

Passport Health Plan

iEXCHANGE® Cardiac Catherization

Reference Guide

The following reference guide details steps providers should take to submit and receive online authorizations for Cardiac Catherizations via iEXCHANGE®.

Before You Begin

Before you begin, it is important to know that each authorization request will require four steps:

1. Data Entry;
2. Data Preview;
3. Completion of Questionnaire(s); and
4. Submission to Passport Health Plan (PHP).

After completing these steps, you will receive a final confirmation with a case number. This verifies the information has been received by the Plan for processing.

If you have any questions throughout this process, please contact the iEXCHANGE® Provider Training Specialist at **(502) 585-8224**.

Get Started

To begin the process of entering an authorization, go to the Plan's web site, www.passporthealthplan.com/providercenter and log onto iEXCHANGE®. Click "**Other**," then select **New Certification** from the drop down list. The **Request Entry** page will appear.

The screenshot shows the iEXCHANGE® web interface. At the top, it says "Sponsored by Passport Health Plan" and "iEXCHANGE | MEDecision". There are navigation links for "HELP | PREFERENCES", "Admin User log out", and "Search". A menu is open under "Other", showing "New certification" and "Extend certification". Below the menu is a yellow box titled "Other instructions" with the text: "Use this page to select the other transaction you wish to perform. Depending on the payer you have selected, you can choose to submit a new other request, an other request extension, a new other notification or an other notification extension." Below this are two yellow boxes: "New certification" with instructions to click the "New certification" link, and "Extend certification" with instructions to click the "Extend certification" link. At the bottom, there is a note: "A Note before you begin: if you selected the wrong payer (you want to submit this request to a different payer) click the Starting point link above, to return to the Starting point page and select the correct payer."

Disclaimer: The case reference number you will receive is for identification purposes only. This is not a guarantee of payment. Payment is based on the benefit package, medical necessity, and eligibility.

STEP ONE: DATA ENTRY

On the **Request Entry** page, enter the appropriate data by completing the fields as described below:

- **Notification Date** – automatically defaults to the date the authorization is entered.
- **Member ID** – Enter the member’s PHP ID number **with a suffix of -01 behind it**. Then, click **Member Search** to view the member’s effective date and existing case(s) on file.

In the **Member Search** option, you may select:

1. **View Details** to review the member’s coverage information.
2. **View Existing Cases** to display all authorizations seven (7) days prior to or after the notification date.

If the member is effective on the date of the procedure and there is no existing authorization on file for the procedure, scroll to the bottom of the page and click the **Select** button to continue with a new authorization.

HELP | PREFERENCES Admin User log out

Starting point **Inpatient** Other Referral Search

Payer selected: **Passport Health Plan** New certification
Extend certification

Other request entry

Once you enter the General information and Services information click **Next step**. IEXCHANGE evaluates your other request and displays the Other request preview page.

1 General information

Use the General information section to record the member ID (click Member search to verify eligibility), submitting provider as well as diagnostic information.

Notification date 12/01/2008 (mm/dd/yyyy)

Member ID **Member search**
Enter or Search for ID

Submitting provider

Treatment Setting

Is this an emergency?

Primary diagnosis **Diagnosis search**
Enter Diagnosis code or Select from Short list

Secondary diagnosis 2 optional

Secondary diagnosis 3 optional

Secondary diagnosis 4 optional

Secondary diagnosis 5 optional

Attending physician **Provider search**
Select attending physician from the list
or enter or search for ID

- **Submitting Provider** – Select the provider from the drop down list. (Your system may be set to default to your preferred provider.)
- **Treatment Setting** – Select the treatment setting **Outpatient Facility** from the drop down list.
- **Is this an Emergency?** – Always select “No” from the drop down list.
- **Primary Diagnosis** – Select the primary diagnosis from the drop down list, or search for a diagnosis using the **Diagnosis Search** option.

To utilize the Diagnosis Search option:

1. Click **Diagnosis Search**;
 2. In the **Description** box, enter a description of the diagnosis;
 3. Select **Encode**; and
 4. A page will be displayed listing the various diagnoses that meet your search criteria. Click **Select** next to the appropriate diagnosis;
 5. The system will display the ICD-9 code and a description and ask, “Do you want to add this diagnosis to the list?” Select:
 - **Yes**, if this is the appropriate/correct code you want entered in the authorization; or
 - **No**, to begin a new search.
 6. The system will return you to the search page. At the bottom of the page, click **Save** to have the code entered into the authorization.
- **Secondary Diagnosis** – If applicable, follow the same steps for primary diagnosis to enter a secondary diagnosis.
 - **Attending Physician** – Select the name of the practitioner requesting the service. (Note: This may be the same as the **Submitting Provider**.)
 - **Principal Service (Procedure)** – Select the appropriate service code from the drop down list.
 - **Servicing Provider** – Select the location where the service will be performed, using the drop down list or the **Provider Search**.

To utilize the Provider Search option:

1. Select **Provider Search**;
 2. In the **Search Text** box in **Section A Standard Search**, enter the last name of the provider;
 3. Click **Submit Search**;
 4. A list of providers will appear and will display the provider’s PHP ID number, name, address, telephone number and specialty; and
 5. To select a provider, click **Select** by the provider’s name and it will be inserted in the authorization.
- **Units** – Enter the number of visits required (usually one).
 - **Place of Service** – Select the location where the service will be performed, using the drop down list (usually **Outpatient Hospital**).

- **Start Date** – Enter the start date for the service.
- **End Date** – Enter the end date of the service, which must be calculated 30 days after the start date. (Note: Entering incorrect dates may cause your authorization to pend.)
- **DME** – Leave this blank. This is for DME authorizations **only**.
- **Service 2** – If a secondary service is being provided, repeat the steps above to provide the following information:

○ Procedure	○ Place of Service
○ Servicing Provider	○ Start Date
○ Units	○ End Date

To utilize the procedure search option:

1. Click **Procedure Search**;
2. In the **Description** box, enter a description of the procedure; and,
3. Click **Encode**.
4. A page will be displayed listing the procedures meeting your search criteria. Click **Select** next to the appropriate procedure.
5. The system will display the CPT code and a description and ask, “Do you want to add this procedure to the list?” Select:
 - **Yes**, if this is the appropriate/correct code; or
 - **No**, to begin a new search.
6. The system will return you to the search page. At the bottom of the page, click on **Save** to have the code entered into the authorization.

- **iEXCHANGE Notes** – Enter any medical notes applicable to the case.

Click **Next Step** to continue to the **Preview** page.

STEP TWO: DATA PREVIEW

iEXCHANGE® evaluates the data you enter. You may receive one of the following messages based on the system’s evaluation:

- **Informational** – a reminder the questionnaire must be completed.
- **Warning** – adjustments or corrections must be made for the authorization request to be completed.
- **Error** – corrections must be made for the authorization to be submitted to the Plan.

Once a message is received, necessary corrections or revisions must be entered during the *Preview* step of the authorization. After revisions are made, select **Preview Changes** at the bottom of the page. The system will automatically re-evaluate the data and remove the message when no longer applicable.

Payer selected:
Passport Health Plan

[Print friendly version](#)

[New certification](#)
[Extend certification](#)

Informational
The status of service 93555 will be pended. Please complete the attached questionnaire. Based on the score the status may change to Approve.

Other request preview
Review your other request information here. If everything is correct, click the **Submit** button to save your request and open the Other request confirmation page. If you need to make any changes, scroll down to the correct section or click **Edit** to make the necessary modifications.

The status of this other request was current when you clicked Next step. However, the status may change when you click **Submit** if eligibility or other data changed in the interim. The case and other request reference numbers will be assigned when you click **Submit**.

Case status will be – **Pended**

Additional Authorization Questions!
Complete the following Questionnaire forms to add additional data to your other request. Please note that (!) indicates questionnaires that can affect the request status – if you complete the questionnaire you may be able to change a status of pend to an approval status.

Description

- Cardiac Angiography Questionnaire
-
-
-

Accessed Affects status

Other request information

Principal service – [Edit](#)

Status – Pend

Procedure	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION PROCEDURE(S) DURING CAR - 93555
Unit(s)	1
Start date	11/05/2009
End date	12/05/2009
DME	

Servicing provider

Address 1	
Address 2	
City	LOUISVILLE
State	KY
Zip code	
Specialty	Hospital
Type	

General information

Member name	
Submitting provider	
Address 1	

STEP THREE: COMPLETE QUESTIONNAIRE

To obtain the Cardiac Catherization authorization, you must complete a questionnaire. To access the questionnaire, locate **Additional Authorization Questions** and click **Cardiac Angiography Questionnaire**.

Note: To view this questionnaire, please see Appendix A. Bold print questions are mandatory and a response must be provided. If any questions are left blank, a warning message will be displayed. To add to or revise the information on the questionnaire, click “Cardiac Angiography Questionnaire” and it will display again. Update the information and click “Submit Questionnaire” again. If questions are left blank a second time, the authorization will pend.

Once the questionnaire is complete, click **Submit Questionnaire** at the bottom of the page to receive your confirmation/authorization number. The authorization will not be sent to the Plan until after you click “Submit.”

CCATHQM: Cardiac Angiography Questionnaire

<p>Member information Member ID Member name Gender Date of birth</p>

<p>1. Cardiac Angiography indicated for Angina Pectoris/ Chest Pain with any one of the following:</p>	<p><input type="checkbox"/> Limiting angina sx despite correct tx <input type="checkbox"/> Abnormal noninvasive test <input type="checkbox"/> Pt who can't undergo noninvasive tests <input type="checkbox"/> Suspected unstable angina <input type="checkbox"/> Typical angina at low workloads <input type="checkbox"/> Survivor of sudden cardiac arrest <input type="checkbox"/> Prior episode of ventricular tachycardia</p>
<p>2. Cardiac Angiography indicated for Congenital Heart Disease for any one of the following:</p>	<p><input type="checkbox"/> Left to right shunt on echo <input type="checkbox"/> Prior surgery for congenital heart <input type="checkbox"/> Coronary artery dx on noninvasive test <input type="checkbox"/> Paradoxical emboli in younger patients <input type="checkbox"/> Non-diagnostic noninvasive testing <input type="checkbox"/> Suspected pulmonary hypertension <input type="checkbox"/> Unexplained cardiac arrest <input type="checkbox"/> Review of surgical tx of birth anomaly</p>
<p>3. Cardiac Angiography indicated for Heart Failure with any one of the following:</p>	<p><input type="checkbox"/> Chest pain w/o doing noninvasive test <input type="checkbox"/> Chest pain w/o doing</p>

**Questionnaires are based on the Plan’s medical policies.*

STEP FOUR: CONFIRMATION

If you receive a case ID number, your authorization has been established in the Plan's system and the case has been approved or is pending.

If your request is **approved**, i.e. "Authorized," no follow-up is required. If you wish to print this confirmation page for your records, select **Printer Friendly Version** at the top of the screen and follow the instructions.

Note: *If the authorization submitted to PHP receives a pended status due to incomplete information, you must contact the Utilization Management department at (800) 578-0636, option 2 to provide the necessary information for review and approval.*

Other request confirmation

This page contains other request information including the case ID and status (authorized or pend), the member's name and ID, and services. The service information includes the service description, service dates, units/visits and the status of the request. Additional provider information also appears.

When you clicked the Submit button, iEXCHANGE re-evaluated the data that appeared in the Preview. The request status may have changed if eligibility or other data changed in the interim.

<input type="text"/>	Case ID —	1-0005
	Status —	Authorized
Service information		
Certification ID —		10005
Status —		Authorize
Procedure		
Unit(s)		
Place of Service		
Start date		
End date		
Servicing provider ID		
Servicing provider name		
Certification ID —		10005

Questions

If you have any questions regarding iEXCHANGE®, please contact the Passport Health Plan Provider Training Specialist at (502) 585-8224.

APPENDIX A

KY Cardiac Angiography Questionnaire

*Reminder: **Bold** print questions are mandatory and a response must be provided.*

1. Cardiac Angiography indicated for Angina Pectoris/Chest Pain with any of the following?

- Limiting angina sx despite correct tx
- Abnormal noninvasive test
- Pt who can't undergo noninvasive testing
- Suspected unstable angina
- Typical angina at low workloads
- Survivor of sudden cardiac arrest
- Prior episode of ventricular tachycardia

2. Cardiac Angiography indicated for Congenital Heart Disease for any one of the following?

- Left to right shunt on echo
- Prior surgery for congenital heart
- Coronary artery dx on noninvasive test
- Paradoxical emboli in younger patients
- Non-diagnostic noninvasive testing
- Suspected pulmonary hypertension
- Unexplained cardiac arrest
- Review of surgical tx of birth anomaly

3. Cardiac Angiography indicated for heart Failure with any one of the following?

- Chest pain w/out doing noninvasive testing
- Unexplained systolic dysfunction
- Hx of episodic heart failure
- Post MI when LVEF <35%
- Wall motion abnormality
- Postinfarction ventricular aneurysm

4. Cardiac angiography indicated for Perioperative Cardiovascular Screening, Noncardiac surgery when any one of the following is present?

- High-risk findings from noninvasive testing
- Angina not well controlled
- Recent myocardial infarction
- Decompensated heart failure
- High grade intraventricular block

- Severe valvular disease
- High risk surgical procedures
- Noninvasive test equivocal or abnormal
- Patient at high/intermediate risk

5. Cardiac Angiography indicated for Pulmonary Hypertension for any one of the following?

- At time of initial diagnosis by echo
- To guide treatment or preoperatively

6. Cardiac Angiography is indicated for Valvular Disease, Stenosis, or Regurgitation for any one of the following?

- Class II Angina or worse
- Left ventricular systolic dysfunction
- Congestive heart failure
- Objective evidence of ischemia
- Syncope
- Noninvasive test inconclusive
- Preoperative test before valve surgery
- Diabetic for more than 10 years
- Hypertension
- Dyslipidemia
- Smoker
- Family hx of myocardial infarction
- Sudden death in first degree relative
- Diabetic microvascular disease
- Microalbuminuria
- Peripheral vascular disease
- Post menopausal patients
- TEE unable to exclude atrial myxoma

7. Cardiac Angiography is indicated for any one of the following miscellaneous condition?

- Coronary artery aneurysm
- Hypertrophic cardiomyopathy