

# Passport Health Plan

## iEXCHANGE® EGD Reference Guide

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

### Before You Begin

Before you begin, it is important to know that each EGD 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 EGD 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.

Sponsored by  iEXCHANGE® | MEDecision

HELP | PREFERENCES Admin User log out

Starting point Inpatient Other Referral Search

**Select a payer**

**Select a task**  
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**  
**Announcement**  
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**  
**Announcement**  
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.

The screenshot shows the 'Other request entry' form. At the top, it is sponsored by Passport Health Plan and includes a 'HELP | PREFERENCES' link. The form is divided into sections: 'General Information' (1) and 'Services Information' (2). The 'General Information' section includes the following fields: Notification date (12/01/2009), Member ID (with a 'Member search' button), Submitting provider (dropdown), Treatment Setting (dropdown), Is this an emergency? (dropdown), Primary diagnosis (with a 'Diagnosis search' button), Secondary diagnosis 2 (optional), Secondary diagnosis 3 (optional), Secondary diagnosis 4 (optional), Secondary diagnosis 5 (optional), and Attending physician (with a 'Provider search' button). The 'Services Information' section includes a 'Principal Service' field.

- **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 from the drop down list (usually outpatient facility).
- **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 prescribing practitioner for the 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 (43235).
  - **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).
  - **Place of Service** – Select the location where the service will be performed, using the drop down list (usually outpatient facility).
  - **Start Date** – Enter the start date for the service.
  - **End Date** – Enter the end date of the service. For EGD’s the end date is **30 days** after the start date, allowing a 30-day window in case the procedure needs to be rescheduled. (**Note: Entering incorrect dates may cause your authorization to pend.**)

- **DME** – Always leave blank. This for Durable Medical Equipment authorizations. It does not pertain to EGD authorizations.
  
- **Service 2** – Select the appropriate procedure code from the drop down list if another service is needed. Then continue to fill in the other blanks as before.
  - **Servicing Provider**
  - **Units**
  - **Place of Service**
  - **Start Date**
  - **End Date**
  
- **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.

Print friendly version

The status of service 43235 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

#### Other request information

**Principal service —** Edit

Status — Pended

Procedure UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODEN - 43235

Unit(s) 1

Start date 10/26/2009

End date 11/26/2009

DME

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**Servicing provider** HOSPITAL

Address 1

Address 2

City LOUISVILLE

State KY

Zip code

Specialty Hospital

Type

#### Additional Authorization Questions!

Complete the following Questionnaire forms to add additional data to your other request. Please note that (1) indicates questionnaires that can affect the request status — if you complete the questionnaire you may be able to change a status of pended to an approval status.

Description	Accessed	Affects status
EGD Questionnaire	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

#### General information

Member name

Submitting provider

Address 1

Address 2

City Shepherdsville

State KY

Zip code

Specialty Gastroenterology

Type

Treatment setting Outpatient Facility

Primary diagnosis 530.61 — ESOPHAGEAL REFLUX

Claim Notes/Infusion, Enterals, DME Notes

## STEP THREE: COMPLETE QUESTIONNAIRE

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

1. EGD for DYSPEPSIA with any one of the following: Select one	<input type="checkbox"/> >55 years <input type="checkbox"/> Anorexia or weight loss >3kg <input type="checkbox"/> Dysphagia or odynophagia <input type="checkbox"/> Vomiting <input type="checkbox"/> Failure of previous treatment <input type="checkbox"/> Hx of gastric surgery <input type="checkbox"/> Strong hx of familial cancer <input type="checkbox"/> Dyspepsia with use of NSAIDs <input type="checkbox"/> Chronic dyspepsia with new symptoms
2. EGD for DYSPHAGIA/STRICTURES for any one of the following: select one	<input type="checkbox"/> Malignancy or lesions likely <input type="checkbox"/> Initial dx of achalasia <input type="checkbox"/> Suspected foreign body <input type="checkbox"/> Repeat episodes of transient obstruction <input type="checkbox"/> Bleeding <input type="checkbox"/> Odynophagia without HIV <input type="checkbox"/> Benign esophageal stricture <input type="checkbox"/> Schatzki <input type="checkbox"/> Dilaton of malignant structures <input type="checkbox"/>
3. EGD indicated for ESOPHAGEAL VARICES for any one of the following: select one	<input type="checkbox"/> Ligation varices <input type="checkbox"/> Active bleeding with hx of varices <input type="checkbox"/> Active bleeding with portal hypertension <input type="checkbox"/> Active bleeding with cirrhosis <input type="checkbox"/> Screening for patient at high-risk
4. EGD indicated for GASTROESOPHAGEAL REFLUX DISEASE: select one	<input type="checkbox"/> Severe GERD unresponsive to treatment <input type="checkbox"/> Warning symptoms of dysphagia
5. EGD indicated for suspected BARRETT'S ESOPHAGUS: select one	<input type="checkbox"/> >5 years of chronic symptoms
6. EGD indicated for PEPTIC ULCER DISEASE: select one	<input type="checkbox"/> Unexplained anemia <input type="checkbox"/> Blood in Stool <input type="checkbox"/> Severe or rapidly increasing pain <input type="checkbox"/> R/O gastric ulcer r/o malignancy <input type="checkbox"/> Definitive dx of H. Pylori
7. EGD indicated for CHRON'S DISEASE: select one	<input type="checkbox"/> Rule out involvement of

*\*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. Status = 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 pending 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 pending), 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 — **06221**  
Status — **Authorized**

#### Service information

Certification ID — **06221**  
Status — **Authorize**

Procedure

Unit(s)	<b>1</b>
Place of Service	<b>Outpatient Hospital</b>
Start date	
End date	

Servicing provider ID  
Servicing provider name

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Certification ID — **06221**

## Questions

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

# APPENDIX A

## KY EGD Questionnaire

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

1. EGD for DYSPEPSIA with any one of the following: (select one)
  - >55 years
  - Anorexia or weight loss >3kg
  - Dysphagia or odynophagia
  - Vomiting
  - Failure of previous treatment
  - Hx for gastric surgery
  - Strong hx of familial cancer
  - Dyspepsia with use of NSAIDs
  - Chronic dyspepsia with new symptoms
  
2. EGD for DYSPHAGIA/STRICTURES for any one of the following: (select one)
  - Malignancy or lesions likely
  - Initial dx of achalasia
  - Suspected foreign body
  - Repeat episodes of transient obstruction
  - Bleeding
  - Odynophagia without HIV
  - Benign esophageal stricture
  - Schatki
  - Dilation of malignant structures
  
3. EGD indicated for ESOPHAGEAL VARICES for any one of the following: (select one)
  - Ligation varices
  - Active bleeding with hx of varices
  - Active bleeding with portal hypertension
  - Active bleeding with cirrhosis
  - Screening for patient at high risk
  
4. EGD indicated for GASTROESOPHAGEAL REFLUX DISEASE: (select one)
  - Severe GERD unresponsive to treatment
  - Warning symptoms of dysphagia
  
5. EGD indicated for suspected BARRETT'S ESOPHAGUS: (select one)
  - >5 years of chronic symptoms

6. EGD indicated for PEPTIC ULCER DISEASE: (select one)
  - Unexplained anemia
  - Blood in Stool
  - Severe or rapidly increasing pain
  - R/O gastric ulcer r/o malignancy
  - Definitive dx of H. Pylori
  
7. EGD indicated for CHRON'S DISEASE: (select one)
  - Rule out involvement of esphagus
  - Rule out involvement of stomach
  - Rule out involvement of duodenum
  
8. EGD indicated for UGI BLEEDING: (select one)
  - Hematemesis
  - Lower GI bleeding with UGI source
  - Blood in stools and + NG tube aspirate
  
9. EGD for MISCELLANEOUS INDICATIONS: (select one)
  - Caustic ingestion
  - Unexplained nausea and vomiting
  - Unexplained weight loss of >3kgs
  - Atypical chest pain not cardiac disease
  
10. Has member had an EGD in the last 12 months?
  - Yes
  - No