

INTERACTIVE CARE REVIEWER

Submit and inquire about behavioral health prior authorizations



Highmark Blue Cross Blue Shield (Highmark BCBS) partners with Wellpoint companies to administer certain services to Medicaid Managed Care (MMC), Health and Recovery Plan (HARP), Child Health Plus (CHPlus), and Essential Plan members. Please note, this information is specific to the MMC, HARP, CHPlus, and Essential Plan programs only.

Course objectives

After completing this course, participants will be able to:

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



Agenda

Agenda for this course:

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



ICR details

ICR brings improved efficiency to the PA process:

- Physicians and facilities can submit PA 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 PA 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 PA process:

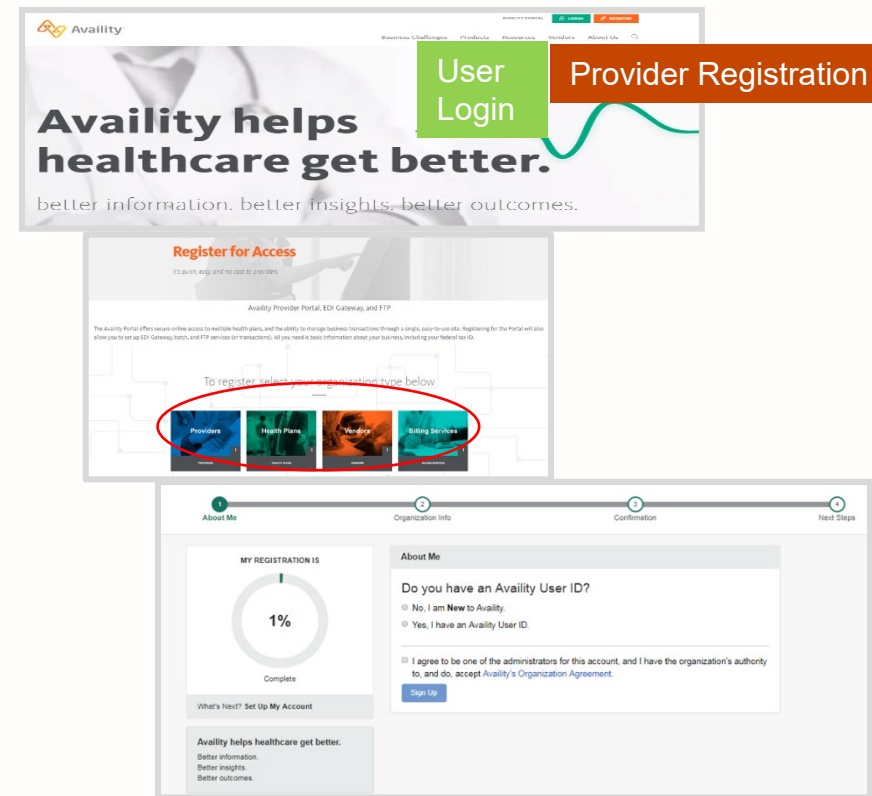
- PAs are in one place and are accessible at any time by any staff member.
- No need to fax — reduced paperwork!
- Users can quickly check PA status online and update requests.
- Proactive communication is conducted via email updates.
- Users can attach and submit clinical notes and supporting images.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



Accessing the ICR

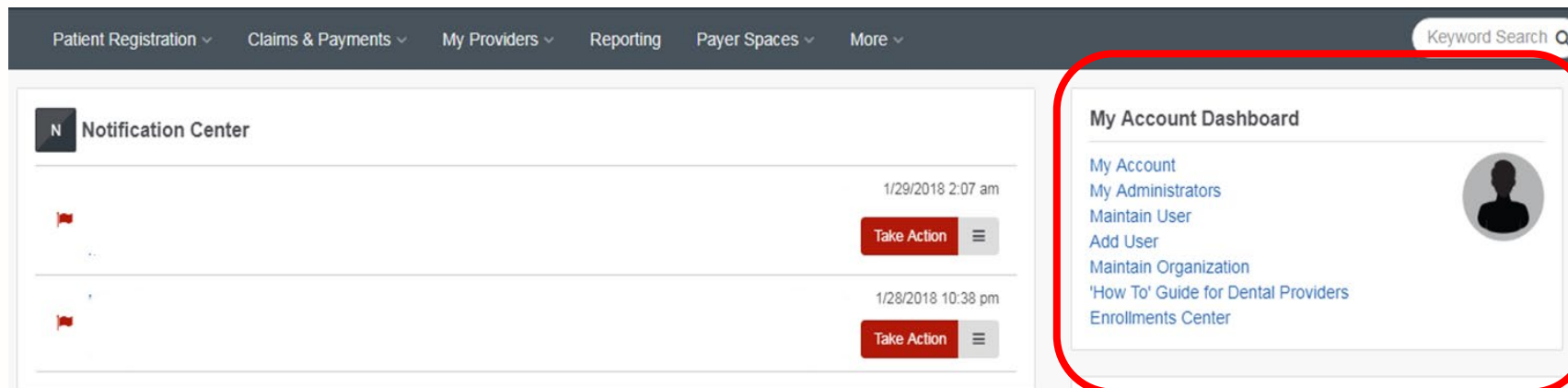
Access the ICR via the [Availity Portal](#).

- 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.



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**.



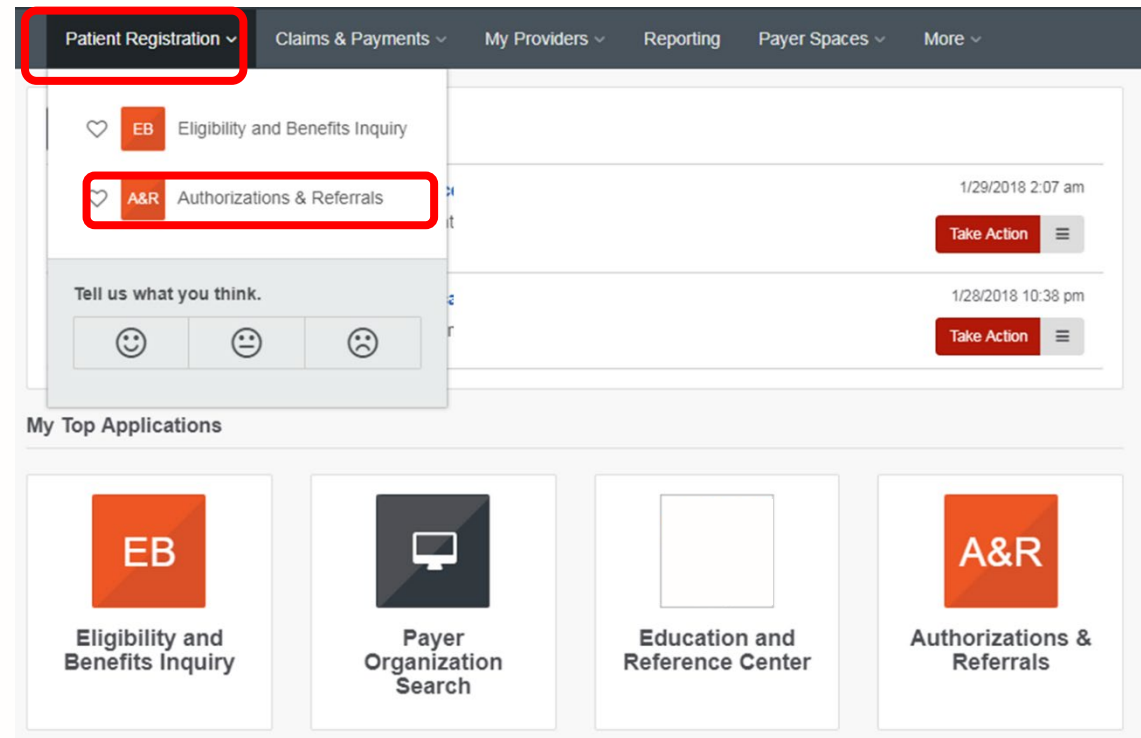
Availity administrator: granting access to the Availity Portal (cont.)

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

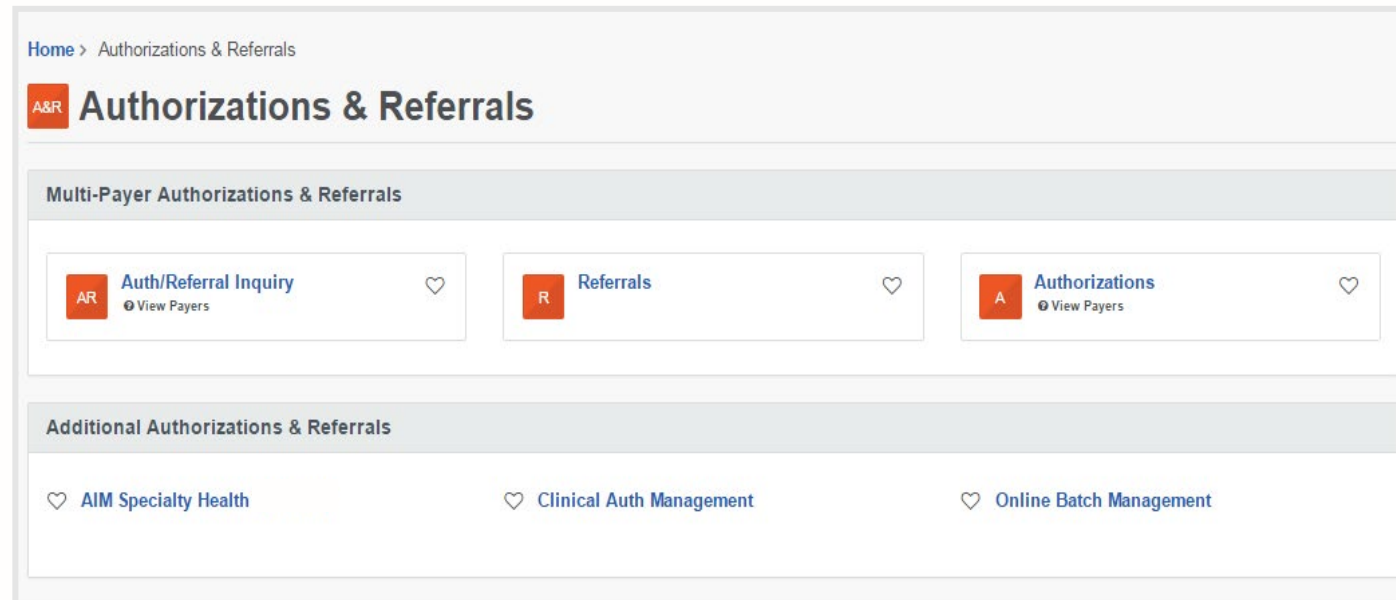
Accessing the ICR

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.)

This is the initial landing page for setting up an authorization. If the user has not registered, they will need to select **I Need Access** to obtain the correct login information.



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](#)

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
<div><div> My Organization's Requests</div><div> Create New Request</div><div> Search Submitted Requests</div><div> Check Case Status</div></div>													
<div>Page 1 of 27 View Results 20 533 Requests found Displaying 1 to 20</div>													
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'. The 'Status' column has a dropdown menu open, showing options like 'Sort Ascending', 'Sort Descending', and 'Filters'. A green arrow points to the 'Filters' option. The table lists several cases with their respective dates and times. To the right of the table, there's a sidebar with a list of request statuses and actions, such as 'Additional Information Needed', 'Approved', 'Bariatric Request Received', etc.

Request Tracking ID	Reference Number	Status	Patient Name
		See Details	
		See Details	
		Cancelled - Request Withdrawn by Provider	Doe, Judy
		See Details	TEST, MARY
		See Details	Doe, Joe
		See Details	Doe, Jacob
		See Details	TEST, BETTY

ICR dashboard tabs



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 Submitted 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*.

ICR dashboard tabs (cont.)



- **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 PA/referral, the case must be associated with the tax ID listed under the organization you selected in the Availity Portal.

CREATING A NEW REQUEST

Creating a new request

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

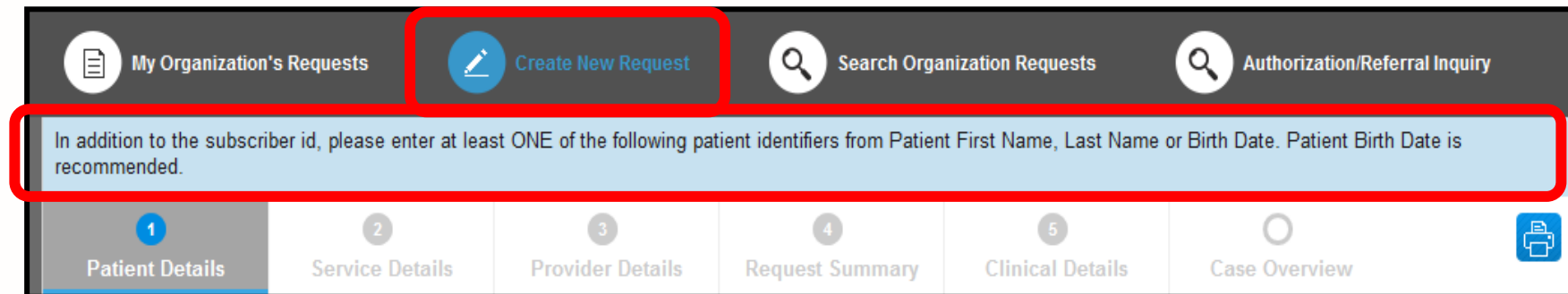
Enter:

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

A message will appear indicating whether or not PA 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.



Patient details

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

The screenshot shows a multi-step form titled "Patient Details". The first step is active, showing a tab bar with steps 1 through 6. Below the tabs is a light blue instruction box. Underneath is a "Required Fields" label with a red asterisk and a red arrow pointing to a "Profiles" button with a person icon. A large red rounded rectangle highlights the "Request Type" and "Case Type" dropdown menus. The "Request Type" dropdown is open, showing options: "Inpatient", "Lab Only-Outpatient", "Outpatient", and "Referral". The "Case Type" dropdown is also open, showing options: "Psychiatric", "Rehabilitation", "Substance Abuse", and "Surgical". To the right of these are fields for "Admission Date" (MM/DD/YYYY), "Patient Last Name", and "Patient First Name". A "FIND PATIENT" button is at the bottom right.

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

Admission Date *
MM/DD/YYYY

Patient Last Name
Patient First Name

FIND PATIENT


Patient details (cont.)

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

1	2	3	4	5	
Patient Details	Service Details	Provider Details	Request Summary	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 *	
<input type="text" value="Inpatient"/>	<input type="text" value="Psychiatric"/>	<input type="text" value="07/02/2018"/>	
Subscriber ID *	Patient Date of Birth	Patient Last Name	Patient First Name
<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text"/>

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

FIND PATIENT

Profile templates

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

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

1

Patient Details

In addition to the Date is recommended

Required Fields *

Profile

Request Type *

Inpatient

Subscriber ID *

JRA473A07636

ID must be entered on the members ID card

Select Profile

Close

Standard Profile

(Inpatient, Outpatient, Lab Only, Office, DME, BH)

Profile Type

BH INP Detox

Inpatient

...

BH INP Psych

Inpatient

...

BH INP Residential Detox

Inpatient

...

BH INP Residential Psych

Inpatient

...

BH OP IOP

Outpatient

...

BH OP PHP

Outpatient

...

BH OP PHSA

Outpatient

...

Procedure Code

View / Select

Profile Details

Back to Profiles

Profile Name

BH INP Psych

Request Type

Inpatient

Case Type

Psychiatric

Place of Service

Inpatient Hospital

Type of Service

Psychiatric

Level of Service

Emergency

Select

✓

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.

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

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

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

The screenshot shows a web form for patient details. At the top, there are six tabs: 'Patient Details' (active), 'Service Details', 'Provider Details', 'Request Summary', 'Clinical Details', and 'Case Overview'. Below the tabs, a blue banner contains the text: '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.' Below this, a red asterisk indicates 'Required Fields *'. The form includes several input fields: 'Request Type *' (a dropdown menu with 'Inpatient' selected), 'Case Type *' (a dropdown menu with 'Psychiatric' selected), 'Admit Date *' (a date picker showing '11/29/2016'), 'Subscriber ID *' (a text input field), 'Patient Date of Birth' (a text input field with a placeholder 'MM/DD/YYYY'), and 'Patient First Name' (a text input field). A 'FIND PATIENT' button is located to the right of the 'Patient First Name' field. A date picker is open for the 'Admit Date' field, showing a calendar for November 2016. The date '11/29/2016' is highlighted in the calendar. A red box highlights the text 'changed once the case is submitted!' in the bottom left corner of the form.

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 *

Request Type * Inpatient Case Type * Psychiatric Admit Date * 11/29/2016

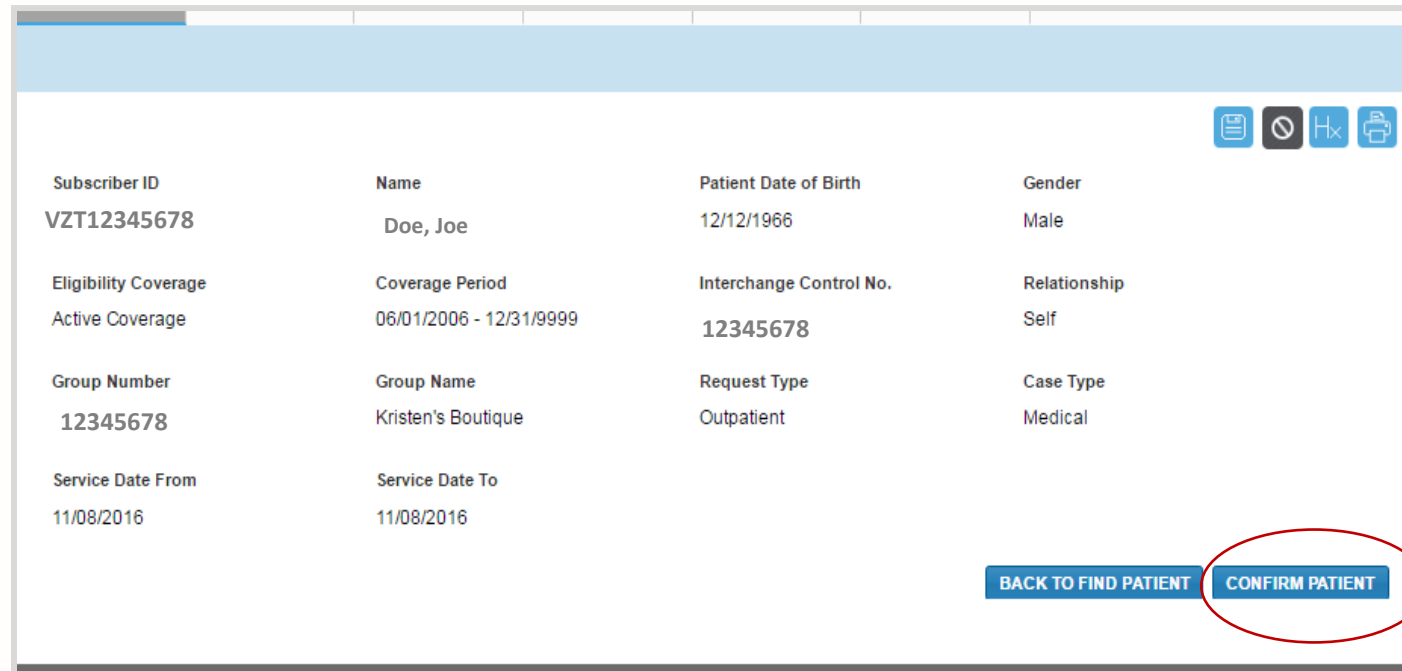
Subscriber ID * Patient Date of Birth MM/DD/YYYY Patient First Name

changed once the case is submitted!

FIND PATIENT

Patient details

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



The screenshot shows a patient details form with a light blue header bar. The form contains the following information:

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		

At the bottom right of the form, there are two buttons: "BACK TO FIND PATIENT" and "CONFIRM PATIENT". The "CONFIRM PATIENT" button is circled in red.

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

i

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) ★

732.1 - ICD10

Major depressive disorder, single episode, moderate

Description

Primary

Next

1

Complete diagnosis fields.

2

Complete services fields.

Diagnosis

Services

Required Fields

More Information

Place of Service

Type of Service

On Campus Outpatient Hospital

Intensive Outpatient

Service From

Service To

Quantity

Requested

06/13/2018

06/15/2018

Visit(s)

Add Service

Service details — outpatient examples (cont.)

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

The screenshot shows a web-based form for entering service details. At the top, there are tabs for Patient Details, Service Details (selected), Provider Details, Request Summary, Clinical Details, and Case Overview. Below the tabs, there are buttons for Diagnosis and Services (the Services button is circled in red). The main form area contains a table with columns: Place of Service, Type of Service, Procedure Code(s), and Description. Below this, there is a table for service dates and quantities. The 'Add Service' button is circled in red.

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	Visits		1 Visit(s)

[Add Service](#)

Service details: diagnosis (inpatient)

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.

The screenshot shows the 'Service Details' tab selected in a medical system. The 'Diagnosis' section is highlighted with a red box. Below it, the 'Request Type' is 'Inpatient', 'Case Type' is 'Psychiatric', 'Place of Service' is 'Inpatient Hospital', and 'Source of Admission' is 'ER Admit'. The 'Diagnosis Code(s)' field is highlighted with a red box, and the '+' button is also highlighted with a red box. A text box on the right provides instructions for urgent service levels.

If level of service is urgent:

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

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 2 Acute +

Previous Next

Provider details

1Patient Details

2Service Details

3Provider Details

4Request Summary

5Clinical Details

Case Overview

* Required Fields

i

More Information

Hx

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

* Required Fields

i

 More Information

Hx

Add from Favorites or Search for Provider

Add Requesting Provider

★

🔍

Add Servicing Provider

☐ Same as Requesting Provider

★

🔍

Add Ordering Physician

☐ Same as Servicing Provider

☐ Same as Requesting Provider

🔍

Next

Provider details

Select the appropriate provider type.

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	+

Provider details: contact information

1

2

3

4

5

6

Patient DetailsService DetailsProvider DetailsRequest SummaryClinical DetailsCase Overview

★ Required Fields

1 More Information

Add from Favorites or Search for Provider

▼

Requesting Provider

Provider Type

Practitioner

NPI

1234567890

Address 1

123 Main St

Country

United States

Last Name

Doe

First Name

Delores

Speciality

Cardiovascular Disease

Address 2

City

Greenfield

State

OH

Zipcode

45215 1448

Contact Last Name *

Contact First Name *

Contact Telephone *

Ext

Fax Number

(NNN) NNN-NNNN

By inputting a fax number above, you agree to accept electronic 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.

Add Email

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




Add Servicing Provider

☐ Same as Requesting Provider

Next

Request summary

The *Request Summary* page is where users will be able to verify whether the services require PA. If the services do not require PA, 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					
  					
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

The screenshot shows a web form titled "Clinical Details" which is the fifth step in a sequence of five steps: Patient Details, Service Details, Provider Details, Request Summary, and Clinical Details. The "Clinical Details" step is highlighted with a red box. Below the step indicator, there is a reminder message: "Reminder: Do not enter/upload session notes for Behavioral Health Treatment Facility Based Clinical Assessment Template". The form contains several input fields, some of which are marked as required with an asterisk (*). These include: Member Telephone Number, Member Alternate/Cell Phone Number, Treating/Attending Provider, Treating/Attending Provider Address, Treating/Attending Provider Phone Number, Continued Stay Reviewer, Reviewer Phone Number, Reviewer Fax Number, and DSM-5 Diagnosis/Subtype/Specifier. There are also information tool tips (i) next to some fields. Three callout boxes provide additional context: one points to the "Clinical Details" step indicator, stating "Templates allow users to enter clinical detail previously provided via phone."; another points to the reminder message, stating "Clinical information is mandatory for **all** PA requests."; and a third points to the required fields, stating "Complete all required fields * on the template."

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

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 Treating/Attending Provider Address Treating/Attending Provider Phone Number

Caller

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

DSM-5 Diagnosis/Subtype/Specifier *

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

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

Complete all required fields * on the template.

Clinical details: provider form (cont.)

The screenshot shows a web form titled "Clinical Details" which is the fifth step in a sequence. The form includes a tabbed interface with steps: Patient Details, Service Details, Provider Details, Request Summary, Clinical Details (active), Case Overview, and an unlabeled final step. A blue banner at the top of the form states: "Please enter either Clinical Notes and/or upload attachments/images/photos in order to submit the request". Below this, there are icons for Required Fields, Information Tool Tip, and document management (copy, delete, zoom, print). The form is divided into two main sections: "Attachments, Images and Photos" and "Clinical Notes". The "Attachments" section includes a "Choose File" button (highlighted with a red box), a list of allowed file types (jpeg/jpg, bmp, tiff, pdf, gif, doc, docx, xls, xlsx, txt), and an "Upload" button (indicated by a red arrow). The "Clinical Notes" section has a text area and an "Add Note" button (indicated by a red arrow). A "Next" button is at the bottom right. Three callout boxes provide instructions: one for completing Clinical Notes, one for uploading attachments, and one for adding notes after manual entry.

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

Please enter either Clinical Notes and/or upload attachments/images/photos in order to submit the request

Required Fields * Information Tool Tip

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

Allowed file types: jpeg/jpg, bmp, tiff, pdf, gif, doc, docx, xls, xlsx, txt

Description

Upload

Clinical Notes

Complete the *Clinical Notes* section if the form is not available or if you choose to skip the form.

Option to upload attachments, images and photos to support notes.

Select **Add Note** after manually typing information in the field.

Add Note

Next

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	

Expand All

▸ Patient Details

▸ Service Details

▸ Provider Details

▸ Clinical Details

⊘

Hx

🖨

Submit

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.

The screenshot shows a web form with six tabs at the top: Patient Details, Service Details, Provider Details, Request Summary, Clinical Details, and Case Overview. The Case Overview tab is selected and highlighted. Below the tabs is a blue bar with an 'Expand All' button and three icons (a magnifying glass, a plus sign, and a document). The form content is organized into sections: Patient Details (collapsed), Service Details (expanded), Request Type (Inpatient), Case Type (Psychiatric), Service Date (06/29/2018 - 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) and Description), and Length of Stay (From, Through, Days, Level of Care, Decision). The Length of Stay section shows a table with one row: 06/29/2018, 07/01/2018, 3, Acute, Initial Request.

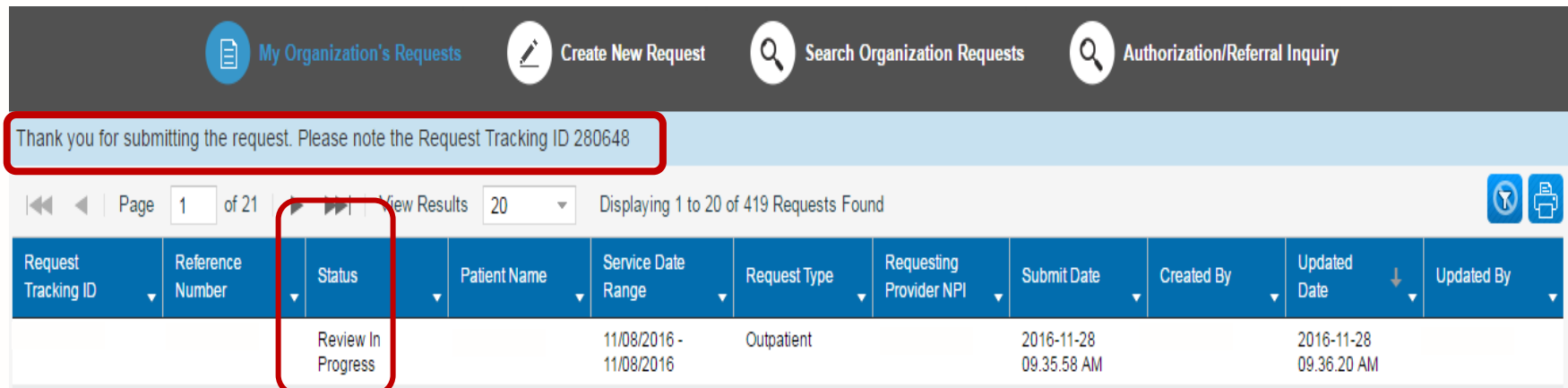
From	Through	Days	Level of Care	Decision
06/29/2018	07/01/2018	3	Acute	Initial Request

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

Select the arrow to expand one section.

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 is a navigation bar with four icons and labels: 'My Organization's Requests' (document icon), 'Create New Request' (pencil icon), 'Search Organization Requests' (magnifying glass icon), and 'Authorization/Referral Inquiry' (magnifying glass icon). Below this bar is a light blue confirmation message: 'Thank you for submitting the request. Please note the Request Tracking ID 280648'. Underneath the message is a pagination and search area with 'Page 1 of 21', 'View Results 20', and 'Displaying 1 to 20 of 419 Requests Found'. To the right of this area are two icons: a magnifying glass and a print icon. Below the pagination area is a table with 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 status of 'Review In Progress' for the first request. The 'Status' column and its value are highlighted with a red box.

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		11/08/2016 - 11/08/2016	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**.

<div><div> My Organization's Requests</div><div> Create New Request</div><div> Search Submitted Requests</div><div> Check Case Status</div></div>										
<< < Page 3 of 21 > >> View Results 20 Displaying 41 to 60 of 419 Requests Found  										
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	1/14/2016 - 1/14/2016	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

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	2	3	4	5	
Patient Details	Service Details	Provider Details	Request Summary	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 YRP824M55529	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.

Case Overview

Transaction History

Expand All

Cancel Case

Update Clinical

Update Case

Letters Summary

Patient Details

Service Details

Request Type

Outpatient

Case Type

Medical

Service Date

12/01/2016 To 12/31/2016

Level of Service

Elective

Diagnosis Code(s)

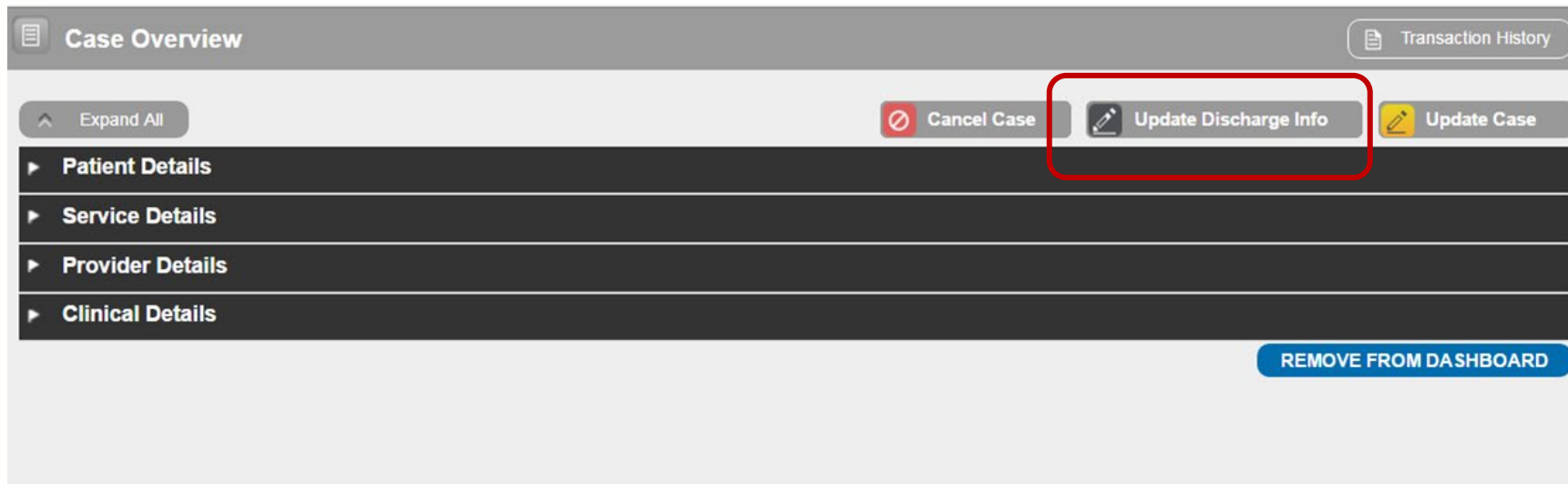
Diagnosis Codes	Description	Primary
M54.5 - ICD10	Low back pain	<input checked="" type="radio"/>

Services

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.

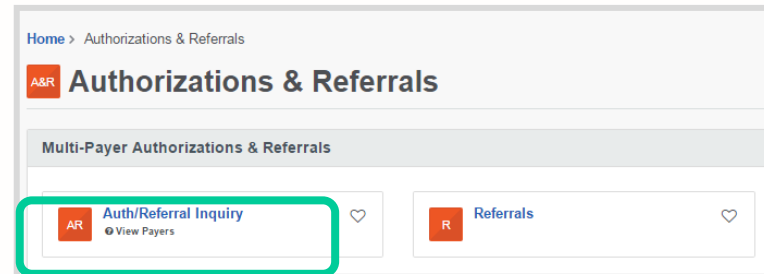


INQUIRY FEATURES ON THE ICR

User access to the ICR — inquiry

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

1



Home > Authorizations & Referrals

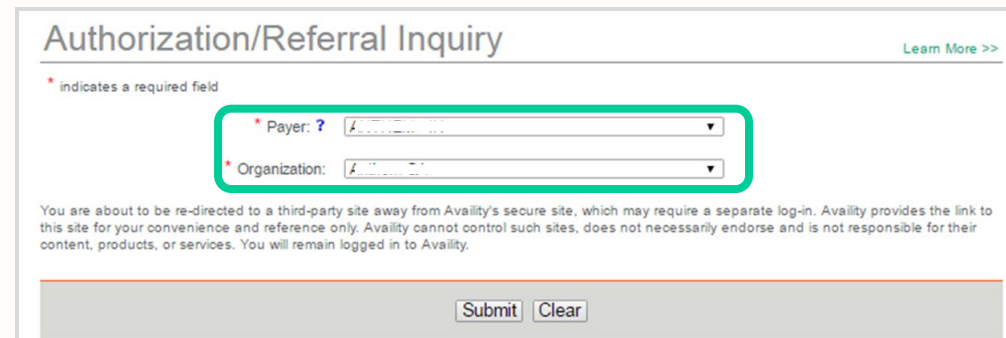
A&R Authorizations & Referrals

Multi-Payer Authorizations & Referrals

AR Auth/Referral Inquiry [View Payers](#)

R Referrals

2



Authorization/Referral Inquiry [Learn More >>](#)

* indicates a required field

* Payer: ?

* Organization:

You are about to be re-directed to a third-party site away from Avality's secure site, which may require a separate log-in. Avality provides the link to this site for your convenience and reference only. Avality cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Avality.

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

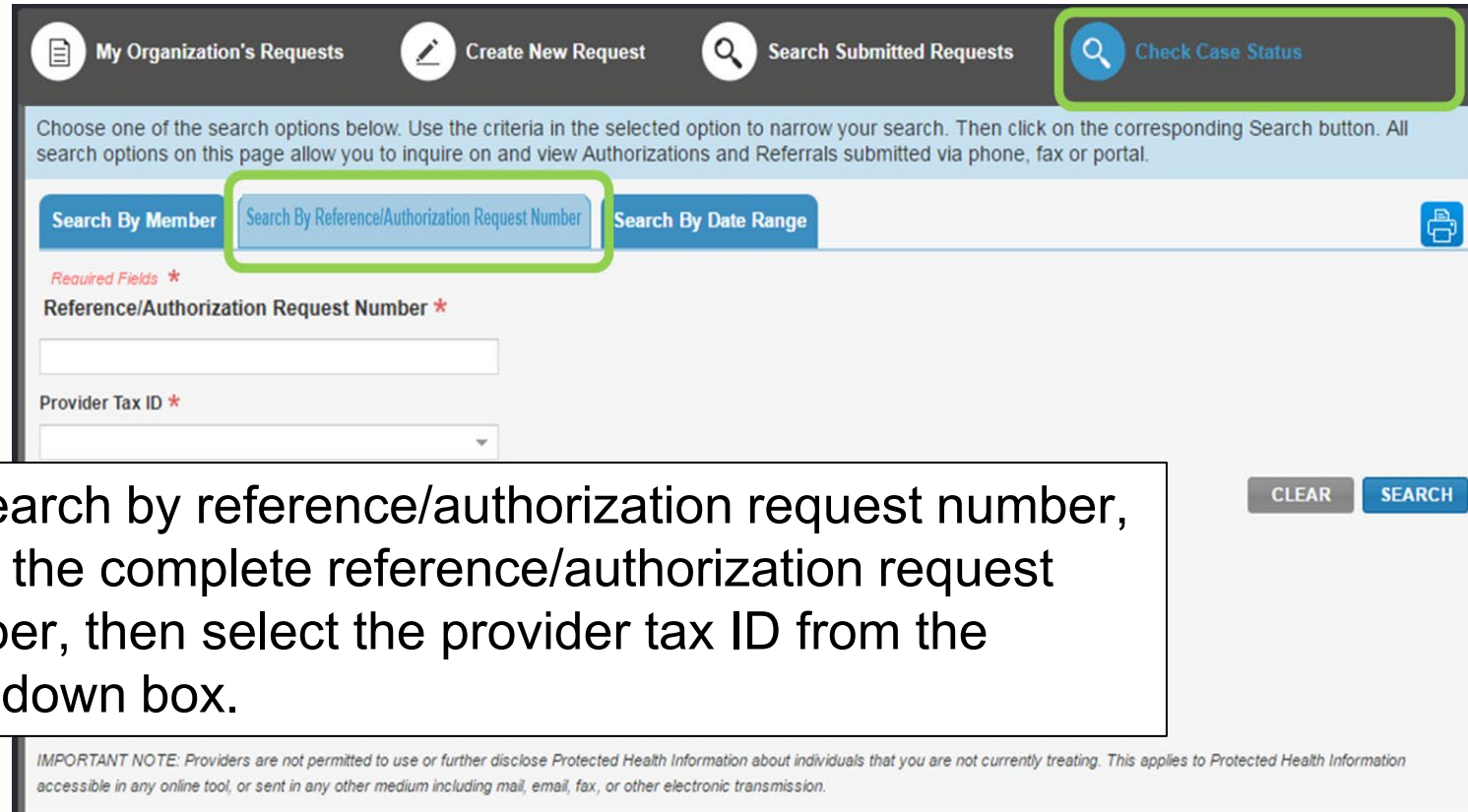
Identifier Type *
Select One
If no results are returned using Medicare id, please try selecting NPI

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

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.

Search by reference/authorization request number



The screenshot shows the Highmark portal interface. At the top, there are four navigation buttons: 'My Organization's Requests', 'Create New Request', 'Search Submitted Requests', and 'Check Case Status'. The 'Check Case Status' button is highlighted with a green box. Below these buttons, there is a section for search options. Three buttons are visible: 'Search By Member', 'Search By Reference/Authorization Request Number', and 'Search By Date Range'. The 'Search By Reference/Authorization Request Number' button is highlighted with a green box. Below these buttons, there are two required fields: 'Reference/Authorization Request Number' and 'Provider Tax ID'. The 'Reference/Authorization Request Number' field is a text input box, and the 'Provider Tax ID' field is a drop-down menu. To the right of these fields are 'CLEAR' and 'SEARCH' buttons. A text box with instructions is overlaid on the bottom left of the form.

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 *

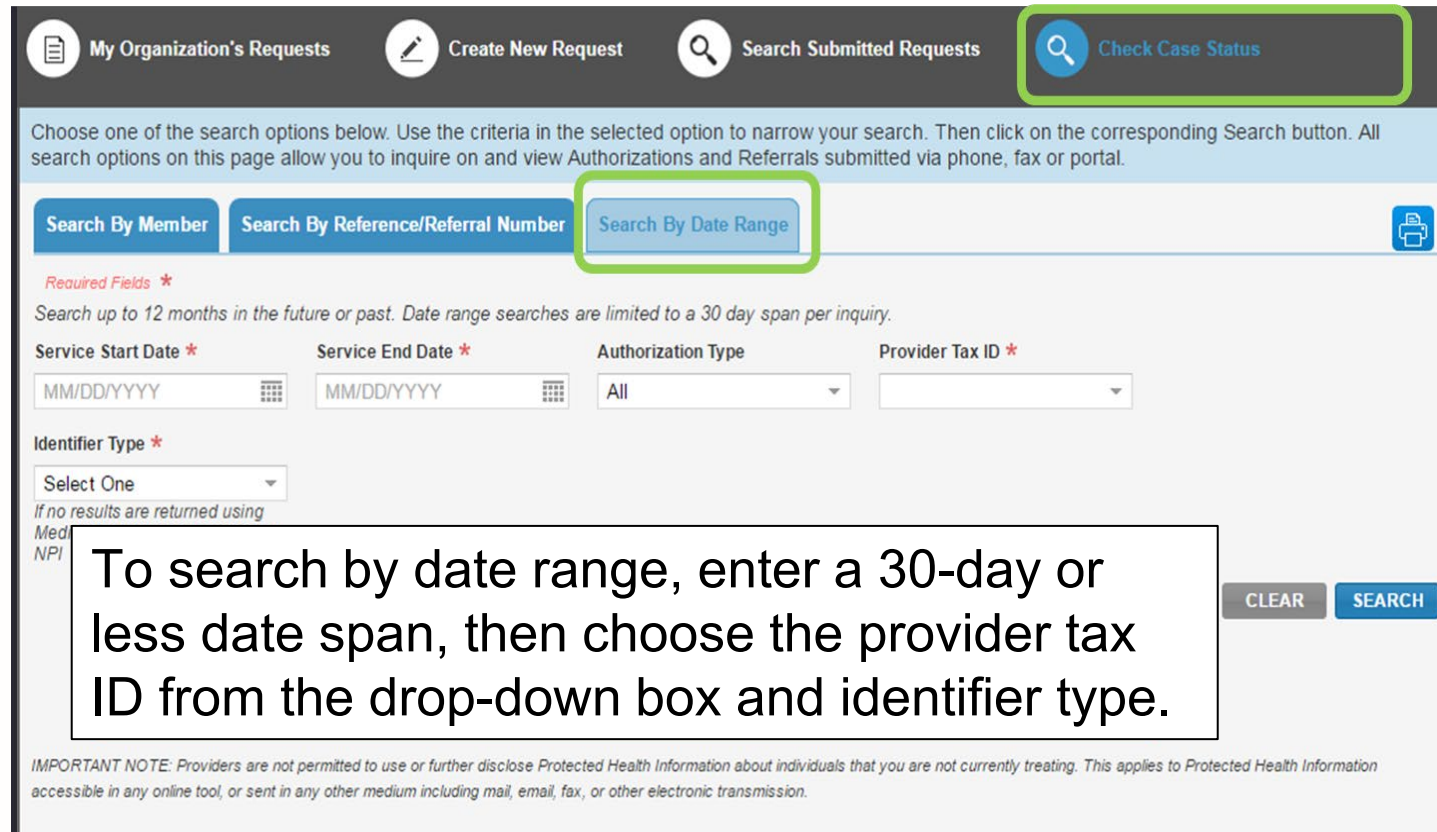
Provider Tax ID *

CLEAR SEARCH

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.

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.

Search by date range



The screenshot shows the Highmark portal search interface. At the top, there is a navigation bar with 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'. The 'Check Case Status' button is highlighted with a green box. Below the navigation bar, a light blue banner contains the text: '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 banner are three search options: 'Search By Member', 'Search By Reference/Referral Number', and 'Search By Date Range'. The 'Search By Date Range' button is highlighted with a green box. Below the search options, there is a section for 'Required Fields *'. It includes a note: 'Search up to 12 months in the future or past. Date range searches are limited to a 30 day span per inquiry.' Below this note are four fields: 'Service Start Date *' with a date picker showing 'MM/DD/YYYY', 'Service End Date *' with a date picker showing 'MM/DD/YYYY', 'Authorization Type' with a dropdown menu showing 'All', and 'Provider Tax ID *' with a dropdown menu. Below these fields is the 'Identifier Type *' section with a dropdown menu showing 'Select One'. Below the dropdown menu is a note: 'If no results are returned using Med NPI'. At the bottom right of the form are two buttons: 'CLEAR' and 'SEARCH'. A text box is overlaid on the form with the text: '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.' At the bottom of the page, there is an '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.'

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 Med NPI

CLEAR SEARCH

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.

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.

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 (All) Service Date From (MM/DD/YYYY) Service Date To (MM/DD/YYYY) Requesting or Servicing Provider / Facility NPI

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.

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

MM/DD/YYYY

Request Type

All

Service Date From

MM/DD/YYYY

Service Date To

MM/DD/YYYY

Requesting or Servicing Provider / Facility NPI

CLEAR

SEARCH

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

Behavioral health PA submission capabilities

- Submit PA requests for BH 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 BH INPATIENT CONTINUED STAY REQUEST

Applicable to BH inpatient requests

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, this message will be displayed to the user:

You are getting ready to update the case, would you like to proceed?

Yes

No

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

Choose File

No file chosen

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

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.

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 *

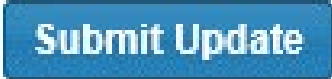
(555) 555-5555

Ext

123

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.

A blue rectangular button with the text "Submit Update" in white, sans-serif font.

- The user will then be directed back to the dashboard. The additional clinical will be sent to Utilization Management for evaluation.

ICR ENHANCEMENTS FOR BH

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 displays the 'Interactive Care Reviewer' web application. The top navigation bar includes a welcome message 'Welcome, sdf dsf', a 'Logout' button, and links for 'Contact Us' and 'Quick Links'. Below this is a secondary navigation bar with icons and labels for 'My Organization's Requests', 'Create New Request', 'Search Submitted Requests', 'Check Case Status', and 'Check Appeal Status'. The main content area features a tabbed interface with tabs for 'Patient Details', 'Service Details', 'Provider Details', 'Request Summary', 'Clinical Details' (which is active and highlighted in blue), and 'Case Overview'. Above the tabs, a header row contains fields for 'Patient Name', 'Subscriber ID', 'Status' (set to 'Not Submitted'), 'Created by', and 'Request Tracking ID'. Below the tabs, there are utility icons for 'Required Fields' (marked with a red asterisk), 'Information Tool Tip', and document management icons (print, refresh, zoom, and save). A reminder message states: 'Reminder: Do not enter/upload session notes for Behavioral Health Treatment'. The 'BH Initial Review' section contains three main risk rating questions, each with a checkbox and a list of options: 1. 'Risk of Harm To Self Risk Rating(Check all that apply)' with options: Not present, Ideation, Plan, Means, Prior Attempt. 2. 'Risk of Harm To Others Risk Rating(Check all that apply)' with the same five options. 3. 'Psychosis Risk Rating: (0=None; 1= Mild or Mildly Incapacitating; 2= Moderate or Moderately Incapacitating; 3= Severe or Severely Incapacitating; N/A=Not Assessed)' with options 0 and 1.

ICR enhancements for BH (cont.)

BH Initial Review	
<input checked="" type="checkbox"/> Risk of Harm To Self Risk Rating(Check all that apply)	
<input type="checkbox"/> Not present	
<input checked="" type="checkbox"/> Ideation	
<input type="checkbox"/> Plan	
<input type="checkbox"/> Means	
<input type="checkbox"/> Prior Attempt	
<input checked="" type="checkbox"/> Risk of Harm To Others Risk Rating(Check all that apply)	
<input checked="" type="checkbox"/> Not present	
<input type="checkbox"/> Ideation	
<input type="checkbox"/> Plan	
<input type="checkbox"/> Means	
<input type="checkbox"/> Prior Attempt	
<input checked="" type="checkbox"/> Psychosis Risk Rating: (0=None; 1= Mild or Mildly Incapacitating; 2= Moderate or Moderately Incapacitating; 3= Severe or Severely Incapacitating; N/A=Not Assessed)	
<input type="checkbox"/> 0	
<input checked="" type="checkbox"/> 1	
<input type="checkbox"/> 2	
<input type="checkbox"/> 3	
<input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0	
<input type="checkbox"/> 1	
<input type="checkbox"/> 2	
<input type="checkbox"/> 3	
<input type="checkbox"/> N/A	
Disclaimer	
<input checked="" type="checkbox"/> 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	

ICR enhancements for BH (cont.)

Interactive Care Reviewer

Welcome, 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
Not Submitted

Created by

Request Tracking ID

1 Patient Details

2 Service Details

3 Provider Details

4 Request Summary

5 Clinical Details

Case Overview

Required Fields *

Information Tool Tip

Hx

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

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

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

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

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

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

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?

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

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):

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

Next

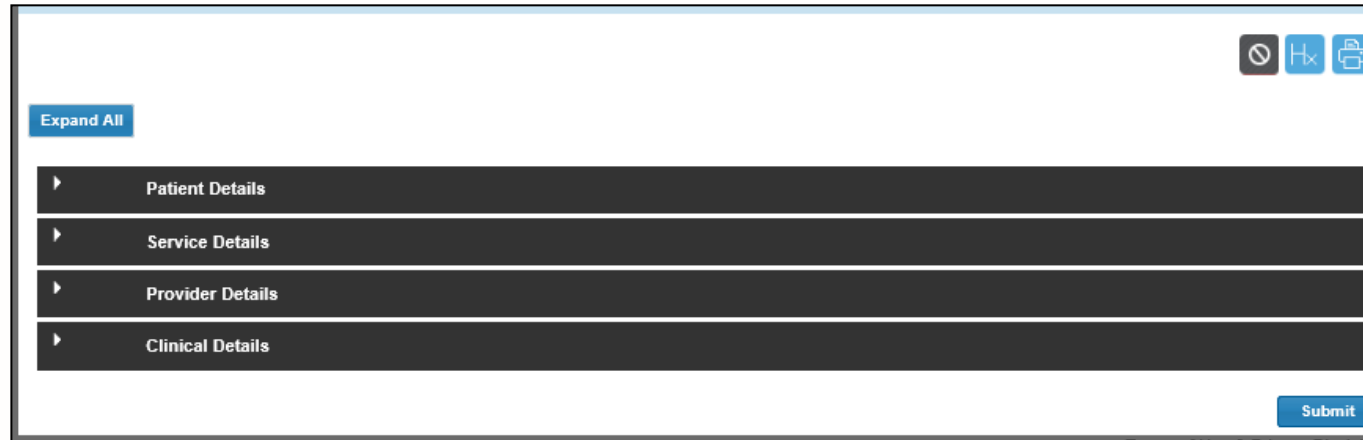
ICR enhancements for BH (cont.)

Additional clinical notes if available can now be attached.

The screenshot displays a web form interface for ICR (Information Collection Request). At the top, there are links for 'Required Fields' and 'Information Tool Tip'. The main section is titled 'Attachments, Images and Photos'. Below this title, a reminder states: 'Reminder: Do not enter/upload session notes for Behavioral Health Treatment'. To the right of the reminder is a file upload area with a 'Choose File' button, the text 'No file chosen', and a list of allowed file types: 'Max file size: 10MB. Allowed file types: jpeg/jpg, bmp, tiff, pdf, gif, doc, docx, xls, xlsx, txt'. Below the reminder is a text area for 'Description'. Below the 'Attachments, Images and Photos' section is a section titled 'Clinical Notes' with a large text area for input. At the bottom of the form, a footer note reads: 'Please verify you have added clinical information for the correct patient before clicking on 'Add Note''.

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 for ICR (Incident Case Report). In the top right corner, there are three icons: a dark square with a white circle, a blue square with a white 'Hx', and a blue square with a white printer icon. On the left side, there is a blue button labeled 'Expand All'. Below this, there are four dark gray horizontal bars, each with a white right-pointing triangle on the left and white text on the right. The text labels are '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 > Highmark Blue Cross Blue Shield 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://providerpublic.mycbswny.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 PA 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, contact Provider Services at
1-866-231-0847.

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



THANK YOU!



<https://providerpublic.mybcbswny.com>

Wellpoint Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield's managed Medicaid.
Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

NYHM-CD-058147-24 | May 2024