending 			

### NOTE:

- If the incorrect provider is attached, click the **Deactivate** icon  to deactivate the facility. The facility will be removed from the episode.

## Adding a New IP Non-Clinical Request – Stay Request

You can add a Stay Request (length of stay/days in hospital) without adding a Service Request. The Service Request is used to request a surgical procedure. The following steps outline how to add the Stay Request.

<b>Stay Request</b>	Service Type *	--Select One--	Actual Admit Date	<input type="text"/>	
	Place of Service	Medical			
	Requested Level Of Care	--Select One--	LOS Requested	<input type="text"/>	

Step	Action
1.	Select the most appropriate choice in the <b>Service Type</b> drop down.
2.	Select the most appropriate choice in the <b>Place of Service</b> drop down. <b>Note</b> - If you are uncertain, select " <b>Medical</b> ."
3.	Select the most appropriate "type of bed or unit" in which the member was admitted in the <b>Requested Level of Care</b> drop down.
4.	Enter the "date of admission" in the <b>Admit Date</b> field.
5.	Enter "1" in the <b>LOS Requested #</b> field.

## Adding a New IP Non-Clinical Request – Adding Service Request (if applicable)





When adding a procedure to an Inpatient request, you will need to complete the **Service Request** section.



**Favorite Services** - You can utilize the Favorite Services hyperlink to save time and keystrokes. The **Favorite Services** list will allow you to create and manage a list of frequently used services. Reference Chapter 9 “*Favorite Services List–How to Create a Favorites List.*”

Step	Action																						
1.	<p>Complete information in the <b>Service Request</b> section (<i>if applicable</i>) using the guidelines outlined below:</p> <div data-bbox="404 571 1380 987"> </div> <table border="1"> <tr> <td><b>Service Type</b></td><td>Defaults to Inpatient, but update as needed</td></tr> <tr> <td><b>Place of Service</b></td><td>Defaults to Medical, but update as needed</td></tr> <tr> <td><b>Code Type</b></td><td>Defaults to CPT, but update as needed</td></tr> <tr> <td><b>Service Code</b></td><td>Enter the requested procedure code. <b>Note:</b> You can type the procedure code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate procedure from the list. You can also use the <b>Advanced Search</b> link to initiate a search for the procedure code.</td></tr> <tr> <td><b>Modifier</b></td><td>Enter modifier details as appropriate</td></tr> <tr> <td><b>Start Date</b></td><td>Defaults to match the Actual Admit date, update as needed</td></tr> <tr> <td><b>End Date</b></td><td>Defaults to the next day, update as needed</td></tr> </table> <p>To view these fields, you may need to click on the <b>Optional Fields</b> hyperlink.</p> <table border="1"> <tr> <td><b>Time Frame</b></td><td>Defaults to 1, but update as needed</td></tr> <tr> <td><b>Time Period</b></td><td>Defaults to 1, but update as needed</td></tr> <tr> <td><b>Units</b></td><td>Defaults to 1, but update as needed</td></tr> <tr> <td><b>UCR Cost</b></td><td>N/A – not used</td></tr> </table>	<b>Service Type</b>	Defaults to Inpatient, but update as needed	<b>Place of Service</b>	Defaults to Medical, but update as needed	<b>Code Type</b>	Defaults to CPT, but update as needed	<b>Service Code</b>	Enter the requested procedure code. <b>Note:</b> You can type the procedure code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate procedure from the list. You can also use the <b>Advanced Search</b> link to initiate a search for the procedure code.	<b>Modifier</b>	Enter modifier details as appropriate	<b>Start Date</b>	Defaults to match the Actual Admit date, update as needed	<b>End Date</b>	Defaults to the next day, update as needed	<b>Time Frame</b>	Defaults to 1, but update as needed	<b>Time Period</b>	Defaults to 1, but update as needed	<b>Units</b>	Defaults to 1, but update as needed	<b>UCR Cost</b>	N/A – not used
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<b>Modifier</b>	Enter modifier details as appropriate																						
<b>Start Date</b>	Defaults to match the Actual Admit date, update as needed																						
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<b>Time Frame</b>	Defaults to 1, but update as needed																						
<b>Time Period</b>	Defaults to 1, but update as needed																						
<b>Units</b>	Defaults to 1, but update as needed																						
<b>UCR Cost</b>	N/A – not used																						

## Adding a New IP Non-Clinical Request–Adding Service Request (if appl), cont.

Step	Action																											
2.	<p>Click the <b>Add</b> button</p> <p><b>Result:</b> The Service Request line will now be populated (appears below the Service Request fields)</p> <table><tr><th colspan="9">Service Request</th></tr><tr><th>Action</th><th><input type="checkbox"/></th><th>Service Code</th><th>Requested#</th><th>Start Date</th><th>End Date</th><th>Service Type</th><th>Place of Service</th><th>Review Status</th></tr><tr><td></td><td></td><td>93352(CPT)</td><td>1</td><td>08/12/2020</td><td>08/13/2020</td><td>Inpatient</td><td>Medical</td><td></td></tr></table> <p><b>Note:</b> If a Service Request was added in error or with incorrect information, you may click the  icon in the <b>Action</b> column to remove the given line.</p>	Service Request									Action	<input type="checkbox"/>	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service	Review Status			93352(CPT)	1	08/12/2020	08/13/2020	Inpatient	Medical	
Service Request																												
Action	<input type="checkbox"/>	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service	Review Status																				
		93352(CPT)	1	08/12/2020	08/13/2020	Inpatient	Medical																					
3.	Repeat Steps 1 and 2 to add additional services, if appropriate																											



## Adding a New IP Non-Clinical Request – Adding Documents

Follow these instructions to add **Documents**.

Step	Action
1.	<p>Complete the following:</p> <ol style="list-style-type: none"> <li><b>Document Title:</b> enter the title of the document</li> <li><b>Document Type:</b> defaults to <b>Medical Document</b>, update as needed.</li> <li><b>Document Description:</b> optional field</li> <li>Click the <b>Browse</b> button to search for the document you wish to upload <ol style="list-style-type: none"> <li>Click the desired document and click the <b>Open</b> button</li> </ol> </li> <li>You will see the document name listed next to the <b>Browse</b> button.</li> <li>You may add additional documents by selecting <b>Add</b>.</li> <li>Select <b>Done</b> when you have added all documents you wish to attach.</li> </ol>

Add Documents

Document Title \*

Additional Clinical

Document Type

Medical Document

Document Description

Allows 5000 characters only

Select Document \*

Browse

Document 2- for upload.docx

Add

Selected Files

	Document Title	Type	Date Added	Added User	Description
	Clinical	Medical Document	10/13/2021	Williams, Jessica	

Done

## Adding a New IP Non-Clinical Request – Adding Notes

**Notes**

Note Type:

Note Encounter Date:

Note Encounter Time:

Note Text:

File Edit View Format Tools

**B** *I* U ABC ✓

Step	Action
1.	Select the appropriate <b>Note Type</b> from the drop-down menu.
2.	Enter the appropriate notes in the notes section. Be sure to include your <b>name</b> and <b>contact information</b> in the event the Plan needs to contact you.

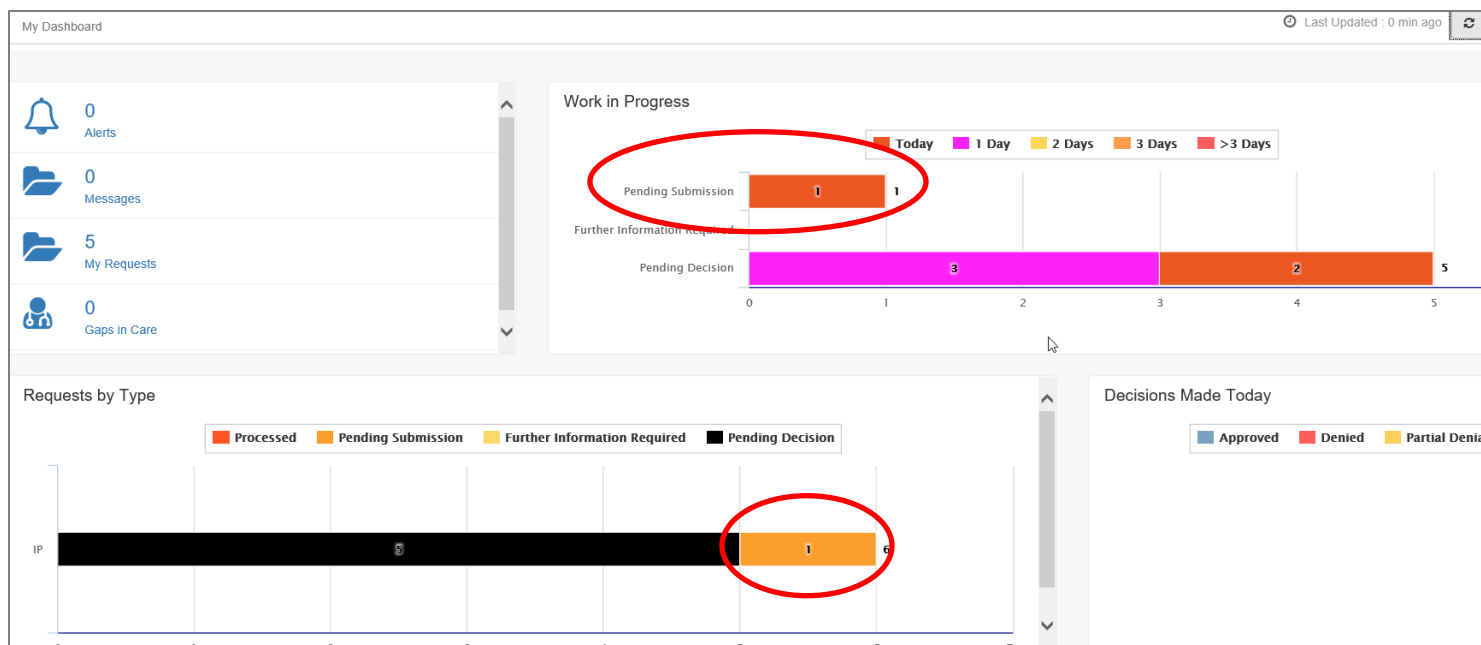


This is a shared note field. Notes can be viewed and entered by both you and the Plan.

## Adding a New IP Non-Clinical Request – Save as Draft

The **Non-clinical** request must be saved so it is available to access at a later time in order to add clinical data.

Step	Action
1.	Click on the <b>Save as Draft</b> button to save your request. <div> <span>Submit</span> <span>Save as Draft</span> <span>Cancel</span> </div> <p><b>Note:</b> The <b>Submit</b> button will not be active until a clinical review has been completed.</p>
2.	You will be taken to the top of the request where you will see that it is now in <b>Draft</b> status (upper left corner). <div>Inpatient Request (Draft)</div>
3.	You may click on <b>Dashboard</b> to exit the request where you see the request displayed as <b>Pending Submission</b> in the Work in Progress and Requests by Type widgets.





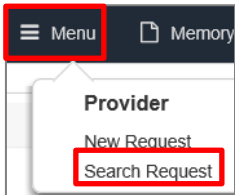
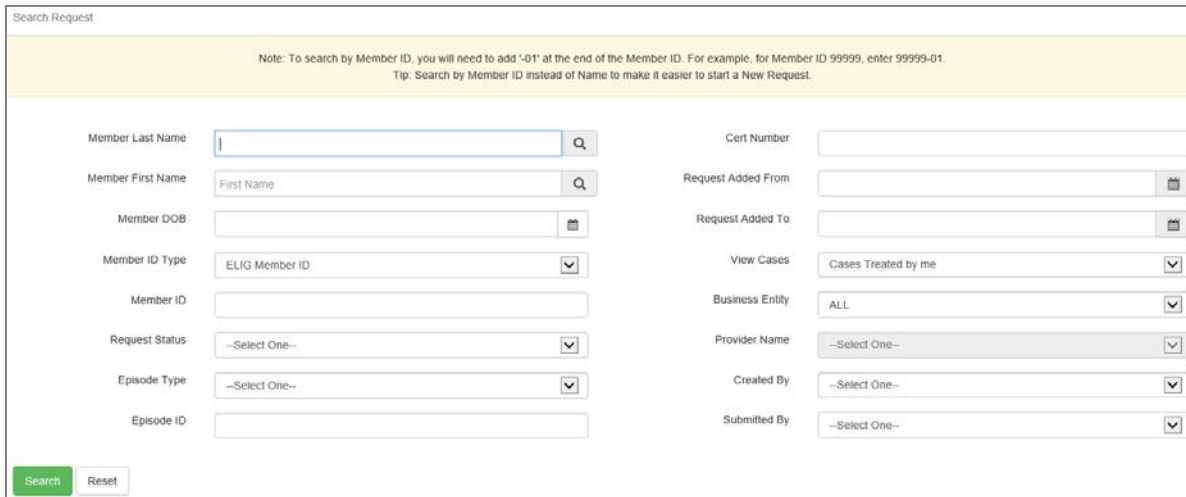
5

## **5 ADD CLINICAL TO AN EXISTING IP NON-CLINICAL REQUEST**

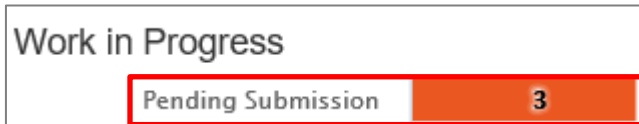
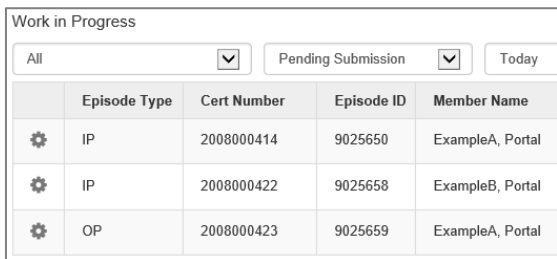
## How to Add Clinical Information to Existing IP Non-Clinical Request

There are three options for accessing the non-clinical request.

### Option #1: Search Request

Step	Action
1.	<p>Click on <b>Menu</b> and select <b>Search Request</b></p> 
2.	<p>Enter the appropriate search criteria and click on the <b>Search</b> button.</p> 
3.	<p>What results display will be based on the refinement of the search criteria.</p> <p><b>Note:</b> Only those episodes for which you are either the Treating or Attending will be displayed.</p>

### Option #2: Dashboard – Work in Progress Widget

Step	Action
1.	<p>Click on the <b>Pending Submission</b> hyperlink bar in the <i>Work in Progress</i> widget</p> 
2.	<p>All Pending Submission requests, regardless of Episode Type, will be displayed.</p> 

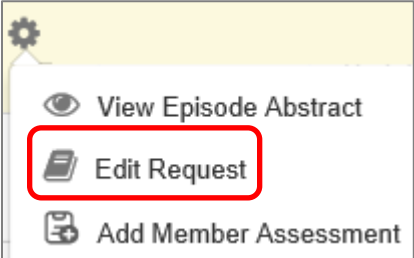

## How to Add Clinical Information to Existing IP Non-Clinical Request

### Option #3: Dashboard – Requests by Type Widget

Step	Action															
1.	<p>Click on the <b>Pending Submission</b> hyperlink bar in the <i>Request by Type</i> widget</p> <div><p>Requests by Type</p><div><div><div>Processed</div><div>Pending Submission</div><div>Further Information Required</div><div>Pending Decision</div></div><div><div><div>IP</div><div>5</div><div>2</div></div><div><div>OP</div><div>1</div><div>1</div></div></div></div></div>															
2.	<p>All Pending Submission requests for that Episode Type will be displayed.</p> <div><p>Requests by Type</p><div><div><div>Inpatient</div><div>Pending Submission</div><div>Date Range</div></div><table><tr><th></th><th>Episode Type</th><th>Cert Number</th><th>Episode ID</th><th>Member Name</th></tr><tr><td>⚙</td><td>IP</td><td>2008000414</td><td>9025650</td><td>ExampleA, Portal</td></tr><tr><td>⚙</td><td>IP</td><td>2008000422</td><td>9025658</td><td>ExampleB, Portal</td></tr></table></div></div>		Episode Type	Cert Number	Episode ID	Member Name	⚙	IP	2008000414	9025650	ExampleA, Portal	⚙	IP	2008000422	9025658	ExampleB, Portal
	Episode Type	Cert Number	Episode ID	Member Name												
⚙	IP	2008000414	9025650	ExampleA, Portal												
⚙	IP	2008000422	9025658	ExampleB, Portal												

## Adding Clinical Information to Existing IP Non-Clinical Request – Edit Request

Follow these steps to open the request for editing.

Step	Action
1.	<p>Click on the ⚙ icon to the left of the episode and select <b>Edit Request</b>.</p> <div></div> <p><b>Note:</b> Depending on how you accessed the episode, you may see different options under the gear.</p>
2.	<p>The request will open and is read to be updated.</p>

## Adding Clinical Information to Existing IP Non-Clinical Request – InterQual



If you need training or have questions regarding the use of InterQual Connect criteria, please contact your facility InterQual trainer or contact your Change HealthCare account representative.

The health plan is certified to conduct training for internal associates only.

Step	Action																										
1.	Click the <b>Check for Review</b> button. <div><div>Check For Review</div></div>																										
2.	You will receive the following message. Click <b>OK</b> <u>only</u> if you completed the items listed. <div><div>pr-jv6-ap-pp.amerihealthcaritas.com says</div><div>There are stay/service lines to be reviewed. Kindly complete the same before submit.</div><div>OK</div></div>																										
3.	Click the appropriate <b>Go to Criteria</b> button. <table><thead><tr><th>If...</th><th>Then...</th></tr></thead><tbody><tr><td>Only a <b>Stay Request</b></td><td><ul style="list-style-type: none"><li>Click the <b>Go to Criteria</b> button associated with the <b>Stay Request</b>.</li></ul></td></tr><tr><td>Both <b>Stay</b> and <b>Service Requests</b></td><td><ul style="list-style-type: none"><li>The <b>Go to Criteria</b> button associated with the Stay Request will be inactive.</li><li>Click the <b>Go to Criteria</b> button associated with the <b>Service Request</b>.</li></ul></td></tr></tbody></table> <div><div>Stay Request</div><div><div>Treatment Setting *Hospital - Inpatient</div><div>Treatment TypeMedical</div><div>Requested Level Of CareMedical</div><div>Review Status</div><div>Actual Admit Date10/12/2021</div><div>LOS Requested1</div><div>Go to Criteria</div></div></div> <div><div>Go to Criteria</div><div>Service Request</div><table><thead><tr><th>Action</th><th></th><th>Service Code</th><th>Modifier</th><th>Requested#</th><th>Start Date</th><th>End Date</th><th>Treatment Setting</th><th>Treatment Type</th><th>Review Status</th></tr></thead><tbody><tr><td></td><td></td><td>58280(CPT)</td><td></td><td>1</td><td>10/15/2021</td><td>11/15/2021</td><td>Hospital - Inpatient</td><td>Medical</td><td></td></tr></tbody></table></div>	If...	Then...	Only a <b>Stay Request</b>	<ul style="list-style-type: none"><li>Click the <b>Go to Criteria</b> button associated with the <b>Stay Request</b>.</li></ul>	Both <b>Stay</b> and <b>Service Requests</b>	<ul style="list-style-type: none"><li>The <b>Go to Criteria</b> button associated with the Stay Request will be inactive.</li><li>Click the <b>Go to Criteria</b> button associated with the <b>Service Request</b>.</li></ul>	Action		Service Code	Modifier	Requested#	Start Date	End Date	Treatment Setting	Treatment Type	Review Status			58280(CPT)		1	10/15/2021	11/15/2021	Hospital - Inpatient	Medical	
If...	Then...																										
Only a <b>Stay Request</b>	<ul style="list-style-type: none"><li>Click the <b>Go to Criteria</b> button associated with the <b>Stay Request</b>.</li></ul>																										
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Action		Service Code	Modifier	Requested#	Start Date	End Date	Treatment Setting	Treatment Type	Review Status																		
		58280(CPT)		1	10/15/2021	11/15/2021	Hospital - Inpatient	Medical																			



## Adding Clinical Information to Existing IP Non-Clinical Request – InterQual, cont.

Step	Action						
4.	<p>You will receive the following message. Click <b>OK <u>only</u></b> if you completed the items listed.</p> <div data-bbox="241 352 1122 686"> <p>pr-jv6-ap-pp.amerihealthcaritas.com says</p> <p>Click OK only after all diagnoses, stay and/or service detail lines are completed. Edits are not permitted after clicking OK. Click Cancel to edit or OK to continue.</p> <p>OK Cancel</p> </div>						
5.	<p>The system will connect with InterQual and determine if there is a matching guideline.</p> <table border="1"> <thead> <tr> <th>If there is...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td><b>Matching Guideline</b></td><td> <p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. <b><i>Proceed to Step 6 in this section.</i></b></p> <div data-bbox="597 924 1240 1203"> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : I50.9, G0493</p> <p>Guideline : <input checked="" type="radio"/> Home Care Services, Adult, LOC:Home Care Q &amp; A  <input type="radio"/> Home Care Services, Pediatric, LOC:Home Care Q &amp; A</p> <p>Ok Cancel</p> </div> </td></tr> <tr> <td><b>No Matching Guideline</b></td><td> <p>You will receive this pop-up. Click <b>OK</b> to close the window and you will be returned to the request screen. <b><i>Proceed to Adding Documents.</i></b></p> <div data-bbox="597 1297 1248 1526"> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : J40</p> <p>Guideline : No matching guideline was found.</p> <p>Ok Cancel</p> </div> </td></tr> </tbody> </table>	If there is...	Then...	<b>Matching Guideline</b>	<p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. <b><i>Proceed to Step 6 in this section.</i></b></p> <div data-bbox="597 924 1240 1203"> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : I50.9, G0493</p> <p>Guideline : <input checked="" type="radio"/> Home Care Services, Adult, LOC:Home Care Q &amp; A  <input type="radio"/> Home Care Services, Pediatric, LOC:Home Care Q &amp; A</p> <p>Ok Cancel</p> </div>	<b>No Matching Guideline</b>	<p>You will receive this pop-up. Click <b>OK</b> to close the window and you will be returned to the request screen. <b><i>Proceed to Adding Documents.</i></b></p> <div data-bbox="597 1297 1248 1526"> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : J40</p> <p>Guideline : No matching guideline was found.</p> <p>Ok Cancel</p> </div>
If there is...	Then...						
<b>Matching Guideline</b>	<p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. <b><i>Proceed to Step 6 in this section.</i></b></p> <div data-bbox="597 924 1240 1203"> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : I50.9, G0493</p> <p>Guideline : <input checked="" type="radio"/> Home Care Services, Adult, LOC:Home Care Q &amp; A  <input type="radio"/> Home Care Services, Pediatric, LOC:Home Care Q &amp; A</p> <p>Ok Cancel</p> </div>						
<b>No Matching Guideline</b>	<p>You will receive this pop-up. Click <b>OK</b> to close the window and you will be returned to the request screen. <b><i>Proceed to Adding Documents.</i></b></p> <div data-bbox="597 1297 1248 1526"> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : J40</p> <p>Guideline : No matching guideline was found.</p> <p>Ok Cancel</p> </div>						

## Adding Clinical Information to Existing IP Non-Clinical Request – InterQual, cont.

Step	Action						
6.	After answering the review questions, the Recommendations page will display either <b>Criteria Met</b> or <b>Criteria Not Met</b> .						
7.	<div>From the <b>Recommendations</b> page:</div> <table><tr><th>If you click...</th><th>Then...</th></tr><tr><td><b>Save</b></td><td>The review will be saved and can be updated, if needed, prior to submitting the request.</td></tr><tr><td><b>Complete</b></td><td>The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.</td></tr></table>	If you click...	Then...	<b>Save</b>	The review will be saved and can be updated, if needed, prior to submitting the request.	<b>Complete</b>	The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.
If you click...	Then...						
<b>Save</b>	The review will be saved and can be updated, if needed, prior to submitting the request.						
<b>Complete</b>	The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.						
8.	Close the InterQual tab to return to the Provider Portal						
9.	The request line will now display a status in the <b>Decision</b> column.						

## Adding Clinical Information to Existing IP Non-Clinical Request – Assessments

If an assessment is associated with the request, an **Assessment** section will be displayed where you may access and complete the associated assessment.

Assessment Title	Identified On	Assessment Added By
Sample Assessment	11/23/2020	Sentinel

Complete Save Save and Generate POC Cancel

Add Activity Notes Assessment (POC) Review Share With Member Last Answered Question

Assessment Score 0 of 9 Provider Portal Delivery Screening Assessmer Copy Group Answers Group Score : 0 of 9

Timer 00 : 00 : 09 Sample Question...

Step	Action
1.	In the <b>New</b> Tab of the Assessment section, click on the gear icon to the left of the Assessment and click on <b>Start</b> .
2.	Answer the questions. <b>Note</b> - Questions in <b>red</b> are mandatory.
3.	Click the <b>Complete</b> button to complete the assessment. <b>Note</b> - This will trigger any auto approval rules (if configured.) The <b>Save</b> button will <b>not</b> trigger the auto approval rules.

## Adding Clinical Information to Existing IP Non-Clinical Request – Adding Documents

When submitting an **IP Clinical Request**, you must attach the clinical information. Follow these instructions to add **Documents**.

Step	Action												
2.	<p>Complete the following:</p> <ul style="list-style-type: none"><li>a. <b>Document Title:</b> enter the title of the document</li><li>b. <b>Document Type:</b> defaults to <b>Medical Document</b>, update as needed.</li><li>c. <b>Document Description:</b> optional field</li><li>d. Click the <b>Browse</b> button to search for the document you wish to upload<ul style="list-style-type: none"><li>i. Click the desired document and click the <b>Open</b> button</li></ul></li><li>e. You will see the document name listed next to the <b>Browse</b> button.</li><li>f. You may add additional documents by selecting <b>Add</b>.</li><li>g. Select <b>Done</b> when you have added all documents you wish to attach.</li></ul> <div><div>Add Documents</div><div><div><div>Document Title *</div><div>Additional Clinical</div></div><div><div>Document Type</div><div>Medical Document</div><div></div></div><div><div>Document Description</div><div>Allows 5000 characters only</div></div><div><div>Select Document *</div><div><div>Browse</div><div>Document 2- for upload.docx</div></div><div><div>Add</div></div></div><div><div>Selected Files</div><table><tr><th></th><th>Document Title</th><th>Type</th><th>Date Added</th><th>Added User</th><th>Description</th></tr><tr><td></td><td>Clinical</td><td>Medical Document</td><td>10/13/2021</td><td>Williams, Jessica</td><td></td></tr></table><div><div>Done</div></div></div></div></div>		Document Title	Type	Date Added	Added User	Description		Clinical	Medical Document	10/13/2021	Williams, Jessica	
	Document Title	Type	Date Added	Added User	Description								
	Clinical	Medical Document	10/13/2021	Williams, Jessica									

## Adding Clinical Information to Existing IP Non-Clinical Request – Adding Notes

Notes

Note Type

--Select One--

▼

Note Encounter Date

08/13/2020

📅

Note Encounter Time

08

▼

49

▼

Note Text

File ▼ Edit ▼ View ▼ Format ▼ Tools ▼

**B**

*I*

U

ABC ✓

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⬆

Step	Action
3.	Select the appropriate <b>Note Type</b> from the drop-down menu.
4.	Enter the appropriate notes in the notes section. Be sure to include your <b>name</b> and <b>contact information</b> in the event the Plan needs to contact you.



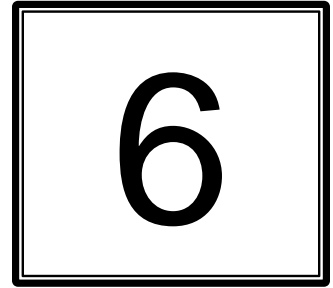
This is a shared note field. Notes can be viewed and entered by both you and the Plan.

## Adding Clinical Information to Existing IP Non-Clinical Request – Submitting the Request

Once all required sections are completed, you are ready to submit the request.

Step	Action
1.	<p>Click on the <b>Submit</b> button to submit your request.</p> <div> <span>Submit</span> <span>Save as Draft</span> <span>Delete</span> <span>Cancel</span> </div> <p><b>Note:</b> The <b>Submit</b> button will not be active until a clinical review has been completed.</p>
2.	<p>The Request Details information will be displayed, including the Cert Number.</p> <p><b>Note:</b> If the request is programmed to auto-approve, you will see <b>Approved</b> in the <b>Decision</b> column.</p>

Request Details									
Episode Abstract									
Expected Decision Date : 08/15/2020		Authorization Type : IP		Episode Number : 9025648		Episode Status : OpenRequest		Cert Number 2008000412	
Stay Request	Stay ID	LOS Requested#	LOS Assigned#	LOS Denied	Auth Start Date	Auth End Date	Service Type	Decision	
	12548537	1	0	0	08/17/2020	08/18/2020	Inpatient	-	
Authorization Details	Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency
	12548538	27428(CPT)	1	0	0			Inpatient	Per Day
									Decision
									Pending



## **6 ENTER AN OP CLINICAL REQUEST**

## How to Enter an Outpatient Clinical Request

---

When entering a request you have 2 options:

- 1) Enter a clinical request which includes all clinical information.
- 2) Enter a non-clinical request where the clinical information can be added at a later time

The steps in this chapter outline how to enter an OP clinical request. Reference chapter 7 “How to Enter an OP Non-clinical Request” and Chapter 8 “How to Add Clinical Information to an Existing OP Non-clinical Request” for more information.

When entering a **clinical** request, you **must provide** the following information:

- **Episode Details**
- **Diagnosis- primary a must, secondary is optional**
- **Treating Provider**
- **Referring Provider**
- **Add service request**
- **Add Assessments (if triggered)**
- **Clinical Information**



## Adding a New OP Clinical Request – Adding Episode Details

After locating the member (*following the steps outlined in Chapter 2*), click on **Add New Request** and select **Outpatient** from the drop-down list.

The Member Demographics are at the top of the page. You may click the drop-down caret on the right to expand the demographics window.

The screenshot shows the top portion of a web application. At the top, there is a header bar with fields for 'ExampleA, Portal (Female)', 'DOB:', 'Member ID:', and 'Government Id:'. Below this is a section for member information with tabs for 'Address', 'Phone & Email', 'Coverage', 'Group', 'PCP/PCM', and 'Allergies'. The 'Address' tab is active, showing '1234 Mulberry L... IA'. Below the member information is the 'Outpatient Request' section. On the left, there is a sidebar with 'Episode Details' selected. The main area shows 'Request Type' set to 'Expected' and 'Request Priority' set to 'Standard 24'. A blue hyperlink labeled 'Optional Fields' is circled in red.

Follow these steps to complete the **Episode Details** section:

Step	Action
1.	<b>Request Type:</b> defaults to <b>Expected</b> , update if appropriate
2.	<b>Request Priority:</b> defaults to <b>Standard 24</b> , update if appropriate

If you click the **Optional Fields** hyperlink, additional fields will be displayed.

This screenshot shows the 'Optional Fields' section of the 'Outpatient Request' form. It is highlighted with a red border. It contains two fields: 'Time Request' with a value of '24 Hours' and 'Reason for Request' with a dropdown menu showing '--Select One--'. Above these fields, the 'Request Type' is 'Expected' and 'Request Priority' is 'Standard 24'.

- **Time Request:** This field will auto-populated based on the **Request Priority**.
- **Reason for Request:** Select the appropriate reason from the drop down.

## Adding a New OP Clinical Request – Adding Diagnosis

You can add multiple diagnoses from this screen or you can utilize the **Favorite Diagnosis** hyperlink to save time and keystrokes. The **Favorite Diagnosis** function will allow you to create and manage a list of frequently used diagnoses. The list is unique to the provider's account. Reference Chapter 9 “*Favorite Diagnosis List – How to Create a Favorites List.*”

**Diagnosis**
















Code Type \*

ICD10

Diagnosis \*

Diagnosis


[Advanced Search](#)
[Favorite Diagnosis](#)

Step	Action												
1.	<b>Code Type</b> will default to ICD10. You may select a different code type if applicable.												
2.	Type the diagnosis or code in the <b>Diagnosis</b> field. You may also use the <b>Advanced Search</b> function, if needed.												
3.	Once you select the diagnosis, it will display on the screen and be attached to the episode. <div><table><tr><th>Primary Dx</th><th>Code Type</th><th>Diagnosis</th><th>Actions</th></tr><tr><td></td><td>ICD10</td><td>I50.9--Heart failure, unspecified</td><td></td></tr><tr><td></td><td>ICD10</td><td>R69--Illness, unspecified</td><td></td></tr></table></div>	Primary Dx	Code Type	Diagnosis	Actions		ICD10	I50.9--Heart failure, unspecified			ICD10	R69--Illness, unspecified	
Primary Dx	Code Type	Diagnosis	Actions										
	ICD10	I50.9--Heart failure, unspecified											
	ICD10	R69--Illness, unspecified											
4.	<table><tr><th>If you...</th><th>Then...</th></tr><tr><td>want to add additional diagnoses</td><td>Repeat steps 2 and 3.  <b><u>Note:</u></b><ul style="list-style-type: none"><li>- Click the remove icon  to remove a diagnosis from the request.</li><li>- You cannot remove a diagnosis unless there is more than one diagnosis already selected</li><li>- Click the <b>Star</b>  in the <b>Primary Dx</b> column if you need to designate a different diagnosis as primary.</li></ul></td></tr><tr><td><b><u>do not</u></b> want to add additional diagnoses</td><td>Proceed to the <b>Providers</b> section of the episode.</td></tr></table>	If you...	Then...	want to add additional diagnoses	Repeat steps 2 and 3.  <b><u>Note:</u></b> <ul style="list-style-type: none"><li>- Click the remove icon  to remove a diagnosis from the request.</li><li>- You cannot remove a diagnosis unless there is more than one diagnosis already selected</li><li>- Click the <b>Star</b>  in the <b>Primary Dx</b> column if you need to designate a different diagnosis as primary.</li></ul>	<b><u>do not</u></b> want to add additional diagnoses	Proceed to the <b>Providers</b> section of the episode.						
If you...	Then...												
want to add additional diagnoses	Repeat steps 2 and 3.  <b><u>Note:</u></b> <ul style="list-style-type: none"><li>- Click the remove icon  to remove a diagnosis from the request.</li><li>- You cannot remove a diagnosis unless there is more than one diagnosis already selected</li><li>- Click the <b>Star</b>  in the <b>Primary Dx</b> column if you need to designate a different diagnosis as primary.</li></ul>												
<b><u>do not</u></b> want to add additional diagnoses	Proceed to the <b>Providers</b> section of the episode.												


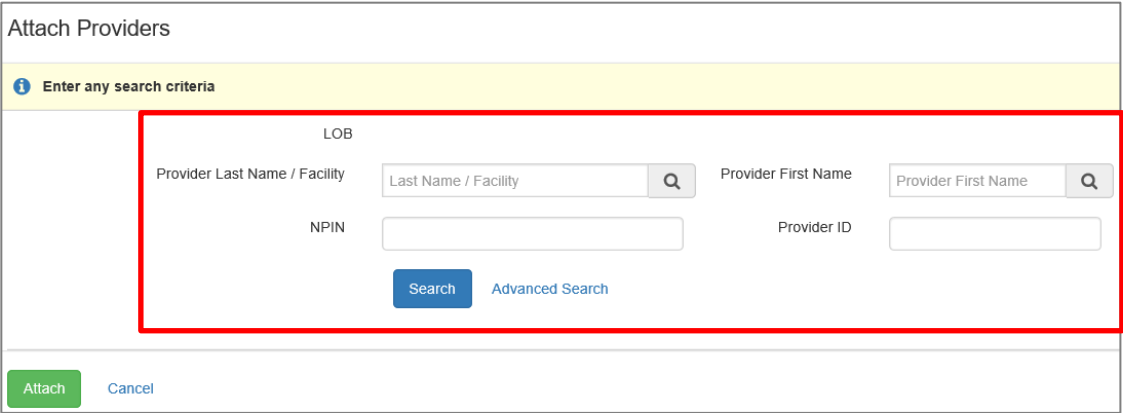
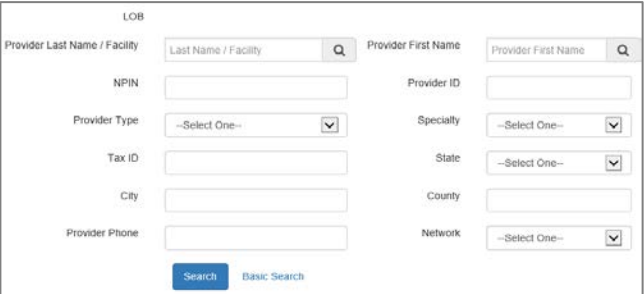
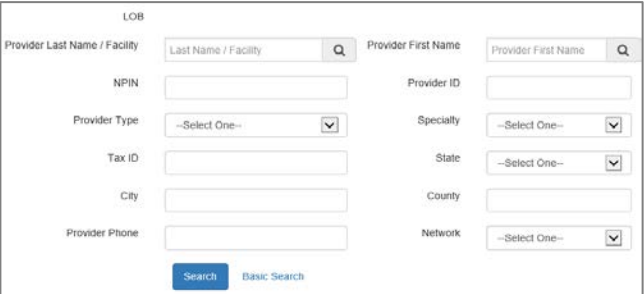
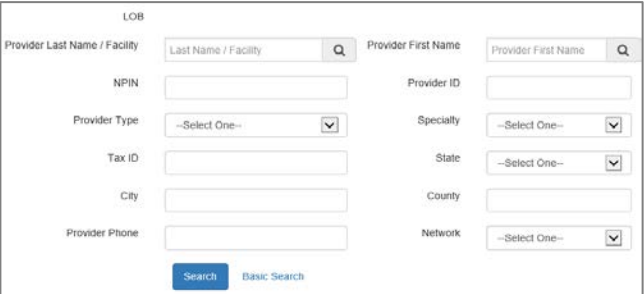
## Adding a New OP Clinical Request – Adding Providers

All Outpatient requests should contain a **Treating** provider (Facility or Agency providing the service) and a **Referring** provider (physician or group referring the member for services).






The steps below outline the processes for adding providers to the request.







**Favorite Providers** - You can utilize the Favorite Providers hyperlink to save time and keystrokes. The **Favorite Providers** list will allow you to create and manage a list of frequently used providers. Reference Chapter 9 “*Favorite Providers List–How to Create a Favorites List.*”




Step	Action						
1.	<div>Click the <b>Attach Providers</b> button.</div> <div>  </div>						
2.	<div>Enter the appropriate search criteria and click on <b>Search</b>.</div> <div>  </div>						
3.	<div>After clicking <b>Search</b>:</div> <table> <tr> <th>If appropriate provider...</th><th>Then...</th></tr> <tr> <td>Is displayed</td><td>Click the <b>Attach</b> button</td></tr> <tr> <td><i>Is not</i> displayed</td><td> <div>You may use the <b>Advanced Search</b> functionality and click the <b>Attach</b> button after locating the provider</div> <div>  </div> </td></tr> </table>	If appropriate provider...	Then...	Is displayed	Click the <b>Attach</b> button	<i>Is not</i> displayed	<div>You may use the <b>Advanced Search</b> functionality and click the <b>Attach</b> button after locating the provider</div> <div>  </div>
If appropriate provider...	Then...						
Is displayed	Click the <b>Attach</b> button						
<i>Is not</i> displayed	<div>You may use the <b>Advanced Search</b> functionality and click the <b>Attach</b> button after locating the provider</div> <div>  </div>						





## Adding a New OP Clinical Request – Adding Providers (cont.)

Search Results						
	Provider ID	Provider Name	Location	Type	Provider Role	Partici
	0000000	Hospital A	Any City, PA	Facility/Vendor	Treating 	
<div>  Single Attach            Multiple Attach            Set as Favorite         </div>						

Step	Action
4.	<ul style="list-style-type: none"> <li>Search for the facility.</li> <li>Once you have located the facility, select “<b>Treating</b>” from the drop-down list in the <b>Provider Role</b> column, click the  icon next to the provider row and select  <b>Single Attach</b> to attach the provider to the episode.</li> </ul> <p><b>Result:</b> The Provider will be attached and listed in the <b>Providers</b> section of the episode.</p>
5.	<ul style="list-style-type: none"> <li>Search for the attending physician.</li> <li>Once you have located the physician, select “<b>Referring</b>” from the drop-down list in the <b>Provider Role</b> column, click the  icon next to the provider row and select  <b>Single Attach</b> to attach the provider to the episode.</li> </ul> <p><b>Result:</b> The Provider will be attached and listed in the <b>Providers</b> section of the episode.</p>



If you want to ...	Then...
<p><b><u>Attach multiple providers to an episode at the same time</u></b></p>	<p>Follow the steps outlined below:</p> <ul style="list-style-type: none"> <li>Search for the desired providers</li> <li>In the row of each desired provider in the search results screen, select the appropriate Provider Role from the drop-down list, click the  icon next to the row and select the  <b>Multiple Attach</b> option</li> <li>As each provider is selected, they will be added to the “<b>Selected Providers List</b>” at the bottom of the screen</li> <li>When all providers have been added, verify the selected Provider Role and click the  button to add them to the episode.</li> </ul>

Provider Details	ID	Name	Location	Role	Network	Phone	Action
		Provider A		Referring 			
		Provider B		Treating 			

### NOTE:

- If the incorrect provider is attached, click the **Deactivate** icon  to deactivate the facility. The facility will be removed from the episode.

## Adding a New OP Clinical Request – Adding Service Request

You will need to complete the **Service/Specialty Drug Request** section.









**Favorite Services** - You can utilize the Favorite Services hyperlink to save time and keystrokes. The **Favorite Services** list will allow you to create and manage a list of frequently used services. Reference Chapter 9 “*Favorite Services List–How to Create a Favorites List.*”

Service/Specialty Drug Request	Service Type *	--Select One--	Modifier	Search Modifier
	Place of Service	Medical	Start Date *	
	Code Type *	CPT	End Date *	
	Service Code *	Search Service Code	Requested #	1
		<a href="#">Advanced Search</a> <a href="#">Favorite Services</a> <a href="#">Optional Fields</a>		
	UCR Cost	\$	Units	1
	Time Frame	Per Day		
	Time period	1		
		<a href="#">Add</a>		

Step	Action																						
1.	<p>Complete information in the <b>Service Request</b> section (<i>if applicable</i>) using the guidelines outlined below:</p> <table border="1"> <tr> <td><b>Service Type</b></td><td>Choose the appropriate selection from the drop-down list.</td></tr> <tr> <td><b>Place of Service</b></td><td>Choose the appropriate selection from the drop-down list.</td></tr> <tr> <td><b>Code Type</b></td><td>Auto-populated to CPT, update if necessary.</td></tr> <tr> <td><b>Service Code</b></td><td>                     Enter the requested service code.  <b>Note:</b> You can type the service code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate service from the list. You can also use the <b>Advanced Search</b> link to initiate a search for the service code.                 </td></tr> <tr> <td><b>Modifier</b></td><td>Enter modifier details as appropriate</td></tr> <tr> <td><b>Start Date</b></td><td>Enter the date of the requested service</td></tr> <tr> <td><b>End Date</b></td><td>Enter the end date of the service</td></tr> <tr> <td><b>Requested #</b></td><td>Enter the appropriate units/visits</td></tr> </table> <p>To view these fields, you may need to click on the <b>Optional Fields</b> hyperlink.</p> <table border="1"> <tr> <td><b>Time Frame</b></td><td>Defaults to Per Day.</td></tr> <tr> <td><b>Time Period</b></td><td>Defaults to 1.</td></tr> <tr> <td><b>Units/Visits</b></td><td>Defaults to 1. Enter the appropriate units/visits.</td></tr> </table>	<b>Service Type</b>	Choose the appropriate selection from the drop-down list.	<b>Place of Service</b>	Choose the appropriate selection from the drop-down list.	<b>Code Type</b>	Auto-populated to CPT, update if necessary.	<b>Service Code</b>	Enter the requested service code. <b>Note:</b> You can type the service code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate service from the list. You can also use the <b>Advanced Search</b> link to initiate a search for the service code.	<b>Modifier</b>	Enter modifier details as appropriate	<b>Start Date</b>	Enter the date of the requested service	<b>End Date</b>	Enter the end date of the service	<b>Requested #</b>	Enter the appropriate units/visits	<b>Time Frame</b>	Defaults to Per Day.	<b>Time Period</b>	Defaults to 1.	<b>Units/Visits</b>	Defaults to 1. Enter the appropriate units/visits.
<b>Service Type</b>	Choose the appropriate selection from the drop-down list.																						
<b>Place of Service</b>	Choose the appropriate selection from the drop-down list.																						
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<b>Service Code</b>	Enter the requested service code. <b>Note:</b> You can type the service code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate service from the list. You can also use the <b>Advanced Search</b> link to initiate a search for the service code.																						
<b>Modifier</b>	Enter modifier details as appropriate																						
<b>Start Date</b>	Enter the date of the requested service																						
<b>End Date</b>	Enter the end date of the service																						
<b>Requested #</b>	Enter the appropriate units/visits																						
<b>Time Frame</b>	Defaults to Per Day.																						
<b>Time Period</b>	Defaults to 1.																						
<b>Units/Visits</b>	Defaults to 1. Enter the appropriate units/visits.																						

## Adding a New OP Clinical Request – Adding Service Request, cont.

Step	Action																												
2.	<p>Click the <b>Add</b> button.</p> <p><b>Result:</b> The Service Request line will now be populated (appears below the Service Request fields)</p> <table><tr><th colspan="7">Service Request</th></tr><tr><th>Action</th><th>Service Code</th><th>Requested#</th><th>Start Date</th><th>End Date</th><th>Service Type</th><th>Place of Service</th></tr><tr><td></td><td>G0493(HCPC)</td><td>5</td><td>08/17/2020</td><td>09/01/2020</td><td>Home</td><td>Medical</td></tr><tr><td></td><td>S9131(HCPC)</td><td>14</td><td>08/19/2020</td><td>09/02/2020</td><td>Home</td><td>Medical</td></tr></table> <p><b>Note:</b> If a Service Request was added in error or with incorrect information, you may click the icon in the <b>Action</b> column to remove the given line.</p>	Service Request							Action	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service		G0493(HCPC)	5	08/17/2020	09/01/2020	Home	Medical		S9131(HCPC)	14	08/19/2020	09/02/2020	Home	Medical
Service Request																													
Action	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service																							
	G0493(HCPC)	5	08/17/2020	09/01/2020	Home	Medical																							
	S9131(HCPC)	14	08/19/2020	09/02/2020	Home	Medical																							
3.	Repeat Steps 2 & 3 if additional service requests need to be added																												

## Adding a New OP Clinical Request – InterQual

Access and complete InterQual Connect Clinical Criteria



If you need training or have questions regarding the use of InterQual Connect criteria, please contact your facility InterQual trainer or contact your Change HealthCare account representative.

The health plan is certified to conduct training for internal associates only.

Step	Action																										
1.	Click the <b>Check for Review</b> button. <div><div>Check For Review</div></div>																										
2.	Once determined that one or both exists, you will receive the following pop-up message. Click <b>OK</b> . <div><div>pr-jv6-ap-pp.amerihhealthcaritas.com says  There are stay/service lines to be reviewed. Kindly complete the same before submit. <div>OK</div></div></div>																										
3.	Click the appropriate <b>Go to Criteria</b> button. <table><thead><tr><th>If...</th><th>Then...</th></tr></thead><tbody><tr><td>Only a <b>Stay Request</b></td><td><ul style="list-style-type: none"><li>Click the <b>Go to Criteria</b> button associated with the <b>Stay Request</b>.</li></ul></td></tr><tr><td>Both <b>Stay</b> and <b>Service Requests</b></td><td><ul style="list-style-type: none"><li>The <b>Go to Criteria</b> button associated with the Stay Request will be inactive.</li><li>Click the <b>Go to Criteria</b> button associated with the <b>Service Request</b>.</li></ul></td></tr></tbody></table> <div><div>Stay Request</div><div><div>Treatment Setting *<div>Hospital - Inpatient</div></div><div>Treatment Type<div>Medical</div></div><div>Requested Level Of Care<div>Medical</div></div><div>Review Status<div></div></div><div>Actual Admit Date<div>10/12/2021</div></div><div>LOS Requested<div>1</div></div><div>Go to Criteria</div></div><div><div>Go to Criteria</div><div>Service Request</div><table><thead><tr><th>Action</th><th></th><th>Service Code</th><th>Modifier</th><th>Requested#</th><th>Start Date</th><th>End Date</th><th>Treatment Setting</th><th>Treatment Type</th><th>Review Status</th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>58280(CPT)</td><td></td><td>1</td><td>10/15/2021</td><td>11/15/2021</td><td>Hospital - Inpatient</td><td>Medical</td><td></td></tr></tbody></table></div></div>	If...	Then...	Only a <b>Stay Request</b>	<ul style="list-style-type: none"><li>Click the <b>Go to Criteria</b> button associated with the <b>Stay Request</b>.</li></ul>	Both <b>Stay</b> and <b>Service Requests</b>	<ul style="list-style-type: none"><li>The <b>Go to Criteria</b> button associated with the Stay Request will be inactive.</li><li>Click the <b>Go to Criteria</b> button associated with the <b>Service Request</b>.</li></ul>	Action		Service Code	Modifier	Requested#	Start Date	End Date	Treatment Setting	Treatment Type	Review Status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	58280(CPT)		1	10/15/2021	11/15/2021	Hospital - Inpatient	Medical	
If...	Then...																										
Only a <b>Stay Request</b>	<ul style="list-style-type: none"><li>Click the <b>Go to Criteria</b> button associated with the <b>Stay Request</b>.</li></ul>																										
Both <b>Stay</b> and <b>Service Requests</b>	<ul style="list-style-type: none"><li>The <b>Go to Criteria</b> button associated with the Stay Request will be inactive.</li><li>Click the <b>Go to Criteria</b> button associated with the <b>Service Request</b>.</li></ul>																										
Action		Service Code	Modifier	Requested#	Start Date	End Date	Treatment Setting	Treatment Type	Review Status																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	58280(CPT)		1	10/15/2021	11/15/2021	Hospital - Inpatient	Medical																			

## Adding a New OP Clinical Request – InterQual, cont.

Step	Action						
4.	<p>You will receive the following message. Click <b>OK <u>only</u></b> if you completed the items listed.</p> <div data-bbox="241 310 1086 644"> <p>pr-jv6-ap-pp.amerihealthcaritas.com says</p> <p>Click OK only after all diagnoses, stay and/or service detail lines are completed. Edits are not permitted after clicking OK. Click Cancel to edit or OK to continue.</p> <p>OK Cancel</p> </div>						
5.	<p>The system will connect with InterQual and determine if there is a matching guideline.</p> <table border="1"> <thead> <tr> <th>If there is...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td><b>Matching Guideline</b></td><td> <p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. <b><i>Proceed to Step 6 in this section.</i></b></p> <div data-bbox="597 886 1239 1165"> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : I50.9, G0493</p> <p>Guideline : <input checked="" type="radio"/> Home Care Services, Adult, LOC:Home Care Q &amp; A  <input type="radio"/> Home Care Services, Pediatric, LOC:Home Care Q &amp; A</p> <p>Ok Cancel</p> </div> </td></tr> <tr> <td><b>No Matching Guideline</b></td><td> <p>You will receive this pop-up. Click <b>OK</b> to close the window and you will be returned to the request screen. <b><i>Proceed to Adding Documents.</i></b></p> <div data-bbox="597 1257 1248 1486"> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : J40</p> <p>Guideline : No matching guideline was found.</p> <p>Ok Cancel</p> </div> </td></tr> </tbody> </table>	If there is...	Then...	<b>Matching Guideline</b>	<p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. <b><i>Proceed to Step 6 in this section.</i></b></p> <div data-bbox="597 886 1239 1165"> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : I50.9, G0493</p> <p>Guideline : <input checked="" type="radio"/> Home Care Services, Adult, LOC:Home Care Q &amp; A  <input type="radio"/> Home Care Services, Pediatric, LOC:Home Care Q &amp; A</p> <p>Ok Cancel</p> </div>	<b>No Matching Guideline</b>	<p>You will receive this pop-up. Click <b>OK</b> to close the window and you will be returned to the request screen. <b><i>Proceed to Adding Documents.</i></b></p> <div data-bbox="597 1257 1248 1486"> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : J40</p> <p>Guideline : No matching guideline was found.</p> <p>Ok Cancel</p> </div>
If there is...	Then...						
<b>Matching Guideline</b>	<p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. <b><i>Proceed to Step 6 in this section.</i></b></p> <div data-bbox="597 886 1239 1165"> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : I50.9, G0493</p> <p>Guideline : <input checked="" type="radio"/> Home Care Services, Adult, LOC:Home Care Q &amp; A  <input type="radio"/> Home Care Services, Pediatric, LOC:Home Care Q &amp; A</p> <p>Ok Cancel</p> </div>						
<b>No Matching Guideline</b>	<p>You will receive this pop-up. Click <b>OK</b> to close the window and you will be returned to the request screen. <b><i>Proceed to Adding Documents.</i></b></p> <div data-bbox="597 1257 1248 1486"> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : J40</p> <p>Guideline : No matching guideline was found.</p> <p>Ok Cancel</p> </div>						



## Adding a New OP Clinical Request – InterQual, cont.

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Step	Action						
6.	After answering the review questions, the Recommendations page will display either <b>Criteria Met</b> or <b>Criteria Not Met</b> .						
7.	<div>From the <b>Recommendations</b> page:<table><tr><th>If you click...</th><th>Then...</th></tr><tr><td><b>Save</b></td><td>The review will be saved and can be updated, if needed, prior to submitting the request.</td></tr><tr><td><b>Complete</b></td><td>The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.</td></tr></table></div>	If you click...	Then...	<b>Save</b>	The review will be saved and can be updated, if needed, prior to submitting the request.	<b>Complete</b>	The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.
If you click...	Then...						
<b>Save</b>	The review will be saved and can be updated, if needed, prior to submitting the request.						
<b>Complete</b>	The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.						
8.	Close the InterQual tab to return to the Provider Portal						
9.	The request line will now display a status in the <b>Decision</b> column.						

## Adding a New OP Clinical Request – Adding Assessments

If an assessment is associated with the request, an **Assessment** section will be displayed where you may access and complete the associated assessment.

Assessment Title	Identified On	Assessment Added By
Sample Assessment	11/23/2020	Sentinel

Complete Save Save and Generate POC Cancel

Add Activity Notes Assessment (POC) Review Share With Member Last Answered Question

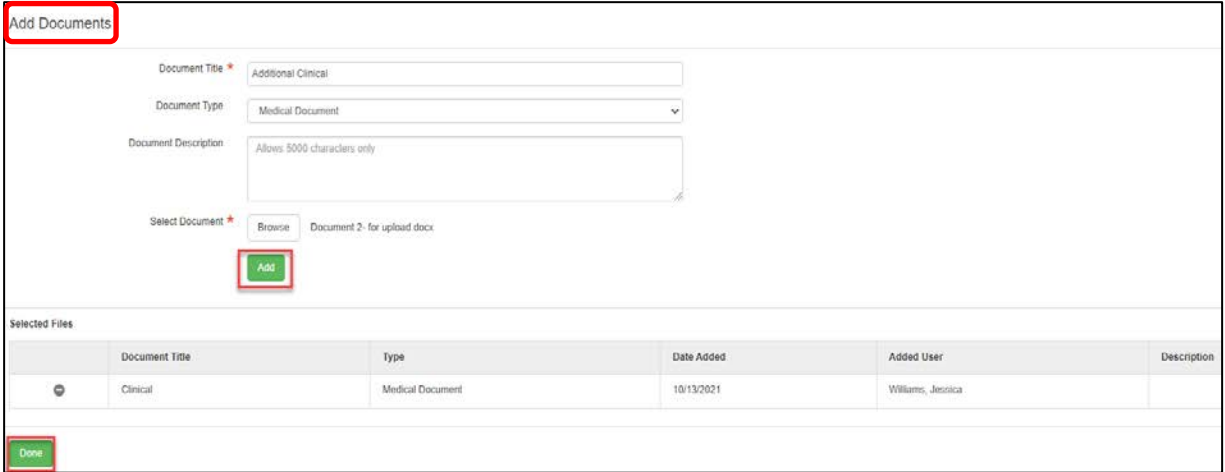
Assessment Score 0 of 9 Provider Portal Delivery Screening Assesmter Copy Group Answers Group Score : 0 of 9

Timer 00:00:09 Sample Question...

Step	Action
1.	In the <b>New</b> Tab of the Assessment section, click on the gear icon to the left of the Assessment and click on <b>Start</b> .
2.	Answer the questions. <b>Note</b> - Questions in <b>red</b> are mandatory.
3.	Click the <b>Complete</b> button to complete the assessment. <b>Note</b> - This will trigger any auto approval rules (if configured.) The <b>Save</b> button will <b>not</b> trigger the auto approval rules.

## Adding a New OP Clinical Request – Adding Documents

When submitting an **OP Clinical Request**, you must attach the clinical information. Follow these instructions to add **Documents**.

Step	Action
1.	<p>Complete the following:</p> <ol style="list-style-type: none"> <li><b>Document Title:</b> enter the title of the document</li> <li><b>Document Type:</b> defaults to <b>Medical Document</b>, update as needed.</li> <li><b>Document Description:</b> optional field</li> <li>Click the <b>Browse</b> button to search for the document you wish to upload <ol style="list-style-type: none"> <li>Click the desired document and click the <b>Open</b> button</li> </ol> </li> <li>You will see the document name listed next to the <b>Browse</b> button.</li> <li>You may add additional documents by selecting <b>Add</b>.</li> <li>Select <b>Done</b> when you have added all documents you wish to attach.</li> </ol> 

## Adding a New OP Clinical Request – Adding Notes

Notes

Note Type

--Select One--

▼

Note Encounter Date

08/13/2020

📅

Note Encounter Time

08

▼

49

▼

Note Text

File ▼ Edit ▼ View ▼ Format ▼ Tools ▼

**B**

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U

ABC ✓

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⬇

⬆

Step	Action
1.	Select the appropriate <b>Note Type</b> from the drop-down menu.
2.	Enter the appropriate notes in the notes section. Be sure to include your <b>name</b> and <b>contact information</b> in the event the Plan needs to contact you.



This is a shared note field. Notes can be viewed and entered by both you and the Plan.

## Adding a New OP Clinical Request – Submitting the Request

Once all required sections are completed, you are ready to submit the request.

Step	Action
1.	<p>Click on the <b>Submit</b> button to submit your request.</p> <div> <div>Submit</div> <div>Save as Draft</div> <div>Delete</div> <div>Cancel</div> </div> <p><b>Note:</b> The <b>Submit</b> button will not be active until a clinical review has been completed.</p>
2.	<p>The Request Details information will be displayed, including the Cert Number.</p> <p><b>Note:</b> If the request is programmed to auto-approve, you will see <b>Approved</b> in the <b>Decision</b> column.</p>

Request Details										
Episode Abstract										
<div> <div>Expected Decision Date : 08/15/2020</div> <div>Authorization Type OP</div> <div>Episode Number : 9025648</div> <div>Episode Status : OpenRequest</div> <div>Cert Number 2008000412</div> </div>										
Authorization Details	Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency	Decision
	12548538	27428(CPT)	1	0	0			Inpatient	Per Day	Pending



**7 ENTER AN OP NON-CLINICAL REQUEST**

## How to Enter an Outpatient Non-Clinical Request

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A non-clinical request can be started by non-clinical staff or anyone who does not have clinical information available at the time of entry.

The non-clinical request can be saved and is available to access at a later time in order to add clinical data.

When entering a **non-clinical** request, you **must provide** the following information:

- **Episode Details**
- **Diagnosis- primary a must, secondary is optional**
- **Treating Provider**
- **Referring Provider**
- **Add service request**

## Adding a New OP Non-Clinical Request – Adding Episode Details

After locating the member (*following the steps outlined in Chapter 2*), click on **Add New Request** and select **Outpatient** from the drop-down list.

The Member Demographics are at the top of the page. You may click the drop-down caret on the right to expand the demographics window.

The screenshot shows the top portion of a web application. At the top, there is a header bar with fields for 'ExampleA, Portal (Female)', 'DOB:', 'Member ID:', and 'Government Id:'. Below this is a row of tabs: 'Address 1234 Mulberry L... IA', 'Phone & Email (515) 555-5555', 'Coverage', 'Group', 'PCP/PCM', and 'Allergies'. A red circle highlights a drop-down caret on the right side of the 'Allergies' tab. Below the tabs is a section titled 'Outpatient Request'. Inside this section, there is a left-hand menu with 'Episode Details' selected. To the right of the menu, there are two dropdown menus: 'Request Type \*' with 'Expected' selected, and 'Request Priority \*' with 'Standard 24' selected. Below these, there is a blue hyperlink labeled 'Optional Fields' which is circled in red.

Follow these steps to complete the **Episode Details** section:

Step	Action
1.	<b>Request Type:</b> defaults to <b>Expected</b> , update if appropriate
2.	<b>Request Priority:</b> defaults to <b>Standard 24</b> , update if appropriate

If you click the **Optional Fields** hyperlink, additional fields will be displayed.

This screenshot shows the same 'Outpatient Request' form as above, but with the 'Optional Fields' section expanded. The 'Request Type' and 'Request Priority' dropdowns remain at the top. Below them, a new row of fields is visible, highlighted with a red border. This row contains 'Time Request' with a text input field showing '24 Hours', and 'Reason for Request' with a dropdown menu showing '--Select One--'.

- **Time Request:** This field will auto-populated based on the **Request Priority**.
- **Reason for Request:** Select the appropriate reason from the drop down.



## Adding a New OP Non-Clinical Request – Adding Diagnosis

You can add multiple diagnoses from this screen or you can utilize the **Favorite Diagnosis** hyperlink to save time and keystrokes. The **Favorite Diagnosis** function will allow you to create and manage a list of frequently used diagnoses. The list is unique to the provider's account. Reference Chapter 9 "*Favorite Diagnosis List – How to Create a Favorites List.*"

**Diagnosis**
















Code Type \*

ICD10

Diagnosis \*

Diagnosis

[Advanced Search](#)
[Favorite Diagnosis](#)

Step	Action												
1.	<b>Code Type</b> will default to ICD10. You may select a different code type if applicable.												
2.	Type the diagnosis or code in the <b>Diagnosis</b> field. You may also use the <b>Advanced Search</b> function, if needed.												
3.	Once you select the diagnosis, it will display on the screen and be attached to the episode. <div><table><tr><th>Primary Dx</th><th>Code Type</th><th>Diagnosis</th><th>Actions</th></tr><tr><td></td><td>ICD10</td><td>I50.9--Heart failure, unspecified</td><td></td></tr><tr><td></td><td>ICD10</td><td>R69--Illness, unspecified</td><td></td></tr></table></div>	Primary Dx	Code Type	Diagnosis	Actions		ICD10	I50.9--Heart failure, unspecified			ICD10	R69--Illness, unspecified	
Primary Dx	Code Type	Diagnosis	Actions										
	ICD10	I50.9--Heart failure, unspecified											
	ICD10	R69--Illness, unspecified											
4.	<table><tr><th>If you...</th><th>Then...</th></tr><tr><td>want to add additional diagnoses</td><td>Repeat steps 2 and 3.  <b><u>Note:</u></b><ul style="list-style-type: none"><li>- Click the remove icon  to remove a diagnosis from the request.</li><li>- You cannot remove a diagnosis unless there is more than one diagnosis already selected</li><li>- Click the <b>Star</b>  in the <b>Primary Dx</b> column if you need to designate a different diagnosis as primary.</li></ul></td></tr><tr><td><b><u>do not</u></b> want to add additional diagnoses</td><td>Proceed to the <b>Providers</b> section of the episode.</td></tr></table>	If you...	Then...	want to add additional diagnoses	Repeat steps 2 and 3.  <b><u>Note:</u></b> <ul style="list-style-type: none"><li>- Click the remove icon  to remove a diagnosis from the request.</li><li>- You cannot remove a diagnosis unless there is more than one diagnosis already selected</li><li>- Click the <b>Star</b>  in the <b>Primary Dx</b> column if you need to designate a different diagnosis as primary.</li></ul>	<b><u>do not</u></b> want to add additional diagnoses	Proceed to the <b>Providers</b> section of the episode.						
If you...	Then...												
want to add additional diagnoses	Repeat steps 2 and 3.  <b><u>Note:</u></b> <ul style="list-style-type: none"><li>- Click the remove icon  to remove a diagnosis from the request.</li><li>- You cannot remove a diagnosis unless there is more than one diagnosis already selected</li><li>- Click the <b>Star</b>  in the <b>Primary Dx</b> column if you need to designate a different diagnosis as primary.</li></ul>												
<b><u>do not</u></b> want to add additional diagnoses	Proceed to the <b>Providers</b> section of the episode.												

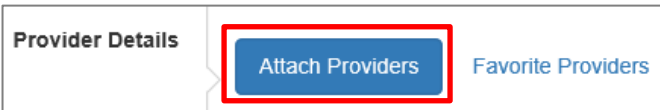
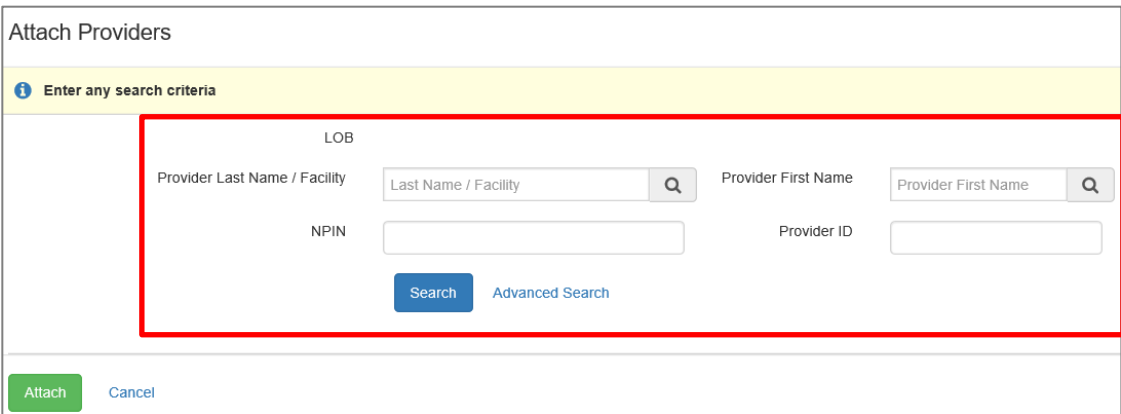
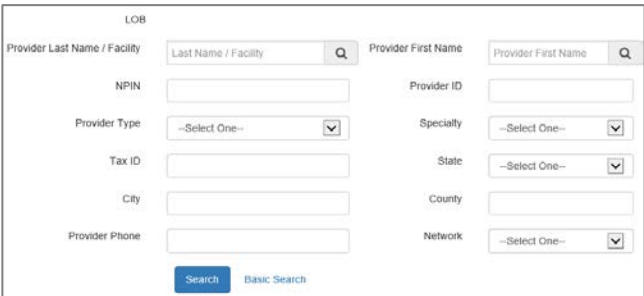
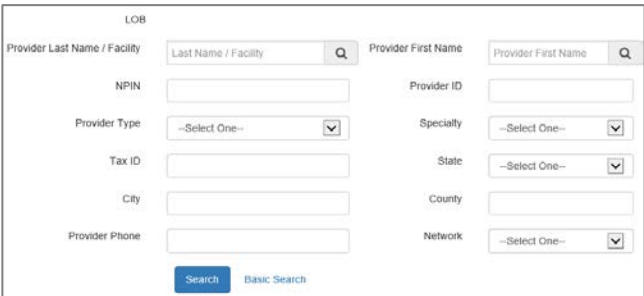
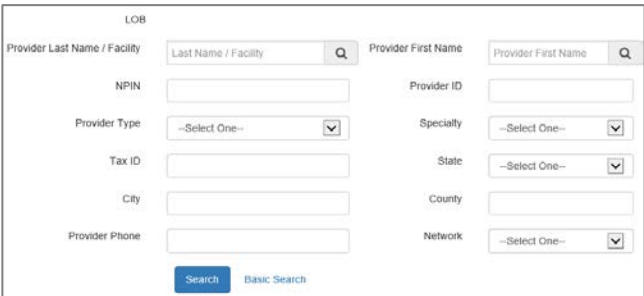
## Adding a New OP Non-Clinical Request – Adding Providers

All Outpatient requests should contain a **Treating** provider (Facility or Agency providing the service) and a **Referring** provider (physician or group referring the member for services).






The steps below outline the processes for adding providers to the request.







**Favorite Providers** - You can utilize the Favorite Providers hyperlink to save time and keystrokes. The **Favorite Providers** list will allow you to create and manage a list of frequently used providers. Reference Chapter 9 “*Favorite Providers List–How to Create a Favorites List.*”




Step	Action						
1.	<p>Click the <b>Attach Providers</b> button.</p> 						
2.	<p>Enter the appropriate search criteria and click on <b>Search</b>.</p> 						
3.	<p>After clicking <b>Search</b>:</p> <table border="1"> <thead> <tr> <th>If appropriate provider...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>Is displayed</td><td>Click the <b>Attach</b> button</td></tr> <tr> <td><i>Is not displayed</i></td><td> <p>You may use the <b>Advanced Search</b> functionality and click the <b>Attach</b> button after locating the provider</p>  </td></tr> </tbody> </table>	If appropriate provider...	Then...	Is displayed	Click the <b>Attach</b> button	<i>Is not displayed</i>	<p>You may use the <b>Advanced Search</b> functionality and click the <b>Attach</b> button after locating the provider</p> 
If appropriate provider...	Then...						
Is displayed	Click the <b>Attach</b> button						
<i>Is not displayed</i>	<p>You may use the <b>Advanced Search</b> functionality and click the <b>Attach</b> button after locating the provider</p> 						





## Adding a New OP Non-Clinical Request – Adding Providers (cont.)

Search Results						
	Provider ID	Provider Name	Location	Type	Provider Role	Partici
	0000000	Hospital A	Any City, PA	Facility/Vendor	Treating 	
<div>  Single Attach   Multiple Attach   Set as Favorite         </div>						

Step	Action
4.	<ul style="list-style-type: none"> <li>Search for the facility.</li> <li>Once you have located the facility, select “<b>Treating</b>” from the drop-down list in the <b>Provider Role</b> column, click the  icon next to the provider row and select  <b>Single Attach</b> to attach the provider to the episode.</li> </ul> <p><b>Result:</b> The Provider will be attached and listed in the <b>Providers</b> section of the episode.</p>
5.	<ul style="list-style-type: none"> <li>Search for the attending physician.</li> <li>Once you have located the physician, select “<b>Referring</b>” from the drop-down list in the <b>Provider Role</b> column, click the  icon next to the provider row and select  <b>Single Attach</b> to attach the provider to the episode.</li> </ul> <p><b>Result:</b> The Provider will be attached and listed in the <b>Providers</b> section of the episode.</p>



If you want to ...	Then...
<b><u>Attach multiple providers to an episode at the same time</u></b>	<p>Follow the steps outlined below:</p> <ul style="list-style-type: none"> <li>Search for the desired providers</li> <li>In the row of each desired provider in the search results screen, select the appropriate Provider Role from the drop-down list, click the  icon next to the row and select the  <b>Multiple Attach</b> option</li> <li>As each provider is selected, they will be added to the “<b>Selected Providers List</b>” at the bottom of the screen</li> <li>When all providers have been added, verify the selected Provider Role and click the  <b>Attach</b> button to add them to the episode.</li> </ul>

Provider Details	ID	Name	Location	Role	Network	Phone	Action
		Provider A		Referring 			
		Provider B		Treating 			

### NOTE:

- If the incorrect provider is attached, click the **Deactivate** icon  to deactivate the facility. The facility will be removed from the episode.

## Adding a New OP Non-Clinical Request – Adding Service Request

You will need to complete the **Service/Specialty Drug Request** section.









**Favorite Services** - You can utilize the Favorite Services hyperlink to save time and keystrokes. The **Favorite Services** list will allow you to create and manage a list of frequently used services. Reference Chapter 9 “*Favorite Services List–How to Create a Favorites List.*”

Service/Specialty Drug Request	Service Type *	--Select One--	Modifier	Search Modifier	Q
	Place of Service	Medical	Start Date *		
	Code Type *	CPT	End Date *		
	Service Code *	Search Service Code	Requested #	1	
		Advanced Search Favorite Services Optional Fields			
	UCR Cost	\$	Units	1	
	Time Frame	Per Day			
	Time period	1			
	Add				

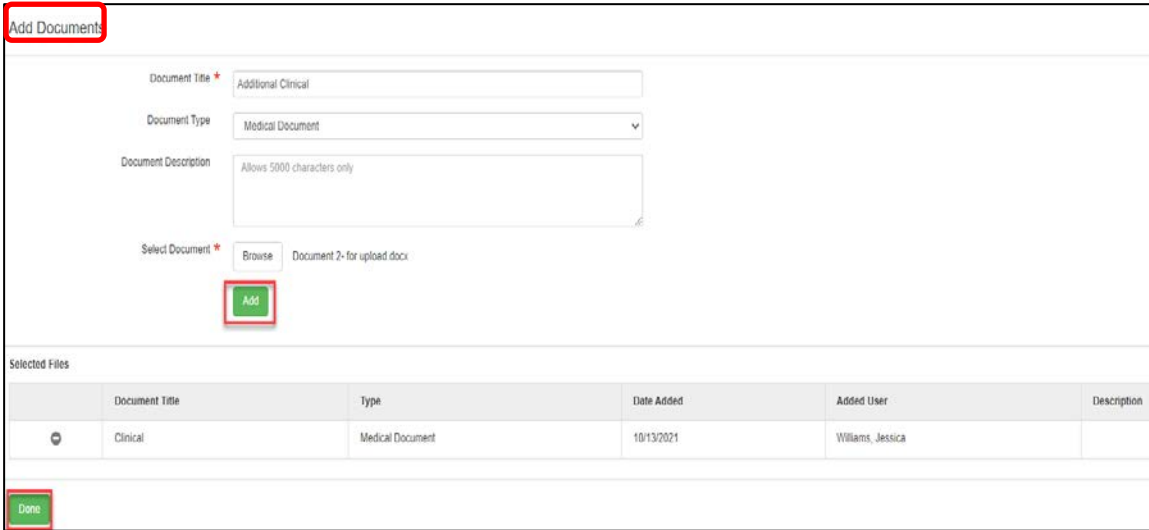
Step	Action																						
1.	<p>Complete information in the <b>Service Request</b> section (<i>if applicable</i>) using the guidelines outlined below:</p> <table border="1"> <tr> <td><b>Service Type</b></td><td>Choose the appropriate selection from the drop-down list.</td></tr> <tr> <td><b>Place of Service</b></td><td>Choose the appropriate selection from the drop-down list.</td></tr> <tr> <td><b>Code Type</b></td><td>Auto-populated to CPT, update if necessary.</td></tr> <tr> <td><b>Service Code</b></td><td>Enter the requested service code. <b>Note:</b> You can type the service code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate service from the list. You can also use the <b>Advanced Search</b> link to initiate a search for the service code.</td></tr> <tr> <td><b>Modifier</b></td><td>Enter modifier details as appropriate</td></tr> <tr> <td><b>Start Date</b></td><td>Enter the date of the requested service</td></tr> <tr> <td><b>End Date</b></td><td>Enter the end date of the service</td></tr> <tr> <td><b>Requested #</b></td><td>Enter the appropriate units/visits</td></tr> </table> <p>To view these fields, you may need to click on the <b>Optional Fields</b> hyperlink.</p> <table border="1"> <tr> <td><b>Time Frame</b></td><td>Defaults to Per Day.</td></tr> <tr> <td><b>Time Period</b></td><td>Defaults to 1.</td></tr> <tr> <td><b>Units/Visits</b></td><td>Defaults to 1. Enter the appropriate units/visits.</td></tr> </table>	<b>Service Type</b>	Choose the appropriate selection from the drop-down list.	<b>Place of Service</b>	Choose the appropriate selection from the drop-down list.	<b>Code Type</b>	Auto-populated to CPT, update if necessary.	<b>Service Code</b>	Enter the requested service code. <b>Note:</b> You can type the service code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate service from the list. You can also use the <b>Advanced Search</b> link to initiate a search for the service code.	<b>Modifier</b>	Enter modifier details as appropriate	<b>Start Date</b>	Enter the date of the requested service	<b>End Date</b>	Enter the end date of the service	<b>Requested #</b>	Enter the appropriate units/visits	<b>Time Frame</b>	Defaults to Per Day.	<b>Time Period</b>	Defaults to 1.	<b>Units/Visits</b>	Defaults to 1. Enter the appropriate units/visits.
<b>Service Type</b>	Choose the appropriate selection from the drop-down list.																						
<b>Place of Service</b>	Choose the appropriate selection from the drop-down list.																						
<b>Code Type</b>	Auto-populated to CPT, update if necessary.																						
<b>Service Code</b>	Enter the requested service code. <b>Note:</b> You can type the service code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate service from the list. You can also use the <b>Advanced Search</b> link to initiate a search for the service code.																						
<b>Modifier</b>	Enter modifier details as appropriate																						
<b>Start Date</b>	Enter the date of the requested service																						
<b>End Date</b>	Enter the end date of the service																						
<b>Requested #</b>	Enter the appropriate units/visits																						
<b>Time Frame</b>	Defaults to Per Day.																						
<b>Time Period</b>	Defaults to 1.																						
<b>Units/Visits</b>	Defaults to 1. Enter the appropriate units/visits.																						

## Adding a New OP Non-Clinical Request – Adding Service Request, cont.

Step	Action																												
2.	<p>Click the <b>Add</b> button.</p> <p><b>Result:</b> The Service Request line will now be populated (appears below the Service Request fields)</p> <table><tr><th colspan="7">Service Request</th></tr><tr><th>Action</th><th>Service Code</th><th>Requested#</th><th>Start Date</th><th>End Date</th><th>Service Type</th><th>Place of Service</th></tr><tr><td></td><td>G0493(HCPC)</td><td>5</td><td>08/17/2020</td><td>09/01/2020</td><td>Home</td><td>Medical</td></tr><tr><td></td><td>S9131(HCPC)</td><td>14</td><td>08/19/2020</td><td>09/02/2020</td><td>Home</td><td>Medical</td></tr></table> <p><b>Note:</b> If a Service Request was added in error or with incorrect information, you may click the icon in the <b>Action</b> column to remove the given line.</p>	Service Request							Action	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service		G0493(HCPC)	5	08/17/2020	09/01/2020	Home	Medical		S9131(HCPC)	14	08/19/2020	09/02/2020	Home	Medical
Service Request																													
Action	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service																							
	G0493(HCPC)	5	08/17/2020	09/01/2020	Home	Medical																							
	S9131(HCPC)	14	08/19/2020	09/02/2020	Home	Medical																							
3.	Repeat Steps 2 & 3 if additional service requests need to be added																												

## Adding a New OP Non-Clinical Request – Adding Documents

Follow these instructions to add **Documents**.

Step	Action
1.	<p>Complete the following:</p> <ol style="list-style-type: none"><li><b>Document Title:</b> enter the title of the document</li><li><b>Document Type:</b> defaults to <b>Medical Document</b>, update as needed.</li><li><b>Document Description:</b> optional field</li><li>Click the <b>Browse</b> button to search for the document you wish to upload<ol style="list-style-type: none"><li>Click the desired document and click the <b>Open</b> button</li></ol></li><li>You will see the document name listed next to the <b>Browse</b> button.</li><li>You may add additional documents by selecting <b>Add</b>.</li><li>Select <b>Done</b> when you have added all documents you wish to attach.</li></ol> 

## Adding a New OP Non-Clinical Request – Adding Notes

Notes

Note Type

--Select One--

▼

Note Encounter Date

08/13/2020

📅

Note Encounter Time

08

▼

49

▼

Note Text

File ▼ Edit ▼ View ▼ Format ▼ Tools ▼

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Step	Action
1.	Select the appropriate <b>Note Type</b> from the drop-down menu.
2.	Enter the appropriate notes in the notes section. Be sure to include your <b>name</b> and <b>contact information</b> in the event the Plan needs to contact you.

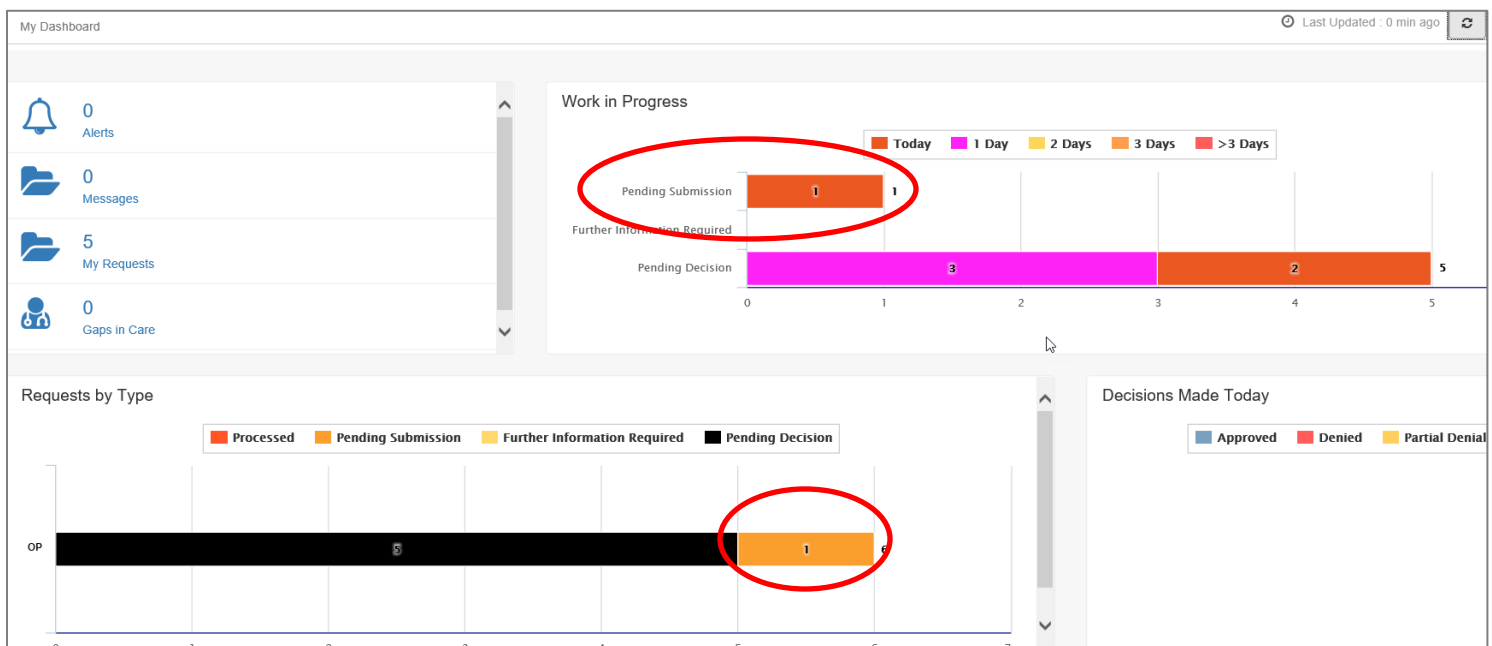


This is a shared note field. Notes can be viewed and entered by both you and the Plan.

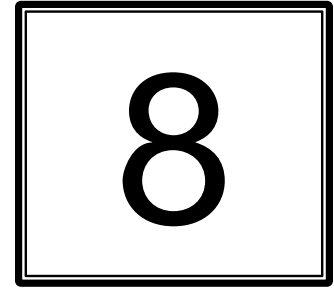
## Adding a New OP Non-Clinical Request – Saving as Draft

The **Non-clinical** request must be saved so it is available to access at a later time in order to add clinical data.

Step	Action
1.	Click on the <b>Save as Draft</b> button to submit your request.  <b>Note:</b> The <b>Submit</b> button will not be active until a clinical review has been completed.
2.	You will be taken to the top of the request where you will see that it is now in <b>Draft</b> status (upper left corner). 
3.	You may click on <b>Dashboard</b> to exit the request where you see the request displayed as <b>Pending Submission</b> in the Work in Progress and Requests by Type widgets.





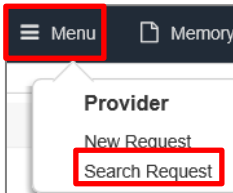
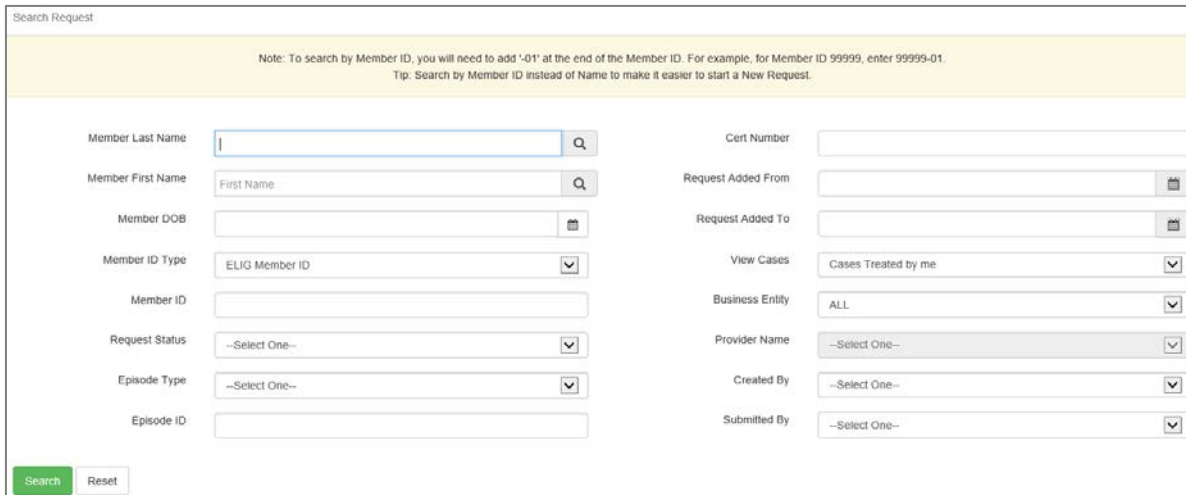


## **8 ADD CLINICAL TO AN EXISTING OP NON-CLINICAL REQUEST**

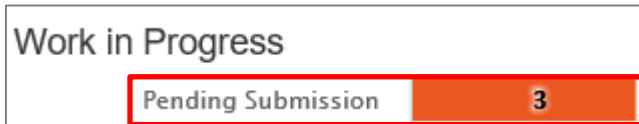
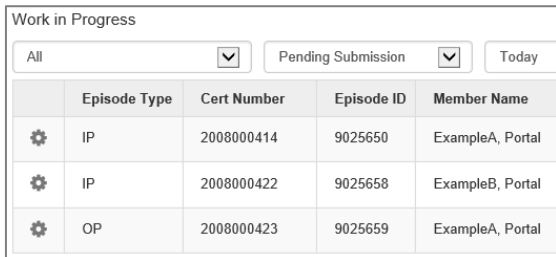
## Adding Clinical Information to an Existing OP Non-clinical Request

There are three options for accessing the non-clinical request.

### Option #1: Search Request

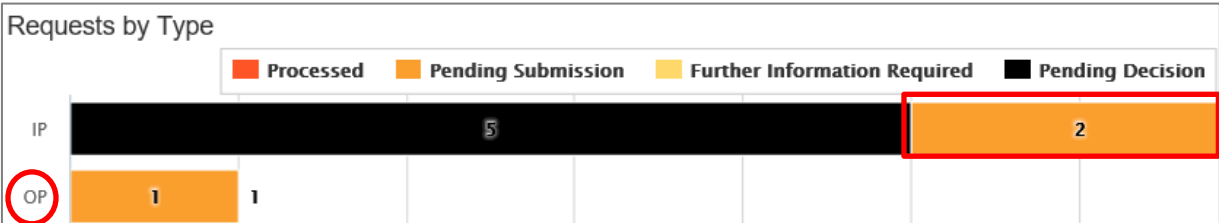
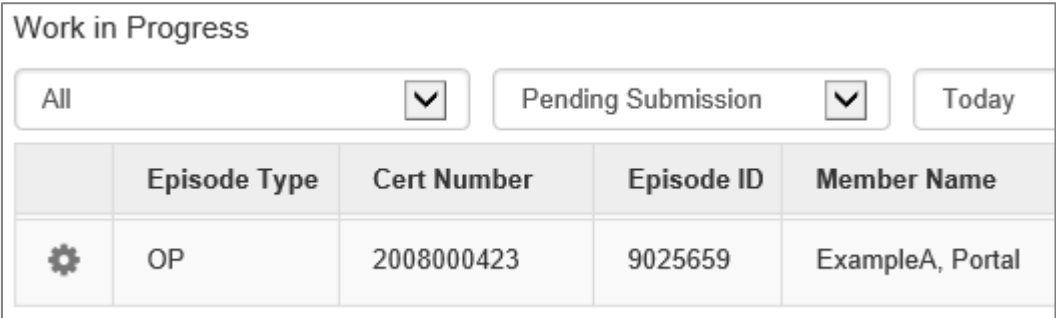
Step	Action
1.	<p>Click on <b>Menu</b> and select <b>Search Request</b></p> 
2.	<p>Enter the appropriate search criteria and click on the <b>Search</b> button.</p> 
3.	<p>What results display will be based on the refinement of the search criteria.</p> <p><b>Note:</b> Only those episodes for which you are either the Treating or Attending will be displayed.</p>

### Option #2: Dashboard – Work in Progress Widget

Step	Action
1.	<p>Click on the <b>Pending Submission</b> hyperlink bar in the <i>Work in Progress</i> widget</p> 
2.	<p>All Pending Submission requests, regardless of Episode Type, will be displayed.</p> 

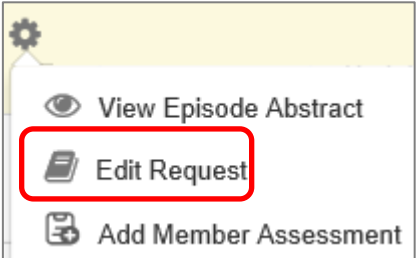
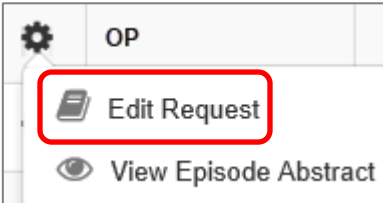
## Adding Clinical Information to Existing OP Non-Clinical Request, continued

### Option #3: Dashboard – Requests by Type Widget

Step	Action
1.	<p>Click on the <b>Pending Submission</b> hyperlink bar in the <i>Request by Type</i> widget</p>  <p>The screenshot shows the 'Requests by Type' widget. At the top, there is a legend with four categories: Processed (red), Pending Submission (orange), Further Information Required (yellow), and Pending Decision (black). Below the legend, there is a horizontal bar chart. The 'Pending Submission' bar is highlighted with a red box and contains the number 2. Below the chart, there is a table with columns for Episode Type, Cert Number, Episode ID, and Member Name. The 'OP' row is highlighted with a red box and contains the number 1.</p>
2.	<p>All Pending Submission requests for that Episode Type will be displayed.</p>  <p>The screenshot shows the 'Work in Progress' widget. At the top, there is a filter bar with three dropdown menus: 'All', 'Pending Submission', and 'Today'. Below the filter bar, there is a table with columns for Episode Type, Cert Number, Episode ID, and Member Name. The 'OP' row is highlighted with a red box and contains the number 1.</p>

## Adding Clinical Information to Existing OP Non-Clinical Request – Edit Request

Follow these steps to open the request for editing.

Step	Action
1.	<p>Click on the ⚙ icon to the left of the episode and select <b>Edit Request</b>.</p> <div></div> <p><b>Note:</b> Depending on how you accessed the episode, you may see different options under the gear.</p>
2.	<p>The request will open and is read to be updated.</p>


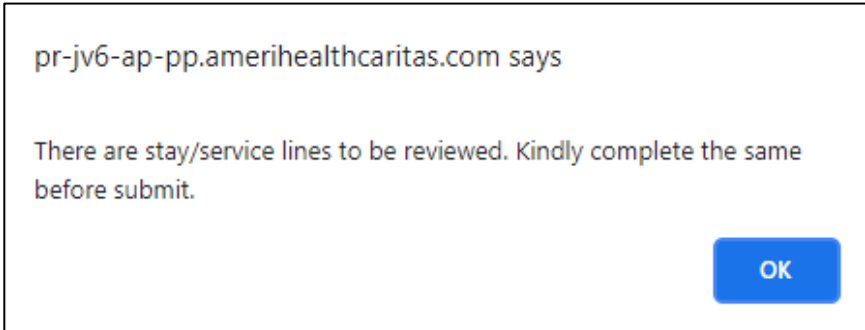

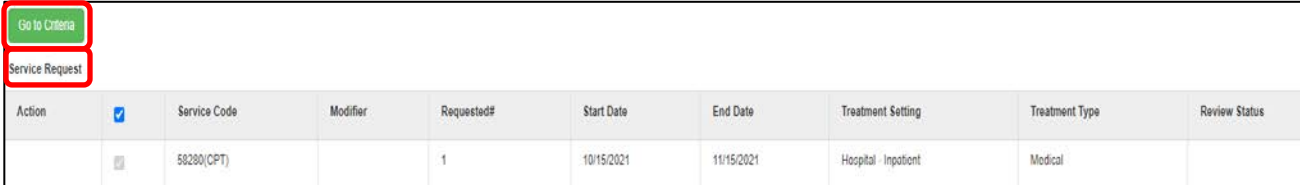
## Adding Clinical Information to Existing OP Non-Clinical Request – InterQual

Access and complete InterQual Connect Clinical Criteria



*If you need training or have questions regarding the use of InterQual Connect criteria, please contact your facility InterQual trainer or contact your Change HealthCare account representative.*

*The health plan is certified to conduct training for internal associates only.*

Step	Action						
1.	Click the <b>Check for Review</b> button. 						
2.	Once determined that one or both exists, you will receive the following pop-up message. Click <b>OK</b> . 						
3.	Click the appropriate <b>Go to Criteria</b> button. <table border="1"> <thead> <tr> <th>If...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>Only a <b>Stay Request</b></td><td> <ul style="list-style-type: none"> <li>Click the <b>Go to Criteria</b> button associated with the <b>Stay Request</b>.</li> </ul> </td></tr> <tr> <td>Both <b>Stay</b> and <b>Service Requests</b></td><td> <ul style="list-style-type: none"> <li>The <b>Go to Criteria</b> button associated with the Stay Request will be inactive.</li> <li>Click the <b>Go to Criteria</b> button associated with the <b>Service Request</b>.</li> </ul> </td></tr> </tbody> </table>  	If...	Then...	Only a <b>Stay Request</b>	<ul style="list-style-type: none"> <li>Click the <b>Go to Criteria</b> button associated with the <b>Stay Request</b>.</li> </ul>	Both <b>Stay</b> and <b>Service Requests</b>	<ul style="list-style-type: none"> <li>The <b>Go to Criteria</b> button associated with the Stay Request will be inactive.</li> <li>Click the <b>Go to Criteria</b> button associated with the <b>Service Request</b>.</li> </ul>
If...	Then...						
Only a <b>Stay Request</b>	<ul style="list-style-type: none"> <li>Click the <b>Go to Criteria</b> button associated with the <b>Stay Request</b>.</li> </ul>						
Both <b>Stay</b> and <b>Service Requests</b>	<ul style="list-style-type: none"> <li>The <b>Go to Criteria</b> button associated with the Stay Request will be inactive.</li> <li>Click the <b>Go to Criteria</b> button associated with the <b>Service Request</b>.</li> </ul>						

## Adding Clinical Information to Existing OP Non-clinical Request – InterQual, cont.

Step	Action						
4.	<p>You will receive the following message. Click <b>OK <u>only</u></b> if you completed the items listed.</p> <div data-bbox="241 310 1086 644"> <p>pr-jv6-ap-pp.amerihealthcaritas.com says</p> <p>Click OK only after all diagnoses, stay and/or service detail lines are completed. Edits are not permitted after clicking OK. Click Cancel to edit or OK to continue.</p> <p>OK Cancel</p> </div>						
5.	<p>The system will connect with InterQual and determine if there is a matching guideline.</p> <table border="1"> <thead> <tr> <th>If there is...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td><b>Matching Guideline</b></td><td> <p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. <b><i>Proceed to Step 6 in this section.</i></b></p> <div data-bbox="597 884 1239 1163"> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : 150.9, G0493</p> <p>Guideline : <input checked="" type="radio"/> Home Care Services, Adult, LOC:Home Care Q &amp; A  <input type="radio"/> Home Care Services, Pediatric, LOC:Home Care Q &amp; A</p> <p>Ok Cancel</p> </div> </td></tr> <tr> <td><b>No Matching Guideline</b></td><td> <p>You will receive this pop-up. Click <b>OK</b> to close the window and you will be returned to the request screen. <b><i>Proceed to Adding Documents.</i></b></p> <div data-bbox="597 1257 1248 1486"> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : J40</p> <p>Guideline : No matching guideline was found.</p> <p>Ok Cancel</p> </div> </td></tr> </tbody> </table>	If there is...	Then...	<b>Matching Guideline</b>	<p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. <b><i>Proceed to Step 6 in this section.</i></b></p> <div data-bbox="597 884 1239 1163"> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : 150.9, G0493</p> <p>Guideline : <input checked="" type="radio"/> Home Care Services, Adult, LOC:Home Care Q &amp; A  <input type="radio"/> Home Care Services, Pediatric, LOC:Home Care Q &amp; A</p> <p>Ok Cancel</p> </div>	<b>No Matching Guideline</b>	<p>You will receive this pop-up. Click <b>OK</b> to close the window and you will be returned to the request screen. <b><i>Proceed to Adding Documents.</i></b></p> <div data-bbox="597 1257 1248 1486"> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : J40</p> <p>Guideline : No matching guideline was found.</p> <p>Ok Cancel</p> </div>
If there is...	Then...						
<b>Matching Guideline</b>	<p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. <b><i>Proceed to Step 6 in this section.</i></b></p> <div data-bbox="597 884 1239 1163"> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : 150.9, G0493</p> <p>Guideline : <input checked="" type="radio"/> Home Care Services, Adult, LOC:Home Care Q &amp; A  <input type="radio"/> Home Care Services, Pediatric, LOC:Home Care Q &amp; A</p> <p>Ok Cancel</p> </div>						
<b>No Matching Guideline</b>	<p>You will receive this pop-up. Click <b>OK</b> to close the window and you will be returned to the request screen. <b><i>Proceed to Adding Documents.</i></b></p> <div data-bbox="597 1257 1248 1486"> <p>Select Guideline</p> <p>InterQual Guideline Selection</p> <p>Code : J40</p> <p>Guideline : No matching guideline was found.</p> <p>Ok Cancel</p> </div>						

## Adding Clinical Information to Existing OP Non-clinical Request – InterQual, cont.

Step	Action						
6.	After answering the review questions, the Recommendations page will display either <b>Criteria Met</b> or <b>Criteria Not Met</b> .						
7.	<div>From the <b>Recommendations</b> page:<table><tr><th>If you click...</th><th>Then...</th></tr><tr><td><b>Save</b></td><td>The review will be saved and can be updated, if needed, prior to submitting the request.</td></tr><tr><td><b>Complete</b></td><td>The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.</td></tr></table></div>	If you click...	Then...	<b>Save</b>	The review will be saved and can be updated, if needed, prior to submitting the request.	<b>Complete</b>	The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.
If you click...	Then...						
<b>Save</b>	The review will be saved and can be updated, if needed, prior to submitting the request.						
<b>Complete</b>	The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.						
8.	Close the InterQual tab to return to the Provider Portal						
9.	The request line will now display a status in the <b>Decision</b> column.						

## Adding Clinical Information to Existing OP Non-Clinical Request – Assessments

If an assessment is associated with the request, an **Assessment** section will be displayed where you may access and complete the associated assessment.

Assessment Title	Identified On	Assessment Added By
Sample Assessment	11/23/2020	Sentinel

Assessment Score 0 of 9

Provider Portal Delivery Screening Assessment

Timer 00:00:09

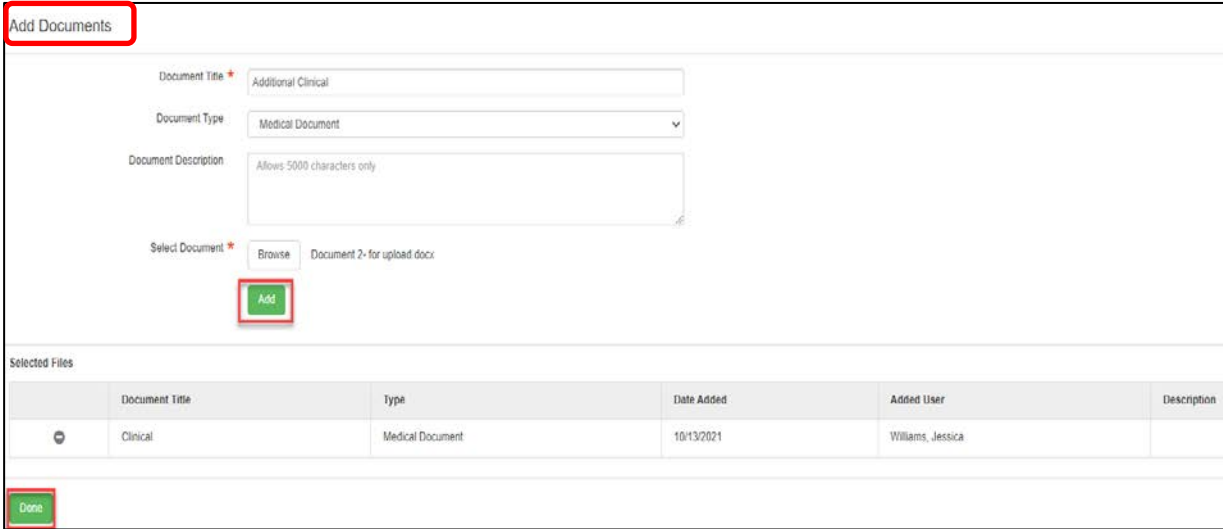
Sample Question...

Step	Action
1.	In the <b>New</b> Tab of the Assessment section, click on the gear icon to the left of the Assessment and click on <b>Start</b> .
2.	Answer the questions. <b>Note</b> - Questions in <b>red</b> are mandatory.
3.	Click the <b>Complete</b> button to complete the assessment. <b>Note</b> - This will trigger any auto approval rules (if configured.) The <b>Save</b> button will <b>not</b> trigger the auto approval rules.



## Adding Clinical Information to Existing OP Non-Clinical Request – Adding Documents

When submitting an **OP Clinical Request**, you must attach the clinical information. Follow these instructions to add **Documents**.

Step	Action
1.	<p>Complete the following:</p> <ol style="list-style-type: none"> <li><b>Document Title:</b> enter the title of the document</li> <li><b>Document Type:</b> defaults to <b>Medical Document</b>, update as needed.</li> <li><b>Document Description:</b> optional field</li> <li>Click the <b>Browse</b> button to search for the document you wish to upload <ol style="list-style-type: none"> <li>Click the desired document and click the <b>Open</b> button</li> </ol> </li> <li>You will see the document name listed next to the <b>Browse</b> button.</li> <li>You may add additional documents by selecting <b>Add</b>.</li> <li>Select <b>Done</b> when you have added all documents you wish to attach.</li> </ol> 

## Adding Clinical Information to Existing OP Non-Clinical Request – Adding Notes

Notes

Note Type

--Select One--

▼

Note Encounter Date

08/13/2020

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Note Encounter Time

08

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Note Text

File ▼ Edit ▼ View ▼ Format ▼ Tools ▼

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ABC ✓

📎

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Step	Action
1.	Select the appropriate <b>Note Type</b> from the drop-down menu.
2.	Enter the appropriate notes in the notes section. Be sure to include your <b>name</b> and <b>contact information</b> in the event the Plan needs to contact you.



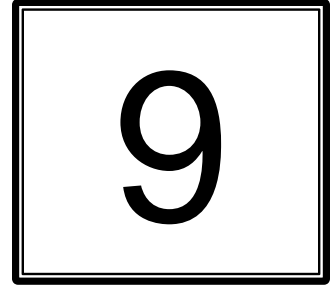
This is a shared note field. Notes can be viewed and entered by both you and the Plan.

## Adding Clinical Information to Existing OP Non-Clinical Request – Submitting Request

Once all required sections are completed, you are ready to submit the request.

Step	Action
1.	<p>Click on the <b>Submit</b> button to submit your request.</p> <div> <div>Submit</div> <div>Save as Draft</div> <div>Delete</div> <div>Cancel</div> </div> <p><b>Note:</b> The <b>Submit</b> button will not be active until a clinical review has been completed.</p>
2.	<p>The Request Details information will be displayed, including the Cert Number.</p> <p><b>Note:</b> If the request is programmed to auto-approve, you will see <b>Approved</b> in the <b>Decision</b> column.</p>

Request Details										
Episode Abstract										
<p>Expected Decision Date : 08/15/2020      Authorization Type <b>OP</b>      Episode Number : 9025648      Episode Status : OpenRequest      Cert Number 2008000412</p>										
Authorization Details	Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency	Decision
	12548538	27428(CPT)	1	0	0			Inpatient	Per Day	Pending



## **9 ADDITIONAL PROCESSES**

## Search for Determination

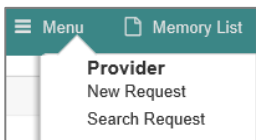
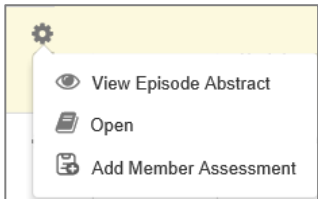
Search Request

Note: To search by Member ID, you will need to add '-01' at the end of the Member ID. For example, for Member ID 99999, enter 99999-01.  
Tip: Search by Member ID instead of Name to make it easier to start a New Request.

Member Last Name	<input type="text" value="Last Name"/>	Q	Cert Number	<input type="text"/>
Member First Name	<input type="text" value="First Name"/>	Q	Request Added From	<input type="text"/>
Member DOB	<input type="text"/>	📅	Request Added To	<input type="text"/>
Member ID Type	ELIG Member ID	▼	View Cases	Cases Treated by me ▼
Member ID	<input type="text"/>		Business Entity	ALL ▼
Request Status	--Select One--	▼	Provider Name	--Select One-- ▼
Episode Type	--Select One--	▼	Created By	--Select One-- ▼
Episode ID	<input type="text"/>		Submitted By	--Select One-- ▼

**Search**

Action	Episode ID	Member Name	Episode Type	Date of Service	Cert Number	Diagnosis	Created By	Submitted By	Initial Due Date	Status	Decision	Decision Reason
⚙️	9026508	ExampleA, Portal	IP	09/14/2020	92009000160	J40 ( Bronchitis, not specified as acute or chronic )	Westre, Kristi	Westre, Kristi		Pending Decision	Pending	
⚙️	9026454	ExampleA, Portal	IP	09/10/2020	92009000124	R69 ( Illness, unspecified )	Westre, Kristi			Pending Submission		
⚙️	9025648	ExampleA, Portal	IP	08/13/2020	2008000412	M13.169 ( Monoarthritis, not elsewhere classified, unspecified knee )	Westre, Kristi	Westre, Kristi		Processed	Approved	Clinical Reviewer Approval

Step	Action
1.	Click <b>Menu</b> and select <b>Search Request</b> 
2.	Enter the “certification number” in the <b>Cert Number</b> field. <b>Note</b> – You can also search using the member ID or name/DOB.
3.	Select “ <b>Cases Treated By Me</b> ” from the <b>View Cases</b> drop down box.
4.	Verify that “ <b>All</b> ” is in the <b>Business Entity</b> field.
5.	Click the <b>Search</b> button.
6.	The determination will be in the <b>Decision</b> column (Approved, Pending or Denied).
7.	Clicking on the gear icon in the <b>Action</b> column will allow you to do the following: 

## Extending an Existing Request

**Closed Episodes will be accessible in a 'view only' format.** If you would like to extend the request or add notes to a closed case, you will need to contact the Utilization Management Department to request to have the case reopened.

If the case is **Open**, you may follow the instructions below.

Search Request

Note: To search by Member ID, you will need to add '-01' at the end of the Member ID. For example, for Member ID 99999, enter 99999-01.  
Tip: Search by Member ID instead of Name to make it easier to start a New Request.

Member Last Name

Last Name

Q

Member First Name

First Name

Q

Member DOB

📅

Member ID Type

ELIG Member ID

▼

Member ID

Request Status

--Select One--

▼

Episode Type

--Select One--

▼

Episode ID

Cert Number

Request Added From

📅

Request Added To

📅

View Cases

Cases Treated by me

▼

Business Entity

ALL

▼

Provider Name

--Select One--

▼

Created By

--Select One--

▼

Submitted By

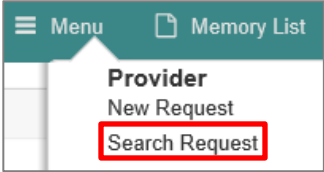
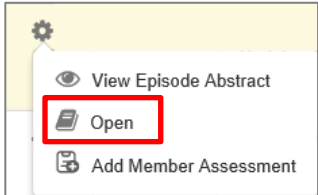
--Select One--

▼

Search

Reset

Action	Episode ID	Member Name	Episode Type	Date of Service	Cert Number	Diagnosis	Created By	Submitted By	Initial Due Date	Status	Decision	Decision Reason
⚙️	9026532	ExampleB, Portal	IP	09/15/2020	92009000176	I50.9 ( Heart failure, unspecified )	Westre, Kristi	Westre, Kristi		Processed	Approved	Clinical Reviewer Approval

Step	Action
1.	<p>Click <b>Menu</b> and select <b>Search Request</b></p> 
2.	<p>Enter the "certification number" in the <b>Cert Number</b> field.</p> <p><b>Note</b> – You can also search using the member ID or name/DOB.</p>
3.	Select " <b>Cases Treated By Me</b> " from the <b>View Cases</b> drop down box.
4.	Verify that " <b>All</b> " is in the <b>Business Entity</b> field.
5.	Click the <b>Search</b> button.
6.	<p>Click the gear icon in the <b>Action</b> column and select <b>Open</b></p> 

## Extending an Existing Request, cont.

Member Overview > IP(9026529)

Status: OpenRequest Primary Dx: J40 Assigned To: Westre, Kristi Assigned Reviewer: Cert Number: 92009000173 Auth Coverage: Keystone First - Adult Medicaid 21 and Over

Review Extension Add

Stay Request Discharge

	Treatment Type	Due Date	Decision	Reason for Decision	Auth Start Date	Auth End D
<input checked="" type="checkbox"/>	Initial	Medical	09/17/2020 09:03	Approved	Clinical Reviewer Approval	09/14/2020 09/15/2020

Page 1 of 1

Note

Diagnosis

Primary Dx	Code Type	Diagnosis
★	ICD10	J40--Bronchitis, not specified as acute or chronic

Step	Action
1.	Select the line that needs to be extended. <b>Note:</b> You can only select one line at a time.
2.	Click the <b>Extension</b> button
3.	Complete the required fields with the appropriate information and click <b>Save</b>
4.	After clicking Save, you will be returned to the episode where you will now see the Extension line.

Save Cancel

Treatment Setting	Treatment Type	Level of Care	LOS Requested #	Admit Date
Hospital - Inpatient	Medical		1	09/14/2020

Requested Date \* 09/15/2020

Request Received Time \* 09 27

Request Type \* --Select One--

Request Priority \* --Select One--

Time Request

Due Date

LOS Requested # \* 0

Requested Level Of Care --Select One--

Save Cancel

Member Overview > IP(9026532)

Status: OpenRequest Primary Dx: I50.9 Assigned To: IP Pending Cases Assigned Reviewer: Cert Number: 92009000176 Auth Coverage:

Add

Stay Request Discharge

	Treatment Type	Due Date	Decision	Reason for Decision
<input type="checkbox"/>	Initial	Medical	09/17/2020 10:05	Approved Clinical Reviewer Approval
<input type="checkbox"/>	Extension	Medical	09/16/2020 10:11	-

Note

Diagnosis

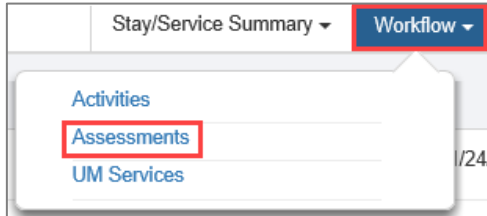

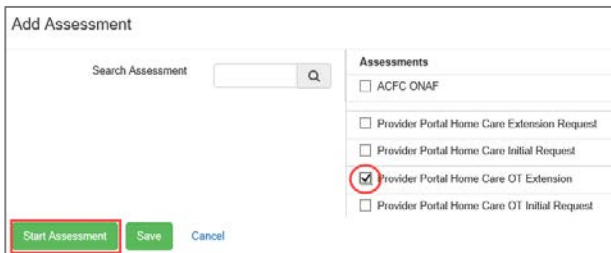
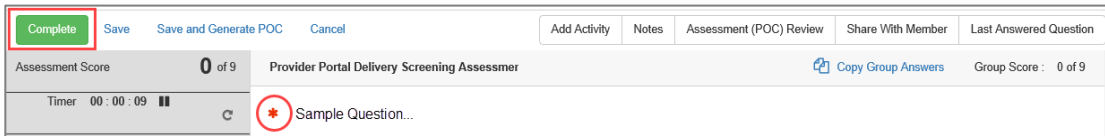
Primary Dx	Code Type	Diagnosis
★	ICD10	I50.9--Heart failure, unspecified



Clicking Save will submit your extension request. However, you must enter a note and attach any appropriate documentation to support the extension request.

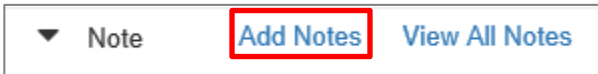
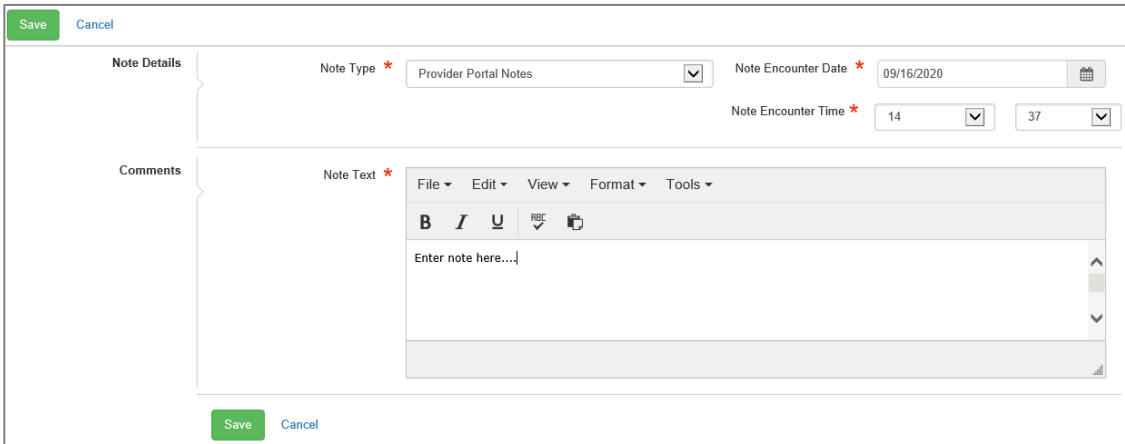

## Extending an Existing Request – Adding Assessments

If an assessment is to be completed, you will need to follow the guidelines below.

Step	Action
1.	<p>Click on <b>Workflows</b> in the upper right corner of the episode and click on the <b>Assessments</b> hyperlink.</p> 
	<p>In the <b>New</b> Tab of the Assessment section, click on the <b>Add Assessment</b> button.</p> 
	<p>Select the appropriate assessment and click on the <b>Start Assessment</b> button.</p> 
2.	<p>Answer the questions.</p>  <p><b>Note</b> - Questions in <b>red</b> are mandatory.</p>
3.	<p>Click the <b>Complete</b> button to complete the assessment.</p>



## Extending an Existing Request – Adding Notes

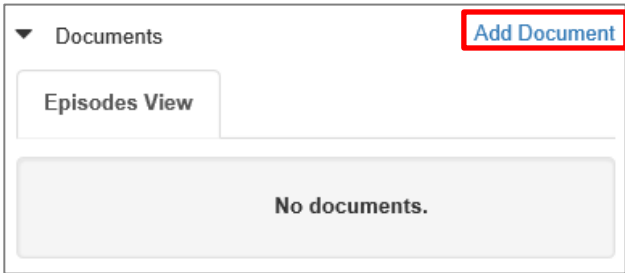
Step	Action
1.	<p>Within the <b>Note widget</b> on the right side of the episode screen, click on <b>Add Notes</b></p> 
2.	<p>Enter the appropriate notes for the extension in the notes section. Be sure to include your <b>name</b> and <b>contact information</b> in the event the Plan needs to contact you.</p> 
3.	<p>Click the <b>Save</b> button Your note will now be displayed in the <b>Notes widget</b>.</p> 



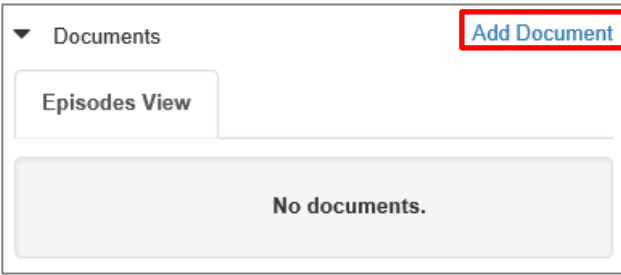
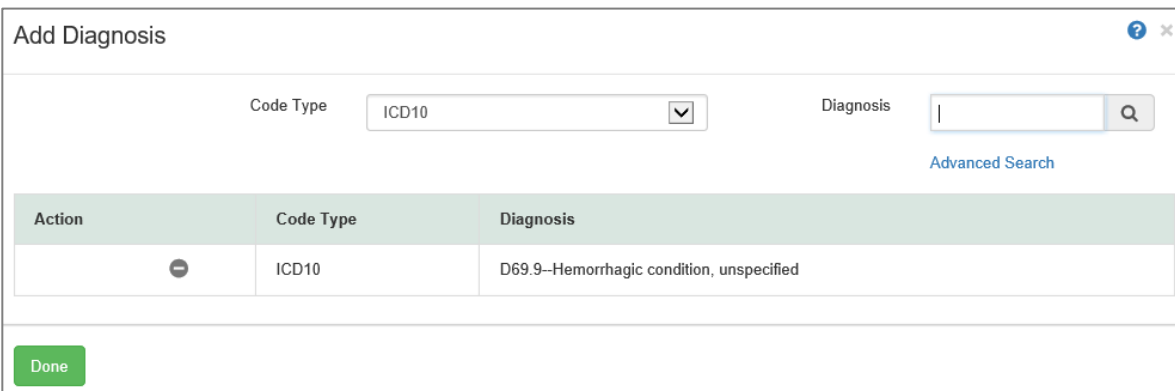
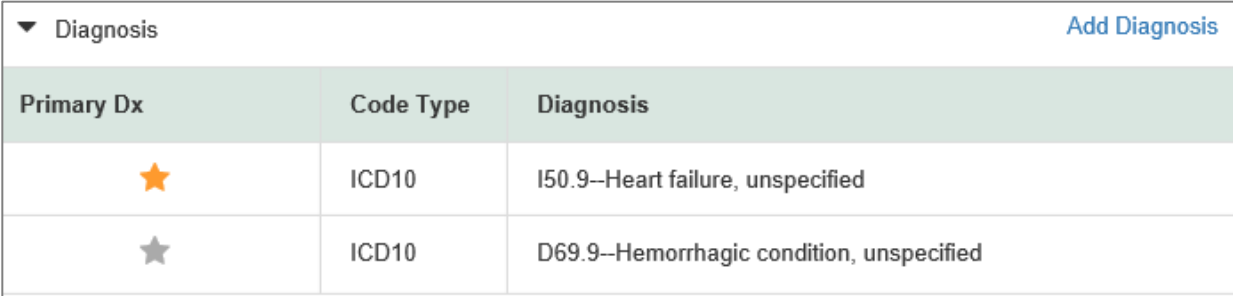
This is a shared note field. Notes can be viewed and entered by both you and the plan.

## Extending an Existing Request – Adding Documents

**IMPORTANT:** Be sure to attach any clinical documentation to support the request for extension


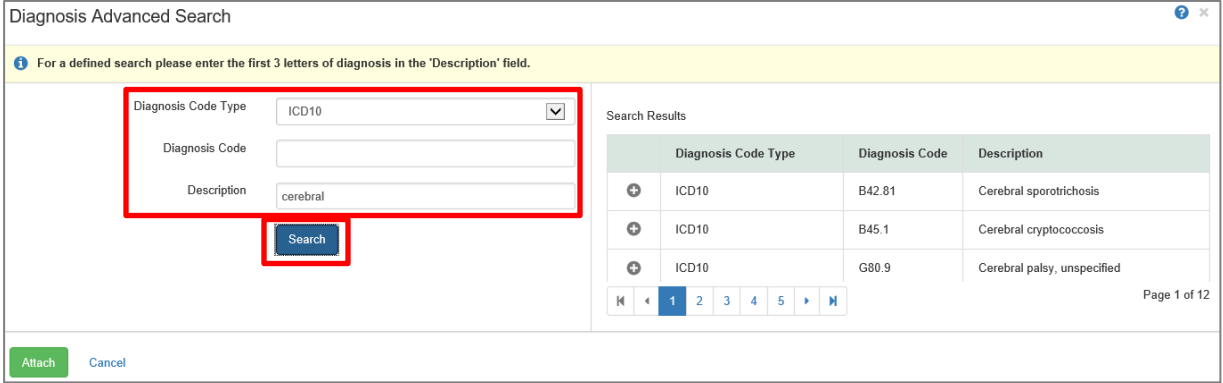
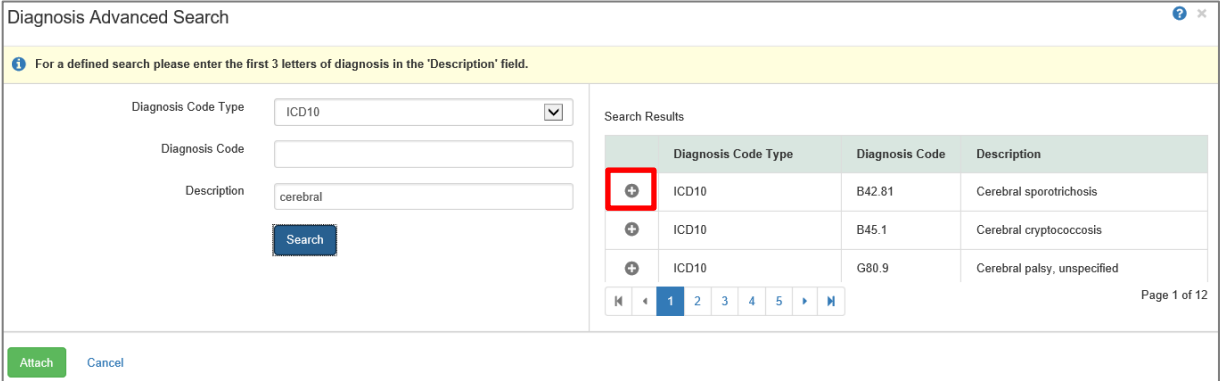
Step	Action
1.	<p>Within the <b>Documents widget</b> on the right side of the episode screen, click on <b>Add Document</b></p> 
2.	<p>Upload any clinical documentation to support the request for extension</p>

## Add Additional Diagnoses to an Existing Request








Step	Action
1.	Locate and open the appropriate episode.
2.	<p>Within the <b>Diagnosis widget</b> on the right side of the episode screen, click on <b>Add Diagnosis</b></p> 
3.	<p>From the <b>Add Diagnosis</b> screen, search for the appropriate diagnosis by either entering the code or using the Advanced Search, and attach to the episode.</p> 
4.	<p>The new diagnosis will now be displayed in the <b>Diagnosis widget</b></p> 

## Favorite Diagnosis List – How to Create

The **Favorites Diagnosis** function will allow you to create and manage a list of frequently used diagnoses. The list is unique to the provider's account.

Step	Action
1.	<p>When creating an episode, click on the <b>Advanced Search</b> hyperlink to search for a diagnosis</p> 
2.	<p>Type the code or description in the appropriate field and click on <b>Search</b></p> 
3.	<p>Click on the <b>+ sign</b> next to the appropriate diagnosis code</p> 

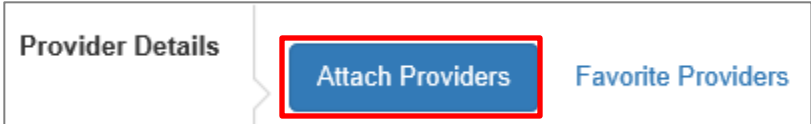

## Favorite Diagnosis List – How to Create (cont.)

Step	Action																
4.	<p>The diagnosis will then appear in the <b>Selected Diagnosis List</b> at the bottom of the <b>Search</b> window.</p> <p><i>Tip: You may need to enlarge the search window or scroll down to see the Selected Diagnosis List section.</i></p> <div><div>Selected Diagnosis List </div><table><thead><tr><th></th><th>Diagnosis Code Type</th><th>Diagnosis Code</th><th>Description</th><th>Action</th></tr></thead><tbody><tr><td></td><td>ICD10</td><td>B42.81</td><td>Cerebral sporotrichosis</td><td></td></tr></tbody></table><div><div>Attach</div><div>Cancel</div></div></div> <table><thead><tr><th>If...</th><th>Then...</th></tr></thead><tbody><tr><td>You wish to add the diagnosis to your <b>Favorite Diagnosis</b> list</td><td>Click on the <b>heart icon</b> in the <b>Action</b> column</td></tr><tr><td>You wish to add the diagnosis to the episode</td><td>Click the <b>Attach</b> button</td></tr></tbody></table>		Diagnosis Code Type	Diagnosis Code	Description	Action		ICD10	B42.81	Cerebral sporotrichosis		If...	Then...	You wish to add the diagnosis to your <b>Favorite Diagnosis</b> list	Click on the <b>heart icon</b> in the <b>Action</b> column	You wish to add the diagnosis to the episode	Click the <b>Attach</b> button
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5.	<p>Repeat steps 1-4 as needed or desired</p> <p><b>Note:</b> You may add diagnoses to your Favorite Diagnosis list through this method even if you do not need to attach them to this given request.</p>																



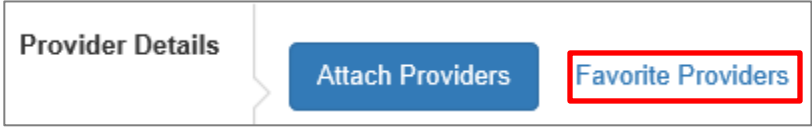
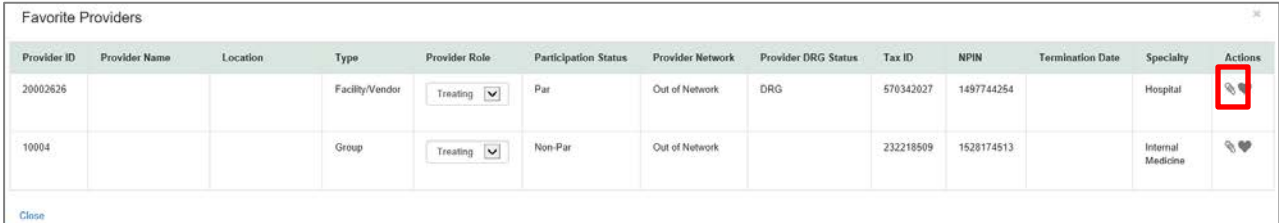
## Favorite Providers List – How to Create

The **Favorite Provider** functionality will allow you to create and manage a list of frequently used providers. The list is unique to the provider's account.

Step	Action
1.	<p>When creating an episode, click on the <b>Attach Providers</b> button</p>  <p>The screenshot shows a navigation bar with three buttons: 'Provider Details', 'Attach Providers' (highlighted with a red box), and 'Favorite Providers'.</p>
2.	<p>Enter the appropriate criteria from the Basic Search screen or from the Advanced Search screen and click on <b>Search</b></p>
3.	<p>The Provider will then appear in the <b>Search Results</b> section</p> <p>To add the provider as a favorite:</p> <ol style="list-style-type: none"> <li>Click on the gear icon</li> <li>Click on <b>Set as Favorite</b></li> </ol>  <p>The screenshot shows a table titled 'Search Results' with columns: Provider ID, Provider Name, Location, Type, and Provider Role. A gear icon in the first row is highlighted with a red box. A dropdown menu is open, showing three options: 'Single Attach', 'Multiple Attach', and 'Set as Favorite' (highlighted with a red box). The 'Provider Role' column shows a dropdown menu with 'Treating' selected.</p>

## Favorite Providers List – Utilizing the List

Once your **Favorites List** is set up, you do not need to search for those providers in order to add them to the request.

Step	Action
1.	<p>When creating an episode, click on the <b>Favorite Providers</b> hyperlink</p> 
2.	<p>Click on the <b>Attach Icon</b> (paperclip) to add the provider to the request.</p> 



Click the heart icon  to remove a Provider from your **Favorite Providers** list.







































## Favorite Services List – How to Create

The **Favorite Services** functionality will allow you to create and manage a list of frequently used services. The list is unique to the provider's account.


Step	Action																														
1.	<p>When creating an episode, click on the <b>Advanced Search</b> hyperlink</p> <div><div><div>Service/Specialty Drug Request</div><div><div>Service Type *</div><div>--Select One--</div></div><div><div>Place of Service</div><div>Medical</div></div><div><div>Code Type *</div><div>CPT</div></div><div><div>Service Code *</div><div>Search Service Code</div><div><div>Advanced Search</div><div>Favorite Services</div></div></div></div><div><div>Modifier</div><div>Search Modifier</div><div>Q</div><div>Start Date *</div><div></div><div>End Date *</div><div></div><div>Requested #</div><div>1</div></div></div>																														
2.	<p>Enter the appropriate criteria from the Basic Search screen or from the Advanced Search screen and click on <b>Search</b></p>																														
3.	<p>The service(s) will then appear in the <b>Search Results</b> section</p> <p>Click on the <b>heart icon</b> to add the service as a favorite.</p> <div><div><div>Service Code Search</div><div><div>For a defined search please enter the first 3 letters of service in the "Description" field.</div><div><div>Code Type</div><div>HCPC</div></div><div><div>Code</div><div></div></div><div><div>Description</div><div></div></div><div><div>Start Date</div><div></div></div><div><div>End Date</div><div></div></div><div><div>Search</div></div></div><div><div>Search Results</div><table><thead><tr><th></th><th>Code</th><th>Type</th><th>Description</th><th>Action</th></tr></thead><tbody><tr><td><input type="radio"/></td><td>G0162</td><td>HCPC</td><td>Skilled services by a registered nurse (rn) for management and evaluation of the plan of care, each 15 minutes (the patient's underlying condition or complication requires an rn to ensure that essential non-skilled care achieves its purpose in the home health or hospice setting)</td><td><input type="heart"/></td></tr><tr><td><input type="radio"/></td><td>G0493</td><td>HCPC</td><td>Skilled services of a registered nurse (rn) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)</td><td><input checked="" type="heart"/></td></tr><tr><td><input type="radio"/></td><td>G0494</td><td>HCPC</td><td>Skilled services of a licensed practical nurse (lpn) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)</td><td><input type="heart"/></td></tr><tr><td><input type="radio"/></td><td>G0495</td><td>HCPC</td><td>Skilled services of a registered nurse (rn), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes</td><td><input type="heart"/></td></tr><tr><td><input type="radio"/></td><td>G0496</td><td>HCPC</td><td>Skilled services of a licensed practical nurse (lpn), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes</td><td><input type="heart"/></td></tr></tbody></table></div><div><div>Page 1 of 1</div><div><div>Attach</div><div>Cancel</div></div></div></div></div>		Code	Type	Description	Action	<input type="radio"/>	G0162	HCPC	Skilled services by a registered nurse (rn) for management and evaluation of the plan of care, each 15 minutes (the patient's underlying condition or complication requires an rn to ensure that essential non-skilled care achieves its purpose in the home health or hospice setting)	<input type="heart"/>	<input type="radio"/>	G0493	HCPC	Skilled services of a registered nurse (rn) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	<input checked="" type="heart"/>	<input type="radio"/>	G0494	HCPC	Skilled services of a licensed practical nurse (lpn) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	<input type="heart"/>	<input type="radio"/>	G0495	HCPC	Skilled services of a registered nurse (rn), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	<input type="heart"/>	<input type="radio"/>	G0496	HCPC	Skilled services of a licensed practical nurse (lpn), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	<input type="heart"/>
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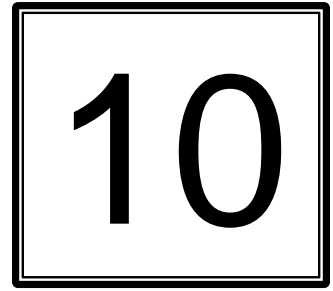
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Service Code	Service Code Type	Description	Action																
76825	CPT	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording.	 																
93308	CPT	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	 																
G0493	HCPC	Skilled services of a registered nurse (m) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	 																



Click the heart icon  to remove a service from your **Favorite Services** list.



## **10 RESOURCES**

## Plan Contact Information

LOB	UM Phone Number	UM Fax Number
AmeriHealth Caritas Delaware	855-396-5770	866-423-0946
AmeriHealth Caritas District of Columbia	800-408-7510	877-759-6216
AmeriHealth Caritas Louisiana	888-913-0350	866-397-4522
AmeriHealth Caritas New Hampshire	833-472-2264	833-469-2264
AmeriHealth Caritas North Carolina	833-900-2262	833-893-2262
AmeriHealth Caritas Northeast	888-498-0504	888-743-5551
AmeriHealth Caritas Pennsylvania	800-521-6622	866-755-9949
<b>Blue Cross Complete of Michigan</b>	<b>888-312-5713</b>	<b>888-989-0019</b>
Keystone First	800-521-6622	215-937-5322
Prestige Health Choice	855-371-8074	855-236-9285
Select Health of South Carolina	888-559-1010	888-824-7788

## Escalation Process and Training Requests – Account Executives and Providers

If...	Then email...
Access Issues and/or Technical Issues	DL-ACFC: Jiva and Client Letter Support ( <a href="mailto:ACFC_JivaCLSupport@amerihealthcaritas.com">ACFC_JivaCLSupport@amerihealthcaritas.com</a> )
Account Executive Training Requests	Corporate Provider Network Management Training ( <a href="mailto:CPNMT@amerihealthcaritas.com">CPNMT@amerihealthcaritas.com</a> )
Provider Training Requests	DL-ACFC: Clinical Training ( <a href="mailto:ClinicalTraining@amerihealthcaritas.com">ClinicalTraining@amerihealthcaritas.com</a> )
Contact a Local Account Executive	Visit <a href="http://mibluccrosscomplete.com">mibluccrosscomplete.com</a> and click on the <a href="#">Resources</a> page. Scroll down to <b>County-based contacts for providers</b> to locate the Blue Cross Complete provider account executive assigned to your county.