



Healthy Blue

## Interactive Care Reviewer

Submit and inquire about behavioral health prior authorizations

# Course objectives

After completing this course, participants will be able to:

- List the benefits of using Interactive Care Reviewer (ICR).
- Identify the products and services available within ICR for authorizations.
- Access ICR through the Availity Portal.
- Create an authorization.
- Inquire about a previously submitted authorization.

# Agenda

Agenda for this course:

- Review the benefits of using the ICR for authorizations.
- Create and submit inpatient/outpatient requests.
- Inquire about an existing request.

# ICR details

ICR brings improved efficiency to the precertification process:

- Physicians and facilities can submit authorization requests for behavioral health (BH) services, including acute inpatient stays, residential and rehabilitation stays, intensive outpatient and partial hospital programs, electroconvulsive therapy, transcranial magnetic stimulation, and psychiatric testing.
- Ordering and servicing physicians and facilities can use the inquiry feature to find information on any authorization with which their tax ID/organization is affiliated.

# Advantages of using the ICR

There are many advantages in using the ICR. The ICR improves the efficiency of the authorization process:

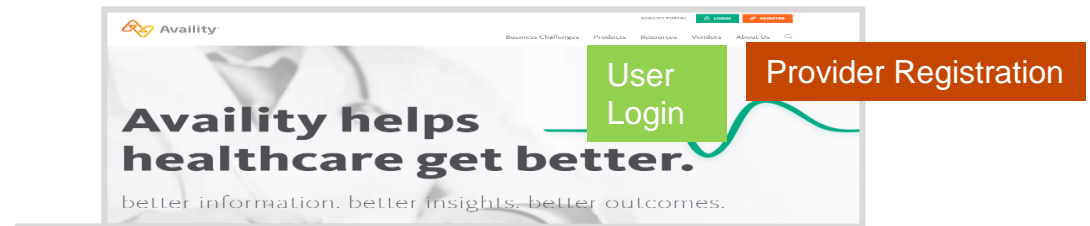
- Authorizations are in one place and are accessible at any time by any staff member.
- No need to fax! Reduced paperwork!
- Users can quickly check authorization status online and update requests.
- Proactive communication is conducted via email updates.
- Users can attach and submit clinical notes and supporting images.
- The ICR provides the ability to inquire on authorization requests submitted via phone, fax, ICR or other online tool.

# Accessing the ICR

Access the ICR via the [Availity Portal](#).

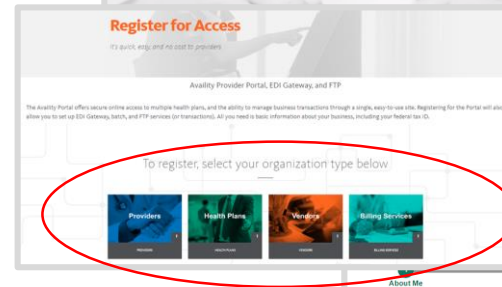
1

Select the REGISTER link to be redirected to the *Registration details* landing page.



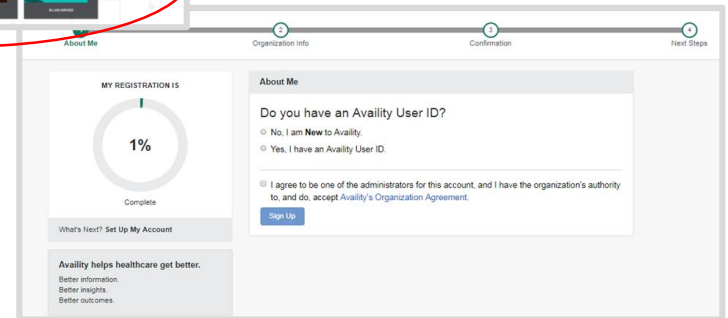
2

Select the appropriate organization type link, and you will be redirected to the *Registration Form*.



3

The person starting the registration process agrees to be the administrator for the organization and can now register for the Availity Portal.



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# Availity administrator: granting access to the Availity Portal

The organization's Availity Portal administrator can select **Maintain User** from their *Account Dashboard* located on the upper-right corner of the home page to add functionality to an existing user. To create a new access, the administrator selects **Add User**.

The screenshot displays the Availity Portal interface. At the top, there is a navigation bar with the following items: Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A Keyword Search field is located in the top right corner. Below the navigation bar, the main content area is divided into two sections. On the left is the 'Notification Center', which contains two notification items, each with a red flag icon, a date and time stamp (1/29/2018 2:07 am and 1/28/2018 10:38 pm), and a 'Take Action' button. On the right is the 'My Account Dashboard', which is highlighted with a red rounded rectangle. This dashboard includes a user profile icon and a list of menu items: My Account, My Administrators, Maintain User, Add User, Maintain Organization, 'How To' Guide for Dental Providers, and Enrollments Center.

# Availity administrator: granting access to the Availity Portal (cont.)

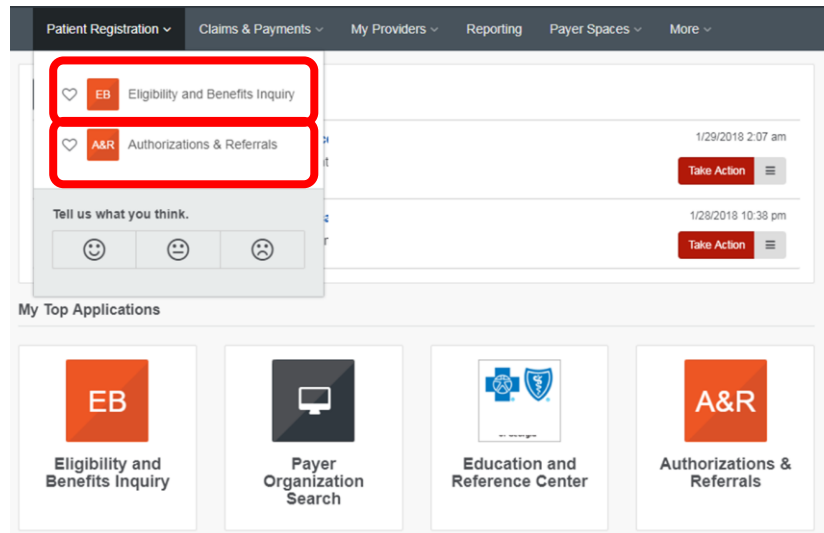
Assign users the roles of **Authorization and Referral Inquiry** and **Authorization and Referral Request**.

<input type="checkbox"/>	Role(s)
User Roles	
<input checked="" type="checkbox"/>	Base Role
<input checked="" type="checkbox"/>	Authorization and Referral Inquiry
<input checked="" type="checkbox"/>	Authorization and Referral Request
<input checked="" type="checkbox"/>	Claim Status
<input checked="" type="checkbox"/>	Claims Management



# Accessing the ICR

To access the ICR from the Availity Portal, choose **Authorizations & Referrals** under the *Patient Registration* link on the top navigational bar.









# Accessing the ICR (cont.)




Home > Authorizations & Referrals

## A&R Authorizations & Referrals

### Multi-Payer Authorizations & Referrals

 <b>Auth/Referral Inquiry</b> View Payers 	 <b>Referrals</b> 	 <b>Authorizations</b> View Payers 
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### Additional Authorizations & Referrals

 <a href="#">AIM Specialty Health (Anthem)</a>	 <a href="#">Clinical Auth Management</a>	 <a href="#">Online Batch Management</a>
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# ICR *Terms of Use and Disclaimers*



## Interactive Care Reviewer Terms of Use and Disclaimers

Together with IBM we have developed this online system using IBM's Watson technology to allow providers to request utilization management determinations, to assist in assembling required information, and to view an advance determination with information regarding review of coverage for a requested service.

All treatment decisions, and the consequences and outcomes thereof, are the responsibility of the health care provider and the patient, not the Plan. In general:

- Plan deductibles and co-payments apply before final payment can be made.
- Plan maximums and limitations will apply before payment can be made.
- Plan benefits may change upon renewal.

Health care providers will continue to receive a formal written notice of the Plan determinations, which will include specific additional information regarding the administration of benefits for the requested service.

The data provided by this system is protected health information ("PHI") and must be treated with the same care as other PHI that is exchanged during the normal course of business. PHI shall only be used as necessary for patients currently receiving treatment. Health care providers using this system must ensure that use of PHI is subject to the provider's own policies and procedures, in compliance with applicable law. Such use shall further be subject to the terms and conditions of the Provider's agreement with the Plan.

Access, use, or disclosure of information related to certain sensitive medical services is strictly limited by federal and state laws. Sensitive medical services may include, but are not limited to, treatment for: substance use disorders, sexually transmitted illnesses or mental conditions. Such information may only be accessed, used, or disclosed with the authorization of the patient or for treatment purposes. Accessing sensitive service information outside of these requirements is prohibited.

Drug and alcohol abuse treatment records may only be accessed, used, or disclosed with the consent of the patient or to the extent necessary to respond to a bona fide medical emergency.

By selecting 'Accept', you acknowledge that you have read and you agree to these Terms of Use/Disclaimer.

ACCEPT

Read and accept the disclaimer.  
Be sure to enable pop-ups!

[Terms of Use & Privacy Disclaimer](#)



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# The ICR landing page/dashboard

The dashboard displays requests submitted, requests not yet submitted, cases requiring additional information and cases where a decision has been rendered.

Interactive Care Reviewer Welcome Name Logout Contact Us Quick Links

[My Organization's Requests](#) [Create New Request](#) [Search Submitted Requests](#) [Check Case Status](#)

Page 1 of 27 | View Results 20 | 533 Requests found Displaying 1 to 20

Request Tracking ID	Reference Number	Status	Patient Name	Service Date Range	Request Type	Requesting Provider NPI	Submit Date	Created By	Updated Date	Updated By
		Review In Progress		10/09/2015 - 10/09/2015	Outpatient	1073549929	2015-10-08 12:22:54 PM		2015-10-08 12:23:52 PM	System
		See Details		10/09/2015 - 10/10/2015	Inpatient	1912007543	2015-10-07 10:41:44 AM		2015-10-07 10:54:43 AM	System
		See Details		10/09/2015 - 10/10/2015	Inpatient	1912007543	2015-10-07 10:30:37 AM		2015-10-07 10:35:34 AM	System
		See Details		10/09/2015 - 10/10/2015	Inpatient	1912007543	2015-10-07 10:06:40 AM		2015-10-07 10:17:39 AM	System
		Review In Progress		09/30/2015 - 09/30/2015	Inpatient	1922098342	2015-10-01 11:54:06 AM		2015-10-06 11:07:34 AM	System
		Review In Progress		09/28/2015 - 10/12/2015	Inpatient	1396714663	2015-10-06 09:53:39 AM		2015-10-06 09:54:29 AM	System
		Approved		10/06/2015 - 10/06/2015	Outpatient	1922098342	2015-10-05 12:19:36 PM		2015-10-05 12:24:42 PM	System

# The ICR landing page/dashboard (cont.)

All columns have up and down arrows for quick sorting. Some also have a filter option (shown here).

The screenshot displays the 'Interactive Care Reviewer' dashboard. At the top, there's a navigation bar with 'Welcome, Carol Butz', 'Logout', 'Contact Us', and 'Quick Links'. Below this is a search bar labeled 'Check Case Status'. The main content area features a table with columns: 'Request Tracking ID', 'Reference Number', 'Status', and 'Patient Name'. A dropdown menu is open for the 'Status' column, showing options: 'Sort Ascending', 'Sort Descending', and 'Filters'. A green arrow points to the 'Filters' option. To the right of the table is a list of request statuses, including 'Additional Information Needed', 'Approved', 'Bariatric Request Received', 'Benefits for these services may not be covered', 'Cancelled - Duplicate Request', 'Cancelled - See Details', 'Cancelled - Request Withdrawn', 'Cancelled - Request Withdrawn by Provider', 'Case Type Changed', 'CHIPA Delegated', 'Contact Other Vendor', 'Other Contact Payer', 'Denied', 'Duplicate', 'Multiple Decisions', and 'Not Submitted'. The table below shows data rows with columns for 'Submit Date', 'Created By', 'Updated Date', and 'Updated By'.

Request Tracking ID	Reference Number	Status	Patient Name	Submit Date	Created By	Updated Date	Updated By
		See Details		2015-09-12 09:50:48 AM		2015-09-14 12:45:01 PM	System
		See Details		2015-09-12 09:13:54 AM		2015-09-14 07:50:47 AM	System
		Cancelled - Request Withdrawn by Provider	Doe, Judy	2015-09-12 10:20:04 AM		2015-09-12 01:46:02 PM	System
		See Details	TEST, MARY	2015-08-15 06:00:11 PM		2015-09-12 01:04:43 PM	System
		See Details	Doe, Joe	2015-09-12 09:03:19 AM		2015-09-12 12:56:45 PM	System
		See Details	Doe, Jacob	2015-08-15 05:55:06 PM		2015-09-12 12:53:45 PM	System
		See Details	TEST, BETTY	2015-09-12 09:25:33 AM		2015-09-12 12:51:38 PM	System

# ICR dashboard tabs



My Organization's Requests



Create New Request



Search Submitted Requests



Check Case Status

Tabs across the top of the dashboard:

- **My Organization's Requests** is the home page of the application and displays the dashboard.
- **Create New Request** is used to start a new inpatient or outpatient request.
- **Search Organization Requests** allows for the ability to search for any ICR case requested by your organization or any request with which your organization is associated. This includes requests with a status of *review not required*.



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# ICR dashboard tabs



My Organization's Requests



Create New Request



Search Submitted Requests



Check Case Status

- **Check Case Status** allows for the ability to view any cases submitted associated with the tax ID(s) on the request. This includes submissions by phone, fax, etc.

Note: In order to view the authorization/referral, the case must be associated with the tax ID listed under the organization you selected in the Availity Portal.



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## Creating a new request



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# Creating a new request

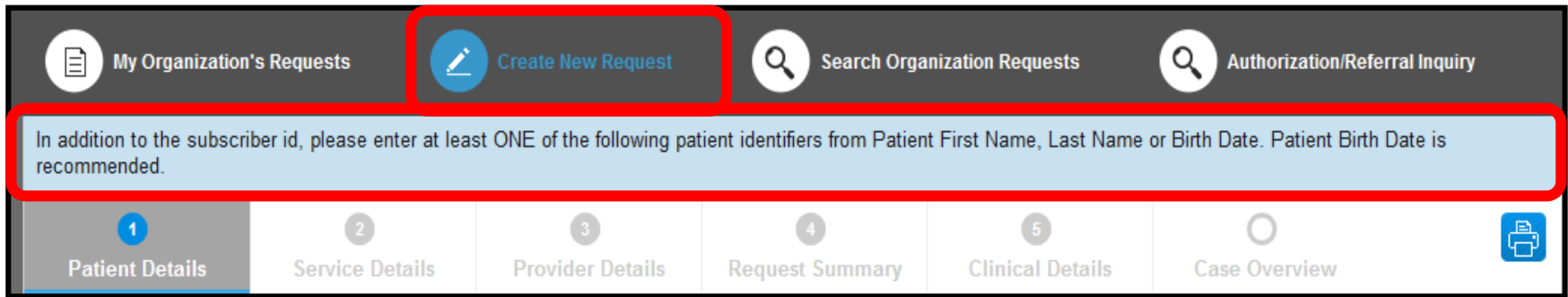
Do you want to verify if an authorization is required? The ICR gives you quick access to that information in most cases. Enter:

- Patient information.
- Diagnosis and procedure information.
- Provider details.

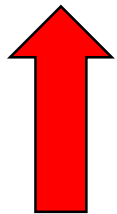
A message will appear indicating whether or not an authorization is required for most requests. This information can be printed or saved to a PDF and is available later via an ICR search.

# Starting a new request on the ICR

- Select **Create New Request** from the ICR dashboard tab.
- Watch the blue bar for messaging. Errors turn the box red.
- Menu bar shows where you are.



The screenshot shows a dark grey navigation bar with four main items: 'My Organization's Requests' (document icon), 'Create New Request' (pencil icon, highlighted with a red box), 'Search Organization Requests' (magnifying glass icon), and 'Authorization/Referral Inquiry' (magnifying glass icon). Below this bar is a light blue message box, also highlighted with a red border, containing the text: 'In addition to the subscriber id, please enter at least ONE of the following patient identifiers from Patient First Name, Last Name or Birth Date. Patient Birth Date is recommended.' At the bottom of the dashboard is a horizontal menu with six items: 'Patient Details' (numbered 1, highlighted with a blue bar), 'Service Details' (numbered 2), 'Provider Details' (numbered 3), 'Request Summary' (numbered 4), 'Clinical Details' (numbered 5), and 'Case Overview' (circle icon). A red arrow points upwards from the bottom left towards the 'Patient Details' tab.



# Patient details

1 Patient Details   2 Service Details   3 Provider Details   4 Request Summary   5 Clinical Details   Case Overview

In addition to the subscriber ID, please enter at least ONE of the following patient identifiers from patients First Name, Last Name or Birth Date. Patient Birth Date is recommended.

Required Fields \*

Profiles ▶

Request Type \*  
Inpatient  
Select One  
Inpatient  
Lab Only-Outpatient  
Outpatient  
Referral

Case Type \*  
Psychiatric  
Select One  
Maternity  
Medical  
Medical Injectable  
Neonatal  
OB/Global  
Psychiatric  
Rehabilitation  
Substance Abuse  
Surgical

Admit Date \*  
MM/DD/YYYY

Patient Last Name   Patient First Name

FIND PATIENT

Select from the *Request Type* and *Case Type* menus or save steps by selecting **Profiles**.

# Patient details (cont.)

1 Patient Details    2 Service Details    3 Provider Details    4 Request Summary    5 Clinical Details    Case Overview

*In addition to the subscriber ID, please enter at least ONE of the following patient identifiers from patients First Name, Last Name or Birth Date. Patient Birth Date is recommended.*

*Required Fields \**

Profiles ▶

Request Type \*    Case Type \*    Admit Date \*

Inpatient    Psychiatric    07/02/2018

Subscriber ID \*    Patient Date of Birth    Patient Last Name    Patient First Name

MM/DD/YYYY

*ID must be entered exactly as it appears on the members ID card.*

FIND PATIENT

Complete all required fields, then select **Find Patient**.

# Profile templates

Click on the dot to view the *Standard Profile*.

Standard Profile	(Inpatient, Outpatient, Lab Only, Office, DME, BH) Profile Type	Procedure Code	View	Select
BH INP Detox	Inpatient		⋮	✓
BH INP Psych	Inpatient		⋮	✓
BH INP Residential Detox	Inpatient		⋮	✓
<b>BH INP Residential Psych</b>	Inpatient		⋮	✓
BH OP IOP	Outpatient		⋮	✓
BH OP PHP	Outpatient		⋮	✓
BH OP PHSA	Outpatient		⋮	✓

## Profile Details

**Users** will be able to see what will be populated on the *Patient Details* screen and on the *Service Details* screen.

Back to Profiles

Profile Name  
BH INP Psych

Request Type	Case Type	Place of Service	Type of Service	Level of Service	Select
Inpatient	Psychiatric	Inpatient Hospital	Psychiatric	Emergency	✓

# Profile templates (cont.)

Select the check mark to select a standard profile. This action will populate the mandatory *Request Type* and *Case Type* fields on the *Patient Details* screen and *Place of Service*, *Type of Service*, and *Level of Service* on the *Service Details* screen.

Standard Profile	Profile Type <small>(Inpatient, Outpatient, Lab Only, Office, DME, BH)</small>	View /	Select
<a href="#">IP Medical-Emergency</a>	Inpatient	⋮	<input checked="" type="checkbox"/>
<a href="#">IP Surgical</a>	Inpatient	⋮	<input checked="" type="checkbox"/>
<a href="#">OP Surgery</a>	Outpatient	⋮	<input checked="" type="checkbox"/>
<a href="#">ASC Surgery</a>	Outpatient	⋮	<input checked="" type="checkbox"/>
<a href="#">OP Diagnostic</a>	Outpatient	⋮	<input checked="" type="checkbox"/>
<a href="#">OP Medical Care</a>	Outpatient	⋮	<input checked="" type="checkbox"/>
<a href="#">OP Hosp Diagnostic X-ray</a>	Outpatient	⋮	<input checked="" type="checkbox"/>
<a href="#">Lab Diagnostic</a>	Lab Only	⋮	<input checked="" type="checkbox"/>
<a href="#">Office Surgery</a>	Office	⋮	<input checked="" type="checkbox"/>



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# Patient details: date of service (inpatient — admit date)

The admit date **cannot** be changed once the case is submitted!

The screenshot shows a web-based form for patient details. The 'Admit Date' field is highlighted with a blue border and contains the date 11/29/2016. A calendar widget is open, showing the month of November 2016. The date 10 is circled in red, and the date 29 is highlighted in blue. The form includes fields for Request Type (Inpatient), Case Type (Psychiatric), Subscriber ID, Patient Date of Birth, and Patient First Name. A 'FIND PATIENT' button is visible.

**1** Patient Details    **2** Service Details    **3** Provider Details    **4** Request Summary    **5** Clinical Details    Case Overview

*In addition to the subscriber ID, please enter at least ONE of the following patient identifiers from patients First Name, Last Name or Birth Date. Patient Birth Date is recommended.*

*Required Fields \**    Profiles

**Request Type \***    **Case Type \***    **Admit Date \***

Inpatient    Psychiatric    11/29/2016

**Subscriber ID \***    **Patient Date of Birth**

MM/DD/YYYY

**Patient First Name**

**FIND PATIENT**

November 2016

S	M	T	W	T	F	S
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10

**Today**

# Patient details

A message in the blue bar will indicate if the member's preauthorization cannot be completed using the ICR.

The screenshot shows a web interface for patient details. At the top, there is a navigation bar with six tabs: 'Patient Details' (selected), 'Service Details', 'Provider Details', 'Request Summary', 'Clinical Details', and 'Case Overview'. Below the navigation bar is a light blue horizontal bar. The main content area displays patient information in a grid format. At the bottom right, there are two buttons: 'BACK TO FIND PATIENT' and 'CONFIRM PATIENT'. The 'CONFIRM PATIENT' button is circled in red.

1	2	3	4	5	6
Patient Details	Service Details	Provider Details	Request Summary	Clinical Details	Case Overview
Subscriber ID	Name	Patient Date of Birth	Gender		
VZT12345678	Doe, Joe	12/12/1966	Male		
Eligibility Coverage	Coverage Period	Interchange Control No.	Relationship		
Active Coverage	06/01/2006 - 12/31/9999	12345678	Self		
Group Number	Group Name	Request Type	Case Type		
12345678	Kristen's Boutique	Outpatient	Medical		
Service Date From	Service Date To				
11/08/2016	11/08/2016				

BACK TO FIND PATIENT CONFIRM PATIENT



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# Service details (outpatient examples)

1 Patient Details **2 Service Details** 3 Provider Details 4 Request Summary 5 Clinical Details 6 Case Overview

Diagnosis Services

\* Required Fields [More Information](#)

Request Type: Outpatient  
Case Type: Psychiatric  
Service Date: 06/13/2018 - 06/15/2018

Place of Service \*: On Campus Outpatient Hospital  
Type of Service \*: Intensive Outpatient  
Level of Service \*: Elective

Source of Admission \*: Direct Admit

Diagnosis Code(s) *	Description	Primary
F32.1 - ICD10	Major depressive disorder, single episode, moderate	<input type="radio"/>

Next

1

Complete diagnosis fields.

2

Complete services fields.

Diagnosis **Services**

\* Required Fields [More Information](#)

Place of Service: On Campus Outpatient Hospital  
Type of Service: Intensive Outpatient

Service From \*: 06/13/2018  
Service To \*: 06/15/2018  
Quantity \*:  Visit(s)

Add Service +

Previous Next



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# Service details (outpatient examples)

The screenshot displays a web-based interface for managing patient services. At the top, there are navigation tabs: Patient Details (1), Service Details (2), Provider Details (3), Request Summary (4), Clinical Details (5), and Case Overview (6). The 'Service Details' tab is active. Below the tabs, there are sections for 'Diagnosis' and 'Services'. The 'Services' section is circled in red. Below this, there is a table with columns: Place of Service, Type of Service, Procedure Code(s), and Description. The table shows one service: 'Office' (Place of Service), 'Professional' (Type of Service), '90867 CPT' (Procedure Code(s)), and 'Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management' (Description). Below the table, there is a form with columns: Service From, Service To, Quantity, Per Every, Duration, and Total. The 'Service From' field is set to '01/19/2017', 'Service To' is '01/25/2017', 'Quantity' is '1', and 'Per Every' is 'Visit(s)'. This entire form area is circled in red. At the bottom right of the form, there is an 'Add Service +' button, also circled in red. At the bottom of the page, there are 'Previous' and 'Next' buttons.

Place of Service	Type of Service	Procedure Code(s)	Description
Office	Professional	90867 CPT	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management

Service From *	Service To *	Quantity *	Per Every	Duration	Total
01/19/2017	01/25/2017	1	Visit(s)		1 Visit(s)

Select plus sign again to enter that procedure to case before selecting the **Next** button.

# Service details: diagnosis (inpatient)

1 Patient Details 2 **Service Details** 3 Provider Details 4 Request Summary 5 Clinical Details Case Overview

Diagnosis Length of Stay

\* Required Fields [More Information](#)

Request Type: Inpatient  
Case Type: Psychiatric  
Date: 07/02/2018

Place of Service \*: Inpatient Hospital  
Type of Service \*: Psychiatric  
Level of Service \*: Urgent

Source of Admission \*: ER Admit

Diagnosis Code(s) *	Description	Primary
<input type="text"/>		<input type="checkbox"/>

**+** Next

If level of service is urgent:

1. Select **Level of Service**.
2. Select **Source of Admission**.
3. Type diagnosis code(s).
4. Select **+**.

Urgent level of service is only an option for a future admission. If the date of admission is the current date (or in the past), options are elective and emergency.

# Service details: length of stay (inpatient)

Length of stay:

1. Type number of days.
2. Select level of care.
3. Select **+**.

1 Patient Details 2 Service Details 3 Provider Details 4 Request Summary 5 Clinical Details

Diagnosis Length of Stay

\* Required Fields [More Information](#)

From	Through	Days *	Level Of Care *
06/29/2018		<input type="text" value="2"/>	<input type="text" value="Acute"/>

Previous **Next**

# Provider details

1 Patient Details   2 Service Details   **3 Provider Details**   4 Request Summary   5 Clinical Details   Case Overview

\* Required Fields   [More Information](#)

Add from Favorites or Search for Provider

Add Requesting Provider    Add Servicing Provider    Same as Requesting Provider





Complete required fields for all sections.  
Search all or select from favorites.

Next







# Ordering provider

The *Ordering Provider Information* section appears for some specific outpatient requests. Examples include: *Place of Service — Home* or *Type of Service — Diagnostic Lab, Dialysis, Durable Medical Equipment, Home Health Care, Physical Therapy, Radiation Therapy*.

1 Patient Details	2 Service Details	3 Provider Details	4 Request Summary	5 Clinical Details	○ Case Overview
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\* Required Fields [More Information](#)    

Add from Favorites or Search for Provider

Add Requesting Provider	<input type="checkbox"/> Same as Requesting Provider	 
Add Servicing Provider	<input type="checkbox"/> Same as Requesting Provider	 
Add Ordering Physician	<input type="checkbox"/> Same as Servicing Provider <input type="checkbox"/> Same as Requesting Provider	 

Next

# Provider details

**Search**

Practitioner

**\* Complete all required fields.**

**Select the appropriate provider type.**

Last Name \*  First Name \*  City  State \*  Zip Code

full city name has to be exact match 5 digits only

or search by NPI

NPI

**Select Search.**

Page 1 of 1 | View Results 25 | Displaying 1 to 20 of 20 Requests Found

Name	NPI	Specialty	Address	Telephone	
Doe, Delores	1234567890	Cardiovascular Disease	123 Main ST, GREENFIELD, OH, United States, 12345	(555) 555-5555	<input checked="" type="checkbox"/> <input type="checkbox"/>
Doe, Delores	1234567890	Cardiovascular Disease	456 Sunset Ave, Niceville, OH, United States, 12345	(999) 999-9999	<input checked="" type="checkbox"/> <input type="checkbox"/>

**If you are unable to locate your provider, please [click here](#) to manually enter your information**

# Favorites

ICR allows providers to save up to 25 favorites for:

- Requesting providers.
- Servicing providers.
- Facility durable medical equipment providers.
- Refer to providers.

Select Favorite Close X

Name	NPI	Medicare ID	Specialty	Address		
Doe, Delores	1234567890		Cardiovascular Disease	123 Main ST, GREENFIELD, OH, United States, 12345	X	+
Doe, Delores	1234567890		Cardiovascular Disease	456 Sunset Ave, Niceville, OH, United States, 12345	X	+



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# Provider details: contact information

1 Patient Details   2 Service Details   **3 Provider Details**   4 Request Summary   5 Clinical Details   Case Overview

\* Required Fields   1 More Information

Add from Favorites or Search for Provider

Requesting Provider

Provider Type	Last Name	First Name	Speciality
Practitioner	Doe	Delores	Cardiovascular Disease

NPI  
1234567890

Address 1	Address 2	City	State	Zipcode
123 Main St		Greenfield	OH	45215 1448

Country  
United States

Contact Last Name *	Contact First Name *	Contact Telephone *	Ext	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="(NNN) NNN-NNNN"/>

By inputting a fax number above, you agree to accept Personal Health Information (PHI), including decision letters (if applicable), at this fax number. Please insure fax machine is secure to receive PHI.

Email Address Please add your e-mail address if you want to receive e-mail notification.

Please note, the email notification will only reference the case tracking number, and not the specific member about.

Add Servicing Provider    Same as Requesting Provider

# Request summary

The *Request Summary* page is where users will be able to verify whether the services require prior authorization. If the services do not require precertification, users can note the tracking ID and close out the request. If users need to search for it later, they can locate the request by the tracking ID or patient information.

1	2	3	4	5	○
Patient Details	Service Details	Provider Details	Request Summary	Clinical Details	Case Overview

Review required for this request ←

Refresh History Print

### Length of Stay Requested

From	Through	Days	Level of Care
06/29/2018	07/01/2018	3	Acute

### Services

Place of Service	Type of Service
Inpatient Hospital	Psychiatric

NEXT

# Clinical details: provider form

1 Patient Details   2 Service Details   3 Provider Details   4 Request Summary   **5 Clinical Details**   6 Case Overview

Required Fields \*   Information Tool Tip i

Reminder: Do not enter/upload session notes for Behavioral Health Treatment Facility Based Clinical Assessment Template

Member Telephone Number (NNN) NNN-NNNN   Member Alternate/Cell Phone Number (NNN) NNN-NNNN

Treating/Attending Provider Slavin, Douglas R   Treating/Attending Provider Address 1100 GREEN ST SW, CONYERS, GA, 30012   Treating/Attending Provider Phone Number (404) 834-1513

Caller SUTTER MEDICAL CENTER SACRAMENTO

Continued Stay Reviewer \*   Reviewer Phone Number \* (NNN) NNN-NNNN   Reviewer Fax Number \* (NNN) NNN-NNNN

DSM-5 Diagnosis/Subtype/Specifier \*

Templates allow users to enter clinical detail previously provided via phone.

Reminder: Do not enter/upload session notes for Behavioral Health Treatment Facility Based Clinical Assessment Template

Clinical information is mandatory for **all** authorization requests.

Complete all required fields \* on the template.



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# Clinical details: provider form (cont.)

The screenshot shows a multi-step form with tabs for Patient Details, Service Details, Provider Details, Request Summary, Clinical Details (active), and Case Overview. A blue banner at the top of the Clinical Details section reads: "Please enter either Clinical Notes and/or upload attachments/images/photos in order to submit the request".

Below the banner, there are icons for Required Fields, Information Tool Tip, and utility icons (list, refresh, zoom, print). The "Attachments, Images and Photos" section includes a "Choose File" button (highlighted with a red box), a "Description" text field, and an "Upload" button (with a red arrow pointing to it). A note below this section states: "Please attach only documentation that contains the minimum necessary personal health information (PHI) to support the review for this request. Please verify you are attaching image(s) for the correct patient before clicking upload." Below this is a "Clinical Notes" section with a large text area and an "Add Note" button (with a red arrow pointing to it). A note below the text area says: "Please verify you have added clinical information for the correct patient before clicking on 'Add Note'". At the bottom right, there is a "Next" button.

**Annotations:**

- A red box highlights the "Choose File" button.
- A red arrow points from the "Upload" button to the "Add Note" button.
- A red arrow points down from the "Add Note" button.

**Text Boxes:**

- Option to upload attachments, images and photos to support notes.
- Select **Add Note** after manually typing information in the field.
- Complete the *Clinical Notes* section if the form is not available or if you choose to skip the form.



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# Case overview

View all details of the request entered before submitting.

1	2	3	4	5	6	
Patient Details	Service Details	Provider Details	Request Summary	Clinical Details	Case Overview	
<b>Expand All</b> <span>⊘</span> <span>Hx</span> <span>🖨</span>						
▶ Patient Details						
▶ Service Details						
▶ Provider Details						
▶ Clinical Details						
						<b>Submit</b>

# Case overview (cont.)

To modify information, select the title of the page to go back and edit fields. Select **Submit** to do the final submission of the request.

1 Patient Details 2 Service Details 3 Provider Details 4 Request Summary 5 Clinical Details 6 Case Overview

Expand All

▶ Patient Details  
▼ Service Details

Request Type: Inpatient  
Case Type: Psychiatric  
Service Date: 08/29/2018 - 07/01/2018

Place of Service: Inpatient Hospital  
Type of Service: Psychiatric  
Level of Service: Urgent

Source of Admission: Observation to Inpatient

Diagnosis

Dx Code(s)	Description	Primary

Length of Stay

From	Through	Days	Level of Care	Decision
08/29/2018	07/01/2018	3	Acute	Initial Request

Select **Expand All** to review all sections.

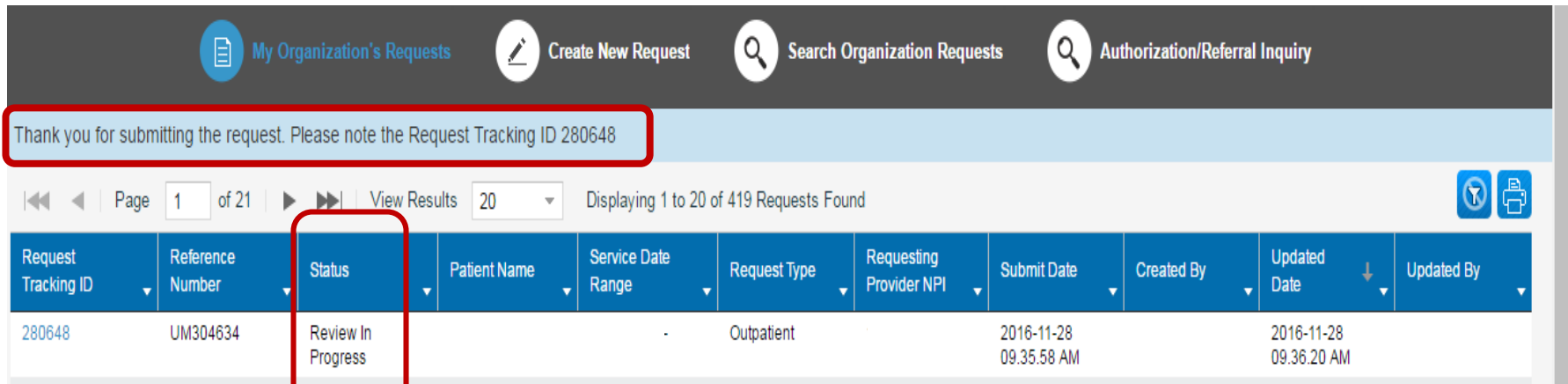
Select the arrow to expand one section.



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# Submitted request in ICR

Once a request has been submitted, the dashboard will appear, and the new request will be viewable at the top with a *Review In Progress* status. Confirmation that it was submitted, and the tracking ID will be viewable in the blue bar.



The screenshot displays the ICR dashboard interface. At the top, there are navigation links: "My Organization's Requests", "Create New Request", "Search Organization Requests", and "Authorization/Referral Inquiry". Below these is a blue confirmation bar with the text: "Thank you for submitting the request. Please note the Request Tracking ID 280648".

Below the confirmation bar is a table of requests. The table has the following columns: Request Tracking ID, Reference Number, Status, Patient Name, Service Date Range, Request Type, Requesting Provider NPI, Submit Date, Created By, Updated Date, and Updated By. The first row of data shows a request with Tracking ID 280648, Reference Number UM304634, and Status "Review In Progress".

Request Tracking ID	Reference Number	Status	Patient Name	Service Date Range	Request Type	Requesting Provider NPI	Submit Date	Created By	Updated Date	Updated By
280648	UM304634	Review In Progress			Outpatient		2016-11-28 09:35:58 AM		2016-11-28 09:36:20 AM	

# Viewing a decision — inpatient or outpatient

Submitted requests will have a *Review in Progress* status. If a user has entered an email address on the *Provider Details* page, they will receive emails when there is activity on a case. Look for cases that are last updated by system and where status is no longer *Review In Progress*. Those cases with updates or a decision can be viewed by selecting **Request Tracking ID**.

Request Tracking ID	Reference Number	Status	Patient Name	Service Date Range	Request Type	Requesting Provider NPI	Submit Date	Created By	Updated Date	Updated By
280772	UM304398	Approved	Mouse, Mick	11/14/2016 - 11/14/2016	Outpatient	1982718490	2016-11-14 03:31:46 PM	Jackson, Jill	2016-11-14 03:31:51 PM	Jackson, Jill
280771	UM304397	Approved	Sick, Patience	11/14/2016 - 11/14/2016	Outpatient	1225158454	2016-11-14 03:19:04 PM	Nurse, Jane	2016-11-14 03:19:09 PM	System
280765	UM304391	Review In Progress	Doe, John	11/11/2016 - 11/11/2016	Outpatient	1922098342	2016-11-11 06:13:24 PM	Jackson, Jill	2016-11-11 06:13:29 PM	Jackson, Jill
280764	UM304390	Partial Decision	Duck, Donald	11/11/2016 - 11/11/2016	Outpatient	1871558510	2016-11-11 06:02:15 PM	Smith, Sally	2016-11-11 06:02:21 PM	Smith, Sally
280468		Not Submitted	Test, Mary	10/19/2016 - 10/21/2016	Inpatient	1487776985		Nurse, Jane	2016-11-11 05:48:21 PM	Nurse, Jane
280680		Not Submitted	Frozen, Elsa	11/29/2016 - 11/30/2016	Inpatient			Smith, Sally	2016-11-11 05:46:14 PM	Smith, Sally



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# Viewing a decision/request for additional information

To view status details, select the tracking number from the dashboard and then select **Expand All** to allow the case information to be viewable. View decision letters associated with your requests.

This Authorization request has been approved, as certification requirements have been met. No further action is required unless the services performed are different than those requested. You will be receiving an authorization letter.

Case has been updated, please expand Service Details section to view details.

1 Patient Details   2 Service Details   3 Provider Details   4 Request Summary   5 Clinical Details   Case Overview

Reference Number: UM304372   Subscriber ID   Status: Approved   Created By   Request Tracking ID: 280724

Case Overview   Transaction History

Expand All   Cancel Case   Update Clinical   Update Case

- Letters Summary
- Patient Details
- Service Details
- Provider Details
- Clinical Details

REMOVE FROM DASHBOARD

# Provider letters

Provider letters associated with the request are viewable by expanding the **Letters Summary** section.

This Authorization request has been approved, as certification requirements have been met. No further action is required unless the services performed are different than those requested. You will be receiving an authorization letter.

Case has been updated, please expand Service Details section to view details.

1	2	3	4	5		
Patient Details	Service Details	Provider Details	Request Summary	Clinical Details	Case Overview	

Patient Name	Reference Number UM304372	Subscriber ID YRP824M5529	Status Approved	Created By	Request Tracking ID 280724
--------------	------------------------------	------------------------------	--------------------	------------	-------------------------------

**Case Overview** Transaction History

Expand All Cancel Case Update Clinical Update Case

▼ **Letters Summary**

Letter - #UM304372- Requesting Provider - 11/10/2016

- ▶ Patient Details
- ▶ Service Details
- ▶ Provider Details
- ▶ Clinical Details

[REMOVE FROM DASHBOARD](#)

# Viewing a decision

Look at the *Procedure Code* section to view the decision, to see if additional information is needed or to see if the case is pending for other reasons.

The screenshot displays a 'Case Overview' interface. At the top, there is a 'Transaction History' button. Below it, there are three action buttons: 'Cancel Case' (red), 'Update Clinical' (yellow), and 'Update Case' (yellow). The main content area is divided into sections: 'Letters Summary', 'Patient Details', and 'Service Details'. The 'Service Details' section contains a table with the following data:

Request Type	Case Type	Service Date	Level of Service
Outpatient	Medical	12/01/2016 To 12/31/2016	Elective

Below this table is the 'Diagnosis Code(s)' section, which includes a table with the following data:


Diagnosis Codes	Description	Primary
M54.5 - ICD10	Low back pain	<input checked="" type="radio"/>

The 'Services' section contains a table with the following data:

Type of Service	Procedure Code	Service Description	Decision
Durable Medical Equipment Rental	E0748 - HCPCS	Osteogenesis stimulator, electrical, noninvasive, spinal applications	Request approved

# Discharge notes

You will have an option available to select **Update Discharge Info** if it applies to the case — This is also available for cases submitted by phone/fax.



The screenshot displays a 'Case Overview' interface. At the top left, there is a menu icon and the text 'Case Overview'. At the top right, there is a 'Transaction History' button. Below the header, there is an 'Expand All' button with an upward arrow. In the center, there are three buttons: 'Cancel Case' (with a red prohibition icon), 'Update Discharge Info' (with a pencil icon and highlighted by a red box), and 'Update Case' (with a yellow checkmark icon). Below these buttons are four expandable sections: 'Patient Details', 'Service Details', 'Provider Details', and 'Clinical Details', each with a right-pointing arrow. At the bottom right, there is a blue button labeled 'REMOVE FROM DASHBOARD'.



## Inquiry features on the ICR



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# User access to the ICR — inquiry

To inquire on any authorization submitted by phone, fax, ICR or other online tool, choose **Auth/Referral Inquiry** under the *Authorizations & Referrals* link. Then choose the payer and organization.

The image shows a two-step process for accessing the inquiry tool. Step 1, indicated by a '1' in a grey octagon, shows the 'Authorizations & Referrals' dashboard. The 'Auth/Referral Inquiry' link is highlighted with a green box. Step 2, indicated by a '2' in a grey octagon, shows the 'Authorization/Referral Inquiry' form. The 'Payer' and 'Organization' dropdown menus are highlighted with a green box. The form includes a 'Submit' button and a 'Clear' button. A disclaimer at the bottom of the form states: 'You are about to be re-directed to a third party site away from Avallity's secure site, which may require a separate log-in. Avallity provides the link to this site for your convenience and reference only. Avallity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Avallity.'

# Search using Check Case Status

Ordering and servicing physicians and facilities can make an inquiry to view the details for the services using the **Check Case Status** option.

My Organization's Requests Create New Request Search Submitted Requests **Check Case Status**

Choose one of the search options below. Use the criteria in the selected option to narrow your search. Then click on the corresponding Search button. All search options on this page allow you to inquire on and view Authorizations and Referrals submitted via phone, fax or portal.

**Search By Member** Search By Reference/Authorization Request Number Search By Date Range

*Required Fields \**  
Search up to 12 months in the future or past. Date range searches are limited to a 30 day span per inquiry.

Subscriber ID \* Patient Birth Date \* Patient First Name  
MM/DD/YYYY

Authorization Type Service Start Date \* Service End Date \* Provider Tax ID \*  
All MM/DD/YYYY MM/DD/YYYY

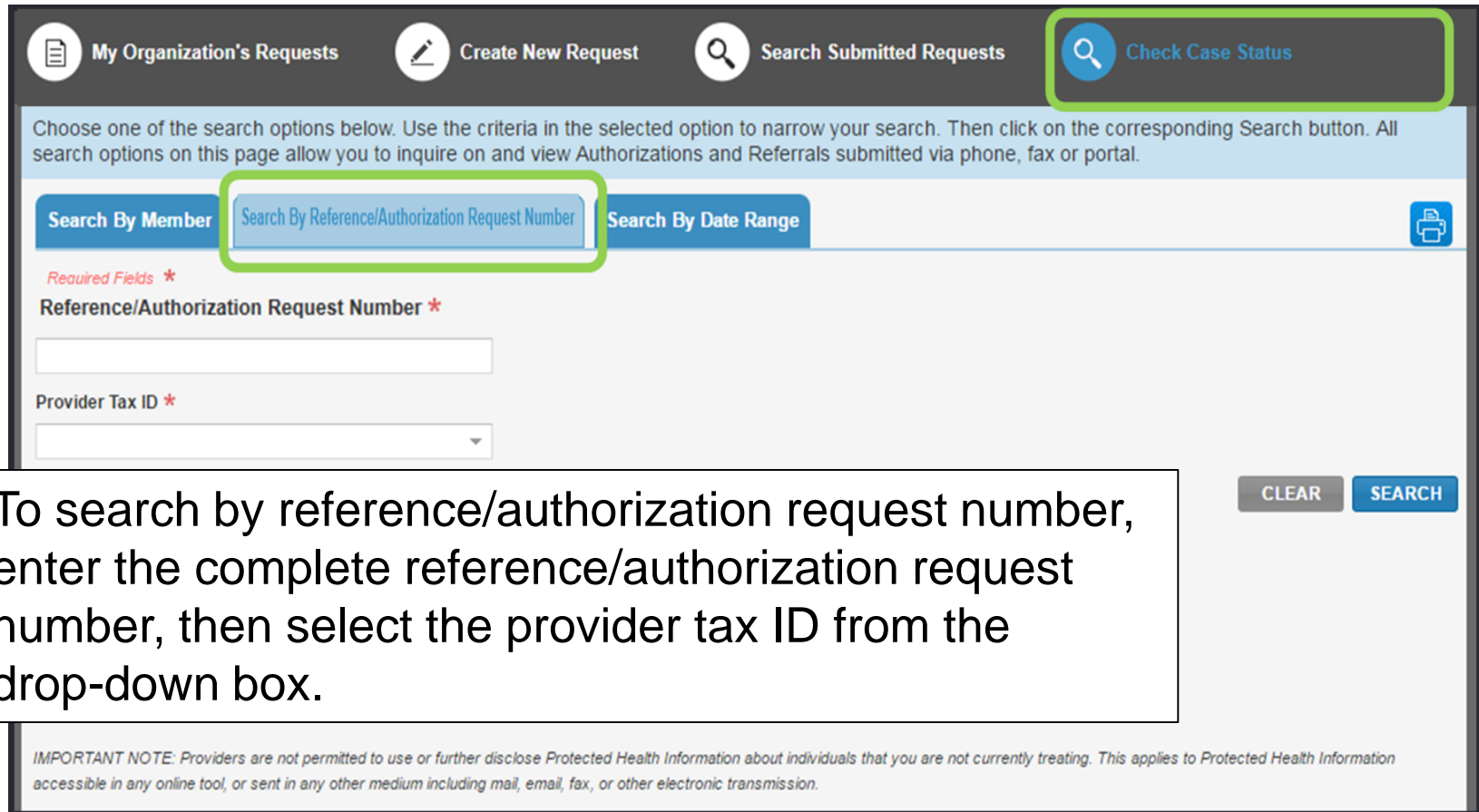
Identifier Type \*  
Select One  
*If no results are returned using Member ID, try selecting NPI*

CLEAR SEARCH

IMPORTANT NOTE: Providers are not permitted to use or further disclose Protected Health Information about individuals that you are not currently treating. This applies to Protected Health Information accessible in any online tool, or sent in any other medium including mail, email, fax, or other electronic transmission.

The first search option is *Search By Member*. Enter data in required fields.

# Search by reference/authorization request number



The screenshot shows a web interface with a navigation bar at the top containing four icons: a document for 'My Organization's Requests', a pencil for 'Create New Request', a magnifying glass for 'Search Submitted Requests', and a magnifying glass with a checkmark for 'Check Case Status'. Below the navigation bar is a light blue instruction box: 'Choose one of the search options below. Use the criteria in the selected option to narrow your search. Then click on the corresponding Search button. All search options on this page allow you to inquire on and view Authorizations and Referrals submitted via phone, fax or portal.' Below this are three search options: 'Search By Member', 'Search By Reference/Authorization Request Number' (highlighted with a green box), and 'Search By Date Range'. A printer icon is on the right. Below the options are two required fields: 'Reference/Authorization Request Number \*' with a text input box, and 'Provider Tax ID \*' with a dropdown menu. At the bottom right are 'CLEAR' and 'SEARCH' buttons. At the bottom left is an 'IMPORTANT NOTE' in small text.

My Organization's Requests   Create New Request   Search Submitted Requests   Check Case Status

Choose one of the search options below. Use the criteria in the selected option to narrow your search. Then click on the corresponding Search button. All search options on this page allow you to inquire on and view Authorizations and Referrals submitted via phone, fax or portal.

Search By Member   Search By Reference/Authorization Request Number   Search By Date Range

Required Fields \*

Reference/Authorization Request Number \*

Provider Tax ID \*

CLEAR   SEARCH

IMPORTANT NOTE: Providers are not permitted to use or further disclose Protected Health Information about individuals that you are not currently treating. This applies to Protected Health Information accessible in any online tool, or sent in any other medium including mail, email, fax, or other electronic transmission.

To search by reference/authorization request number, enter the complete reference/authorization request number, then select the provider tax ID from the drop-down box.



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# Search by date range

My Organization's Requests   Create New Request   Search Submitted Requests   **Check Case Status**

Choose one of the search options below. Use the criteria in the selected option to narrow your search. Then click on the corresponding Search button. All search options on this page allow you to inquire on and view Authorizations and Referrals submitted via phone, fax or portal.

**Search By Member**   **Search By Reference/Referral Number**   **Search By Date Range**

*Required Fields \**

Search up to 12 months in the future or past. Date range searches are limited to a 30 day span per inquiry.

**Service Start Date \***   **Service End Date \***   **Authorization Type**   **Provider Tax ID \***

MM/DD/YYYY   MM/DD/YYYY   All  

**Identifier Type \***

Select One

*If no results are returned using Medicare id, please try selecting*

**CLEAR**   **SEARCH**

IMPORTANT NOTE: Providers are not permitted to use or further disclose Protected Health Information about individuals that you are not currently treating. This applies to Protected Health Information accessible in any online tool, or sent in any other medium including mail, email, fax, or other electronic transmission.

To search by date range, enter a 30-day or less date span, then choose the provider tax ID from the drop-down box and identifier type.



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# Search organization requests

Users will have the option to select **Only display cases submitted by organization** or **Display all cases associated with my organization** and complete one or more of the fields.

My Organization's Requests   Create New Request   **Search Submitted Requests**   Check Case Status

Search results will be limited to requests associated or submitted for your organization on Interactive Care Reviewer. For all other requests such as phone or fax, please use the Authorization/Referral Inquiry tab. Only requests submitted on Interactive Care Reviewer by your organization can be updated using this tool. For all other updates, please follow your normal process.

Only display cases submitted by organization    Display all cases associated with my organization

Request Tracking ID   Reference No   Subscriber ID

Patient Last Name   Patient First Name   Patient Birth Date  
MM/DD/YYYY

Request Type   Service Date From   Service Date To   Requesting or Servicing Provider / Facility NPI  
All   MM/DD/YYYY   MM/DD/YYYY

CLEAR   SEARCH

What functions are available from the *Search Submitted Requests* tab?

- Locate a request that has a status of *Review Not Required*.
- Locate a request that is not submitted.
- Locate a request that has been archived.
- Update a request.



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# Search results

My Organization's Requests Create New Request Search Submitted Requests Check Case Status

Search results will be limited to requests associated or submitted for your organization on Interactive Care Reviewer. For all other requests such as phone or fax, please use the Authorization/Referral Inquiry tab. Only requests submitted on Interactive Care Reviewer by your organization can be updated using this tool. For all other updates, please follow your normal process.

Only display cases submitted by organization  Display all cases associated with my organization

Request Tracking ID  Reference No  Subscriber ID

Patient Last Name  Patient First Name  Patient Birth Date

Request Type  Service Date From  Service Date To  Requesting or Servicing Provider / Facility NPI

Page 1 of 1 View Results 20 Displaying 1 to 1 of 1 Requests Found

Request Tracking ID	Reference No	Patient Name	Service Date Range	Request Submission Date	Requesting Provider NPI	Status
280667			11/08/2016 - 11/08/2016			Not Submitted



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# Behavioral health authorization submission capabilities

- Submit authorization requests for behavioral health services including acute inpatient stays, residential and rehabilitation stays, intensive outpatient and partial hospital programs, electroconvulsive therapy, transcranial magnetic stimulation, applied behavioral analysis therapy, and psychiatric testing.
- Templates allow providers to enter clinical details previously provided via phone.
- Update cases or request an extension within the ICR tool.



## Adding clinical information to a behavioral health inpatient continued stay request

Applicable to behavioral health inpatient requests for Medicare and Medicaid



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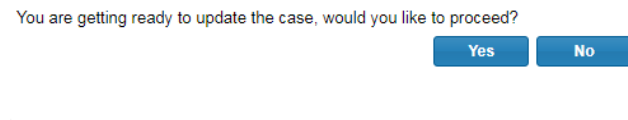
# Qualifications for adding clinical to an ICR request

- The ICR request must be:
  - A psychiatric or substance abuse inpatient case.
  - In an approved or pending status.
  - An ICR-created request (in other words, not phone or fax).
- When clinical is able to be added to a request in ICR, this button will appear in the top right of the ICR screen if the request is opened from the dashboard or via *search submitted requests*.



# How to add clinical to the request

- After selecting the **Update Clinical** button, the user will be displayed this message:



A confirmation dialog box with a white background and a thin grey border. The text inside reads "You are getting ready to update the case, would you like to proceed?". Below the text are two blue buttons with white text: "Yes" on the left and "No" on the right.

- User should select **Yes**, and then they will be directed to the *Clinical Details Page*.
  - User can attach a file(s) or add clinical notes into the **Clinical Notes** text box.
  - User must provide their phone number and extension (if applicable).
  - Select **Next** at the bottom of the screen when clinical has been added/attached.

# Screen shot of Clinical Details page

## Attachments, Images and Photos

Please attach only documentation that contains the minimum necessary personal health information (PHI) to support the review for this request. Please verify you are attaching image(s) for the correct patient before clicking upload.

**Choose File** No file chosen

Max file size: 10MB. Allowed file types: jpeg/jpg, bmp, tiff, pdf, gif, doc, docx, xls, xlsx, txt

Description

Upload

## Clinical Notes

In order to submit a request, clinical information must be entered. Only pertinent clinical information for the request should be included in the clinical note.

Please verify you have added clinical information for the correct patient before clicking on 'Add Note'.

Add Note

## Updated By

User Name  
dsf, sdf

Contact Telephone \*  
(555) 555-5555

Ext  
123



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# How to add clinical to the request

- After selecting **Next**, the user is presented with the *Case Overview Page*.
  - Scroll to the bottom of the *Case Overview Page* and select the **Submit Update** button.
- The user will then be directed back to the dashboard. The additional clinical will be sent to Utilization Management for evaluation.

A blue rectangular button with the text "Submit Update" in white.

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## ICR enhancements for BH



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# ICR enhancements for BH

## UM Algorithm Initial Psych Review:

- Fill out the seven questions.
- Select the **parent** checkbox on the left of the screen before filling out the remaining questions.
- Agree to the *Disclaimer*.

The screenshot shows the 'Interactive Care Reviewer' interface. At the top, there is a navigation bar with 'Welcome, sdf dsf', 'Logout', 'Contact Us', and 'Quick Links'. Below this is a search bar with 'My Organization's Requests' and buttons for 'Create New Request', 'Search Submitted Requests', 'Check Case Status', and 'Check Appeal Status'. The main content area has a header with columns: 'Patient Name', 'Subscriber ID', 'Status Not Submitted', 'Created by', and 'Request Tracking ID'. Below the header is a tabbed interface with tabs: '1 Patient Details', '2 Service Details', '3 Provider Details', '4 Request Summary', '5 Clinical Details', and 'Case Overview'. The 'Clinical Details' tab is active. Below the tabs, there is a 'Required Fields' section with an 'Information Tool Tip' icon. A reminder states: 'Reminder: Do not enter/upload session notes for Behavioral Health Treatment'. The 'BH Initial Review' section contains three risk rating questions, each with a 'parent' checkbox on the left and a list of options: 'Risk of Harm To Self Risk Rating(Check all that apply)', 'Risk of Harm To Others Risk Rating(Check all that apply)', and 'Psychosis Risk Rating: (0=None; 1= Mild or Mildly Incapacitating; 2= Moderate or Moderately Incapacitating; 3= Severe or Severely Incapacitating; N/A=Not Assessed)'. Each question has checkboxes for 'Not present', 'Ideation', 'Plan', 'Means', and 'Prior Attempt'. The 'Psychosis Risk Rating' question has checkboxes for '0' and '1'.

# ICR enhancements for BH (cont.)

**BH Initial Review**

Risk of Harm To Self Risk Rating(Check all that apply)

Not present

Ideation

Plan

Means

Prior Attempt

Risk of Harm To Others Risk Rating(Check all that apply)

Not present

Ideation

Plan

Means

Prior Attempt

Psychosis Risk Rating: (0=None; 1= Mild or Mildly Incapacitating; 2= Moderate or Moderately Incapacitating; 3= Severe or Severely Incapacitating; N/A=Not Assessed)

0

1

2

3

N/A

Substance Use (Risk Rating: (0=None; 1= Mild or Mildly Incapacitating; 2= Moderate or Moderately Incapacitating; 3= Severe or Severely Incapacitating; N/A=Not Assessed)

0

1

2

3

N/A

**Disclaimer**

I confirm that the information entered on this form is accurate and complete based on the records available at the time of this request. I understand the health plan or its designees may request medical documentation to verify the accuracy of the information reported on this form.

By submitting this request you are confirming that the information you have provided on this form is accurate and complete based on your clinical assessment of the patient and the records available to you as of the date of this request



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# ICR enhancements for BH (cont.)

Interactive Care Reviewer Welcome, sdf dsf Logout Contact Us Quick Links

My Organization's Requests Create New Request Search Submitted Requests Check Case Status Check Appeal Status

Patient Name	Subscriber ID	Status	Created by	Request Tracking ID
		Not Submitted		

1 Patient Details 2 Service Details 3 Provider Details 4 Request Summary 5 Clinical Details Case Overview

Required Fields \* Information Tool Tip

Reminder: Do not enter/upload session notes for Behavioral Health Treatment

### BH Initial Review

Risk of Harm To Self Risk Rating(Check all that apply)

- Not present
- Ideation
- Plan
- Means
- Prior Attempt

Risk of Harm To Others Risk Rating(Check all that apply)

- Not present
- Ideation
- Plan
- Means
- Prior Attempt



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# ICR enhancements for BH (cont.)

Psychosis Risk Rating: (0=None; 1= Mild or Mildly Incapacitating; 2= Moderate or Moderately Incapacitating; 3= Severe or Severely Incapacitating; N/A=Not Assessed)

0  
 1  
 2  
 3  
 N/A

Substance Use (Risk Rating: (0=None; 1= Mild or Mildly Incapacitating; 2= Moderate or Moderately Incapacitating; 3= Severe or Severely Incapacitating; N/A=Not Assessed)

0  
 1  
 2  
 3  
 N/A

Substance Use Screening (Check if applicable and give score)

CIWA:

COWS:

For substance use disorders, please complete the following additional information:  
Current assessment of American Society of Addiction Medicine (ASAM) criteria

Dimension 1 (acute intoxication) and/or withdrawal potential) Risk Rating

Minimal/none-not under influence, minimal withdrawal potential  
 Mild-recent use but minimal withdrawal potential  
 Moderate-recent use, needs 24 hour monitoring  
 Significant-potential for or history of severe withdrawal, history of withdrawal seizures  
 Severe-presents with severe withdrawal, current withdrawal seizures



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# ICR enhancements for BH (cont.)

**Dimension 2 (biomedical conditions and complications) Risk Rating**

- Minimal/none-none or insignificant medical problems
- Mild-mild medical problems that do not require special monitoring**
- Moderate-medical condition requires monitoring but not intensive treatment
- Significant-medical condition has a significant impact on treatment and requires 24 hour monitoring
- Severe-medical condition requires intensive 24 hour medical management

**Dimension 3 (emotional, behavioral or cognitive complications) Risk Rating**

- Minimal/none-none or insignificant psychiatric or behavioral symptoms
- Mild-psychiatric or behavioral symptoms have minimal impact on treatment**
- Moderate-Impaired mental status; passive suicidal/homicidal ideations; impaired ability to complete ADL's
- Significant-suicidal/homicidal ideations, behavioral or cognitive problems or psychotic symptoms require 24 hour monitoring
- Severe-active suicidal/homicidal ideations and plans, acute psychosis, severe emotional lability or delusions. Unable to attend to ADL's. psychiatric and/or behavioral symptoms require 24 hour medical management

**Dimension 4 (readiness to change) Risk Rating**

- Maintenance-engaged in treatment
- Action-committed to treatment and modifying behavior and surroundings**
- Preparation-planning to take action and is making adjustments to change behavior. Has not resolved ambivalence
- Contemplative-ambivalent, acknowledges having a problem and beginning to think about it, has indefinite plan to change
- Pre-Contemplative-in treatment due to external pressure, resistant to change

**Dimension 5 (relapse, continued use or continued problem potential) Risk Rating**

- Minimal/none-little likelihood of relapse
- Mild-recognizes triggers, uses coping skills**
- Moderate-aware of potential triggers for MH/SA issues but requires close monitoring
- Significant-not aware of potential triggers for MH/SA issues, continues to use/relapse despite treatment
- Severe-unable to control use without 24 hour monitoring, unable to recognize potential triggers for MH/SA despite consequences



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# ICR enhancements for BH (cont.)

Dimension 6 (recovery living environment) Risk Rating

Minimal/none-supportive environment

Mild-environmental support adequate but inconsistent

Moderate-moderately supportive environment for MH/SA issues

Significant-lack of support in environment or environment supports substance use

Severe-environment does not support recovery or mental health efforts; resides with an emotionally/physically abuse individual OR active user; coping skills and recovery require a 24 hour setting

**Disclaimer**

I confirm that the information entered on this form is accurate and complete based on the records available at the time of this request. I understand the health plan or its designees may request medical documentation to verify the accuracy of the information reported on this form.

By submitting this request you are confirming that the information you have provided on this form is accurate and complete based on your clinical assessment of the patient and the records available to you as of the date of this request

Next



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# ICR enhancements for BH (cont.)

**BH Continued Stay Review**

Risk of Harm To Self Risk Rating(Check all that apply)

Not present

Ideation

Plan

Means

Prior Attempt

Risk of Harm To Others Risk Rating(Check all that apply)

Not present

Ideation

Plan

Means

Prior Attempt

Psychosis Risk Rating: (0=None; 1= Mild or Mildly Incapacitating; 2= Moderate or Moderately Incapacitating; 3= Severe or Severely Incapacitating; N/A=Not Assessed)

0

1

2

3

N/A

Substance Use (Risk Rating: (0=None; 1= Mild or Mildly Incapacitating; 2= Moderate or Moderately Incapacitating; 3= Severe or Severely Incapacitating; N/A=Not Assessed)

0

1

2

3

N/A

**Substance Use Screening (Check if applicable and give score)**

Current treatment plan

Medications

Have medications changed (type, dose/and/or frequency) since admission?

Yes

No

Have any prn medications been administered?

Yes



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# ICR enhancements for BH (cont.)

Attending groups?

Yes

No

N/A

Family or other supports involved in treatment?

Yes

No

N/A

Member is improving in (check all that apply):

Thought Process

Yes

No

Affect

Yes

No

Mood

Yes

No

Performing ADL's

Yes

No

Impulse Control/Behavior

Yes

No

Sleep

Yes

No

**Disclaimer**

I confirm that the information entered on this form is accurate and complete based on the records available at the time of this request. I understand the health plan or its designees may request medical documentation to verify the accuracy of the information reported on this form.

By submitting this request you are confirming that the information you have provided on this form is accurate and complete based on your clinical assessment of the patient and the records available to you as of the date of this request

[Next](#)



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# ICR enhancements for BH (cont.)

Data Tool Questions: These will only be visible in the event the enhancement was unable to approve based on the information submitted.

**Data Tool Questions**

Diagnoses (psychiatric, chemical dependency and medical)

Precipitant to admission. Be specific. Why is the treatment needed now?

fight w spouse

Risk of Harm to Self:

If present, describe:

If prior attempt, date and description:

Risk of Harm to Others:

If present, describe:

If prior attempt, date and description:

Psychosis Risk:

If present, describe:

Psychosis Rating Symptoms

Hallucinations (auditory/visual)

Paranoia

Delusions

Command Hallucinations

Results of Depression Screening?



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# ICR enhancements for BH (cont.)

Substance Use Information

Substance Risk Rating

- Alcohol
- Marijuana
- Cocaine
- PCP
- LSD
- Methamphetamines
- Opioids
- Barbiturates
- Benzodiazepines
- Other

Urine Screening (UDS)

- Yes
- No
- Unknown

Urine Screening if YES

- Positive (If checked, list drugs):
- Negative
- Pending

Blood Alcohol Level (BAL)

- Yes
- No
- Unknown

Blood Alcohol Level (BAL) if YES, enter value



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# ICR enhancements for BH (cont.)

Substance Use:

If present, describe last use, frequency, duration, sober history:

last was before April 15

ASAM Criteria: Describe symptoms

Dimension 1 (acute intoxication) and/or withdrawal potential) (such as vitals, withdrawal symptoms):

Dimension 2 (biomedical conditions and complications)

Dimension 3 (emotional, behavioral or cognitive complications)

Dimension 4 (readiness to change)

Dimension 5 (relapse, continued use or continued problem potential)

Dimension 6 (recovery living environment)

If any ASAM dimensions have moderate or higher risk ratings, how are they being addressed in treatment or discharge planning?

should have all been low enough to meet

Treatment Plan Info

Previous treatment

Include provider name, facility name, medications, specific treatment/levels of care and adherence.

Current treatment plan

Standing medications:

Yes

As needed Medications Administered (not just ordered):



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# ICR enhancements for BH (cont.)

As needed Medications Administered (not just ordered):

Other treatment and/or interventions planned (including when family therapy is planned):

Support system

Include coordination activities with case managers, family, community agencies and so on. If case is open with another agency, name the agency, phone number and case number.

Readmission within last 30 days?

If yes and readmission was to the discharging facility, what part of the discharge plan did not work and why?

Discharge planning

Initial discharge plan

List name and number of discharge planner and include whether the member can return to current residence.

Planned discharge level of care:

Describe any barriers to discharge:

Expected discharge date:

By submitting this request you are confirming that the information you have provided on this form is accurate and complete based on your clinical assessment of the patient and the records available to you as of the date of this request



# ICR enhancements for BH (cont.)

Additional clinical notes if available can now be attached.

The screenshot shows a web form interface with the following elements:

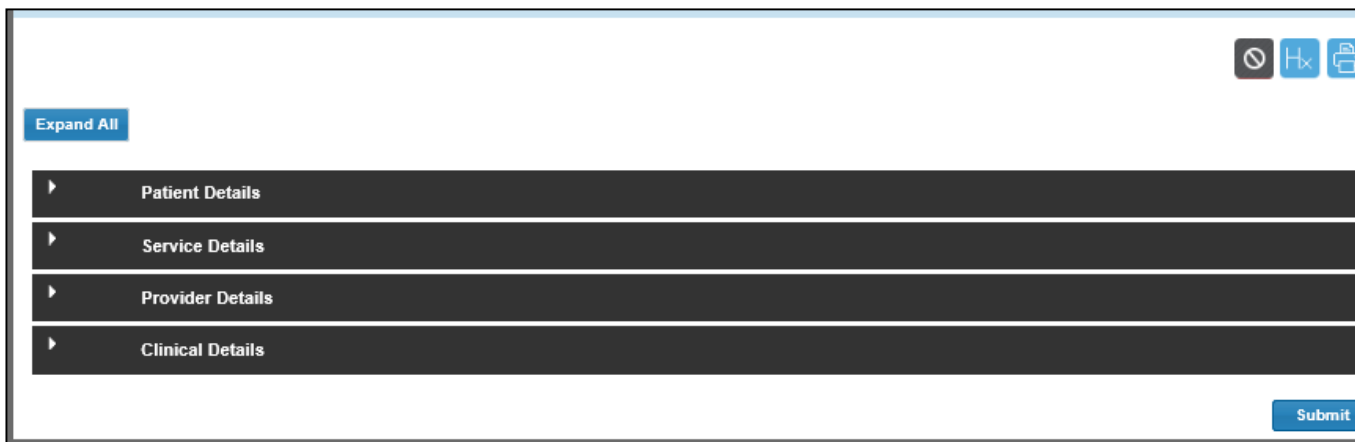
- At the top left, there are links for "Required Fields" (with a red asterisk) and "Information Tool Tip" (with a blue 'i' icon).
- The main heading is "Attachments, Images and Photos".
- Below the heading is a "Reminder" text: "Do not enter/upload session notes for Behavioral Health Treatment".
- To the right of the reminder is a file selection area with a "Choose File" button, the text "No file chosen", and a "Description" input field.
- Below the file selection area is a note: "Max file size: 10MB. Allowed file types: jpeg/jpg, bmp, tiff, pdf, gif, doc, docx, xls, xlsx, txt".
- Below the file selection area is a large text area for "Clinical Notes".
- At the bottom of the form, there is a footer note: "Please verify you have added clinical information for the correct patient before clicking on 'Add Note'".



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# ICR enhancements for BH (cont.)

Once the information has been entered and **Submit** is selected, ICR will return the user to the dashboard.



The screenshot displays a web form interface. In the top right corner, there are three icons: a close button (X), a history button (Hx), and a print button. On the left side, there is a blue button labeled "Expand All". Below this, there are four dark grey horizontal bars, each with a white right-pointing chevron and a label: "Patient Details", "Service Details", "Provider Details", and "Clinical Details". At the bottom right of the form, there is a blue button labeled "Submit".



# ICR additional information

Ask your Availity administrator to grant you the appropriate role assignment, then follow these instructions to access ICR through the [Availity Portal](#):

## **Do you create and submit prior authorization requests?**

Required role assignment: Authorization and Referral Request

## **Do you check the status of the case or results of the authorization request?**

Required role assignment: Authorization and Referral Inquiry

Once you have the authorization role assignment, log onto Availity with your unique user ID and password, and follow these steps:

1. Select **Patient Registration** from Availity's homepage.
2. Select **Authorizations & Referrals**.
3. Select **Authorizations** (for requests) or select **Auth/Referral Inquiry** (for inquiries).

# ICR additional information (cont.)

## Training:

Follow these instructions to access ICR on-demand training through the Availity Custom Learning Center:

- From Availity's homepage, select Payer Spaces > Healthy Blue tile > Applications > Custom Learning Center tile.
- From the *Courses* screen, use the filter catalog and select **Interactive Care Reviewer – Online Authorizations** from the menu. Then, select **Apply**.
- You will find two pages of online courses consisting of on-demand videos and reference documents illustrating navigation and features of ICR. Enroll for the course(s) you want to take immediately or save for later.

# Wrapping up

## Helpful tip:

- If you receive the *system temporarily unavailable* message on a consistent basis, your organization's firewall may be blocking the site. Please contact your IT department and ask them to review internet filters and add <https://providers.healthyblueia.com> as a trusted site to bypass the proxy.
- Clear your cache if there seems to be missing fields or if you continue to have errors.
- Remember — Admit date for inpatient requests cannot be changed once you submit.
- When you make a new member plan, make a new favorites list.
- You can submit your requests from any computer with internet access. We recommend you use Internet Explorer 11, Chrome, Firefox or Safari for optimal viewing.

# Wrapping up (cont.)

Now it's your turn!

- Use ICR to determine whether an authorization is required, submit authorizations for many members covered by our plans and inquire to find details on submitted cases.

As a reminder:

- Access the ICR via the Availity Portal. If your practice does not have access, go to <https://www.availity.com> and select **Register**.
- Already use the Availity Portal? Your Availity administrator can grant you access to **Authorizations and Referral Request** and/or **Authorization and Referral Inquiry**, and you can start using the ICR right away.

# Contacts

For questions about ICR:

- Medicaid: Contact Provider Services at **1-844-521-6942**.
- Medicare: Call the number on the back of your patient's member ID card for Provider Services.

For questions about Availity registration and access, contact Availity Client Services at: **1-800-AVAILITY (1-800-282-4548)**.



Thank you



Healthy Blue



\* Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.

**<https://providers.healthybluelouisiana.com>**

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