

# Passport Health Plan iEXCHANGE® Therapies Reference Guide

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

## Before You Begin

Before you begin, it is important to know that each therapy authorization request will require three steps:

1. Data Entry;
2. Data Preview; and
3. Fax Submission to Passport Health Plan (PHP).

Within two business days of completing these steps, you will receive notification from the Plan's Utilization Management (UM) department, indicating whether the request has been approved or denied. UM notification verifies the information has been received by the Plan.

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 therapy 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 | MEDDecision

HELP | PREFERENCES Admin User log out

Starting point Inpatient Other Referral Search

Payer selected: Passport Health Plan

New certification  
Extend certification

### 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: <b>Passport Health Plan</b>		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.

<b>Notification date</b>	12/01/2008 (mm/dd/yyyy)
<b>Member ID</b> Enter or Search for ID	<input type="text"/> <input type="button" value="Member search"/>
<b>Submitting provider</b>	<input type="text"/>
<b>Treatment Setting</b>	<input type="text"/>
<b>Is this an emergency?</b>	<input type="text"/>
<b>Primary diagnosis</b> Enter Diagnosis code or Select from Short list	<input type="text"/> <input type="button" value="Diagnosis search"/>
<b>Secondary diagnosis 2</b> optional	<input type="text"/>
<b>Secondary diagnosis 3</b> optional	<input type="text"/>
<b>Secondary diagnosis 4</b> optional	<input type="text"/>
<b>Secondary diagnosis 5</b> optional	<input type="text"/>
<b>Attending physician</b> Select attending physician from the list	<input type="text"/>
or enter or search for ID	<input 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 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 therapy services 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 (**92507 Speech, 97530 Occupational, 97110 Physical**).
  - **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 requested by the provider.

- **Place of Service** – Select the location where the service will be performed, using the drop down list.
- **Start Date** – Enter the start date for the service.
- **End Date** – Enter the end date of the service. (**Note: Entering incorrect dates may cause your authorization to pend.**)
- **DME** – Always leave blank. This is for **Durable Medical Equipment** 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.

Payer selected: **Passport Health Plan**

[Print friendly version](#)

[New certification](#)  
[Extend certification](#)

### 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 – Pend**






Procedure	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO - 97110
Unit(s)	4
Start date	11/20/2009
End date	12/20/2009
DME	


**Servicing provider**

Address 1	
Address 2	
City	
State	
Zip code	
Specialty	Occupational Therapy
Type	

#### 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






Accessed     Affects status

#### General information

**Member name**

**Submitting provider**

Address 1	
Address 2	
City	
State	
Zip code	

## STEP THREE: FAX SUBMISSION

To complete the submission of a therapy authorization request, you must fax the therapy evaluation and plan of treatment, along with the requested number of visits to (502) 585-8205, immediately after placing your request via iEXCHANGE®.

**Please provide the contact name and telephone number on the information faxed to UM. This information will help UM staff to provide timely notification regarding your request.**

Within two business days of completing these steps, you will receive notification from the Plan's UM department, indicating whether the request has been approved or denied. UM notification verifies the information has been received by the Plan.

### Questions

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