

# Passport Health Plan

## iEXCHANGE® Cholecystectomy Reference Guide

The following reference guide details steps providers should take to submit and receive online authorizations for Cholecystectomy 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 a Cholecystectomy authorization, go to the Plan's web site, [www.passporthealthplan.com/providercenter](http://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.

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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**   
Select attending physician from the list

or enter or search for ID  **Provider search**

- **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**
  - **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.



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.


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Starting point **Inpatient** Other Referral Search

Payer selected: **Passport Health Plan**

▶ New certification  
Extend certification

 [Print friendly version](#)

**Informational**  
The status of service 47564 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.

**Other request information**

**Principal service –** [Edit](#)

**Status – Pend**

Procedure LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT - 47564

Unit(s) 1

Start date 11/04/2009

End date 12/04/2009

DME

**Servicing provider HOSPITAL**

Address 1

Address 2



City





State KY

Zip code

Specialty Hospital

**Description**  
[Cholecystectomy by Laparoscopy](#)

 Questionnaire 

Accessed  Affects status

# STEP THREE: COMPLETE QUESTIONNAIRE

To obtain the Cholecystectomy authorization, you must complete a questionnaire. To access the questionnaire, locate **Additional Authorization Questions** and click **Cholecystectomy 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 “Cholecystectomy 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.”

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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.

**CHOLLAPQM: Cholecystectomy by Laparoscopy Questionnaire**

**Member information**

Member ID  
Member name  
Gender  
Date of birth

1. Does member have cancer of the gallbladder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does member have pancreatitis not related to alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has member had gallbladder ultrasound with stones present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has member had abnormal HIDA scan or abnormal double dose cholecystography?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does member have symptomatic biliary disease with abnormal ejection fraction (<35%)	<input type="checkbox"/> Yes <input type="checkbox"/> No

*\*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
<b>Service information</b>		
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 Cholecystectomy Questionnaire

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

**1. Does member have cancer of the gall bladder?** (pick one)

- Yes
- No

**2. Does member have pancreatitis not related to alcohol?** (pick one)

- Yes
- No

**3. Has member had gallbladder ultrasound with stones present?** (pick one)

- Yes
- No

**4. Has member had abnormal HIDA scan or abnormal double dose cholecystography?**  
(pick one)

- Yes
- No

**5. Does member have symptomatic biliary disease with abnormal ejection fraction (<35%)?** (pick one)

- Yes
- No