



Healthy Blue



Interactive Care Reviewer

Submit and inquire about behavioral health authorizations

Course objectives

After completing this course, participants will be able to:

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

Agenda

Agenda for this course:

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

ICR details

The ICR brings improved efficiency to the precertification process:

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

Advantages of using the ICR

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

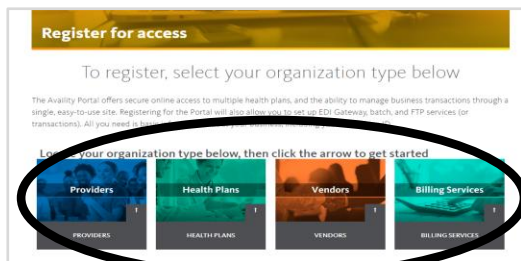
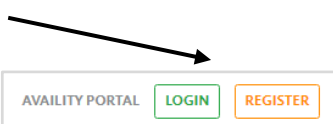
- Authorizations are in one place and are accessible at any time by any staff member:
 - This means there's no need to fax! Reduced paperwork!
 - You can quickly check authorization status online and update requests.
 - Proactive communication is conducted via email updates.
 - You can attach and submit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

Accessing the ICR

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

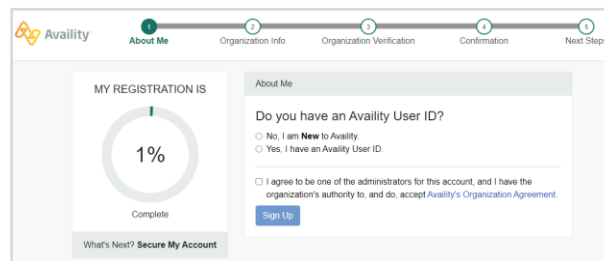
1

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



2

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

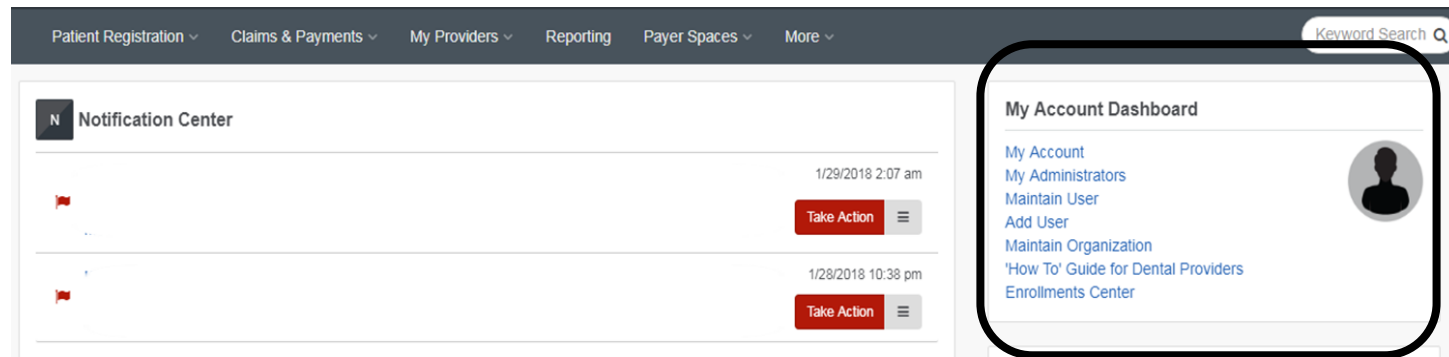


3

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

Availity administrator: Granting access on the Availity Portal

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



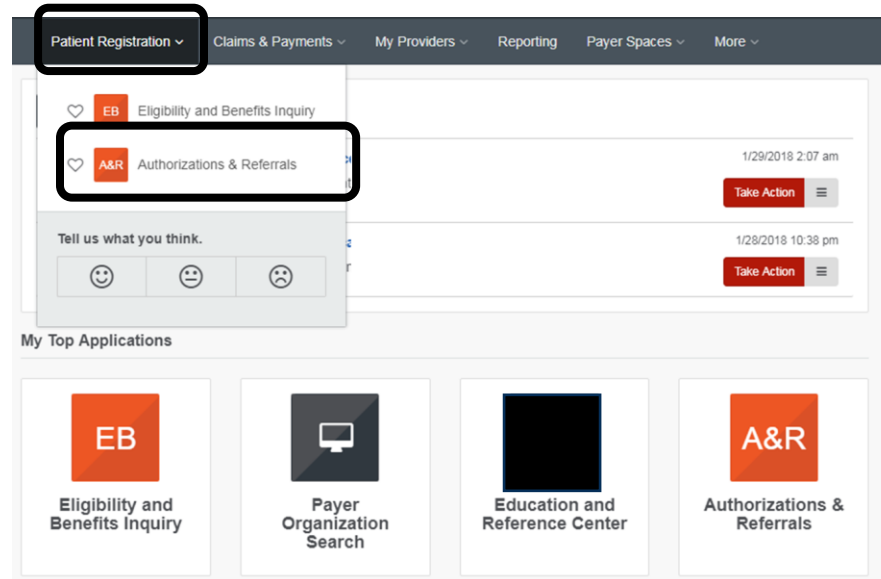
Availity administrator: Granting access on the Availity Portal (cont.)

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

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

Accessing the ICR

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







Accessing the ICR (cont.)

[Home](#) > Authorizations & Referrals

Authorizations & Referrals


Multi-Payer Authorizations & Referrals


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


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

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


Additional Authorizations & Referrals

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

 [Clinical Auth Management](#)

 [Online Batch Management](#)

ICR Terms of Use and Disclaimers



Interactive Care Reviewer Terms of Use and Disclaimers

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

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

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

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

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

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

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

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

ACCEPT

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

[Terms of Use & Privacy Disclaimer](#)

The ICR landing page/dashboard

Interactive Care Review

Welcome Name Logout Contact Us Quick Links

My Organization's Requests

Create New Request

Search Submitted Requests

Check Case Status

<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<&

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

The ICR landing page/dashboard (cont.)

The screenshot displays the Interactive Care Review (ICR) dashboard. The top navigation bar includes 'Welcome, Carol Butz', 'Logout', 'Contact Us', and 'Quick Links'. Below this is a search bar labeled 'Check Case Status'. The main content area features a table of requests. The table has columns for 'Request Tracking ID', 'Reference Number', 'Status', 'Patient Name', 'Submit Date', 'Created By', 'Updated Date', and 'Updated By'. A dropdown menu is open for the 'Status' column, showing various request statuses such as 'Additional Information Needed', 'Approved', 'Bariatric Request Received', 'Benefits for these services may not be covered', 'Cancelled - Duplicate Request', 'Cancelled - See Details', 'Cancelled - Request Withdrawn', 'Cancelled - Request Withdrawn by Provider', 'Case Type Changed', 'CHIPA Delegated', 'Contact Other Vendor', 'Other Contact Payer', 'Denied', 'Duplicate', 'Multiple Decisions', and 'Not Submitted'. A green arrow points to the 'Status' column header, and another green arrow points to the 'See Details' link in the first row of the table.

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

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

ICR dashboard tabs



Tabs across the top of the dashboard:

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

ICR dashboard tabs (cont.)



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

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



Creating a new request

Creating a new request

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

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

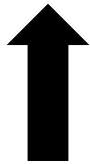
A message will appear indicating whether or not an authorization is required for most requests. This information can be printed or saved to a PDF and is available later via an ICR search.

Starting a new request on the ICR

My Organization's Requests **Create New Request** Search Organization Requests Authorization/Referral Inquiry

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

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




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

Patient details

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

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

Required Fields *

 Profiles ▶

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

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

Admission Date *
MM/DD/YYYY

Patient Last Name
Patient First Name

FIND PATIENT


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

Patient details (cont.)

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

Required Fields *

 Profiles ▶

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

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

FIND PATIENT

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

Profile templates

Select the three dots to view the *Standard Profile*.

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

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

Profile Name
BH INP Psych

Request Type	Case Type	Place of Service	Type of Service	Level of Service	Select
Inpatient	Psychiatric	Inpatient Hospital	Psychiatric	Emergency	<input checked="" type="checkbox"/>

Profile templates (cont.)

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

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

Patient details: Date of service (Inpatient — admit date)

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

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

*Required Fields **

Request Type * Case Type * Admit Date *

Subscriber ID * Patient Date of Birth Patient First Name

FIND PATIENT

Calendar: November 2016

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

Today

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

Patient details

The screenshot shows a web interface for patient details. At the top, there is a horizontal navigation bar with seven tabs: 'Patient Details' (active, marked with a blue '1'), 'Service Details' (marked with a grey '2'), 'Provider Details' (marked with a grey '3'), 'Request Summary' (marked with a grey '4'), 'Clinical Details' (marked with a grey '5'), 'Case Overview' (marked with a grey circle), and an empty tab. Below the navigation bar is a light blue horizontal bar. The main content area contains a form with the following fields:

Subscriber ID	Name	Patient Date of Birth	Gender
VZT1234567 8	Doe, Joe	12/12/1966	Male
Active Coverage	Coverage Period	Interchange Control No.	Relationship
	06/01/2006 - 12/31/9999	12345678	Self
Group Number	Group Name	Request Type	Case Type
12345678	Kristen's Boutique	Outpatient	Medical
Service Date From	Service Date To		
11/08/2016	11/08/2016		

At the bottom right of the form, there are two buttons: 'BACK TO FIND PATIENT' and 'CONFIRM PATIENT'. The 'CONFIRM PATIENT' button is circled in red. Above these buttons, there are four small icons: a document, a circle with a slash, 'Hx', and a printer icon.

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

Service details (Outpatient examples)

The screenshot shows the 'Service Details' form with the 'Diagnosis' tab selected. The 'Diagnosis' section is highlighted with a red circle. The form includes fields for Request Type, Case Type, Service Date, Place of Service, Type of Service, Level of Service, and Source of Admission. The 'Diagnosis Code(s)' field is circled in red, and the 'Description' field is also circled in red. The 'Primary' checkbox is checked. A 'Next' button is visible at the bottom right.

1 Complete diagnosis fields.

The screenshot shows the 'Service Details' form with the 'Services' tab selected. The 'Services' section is highlighted with a red circle. The form includes fields for Place of Service, Type of Service, Service From, Service To, and Quantity. The 'Requested' field is circled in red. The 'Add Service' button is visible at the bottom right.

2 Complete services fields.

Service details (Outpatient examples) (cont.)

The screenshot displays a medical software interface with a top navigation bar containing tabs: Patient Details, Service Details (selected), Provider Details, Request Summary, Clinical Details, and Case Overview. Below the navigation bar, there are two tabs: Diagnosis and Services (selected and circled in red). The Services tab shows a table with columns: Place of Service, Type of Service, Procedure Code(s), and Description. The table contains one row: Office, Professional, 90867 CPT, and Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management. Below the table, there is a form with fields: Service From (01/19/2017), Service To (01/25/2017), Quantity (1), and Per Every (Visits). A red box highlights these fields. To the right of the form is an 'Add Service' button with a plus sign, which is also circled in red. An arrow points from the 'Add Service' button to the 'Next' button at the bottom right.

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

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

Requested

Previous Next

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

Service details: Diagnosis (Inpatient)

Service Details

Diagnosis

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

Request Type
Inpatient

Case Type
Psychiatric

Service Date
07/02/2018

Place of Service *
Inpatient Hospital

Type of Service *
Psychiatric

Level of Service *
Urgent

Source of Admission *
ER Admit

Diagnosis Code(s) * [+](#)

Description

Primary [+](#)

[Next](#)

If level of service is urgent:

1. Select **Level of Service**.
2. Select **Source of Admission**.
3. Enter diagnosis code(s).
4. Select [+](#).

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

Service details: Length of stay (Inpatient)

Length of stay:

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

The screenshot shows a medical form with five tabs: Patient Details, Service Details (selected), Provider Details, Request Summary, and Clinical Details. The 'Service Details' tab is highlighted with a red circle. Below the tabs, there are two main sections: 'Diagnosis' and 'Length of Stay'. The 'Length of Stay' section is highlighted with a red circle. It contains a table with the following data:

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

At the bottom right of the form, there are two buttons: 'Previous' and 'Next'.

Provider details

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

* Required Fields [More Information](#)

Add from Favorites or Search for Provider

Add Requesting Provider

Add Servicing Provider ☐ Same as Requesting Provider

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

Next

Ordering provider

1	2	3	4	5	
Patient Details	Service Details	Provider Details	Request Summary	Clinical Details	Case Overview
★ Required Fields i More Information					
<div>📄 ⛔ Hx 🖨️</div>					
Add from Favorites or Search for Provider					
Add Requesting Provider					★ 🔍
Add Servicing Provider <input type="checkbox"/> Same as Requesting Provider					★ 🔍
Add Ordering Physician <input checked="" type="checkbox"/> Same as Servicing Provider <input checked="" type="checkbox"/> Same as Requesting Provider					🔍

Next

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

Provider details

Search

Practitioner

Last Name *

Ghazi

First Name *

Freldoon

City

full city name has to be exact match

State *

OH

Zip Code

5 digits only

or search by NPI

NPI

Clear

Select

* Complete all required fields.

Select the appropriate provider type.

Select Search.

Page 1 of 1

View Results 25

Displaying 1 to 20 of 20 Requests Found

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

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

Favorites

You can save up to 25 favorites for:

- Requesting providers.
- Servicing providers.
- Facility DME providers.
- Refer-to providers.

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

Provider details: Contact information

1

Patient Details

2

Service Details

3

Provider Details

4

Request Summary

5

Clinical Details

6

Case Overview

★ Required Fields

1 More Information

Add from Favorites or Search for Provider

★

🔍

▼ Requesting Provider

Provider Type

Practitioner

Last Name

Delores

First Name

Delores

Speciality

Cardiovascular Disease

NPI

1234567890

Address 1

123 Main St

Address 2

City

Greenfield

State

OH

Zipcode

45215 1448

Country

United States

Contact Last Name *

Contact First Name *

Contact Telephone *

Ext

Fax Number

(NNN) NNN-NNNN

By inputting a fax number above, you agree to accept Personal Health Information (PHI), including decision letters (if applicable), at this fax number. Please insure fax machine is secure to receive PHI.

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

Add Email

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

Add Servicing Provider

☐ Same as Requesting Provider




★

🔍

Next

Request summary

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

1	2	3	4	5		
Patient Details	Service Details	Provider Details	Request Summary	Clinical Details	Case Overview	
Review required for this request						
  						
Length of Stay Requested						
From	Through	Days	Level of Care			
06/29/2018	07/01/2018	3	Acute			
Services						
Place of Service		Type of Service				
Inpatient Hospital		Psychiatric				
NEXT						

Clinical details: Provider form

The screenshot displays a web-based form titled "Clinical Details" under a tabbed interface. The tabs include "Patient Details", "Service Details", "Provider Details", "Request Summary", and "Clinical Details" (which is selected and highlighted with a blue circle and the number 5). Below the tabs, a blue header bar contains the text "Required Fields *" and "Information Tool Tip i". A callout box points to a reminder message: "Reminder: Do not enter/upload session notes for Behavioral Health Treatment Facility Based Clinical Assessment Template". The form fields are organized into sections: "Member Telephone Number" and "Member Alternate/Cell Phone Number" (both with "(NNN) NNN-NNNN" placeholders); "Treating/Attending Provider" (with "Slavin, Douglas R" entered); "Treating/Attending Provider Address" (with "1100 GREEN ST SW, CONYERS, GA, 30012" entered); "Treating/Attending Provider Phone Number" (with "(404) 834-1513" entered); "Caller" (with "SUTTER MEDICAL CENTER SACRAMENTO" entered); "Continued Stay Reviewer *" (with an information icon); "Reviewer Phone Number *" (with "(NNN) NNN-NNNN" placeholder and an information icon); "Reviewer Fax Number *" (with "(NNN) NNN-NNNN" placeholder and an information icon); and "DSM-5 Diagnosis/Subtype/Specifier *" (with a large empty text area). Three callout boxes provide additional context: one states "Templates allow you to enter clinical detail previously provided via phone."; another states "Clinical information is mandatory for **all** authorization requests."; and a third states "Complete all required fields on the template."

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

Required Fields * Information Tool Tip i

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

Member Telephone Number (NNN) NNN-NNNN

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

Treating/Attending Provider Slavin, Douglas R

Treating/Attending Provider Address 1100 GREEN ST SW, CONYERS, GA, 30012

Treating/Attending Provider Phone Number (404) 834-1513

Caller SUTTER MEDICAL CENTER SACRAMENTO

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

(NNN) NNN-NNNN (NNN) NNN-NNNN (NNN) NNN-NNNN

DSM-5 Diagnosis/Subtype/Specifier *

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

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

Complete all required fields on the template.

Clinical details: Provider form (cont.)

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




The main form area is divided into two sections:

- Attachments, Images and Photos:** This section includes a "Choose File" button (highlighted with a red box), a "Description" text input field, and an "Upload" button. A red arrow points from the "Upload" button to a text box that says "Option to upload attachments, images and photos to support notes".
- Clinical Notes:** This section contains a large text area for notes. A red box highlights this area with a text box that says "Complete the *Clinical Notes* section if the form is not available or if you choose to skip the form." Below the text area is an "Add Note" button. A red arrow points from the "Add Note" button to a text box that says "Select **Add Note** after manually entering information in the field.".

At the bottom right of the form are "Add Note" and "Next" buttons. A red arrow points from the "Add Note" button to a text box that says "Please verify you have added clinical information for the correct patient before clicking on 'Add Note'.".

Other UI elements include a "Required Fields" star icon, an "Information Tool Tip" icon, and icons for document, camera, zoom, and print in the top right corner.

Case overview

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

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

Case overview (cont.)

The screenshot shows a web form titled "Case Overview" with a navigation bar at the top containing tabs for Patient Details, Service Details, Provider Details, Request Summary, Clinical Details, and Case Overview. Below the navigation bar is a section with a blue "Expand All" button and three icons (refresh, print, and a document icon). Below this is a section with two expandable sections: "Patient Details" and "Service Details". The "Service Details" section is expanded, showing a table with the following data:

Request Type	Case Type	Service Date
Inpatient	Psychiatric	06/29/2018 - 07/01/2018

Below this table is another section with three columns: "Place of Service", "Type of Service", and "Level of Service". The data is as follows:

Place of Service	Type of Service	Level of Service
Inpatient Hospital	Psychiatric	Urgent

Below this is a section for "Source of Admission" with the text "Observation to Inpatient".

Below this is a section for "Diagnosis" with a table with the following data:

Dx Code(s)	Description	Primary

Below this is a section for "Length of Stay" with a table with the following data:

From	Through	Days	Level of Care	Decision
06/29/2018	07/01/2018	3	Acute	Initial Request

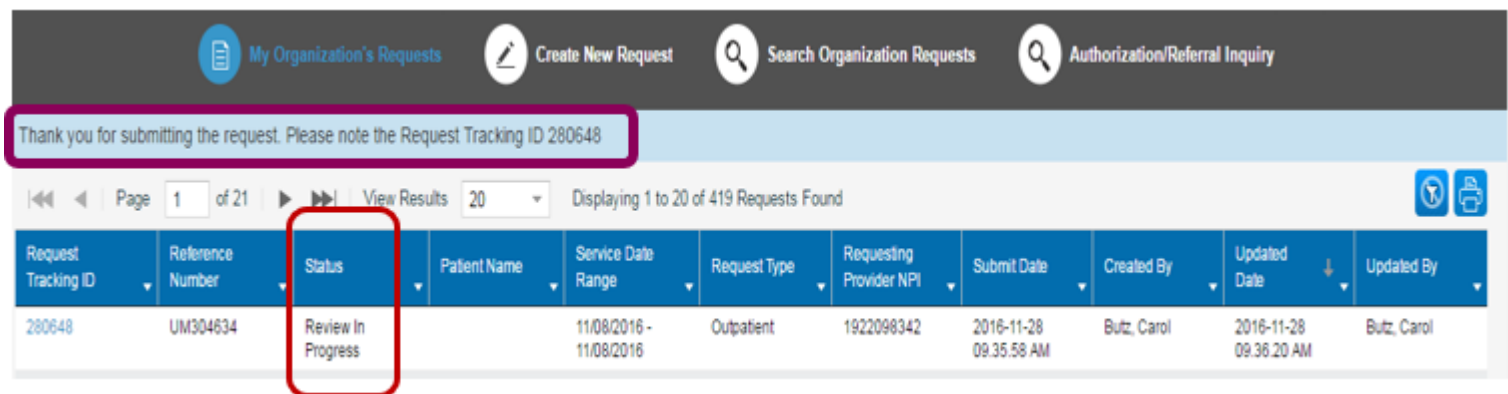
Select **Expand All** to review all sections.

Select the arrow to expand one section.

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

Submitted request in ICR

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



The screenshot displays the ICR dashboard interface. At the top, there is a navigation bar with four icons and labels: 'My Organization's Requests', 'Create New Request', 'Search Organization Requests', and 'Authorization/Referral Inquiry'. Below this, a light blue banner contains the message: 'Thank you for submitting the request. Please note the Request Tracking ID 280648'. Underneath the banner, there is a pagination section showing 'Page 1 of 21', 'View Results 20', and 'Displaying 1 to 20 of 419 Requests Found'. The main part of the dashboard is a table with the following columns: Request Tracking ID, Reference Number, Status, Patient Name, Service Date Range, Request Type, Requesting Provider NPI, Submit Date, Created By, Updated Date, and Updated By. The first row of data shows a Request Tracking ID of 280648, a Reference Number of UM304634, a Status of 'Review In Progress' (highlighted with a red box), and other details. The 'Status' column header is also highlighted with a red box.

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

Viewing a decision — Inpatient or outpatient

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

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

Viewing a decision/Request for additional information

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

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

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

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

Case Overview Transaction History

Expand All Cancel Case Update Clinical Update Case

- Letters Summary
- Patient Details
- Service Details
- Provider Details
- Clinical Details

[REMOVE FROM DASHBOARD](#)

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

Provider letters

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

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

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

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

Case Overview [Transaction History](#)

[Expand All](#) [Cancel Case](#) [Update Clinical](#) [Update Case](#)

▼ **Letters Summary**

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

▶ **Patient Details**

▶ **Service Details**

▶ **Provider Details**

▶ **Clinical Details**

[REMOVE FROM DASHBOARD](#)

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

Viewing a decision

Case Overview

Transaction History

Expand All

Cancel Case

Update Clinical

Update Case

Letters Summary

Patient Details

Service Details

Request Type

Outpatient

Case Type

Medical

Service Date

12/01/2016 To 12/31/2016

Level of Service

Elective

Diagnosis Code(s)

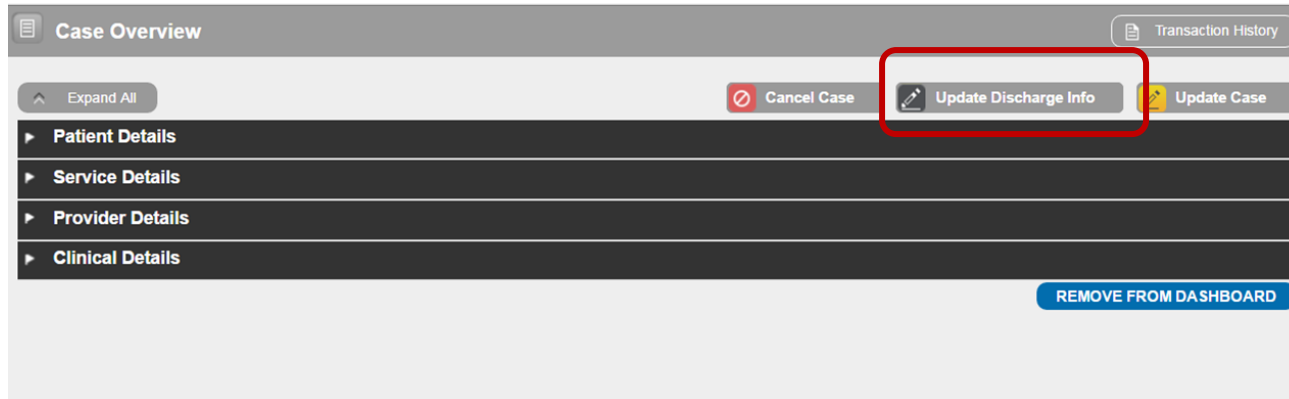
Diagnosis Codes	Description	Primary
M54.5 - ICD10	Low back pain	

Services

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

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

Discharge notes



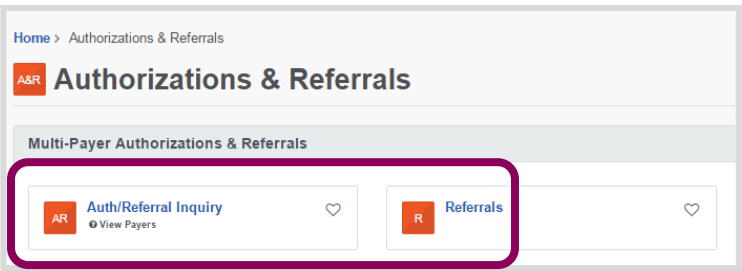
You will have an option available to select **Update Discharge Info** if it applies to the case — This is also available for cases submitted by phone/fax.



Inquiry features on the ICR

User access to the ICR — Inquiry

1



Home > Authorizations & Referrals

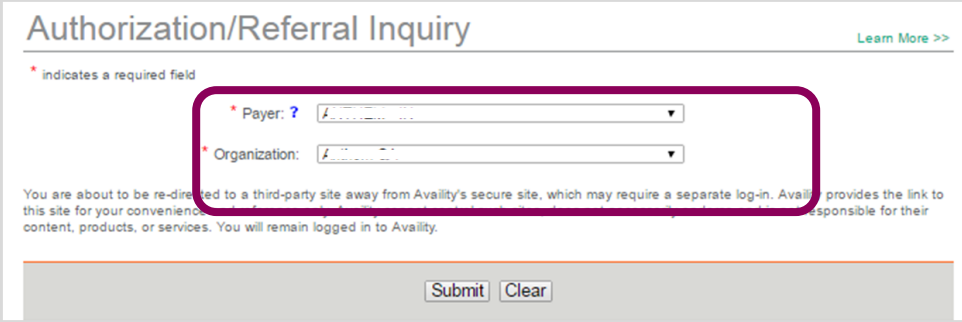
A&R Authorizations & Referrals

Multi-Payer Authorizations & Referrals

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

R Referrals

2



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

* Indicates a required field

* Payer: ?

* Organization:

You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience. [Learn More >>](#) You are responsible for their content, products, or services. You will remain logged in to Availity.

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

Search using check case status

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

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

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

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

Subscriber ID * Patient Birth Date * Patient First Name
MM/DD/YYYY

Authorization Type Service Start Date * Service End Date * Provider Tax ID *
All MM/DD/YYYY MM/DD/YYYY

Identifier Type *
Select One
If no results are returned using Medicare id, please try selecting NPI

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

CLEAR SEARCH

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

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

Search by reference/Authorization request number

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

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

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

*Required Fields **

Reference/Authorization Request Number *

Provider Tax ID *

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

CLEAR SEARCH

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

Search by date range

My Organization's Requests

Create New Request

Search Submitted Requests

Check Case Status

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

Search By Member

Search By Reference/Referral Number

Search By Date Range

*Required Fields **

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

Service Start Date *

Service End Date *

Authorization Type

Provider Tax ID *

MM/DD/YYYY

MM/DD/YYYY

All

Identifier Type *

Select One

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

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

CLEAR

SEARCH

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

Search organization requests

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

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

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

Request Tracking ID Reference No Subscriber ID

Patient Last Name Patient First Name Patient Birth Date

Request Type Service Date From Service Date To Requesting or Servicing Provider / Facility NPI

Clear Search

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

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

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

Search results

My Organization's Requests

Create New Request


Search Submitted Requests

Check Case Status

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

☐ Only display cases submitted by organization

☒ Display all cases associated with my organization



Request Tracking ID

Reference No

Subscriber ID

Patient Last Name

Patient First Name

Patient Birth Date

MM/DD/YYYY

Request Type

All

Service Date From

MM/DD/YYYY

Service Date To

MM/DD/YYYY

Requesting or Servicing Provider / Facility NPI

CLEAR

SEARCH

Page 1 of 1

View Results 20

Displaying 1 to 1 of 1 Requests Found

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

Behavioral health authorization submission capabilities

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

Wrapping up

Helpful tips:

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

Wrapping up (cont.)

Now it's your turn!

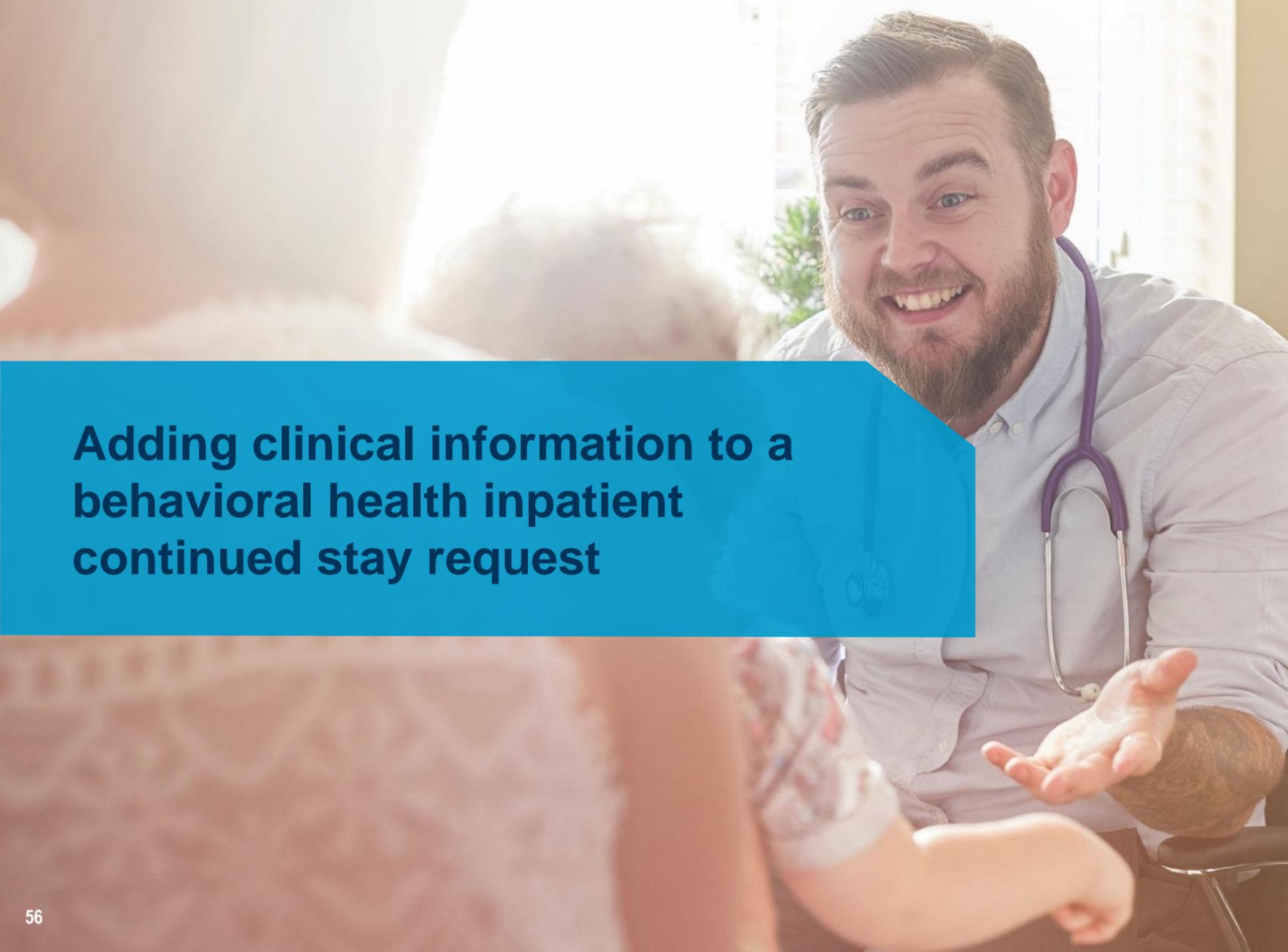
- Use the ICR to determine whether an authorization is required, submit authorizations for many members covered by our plans, and inquire to find details on submitted cases.

As a reminder:

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

Contacts

- For questions about the ICR, contact Provider Services at **833-388-1406** from 7 a.m. to 8 p.m. CT Monday to Friday.
- For questions about Availity registration and access, contact Availity Client Services at: **800-AVAILITY (800-282-4548)** 7 a.m. to 7 p.m. CT Monday to Friday.



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

Qualifications for adding clinical to an ICR request

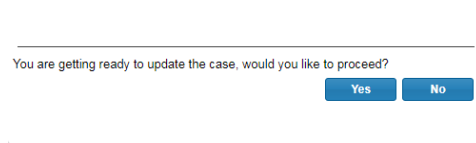
The ICR request must be:

- A psychiatric or substance abuse inpatient case.
- In an approved or pending status.

When clinical information can be added to a request in ICR, a button will appear in the top right of the ICR screen if the request is opened from the dashboard or via search submitted requests.

How to add clinical to the request

- After selecting the *Update Clinical* button, the program will display this message:



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

Screen shot of clinical details page

Attachments, Images and Photos

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

Choose File No file chosen

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

Description

Upload

Clinical Notes

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

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

Add Note

Updated By

User Name dsf, sdf

Contact Telephone * (555) 555-5555

Ext 123

How to add clinical to the request

After selecting **Next**, the user is presented with the *Case Overview* page:

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



ICR enhancements for behavioral health (BH)

ICR enhancements

Interactive Care Review

Welcome, sdf sdf Logout Contact Us Quick Links

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

Patient Name: JOHN, PETER Subscriber ID: XPB435T40447 Status: Not Submitted Created by: sdf, sdf Request Tracking ID: 321945

Patient Details Service Details Provider Details Request Summary Clinical Details Case Description

Required Fields * Information Tool Tip

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

BH Initial Review

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

☐ Not present

☐ Intention

☐ Plan

☐ Means

☐ Prior Attempt

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

☐ Not present

☐ Intention

☐ Plan

☐ Means

☐ Prior Attempt

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

☐ 0

☐ 1

UM algorithm
initial psych
review:

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

ICR enhancements (cont.)

The screenshot shows a web browser window with the URL <https://icr.uat2.va.antheminc.com/wca/um/parc/dashboard#clinicalDetails>. The browser has several tabs open, including "Anthem Care Management...", "Interactive Care Review", "List of ACMP Reference G...", "Citrix Login", "https--acmp.va.internal.d...", "Index - IT ServiceConnect", and "MCM Utilization Manage...". The main content area displays the "BH Initial Review" form. The form includes several sections with checkboxes and radio buttons for selection. The "Risk of Harm To Self Risk Rating" section has checkboxes for "Not present", "Ideation", "Plan", "Means", and "Prior Attempt". The "Risk of Harm To Others Risk Rating" section has checkboxes for "Not present", "Ideation", "Plan", "Means", and "Prior Attempt". The "Psychosis Risk Rating" section has radio buttons for "0", "1", "2", "3", and "N/A". The "Substance Use Risk Rating" section has radio buttons for "0", "1", "2", "3", and "N/A". A "Disclaimer" section at the bottom contains a checkbox for "I confirm that the information entered on this form is accurate and complete based on the records available at the time of this request. I understand the health plan or its designees may request medical documentation to verify the accuracy of the information reported on this form." and a statement: "By submitting this request you are confirming that the information you have provided on this form is accurate and complete based on your clinical assessment of the patient and the records available to you as of the date of this request." The browser's taskbar at the bottom shows the Windows logo, several application icons, and the system clock displaying "4:04 PM".

BH Initial Review

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

☐ Not present

☒ Ideation

☐ Plan

☐ Means

☐ Prior Attempt

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

☐ Not present

☐ Ideation

☐ Plan

☐ Means

☐ Prior Attempt

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

☐ 0

☒ 1

☐ 2

☐ 3

☐ N/A

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

☒ 0

☐ 1

☐ 2

☐ 3

☐ N/A

Disclaimer

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

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

(Continued from previous page)

ICR enhancements (cont.)

Interactive Care Reviewer

Welcome, sdf dsfLogoutContact UsQuick Links

My Organization's Requests

Create New Request

Search Submitted Requests

Check Case Status

Check Appeal Status

Patient Name
JOHN, PETER

Subscriber ID
XPB435T40447

Status
Not Submitted

Created by
dsf, sdf

Request Tracking ID
322134

1Patient Details

2Service Details

3Provider Details

4Request Summary

5Clinical Details

Case Overview

Required Fields *

Information Tool Tip

Hx

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

BH Initial Review

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

☒ Not present

☐ Ideation

☐ Plan

☐ Means

☐ Prior Attempt

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

☒ Not present

☐ Ideation

☐ Plan

☐ Means

☐ Prior Attempt

(Continued from previous page)

64

ICR enhancements (cont.)

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

☒ 0

☐ 1

☐ 2

☐ 3

☐ N/A

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

☐ 0

☐ 1

☒ 2

☐ 3

☐ N/A

Substance Use Screening (Check if applicable and give score)

☐ CIWA:

☒ COWS:

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

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

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

☒ Mild-recent use but minimal withdrawal potential

☐ Moderate-recent use, needs 24 hour monitoring

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

☐ Severe-presents with severe withdrawal, current withdrawal seizures

(Continued from previous page)

ICR enhancements (cont.)

- ☒ **Dimension 2 (biomedical conditions and complications) Risk Rating**
 - ☐ Minimal/none-none or insignificant medical problems
 - ☒ **Mild-mild medical problems that do not require special monitoring**
 - ☐ Moderate-medical condition requires monitoring but not intensive treatment
 - ☐ Significant-medical condition has a significant impact on treatment and requires 24 hour monitoring
 - ☐ Severe-medical condition requires intensive 24 hour medical management
- ☒ **Dimension 3 (emotional, behavioral or cognitive complications) Risk Rating**
 - ☐ Minimal/none-none or insignificant psychiatric or behavioral symptoms
 - ☒ **Mild-psychiatric or behavioral symptoms have minimal impact on treatment**
 - ☐ Moderate-Impaired mental status; passive suicidal/homicidal ideations; impaired ability to complete ADL's
 - ☐ Significant-suicidal/homicidal ideations, behavioral or cognitive problems or psychotic symptoms require 24 hour monitoring
 - ☐ Severe-active suicidal/homicidal ideations and plans, acute psychosis, severe emotional lability or delusions. Unable to attend to ADL's. psychiatric and/or behavioral symptoms require 24 hour medical management
- ☒ **Dimension 4 (readiness to change) Risk Rating**
 - ☐ Maintenance-engaged in treatment
 - ☒ **Action-committed to treatment and modifying behavior and surroundings**
 - ☐ Preparation-planning to take action and is making adjustments to change behavior. Has not resolved ambivalence
 - ☐ Contemplative-ambivalent, acknowledges having a problem and beginning to think about it, has indefinite plan to change
 - ☐ Pre-Contemplative-in treatment due to external pressure, resistant to change
- ☒ **Dimension 5 (relapse, continued use or continued problem potential) Risk Rating**
 - ☐ Minimal/none-little likelihood of relapse
 - ☒ **Mild-recognizes triggers, uses coping skills**
 - ☐ Moderate-aware of potential triggers for MH/SA issues but requires close monitoring
 - ☐ Significant-not aware of potential triggers for MH/SA issues, continues to use/relapse despite treatment
 - ☐ Severe-unable to control use without 24 hour monitoring, unable to recognize potential triggers for MH/SA despite consequences

(Continued from previous page)

ICR enhancements (cont.)

☒ Dimension 6 (recovery living environment) Risk Rating

☐ Minimal/none-supportive environment

☒ Mild-environmental support adequate but inconsistent

☐ Moderate-moderately supportive environment for MH/SA issues

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

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

Disclaimer

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

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

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ICR enhancements (cont.)

BH Continued Stay Review

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

☐ Not present

☒ Ideation

☒ Plan

☐ Means

☐ Prior Attempt

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

☐ Not present

☒ Ideation

☒ Plan

☐ Means

☐ Prior Attempt

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

☐ 0

☐ 1

☒ 2

☐ 3

☐ N/A

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

☐ 0

☐ 1

☐ 2

☐ 3

☐ N/A

Substance Use Screening (Check if applicable and give score)

☐ Current treatment plan

☐ Medications

☐ Have medications changed (type, dose/and/or frequency) since admission?

☐ Yes

☐ No

☐ Have any pm medications been administered?

☐ Yes

(Continued from previous page)

ICR enhancements (cont.)

☒ Attending groups?

☒ Yes

☐ No

☐ N/A

☒ Family or other supports involved in treatment?

☒ Yes

☐ No

☐ N/A

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

☒ Thought Process

☒ Yes

☐ No

☐ Affect

☐ Yes

☐ No

☐ Mood

☐ Yes

☐ No

☐ Performing ADL's

☐ Yes

☐ No

☐ Impulse Control/Behavior

☐ Yes

☐ No

☐ Sleep

☐ Yes

☐ No

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ICR enhancements (cont.)

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

Data Tool Questions
☐ Diagnoses (psychiatric, chemical dependency and medical)
☒ Precipitant to admission. Be specific. Why is the treatment needed now?
fight w spouse
☐ Risk of Harm to Self:
☐ If present, describe:
☐ If prior attempt, date and description:
☐ Risk of Harm to Others:
☐ If present, describe:
☐ If prior attempt, date and description:
☐ Psychosis Risk:
☐ If present, describe:
☐ Psychosis Rating Symptoms
☐ Hallucinations (auditory/visual)
☐ Paranoia
☐ Delusions
☐ Command Hallucinations
☐ Results of Depression Screening?

(Continued from previous page)

ICR enhancements (cont.)

Data Tool Questions (cont.)

☒ Substance Use Information

☒ Substance Risk Rating

☐ Alcohol

☐ Marijuana

☒ Cocaine

☐ PCP

☐ LSD

☐ Methamphetamines

☐ Opioids

☐ Barbiturates

☐ Benzodiazepines

☐ Other

☐ Urine Screening (UDS)

☐ Yes

☐ No

☐ Unknown

☐ Urine Screening if YES

☐ Positive (If checked, list drugs):

☐ Negative

☐ Pending

☐ Blood Alcohol Level (BAL)

☐ Yes

☐ No

☐ Unknown

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

(Continued from previous page)

ICR enhancements (cont.)

Data Tool Questions (cont.)

☒ Substance Use:

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

☒ ASAM Criteria: Describe symptoms

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

☐ Dimension 2 (biomedical conditions and complications)

☐ Dimension 3 (emotional, behavioral or cognitive complications)

☐ Dimension 4 (readiness to change)

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

☐ Dimension 6 (recovery living environment)

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

☒ Treatment Plan Info

☐ Previous treatment

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

☒ Current treatment plan

☒ Standing medications:

☐ As needed Medications Administered (not just ordered):

(Continued from previous page)

ICR enhancements (cont.)

Data Tool Questions (cont.)

☐ As needed Medications Administered (not just ordered):

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

☐ Support system

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

☐ Readmission within last 30 days?

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

☐ Discharge planning

☐ Initial discharge plan

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

☐ Planned discharge level of care:

☐ Describe any barriers to discharge:

☐ Expected discharge date:

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ICR enhancements (cont.)

- Additional clinical notes if available can now be attached.

The screenshot shows a web form interface with a light blue header bar. Below the header, there are two links: "Required Fields" with a red star icon and "Information Tool Tip" with a blue question mark icon. The main section is titled "Attachments, Images and Photos". Below this title, there is a reminder: "Reminder: Do not enter/upload session notes for Behavioral Health Treatment". To the right of the reminder, there is a "Choose File" button and the text "No file chosen". Below the button, there is a line of text: "Max file size: 10MB. Allowed file types: .jpeg, .png, .bmp, .tiff, .pdf, .gif, .doc, .docx, .xls, .xlsx, .txt". To the right of this text, there is a "Description" label. Below the reminder and file information, there is a paragraph of text: "Please attach only documentation that contains the minimum necessary personal health information (PHI) to support the review for this request. Please verify you are attaching image(s) for the correct patient before clicking upload." Below this paragraph, there is a section titled "Clinical Notes" with a large, empty text area. At the bottom of the form, there is a footer note: "Please verify you have added clinical information for the correct patient before clicking on 'Add Note'" (partially visible).

ICR enhancements (cont.)

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

The screenshot displays the Interactive Care Reviewer (ICR) dashboard. The browser address bar shows the URL: <https://icr.usf2.va.antheminc.com/ica/um/pac/dashboard#CaseOverview>. The dashboard header includes navigation links: "My Organization's Requests", "Create New Request", "Search Submitted Requests", "Check Case Status", and "Check Appeal Status". The main content area shows a case overview for Patient Name JOHN, PETER, Subscriber ID XPB435140447, Status Not Submitted, Created by da1, edf, and Request Tracking ID 321945. The case overview is divided into sections: Patient Details, Service Details, Provider Details, Request Summary, Clinical Details, and Case Overview. The Case Overview section is currently selected and expanded, showing a list of details: Patient Details, Service Details, Provider Details, and Clinical Details. A "Submit" button is visible at the bottom right of the case overview section.

ICR additional information

- Follow these instructions to access ICR through the Availity Portal (www.availity.com):
 - First, ask your Availity administrator to grant you the appropriate role assignment:
 - **Do you create and submit prior authorization requests?**
 - Required role assignment: *Authorization and Referral Request*
 - **Do you check the status of the case or results of the authorization request?**
 - Required role assignment: *Authorization and Referral Inquiry*
- Once you have the authorization role assignment, log onto Availity with your unique user ID and password and follow these steps:
 - Select **Patient Registration** from Availity's home page.
 - Select **Authorizations & Referrals**.
 - Select **Authorizations** (*for requests*).
 - Select **Auth/Referral Inquiry** (*for inquiries*).

ICR additional information (cont.)

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

From Availity's home page:

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



Thank you!



* Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.

<https://provider.healthybluene.com>

Healthy Blue is the trade name of Community Care Health Plan of Nebraska, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

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