

Passport Health Plan

iEXCHANGE® Cardiac or Pulmonary Rehab

Reference Guide

The following reference guide details steps providers should take to submit and receive online authorizations for Cardiac or Pulmonary Rehab services 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.



Other instructions

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.

▶ New certification

Click the **New certification** link, above. A blank Other request entry page appears. You can add a member ID and all request information for this member.

▶ Extend certification

Click the **Extend certification** link above. You must use the Treatment search functionality to search for the other treatment you wish to extend. Depending on the payer you have selected, you will be able to submit an Other request extension or an Other notification extension.

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

Submitting provider:

Treatment Setting:

Is this an emergency?:

Primary diagnosis: Diagnosis search

Secondary diagnosis 2 optional:

Secondary diagnosis 3 optional:

Secondary diagnosis 4 optional:

Secondary diagnosis 5 optional:

Attending physician: Provider search

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 (**93798 Cardiac Rehab**) or (**97140 Pulmonary Rehab**).
 - **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 1 for Cardiac or Pulmonary Rehab**).

- **Place of Service** – Select the location where the service will be performed, using the drop down list (**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**
 - **Servicing Provider**
 - **Units**
 - **Place of Service**
 - **Start Date**
 - **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. Also, here you may provide information applicable to the case, but not in the questionnaire.

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

▶ New certification
Extend certification

[Print friendly version](#)

Informational
The status of service 93798 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

- ! [KY Cardiac Rehab Questionnaire](#)
- !
- !
- !
- !

Accessed

! Affects status

Other request information

Principal service —

Edit

Status — Pend

| | |
|------------|--|
| Procedure | PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINUOUS ECG MONITO - 93798 |
| Unit(s) | 1 |
| Start date | 11/11/2009 |
| End date | 12/11/2009 |
| DME | |

Servicing provider

| | |
|-----------|-----------------------|
| Address 1 | |
| Address 2 | |
| City | |
| State | |
| Zip code | |
| Specialty | Obstetrics/Gynecology |
| Type | |

General information

Member name

Submitting provider

HOSPITAL

STEP THREE: COMPLETE QUESTIONNAIRE

To obtain the Cardiac Rehab or Pulmonary Rehab authorization, you must complete a questionnaire. To access the questionnaire, locate **Additional Authorization Questions** and click on either **Cardiac Rehab or Pulmonary Rehab 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 Rehab or Pulmonary Rehab 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.”

| | | | | |
|--|------------------|---|-----------------|---------------|
| Starting point | Inpatient | Other | Referral | Search |
| Payer selected: Passport Health Plan | | ▶ New certification Extend certification | | |

Other request questionnaire

This page contains questions that may affect your request status. Scroll through the page and answer all questions. You can either select from a list or type a response. Please note that (!) indicates questions that can affect your request status. If you complete the questionnaire you may receive an approval.

KYCREHABQM: KY Cardiac Rehab Questionnaire

| |
|--|
| Member information Member ID Member name Gender Date of birth |
|--|

1. Which one of the following medical necessity criteria apply?

- Acute myocardial infarction w/in 12 mos
- Heart/heart lung transplant w/in 12 mos
- Cardiac valve surgery w/in last 12 mos
- CHF compensated at time of request
- CABG surgery w/in last 12 mos
- Documented severe CAD
- PTCA w/ or w/o stent in last 12 mos
- Stable angina pectoris
- Other

| | | |
|---|---|--|
| <input type="button" value="Submit questionnaire"/> | <input type="button" value="Clear form"/> | <input type="button" value="Return to preview"/> |
|---|---|--|

**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.

| | | |
|--|-----------|------------|
| | 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 Rehab Questionnaire

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

1. Does one of the following medical necessity criteria apply?

- | | |
|--|---|
| <input type="checkbox"/> Acute myocardial infarction w/in last 12 months | <input type="checkbox"/> CABG surgery w/in last 12 months |
| <input type="checkbox"/> Heart/Heart lung transplant w/in last 12 months | <input type="checkbox"/> Documented severe CAD |
| <input type="checkbox"/> Cardiac valve surgery within last 12 months | <input type="checkbox"/> PTCA w/ or w/o stent in last 12 months |
| <input type="checkbox"/> CHF that is compensated at time of request | <input type="checkbox"/> Stable angina pectoris |

KY Pulmonary Rehab Questionnaire

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

1. Initial evaluation was performed that included all of the following: hx and physical, six minute treadmill walk, pulmonary function test, arterial blood gases and chest x-ray? *(pick one)*

- Yes No

2. Category III moderate impairment consisting of at least one of the following: *(pick one)*

- | | |
|---|--|
| <input type="checkbox"/> Dyspnea waling on level ground or up one flight of steps | <input type="checkbox"/> Hypoxemia w/exercise O2 sat. <88% on room air |
| <input type="checkbox"/> PFTR-FEV 1 less than 60% of predicted but >40% | <input type="checkbox"/> PCO 2 greater than 55 |
| <input type="checkbox"/> PFTR-FVC 1 less than 60%-69% of predicted | <input type="checkbox"/> Documented muscle paralysis |
| <input type="checkbox"/> Peak flows 40% reduction at baseline | <input type="checkbox"/> Negative Inspiratory Force <45 cm H2O |

3. Has the member had an acute myocardial infarction in the last 3 months?

- Yes No

4. Does the member have unstable heart disease?

- Yes No

5. Does the member have a psychiatric disorder not controlled by medication?

- Yes No

6. Does the member have a cognitive disorder which would interfere with the ability to learn new techniques?

- Yes No

7. Does the member currently have an issue with substance abuse?

- Yes No

8. Has the member stopped tobacco use less than three months ago?

- Yes No

9. Does the member have a terminal malignancy with a life expectancy of 6 months or less?

- Yes No