

Passport Health Plan

iEXCHANGE® Synagis Reference Guide

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

Before You Begin

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

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[Admin User](#) [log out](#)

Starting point	Inpatient	Other	Referral	Search
Payer selected: Passport Health Plan	<input type="button" value="New certification"/> <input type="button" value="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.

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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 <small>Enter or Search for ID</small>	<input style="width: 100%;" type="text"/>	<input type="button" value="Member search"/>
Submitting provider	<input style="width: 100%;" type="text"/>	
Treatment Setting	<input style="width: 100%;" type="text"/>	
Is this an emergency?	<input style="width: 100%;" type="text"/>	
Primary diagnosis <small>Enter Diagnosis code or Select from Short list</small>	<input style="width: 100%;" type="text"/>	<input type="button" value="Diagnosis search"/>
Secondary diagnosis 2 <small>optional</small>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Secondary diagnosis 3 <small>optional</small>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Secondary diagnosis 4 <small>optional</small>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Secondary diagnosis 5 <small>optional</small>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Attending physician <small>Select attending physician from the list</small>	<input style="width: 100%;" type="text"/>	
<small>or enter or search for ID</small>	<input style="width: 100%;" type="text"/>	<input type="button" value="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 **HOME** 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 prescribing for the Synagis 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 (S9562, Home Injectable Therapy, Palivizumab).
 - **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 5).
 - **Place of Service** – Select the location where the service will be performed, using the drop down list (usually **Home** for Synagis).

- **Start Date** – Enter the start date for the service (i.e. 11/01/09).
- **End Date** – Enter the end date of the service. For Synagis the end date is **four (4) months** after the start date (i.e. 3/31/2010), allowing a four-month window. **(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 Synagis authorizations.
- **Service 2** – Select the appropriate procedure code from the drop down list (99601, Infusion Skilled Nursing Visit). 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.

Payer selected:
Passport Health Plan

> New certification
 Extend certification

[Print friendly version](#)

Informational
The status of service S9562 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 — **Authorized**

Other request information

Principal service — [Edit](#)

Status — Pend

Procedure	(INVALID FOR MEDICARE 2003.) HOME INJECTABLE THERAPY, PALIVIZUMAB, INCLUDING ADMINIS - S9562
Unit(s)	5
Start date	11/01/2009
End date	03/31/2010
DME	

Servicing provider

Address 1	
Address 2	
City	LOUISVILLE
State	KY
Zip code	
Specialty	Home Health Agency
Type	

Service 2— [Edit](#)

Status — Authorize

Procedure	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS) - 99601
Unit(s)	5
Start date	11/01/2009

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	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	KY Synagis Questionnaire 2009/2010	<input checked="" type="checkbox"/> Accessed <input type="checkbox"/> Affects status

STEP THREE: COMPLETE QUESTIONNAIRE

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

Note: To add to or revise the information on the questionnaire, click “Synagis 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.”

KYSYNGQM: KY Synagis Questionnaire 2009/2010	
<div style="border: 1px solid black; padding: 5px;"> Member information Member ID Member name Gender Date of birth </div>	
1. I have a signed contract for Synagis for this year?	<input type="checkbox"/> Yes
2. I understand that without approval of Synagis (S95 62) the nursing visits will not meet medical neces sity	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. One dose of synagis approved for infant 32 0/7 - 34 6/7 weeks gestational age is between 2-3 months of age on 11/01/09 and with at least once risk factor?	<input type="checkbox"/> Sibling(s) younger than 5 years of age <input type="checkbox"/> Day care attendance
4. TTwo doses of synagis approved (to be given no more than 30 days apart) for infant born 32 0/7 - 34 6/ 7 weeks gestational age and is between 1-2 months of age on 11/01/09 and with at least on risk factor?	<input type="checkbox"/> Sibling(s) younger than 5 years of age <input type="checkbox"/> Day care attendance
5. Three doses of synagis approved (not to be given sooner than 30 days apart) for infant born 32 0/7- 34 6/7 weeks gestational age and is between one day and one month old on 11/01/09 and with at least on risk factor?	<input type="checkbox"/> Sibling(s) younger than 5 years of age <input type="checkbox"/> Day care attendance
6. Up to three doses of synagis approved (not to be g iven sooner than 30 days apart) for infant born 32 0/7 - 34 6/7 weeks gestational age and is born during RSV season and with at least one risk factor?	<input type="checkbox"/> Sibling(s) younger than 5 years of age <input type="checkbox"/> Day care attendance
7. Five doses of synagis (to be given no sooner than 30 days apart) for infant born before 35 weeks gestational age and are < or equal to 12 months of age on 11/01/09 (DOB on or after 11/01/08) and have one of the following risk factors?	<input type="checkbox"/> Congenital abnormalities of the airway <input type="checkbox"/> Inability to handle respiratory secretion
8. Five doses of synagis (to be given no sooner than 30 days apart) for an infant 29 0/7/ to 31 6/7 weeks gestational age and is less than 6 months of age by 11/01/09 (DOB on or after 05/01/09)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Five doses of synagis (to be given no sooner than 30 days apart) for infant born 28 6/7 weeks gestational age or less and is less than 12 months old by 11/01/09 (DOB on or after 11/01/08)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Five doses of synagis for an infant less than 2 years of age on 11/01/09 (DOB on or after 11/07/07) and has one of the following?	<input type="checkbox"/> CLD medically managed prior to 11/01/09 <input type="checkbox"/> Cyanotic congenial heart disease w meds <input type="checkbox"/> Acyanotic congenial heart dx with meds
11. Please provide ordering physicians name and phone number	<input type="text"/>
12. Please give contact name and number:	<input type="text"/>

**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.