

Passport Health Plan iEXCHANGE® DME Reference Guide

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

Before You Begin

It is important to know that each DME 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 DME 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 top navigation bar with the following elements:

- Sponsored by **Passport Health Plan** logo.
- HELPER | PREFERENCES
- Admin User log out
- Navigation tabs: Starting point, Inpatient, Other, Referral, Search.

The main content area includes:

- Select a payer**: A dropdown menu with a 'Select' button. A tooltip explains: "Click once on the payer to which you want to submit a transaction and then click the Select button. You may need to scroll to find the payer you want."
- Select a task**: A section with instructions: "Available tasks (Inpatient, Other, Referral, or Search) appear above, to the right of the payer you select. Click the task you want to open the task page. Note that the available tasks may vary by payer."
- Sponsor bulletin**: An announcement box with text: "Passport Health Plan: Our mission is to improve the health and quality of life of our members. For Provider Training Specialist please contact: 502-585-8224. Please note: One Business day is Monday-Friday except for holidays."
- MEDecision news**: An announcement box with text: "iEXCHANGE® Web has been updated with the latest release. This release supports additional NPI compliance standards. Based on the payer selected Providers may be required to have a NPI in order to submit a request. Go to Online Help and click the Payer-Specific Help link to learn additional information when working with a particular payer. Go to MEDecision"

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.

- **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 **DME** 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.

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 04/14/2009 (mm/dd/yyyy)

Member ID Member search
Enter or Search for ID

Submitting provider ▼

Treatment Setting ▼

Is this an emergency? ▼

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

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

- **Secondary Diagnosis** – If applicable, follow the same steps for primary diagnosis to enter a secondary diagnosis.
- **Attending Physician** – Select the name of the practitioner prescribing the DME product from the drop down list. (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 **Home** for a DME service).
 - **Start Date** – Enter the start date for the service. **(Note: Entering incorrect dates may cause your authorization to pend.)**
 - **End Date** – Enter the end date of the service. For DME products the end date is 90 days after the start date, allowing a three month window. **(Note: Entering incorrect dates may cause your authorization to pend.)**
 - **DME** – Always choose **Purchase** from the drop down box.
 - **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

▶ New certification
 Extend certification

[Print friendly version](#)

Informational
The status of service L0456 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!

Other request information

Principal service – Edit

Status – Pend

Procedure	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND S - L0456
Unit(s)	1
Start date	07/17/2009
End date	10/17/2009
DME	Purchase

Servicing provider

Address 1
 Address 2
 City
 State
 Zip code
 Specialty **Durable Medical Equipment**
 Type

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 Back Brace Questionnaire
(!)	
(!)	
(!)	

Accessed
 Affects status

STEP THREE: COMPLETE QUESTIONNAIRE

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

HELP | PREFERENCES

Starting point Inpatient **Other** Referral Search

Admin User log out

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.

KYBACKQM: KY Back Brace Questionnaire

Member information	
Member ID	
Member name	
Gender	F
Date of birth	08/17

1. The use of this back brace is intended to:

- reduce pain by restricting mobility
- facilitate healing after spinal injury
- facilitate healing after spinal surgery
- support weak muscles
- support deformed spine
- other

Submit questionnaire

Clear form

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**, 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.*

Questions

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

APPENDIX A

KY Back Brace Questionnaire

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

1. The use of this back brace is intended to:

- reduce pain by restricting mobility
- facilitate healing after spinal injury
- facilitate healing after spinal surgery
- support weak muscles
- support deformed spine
- other

KY Knee Brace Questionnaire

1. Has the member had a recent injury to or surgical procedure to the knee?

- Yes
- No

2. The patient requires a brace with ROM limitations?

- Yes
- No

3. The member has one of the following diagnoses?

- | | |
|---|--|
| <input type="radio"/> Rheumatoid arthritis | <input type="radio"/> Aseptic necrosis of tibia |
| <input type="radio"/> Osteoarthritis | <input type="radio"/> Aseptic necrosis of fibula |
| <input type="radio"/> Meniscal cartilage derangement | <input type="radio"/> Stress fracture of tibia |
| <input type="radio"/> Chondromalacia of patella | <input type="radio"/> Stress fracture of fibula |
| <input type="radio"/> Knee ligamentous disruption | <input type="radio"/> Congenital deformity of knee |
| <input type="radio"/> Nontraumatic quadriceps tendon ruptures | <input type="radio"/> Fracture of femur-lower end |
| <input type="radio"/> Pathological fracture of femur | <input type="radio"/> Fracture of patella |
| <input type="radio"/> Pathological fracture of tibia | <input type="radio"/> Fracture of tibia upper end |
| <input type="radio"/> Pathological fracture of fibula | <input type="radio"/> Fracture of fibula upper end |
| | <input type="radio"/> Dislocation of knee |
| | <input type="radio"/> Failed total knee arthroplasty |
| | <input type="radio"/> Other |