

MEDICAID



Interactive Care Reviewer

Submit and inquire about behavioral health authorizations

About ICR – Interactive Care Reviewer Portal

- The Interactive Care Reviewer (ICR) is an electronic system to submit authorization requests
- The system allows tracking for all UM requests
- Allows providers to avoid phone calls and faxed requests
- Using Availity also allows for claims and payment tracking all in one location

Course objectives

After completing this course, participants will be able to:

- List the benefits of using the ICR.
- Identify the products and services available on the ICR for authorizations.
- Access ICR through the Availity Portal.
- Create an authorization.
- Inquire about a previously submitted authorizations.

Agenda

Agenda for this course:

- To review the benefits of using the ICR for member authorizations
- To create and submit inpatient/outpatient requests
- To inquire about an existing request

ICR details

The ICR brings improved efficiency to the precertification process:

- Physicians and facilities can submit authorization requests for behavioral health services, including acute inpatient stays, residential and rehabilitation stays, intensive outpatient and partial hospital programs, electroconvulsive therapy, 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

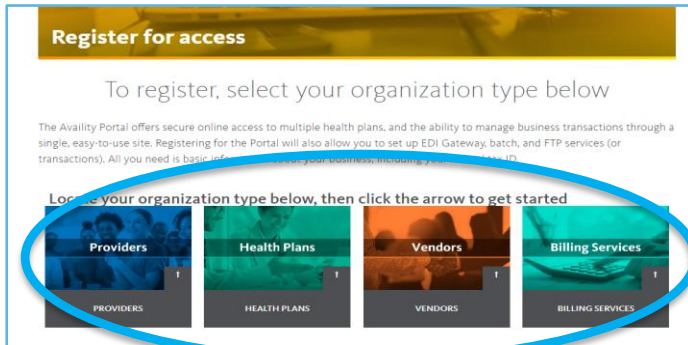
There are great advantages in using the ICR. The ICR improves the efficiency of the authorization process:

- Authorizations are in one place and are accessible at any time by any staff member.
- This means there's no need to fax —- reduced paperwork!
- Authorization status can quickly be checked online and requests can be updated.
- Proactive communication is conducted via email updates.
- Clinical notes and supporting images can be attached and submitted.
- Ability to inquire on authorization requests submitted via phone, fax, ICR, or other online tool.

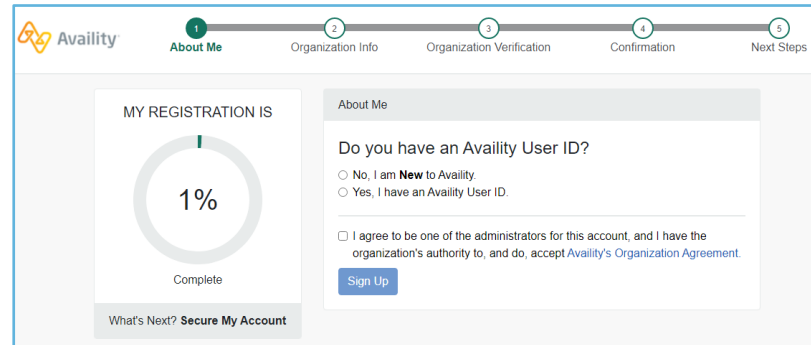
Accessing the ICR

Access the ICR via the Availity Portal (<https://www.availity.com>).

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

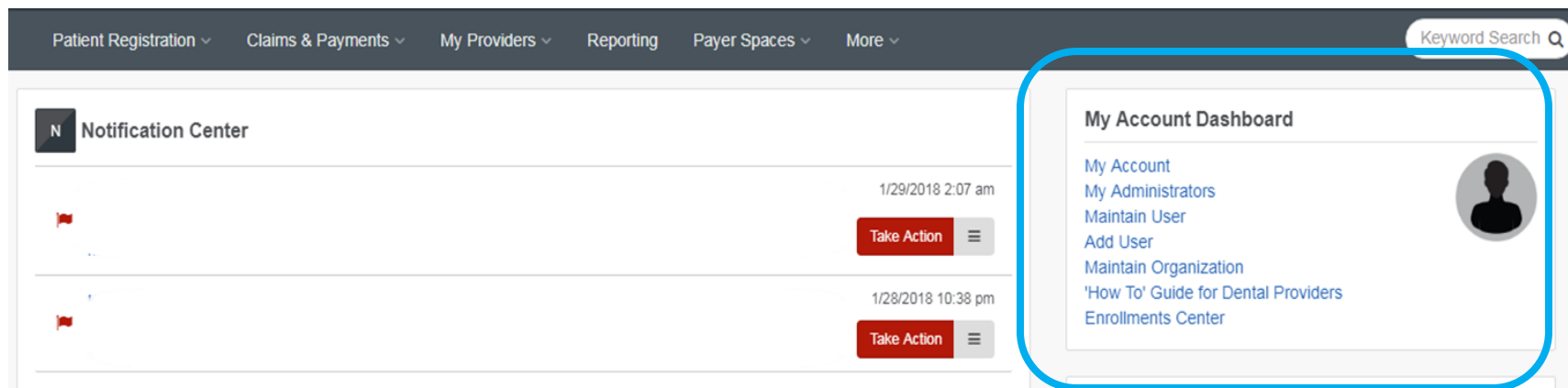


2 Select the appropriate organization type link, and you will be redirected to the *Registration Form*.



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 on the Availity Portal

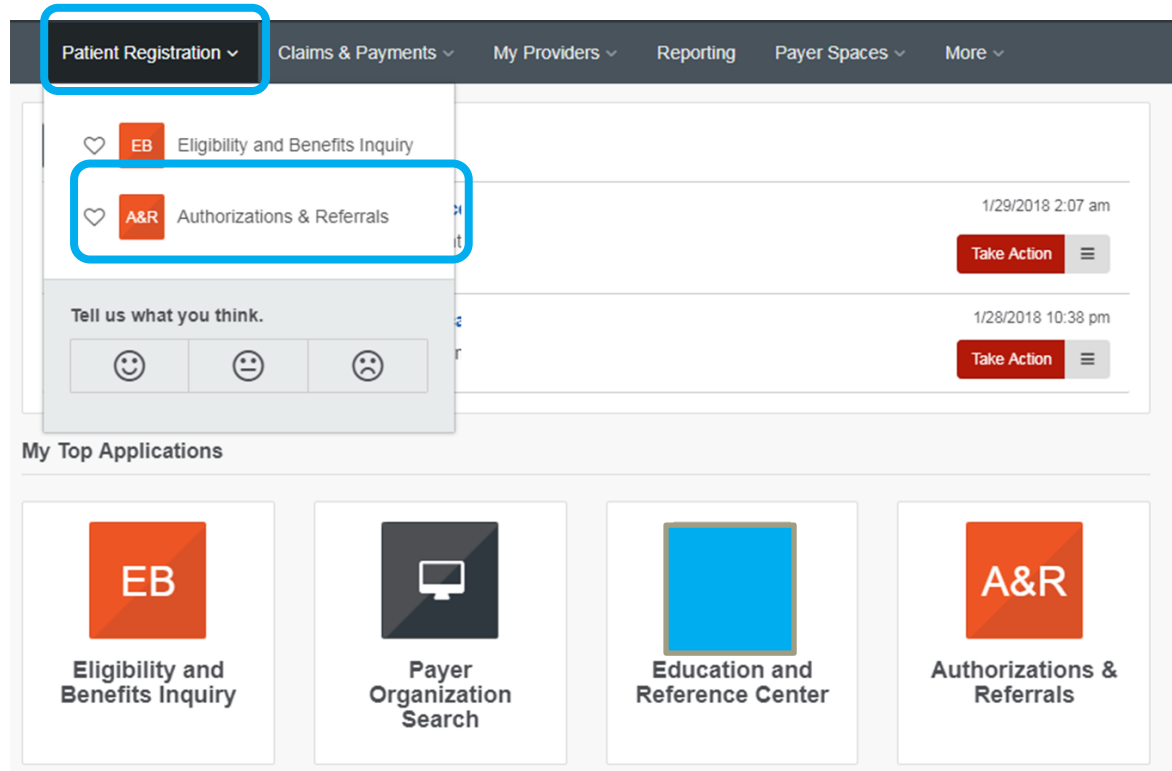


Your organization's Availity Portal administrator can select **Maintain User** from their *Account Dashboard*, located on the upper-right corner of the homepage to add functionality to an existing user. To create a new access, the administrator selects **Add User**.

Availity administrator: Granting access on the Availity Portal (cont.)

<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

Authorizations & Referrals

Multi-Payer Authorizations & Referrals

 **Auth/Referral Inquiry**
View Payers



You don't have this permission. The good news is your admin can give you access.
[I Need Access](#)

 **Authorizations**
View Payers



Additional Authorizations & Referrals

 [AIM Specialty Health \(Anthem\)](#)

 [Clinical Auth Management](#)

 [Online Batch Management](#)

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

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

The ICR landing page/dashboard (cont.)

The screenshot displays the 'Interactive Care Reviewer' dashboard. At the top, there is a navigation bar with 'Welcome, Carol Butz', 'Logout', 'Contact Us', and 'Quick Links'. Below this is a search bar with 'Check Case Status'. The main content area features a table with columns: 'Request Tracking ID', 'Reference Number', 'Status', 'Patient Name', 'Submit Date', 'Created By', 'Updated Date', and 'Updated By'. A dropdown menu is open over the 'Status' column, showing options: 'Sort Ascending', 'Sort Descending', and 'Filters'. A green arrow points to the 'Filters' option. Another green arrow points to the 'Status' column header. The table contains several rows of data, including one with 'Cancelled - Request Withdrawn by Provider' and another with 'TEST, MARY'.

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

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 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*.

ICR dashboard tabs (cont.)



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.

Creating a new request

Creating a new request

Need to verify if an authorization is required? The ICR provides 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

My Organization's Requests **Create New Request** Search Organization Requests Authorization/Referral Inquiry

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.

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



- 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

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

Admin 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
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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 three dots to view the *Standard Profile*.

Standard Profile	Profile Type	Procedure Code
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	

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

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	<input checked="" type="checkbox"/>

Profile templates (cont.)

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"/>

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.





Patient details: Date of service (Inpatient — admit date)

The screenshot shows a web form with a navigation bar at the top containing tabs: 1 Patient Details (active), 2 Service Details, 3 Provider Details, 4 Request Summary, 5 Clinical Details, and Case Overview. Below the navigation bar is a light blue instruction box: "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 is a "Required Fields" section with a red asterisk. On the right of this section is a "Profiles" link with a user icon. The form contains several input fields: "Request Type" (dropdown menu with "Inpatient" selected), "Case Type" (dropdown menu with "Psychiatric" selected), "Admit Date" (text input with "11/29/2016" and a calendar icon), "Subscriber ID" (text input), "Patient Date of Birth" (text input with "MM/DD/YYYY" placeholder), and "Patient First Name" (text input). A large blue rectangular area is present below the "Subscriber ID" field. A calendar picker is open over the "Admit Date" field, showing "November 2016". The calendar grid has days of the week (S, M, T, W, T, F, S) and dates. The date "10" is highlighted with a red box, and "29" is highlighted with a blue box. A "Today" button is at the bottom of the calendar. A "FIND PATIENT" button is located to the right of the "Patient First Name" field.

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

Patient details

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

1 Patient Details	2 Service Details	3 Provider Details	4 Request Summary	5 Clinical Details	Case Overview
<div style="text-align: right;">   </div>					
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		

Service details (Outpatient examples)

1 Complete diagnosis fields.

The screenshot shows the 'Service Details' tab with the following 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

The 'Diagnosis' section includes a table with the following entry:

Diagnosis Code(s) *	Description	Primary
F32.1 - 2D510	Major depressive disorder, single episode, moderate	<input checked="" type="radio"/>

1 Complete diagnosis fields.

2 Complete services fields.

2 Complete services fields.

The screenshot shows the 'Services' tab with the following information:

- Place of Service:** On Campus Outpatient Hospital
- Type of Service:** Intensive Outpatient
- Service From * Service To *:** 06/13/2018 06/15/2018
- Quantity *:** [Input field] Visit(s)

The 'Add Service' button is visible at the bottom right.

Service details (Outpatient examples) (cont.)

The screenshot displays a web-based interface for entering service details. 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 two main sections: 'Diagnosis' and 'Services'. The 'Services' section is highlighted with a red circle. Below this, there is a table with the following columns: Place of Service, Type of Service, Procedure Code(s), and Description. The table contains one row with the following data: Office, Professional, 90867 CPT, and Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management. Below the table, there is a form for entering service details. The form has the following fields: Service From (01/19/2017), Service To (01/25/2017), Quantity (1), Per Every (Visits), Duration, and Total (1 Visit(s)). The 'Add Service +' button is highlighted with a red circle and a blue arrow pointing to it. At the bottom right, 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	Visits		1 Visit(s)

[Add Service +](#)

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 6 Call

Diagnosis Length of Stay

* Required Fields [More Information](#)

Request Type
Inpatient

Case Type
Psychiatric

Service 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="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. Enter number of days.
2. Select level of care.
3. Select **+**.





The screenshot shows a multi-step form with five tabs: 1. Patient Details, 2. Service Details (highlighted with a blue box and a red circle), 3. Provider Details, 4. Request Summary, and 5. Clinical Details. Below the tabs is a horizontal bar with 'Diagnosis' and 'Length of Stay' (highlighted with a red circle). To the right of this bar are icons for document, no, Hx, and print. Below the bar is a form with the following fields:

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



At the bottom right of the form are 'Previous' and 'Next' buttons. A blue '+' button is located at the end of the form row.



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

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 checked="" type="checkbox"/> Same as Servicing Provider <input checked="" type="checkbox"/> Same as Requesting Provider	

[Next](#)

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, and Radiation Therapy.*

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

Select Favorite Close ✕

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

You can save up to 25 favorites for:

- Requesting providers
- Servicing providers
- Facility DME providers
- Refer-to providers

Provider details: Contact information

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

▼ Requesting Provider

Provider Type	Last Name	First Name	Speciality	
Practitioner	Do	Delor	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"/>	(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.

[Add Email](#)

Please note, the email notification will only reference the

Add Servicing Provider Same as Requesting Provider

[Next](#)

Request summary

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

Review required for this request ←

⌵ Hx 🖨

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

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

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 ⓘ

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 * <input type="text"/>		

Templates allow clinical detail previously provided via phone to be entered.

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

Complete all required fields on the template.

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 links for "Required Fields" and "Information Tool Tip". On the right, there are icons for a document, a lock, a magnifying glass, and a printer.

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 the "Choose File" button 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, it specifies: "Max file size: 10MB. Allowed file types: jpeg/jpg, bmp, tiff, pdf, gif, doc, docx, xls, xlsx, txt".

The "Clinical Notes" section has a large text area. A blue box with a red arrow points to it, containing the text: "Option to upload attachments, images and photos to support notes". Another blue box with a red arrow points to the "Add Note" button at the bottom right, containing the text: "Select **Add Note** after manually entering information in the field." Below the text area, a note reads: "Please verify you have added clinical information for the correct patient before clicking on 'Add Note'". At the bottom right, there are "Add Note" and "Next" buttons.

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 entering information in the field.

Case overview

The screenshot displays a case overview interface. At the top, a horizontal progress bar contains six steps: 1 Patient Details, 2 Service Details, 3 Provider Details, 4 Request Summary, 5 Clinical Details, and 6 Case Overview. The 'Case Overview' step is highlighted with a blue circle and text. Below the progress bar is a light blue header area. Underneath, there is a white section containing an 'Expand All' button on the left and three icons (a circle with a slash, 'Hx', and a printer icon) on the right. Below this are four dark grey expandable sections, each with a right-pointing triangle and the text: Patient Details, Service Details, Provider Details, and Clinical Details. At the bottom right of the white section is a blue 'Submit' button.

View all the details of the request you entered for a final time before they are submitted.

Case overview (cont.)

The screenshot shows a navigation bar with six tabs: Patient Details (1), Service Details (2), Provider Details (3), Request Summary (4), Clinical Details (5), and Case Overview (6). Below the tabs is an 'Expand All' button and three utility icons. A dropdown menu is open, showing 'Patient Details' and 'Service Details'. A red box highlights the downward arrow next to 'Service Details'. Below the dropdown, the 'Service Details' section is expanded, displaying a table of information.

Request Type	Case Type	Service Date
Inpatient	Psychiatric	06/29/2018 - 07/01/2018
Place of Service	Type of Service	Level of Service
Inpatient Hospital	Psychiatric	Urgent
Source of Admission		
Observation to Inpatient		

Diagnosis

Dx Code(s)	Description	Primary
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Length of Stay

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.

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

Submitted request in ICR

Thank you for submitting the request. Please note the Request Tracking ID 280648

Page 1 of 21 | View Results 20 | Displaying 1 to 20 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
280648	UM304634	Review In Progress		11/08/2016 - 11/08/2016	Outpatient	1922098342	2016-11-28 09:35:58 AM	Butz, Carol	2016-11-28 09:36:20 AM	Butz, Carol

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.

Viewing a decision — Inpatient or outpatient

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

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**.

Viewing a decision/Request for additional information

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

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.

Provider letters

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: [Redacted] Reference Number: UM304372 Subscriber ID: YRP824M55529 Status: Approved Created By: [Redacted] 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

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

Viewing a decision

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)

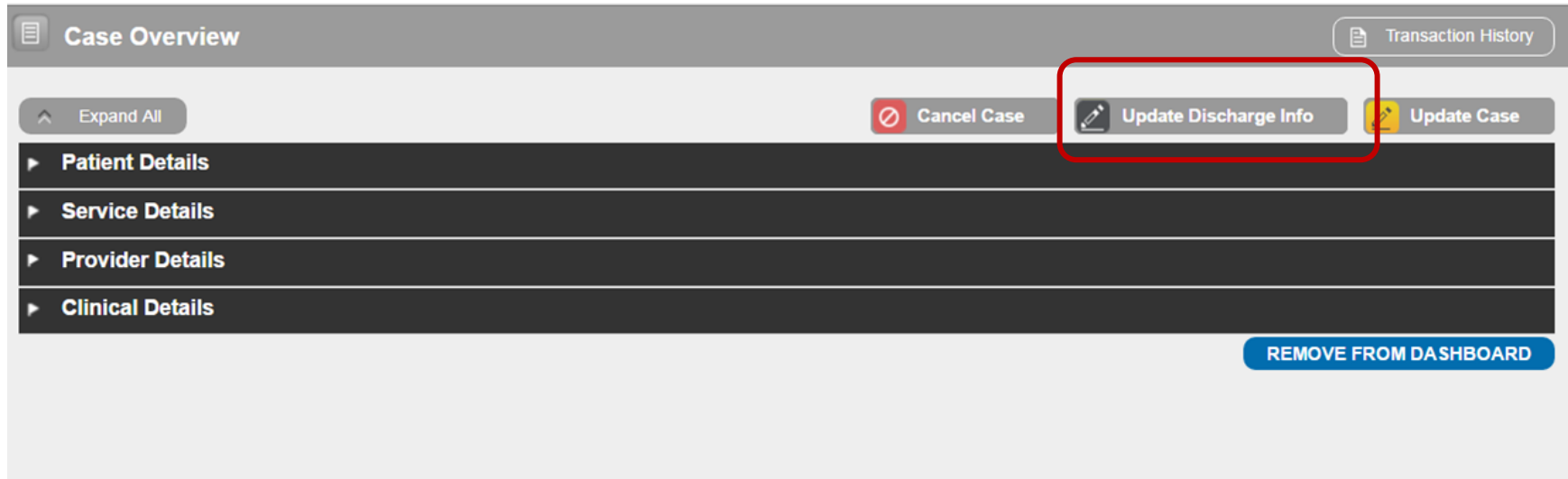
Diagnosis Codes	Description	Primary
M54.5 - ICD10	Low back pain	<input checked="" type="radio"/>

Services

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

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.

Discharge notes

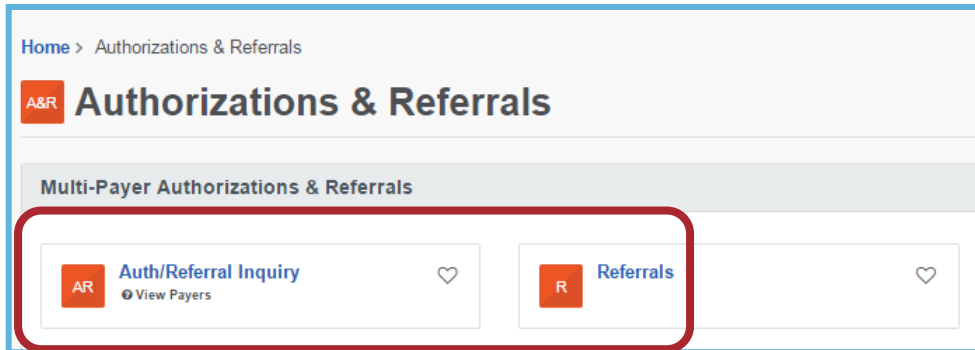


You will have an option available to select **Update Discharge Info** if it applies to the case — This is also available for cases submitted by phone/fax.

Inquiry features on the ICR

User access to the ICR — Inquiry

1



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 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.

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.

Search using check case status

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

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

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.

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

Search by reference/Authorization request number

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 *

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 a navigation bar with four options: 'My Organization's Requests', 'Create New Request', 'Search Submitted Requests', and 'Check Case Status'. The 'Check Case Status' option is highlighted with a green box. Below the navigation bar, a light blue banner contains instructions: '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 buttons: '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. To the right of these buttons is a printer icon. Below the buttons, a red asterisk indicates 'Required Fields *'. A note states: 'Search up to 12 months in the future or past. Date range searches are limited to a 30 day span per inquiry.' The search form includes four fields: 'Service Start Date *' (text input with a calendar icon), 'Service End Date *' (text input with a calendar icon), 'Authorization Type' (dropdown menu with 'All' selected), and 'Provider Tax ID *' (dropdown menu). Below these is an 'Identifier Type *' dropdown menu with 'Select One' selected. A note below the dropdown reads: 'If no results are returned using Medicare id, please try selecting NPI'. At the bottom right of the form are 'CLEAR' and 'SEARCH' buttons. A large blue 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.'

Search organization requests

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

Functions 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.

You 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.

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 <input type="text"/>	Reference No <input type="text"/>	Subscriber ID <input type="text"/>
Patient Last Name <input type="text"/>	Patient First Name <input type="text"/>	Patient Birth Date <input type="text" value="MM/DD/YYYY"/>
Request Type <input type="text" value="All"/>	Service Date From <input type="text" value="MM/DD/YYYY"/>	Service Date To <input type="text" value="MM/DD/YYYY"/>
Requesting or Servicing Provider / Facility NPI <input type="text"/>		

Page of 1
View Results
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 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
 - Psychiatric testing
- Templates allow entry of clinical details previously provided via phone.
- Update cases or request an extension within the ICR tool.

Wrapping up

Helpful tips:

- 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 *provider website* 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 (create) a new favorites list.
- Requests can be submitted 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 the 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 *Authorization and Referral Request* and/or *Authorization and Referral Inquiry*, and you can start using the ICR right away.

Contacts

For questions about the ICR, contact Provider Services at **855-627-4685**.

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

Adding clinical information to a behavioral health inpatient continued stay request

Qualifications for adding clinical to an ICR request

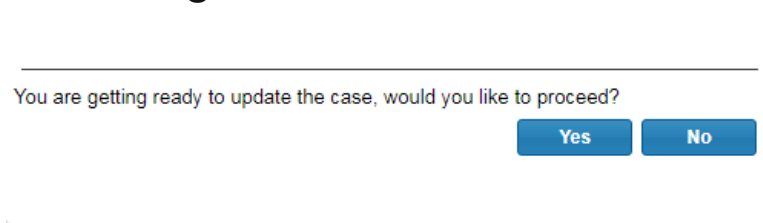
The ICR request must be:

- 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, a 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 program will display this message:



A screenshot of a confirmation dialog box. The text inside the box reads: "You are getting ready to update the case, would you like to proceed?". Below the text are two blue buttons: "Yes" and "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).
 - User must 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

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.

ICR enhancements for behavioral health (BH)

ICR enhancements

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: JOHN, PETER Subscriber ID: XPB435T40447 Status: Not Submitted Created by: sdf, sdf Request Tracking ID: 321945

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

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

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.

ICR enhancements (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

ICR enhancements (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 JOHN, PETER	Subscriber ID XPB435T40447	Status Not Submitted	Created by dsf, sdf	Request Tracking ID 322134
-----------------------------	-------------------------------	-------------------------	------------------------	-------------------------------

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

ICR enhancements (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 (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 (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 (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 (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 (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?

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 (cont.)

Data Tool Questions (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 (cont.)

Data Tool Questions (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 (cont.)

Data Tool Questions (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 (cont.)

Additional clinical notes if available can now be attached.

Required Fields * [Information Tool Tip](#)

Attachments, Images and Photos

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

[Choose File](#) No file chosen

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

Description

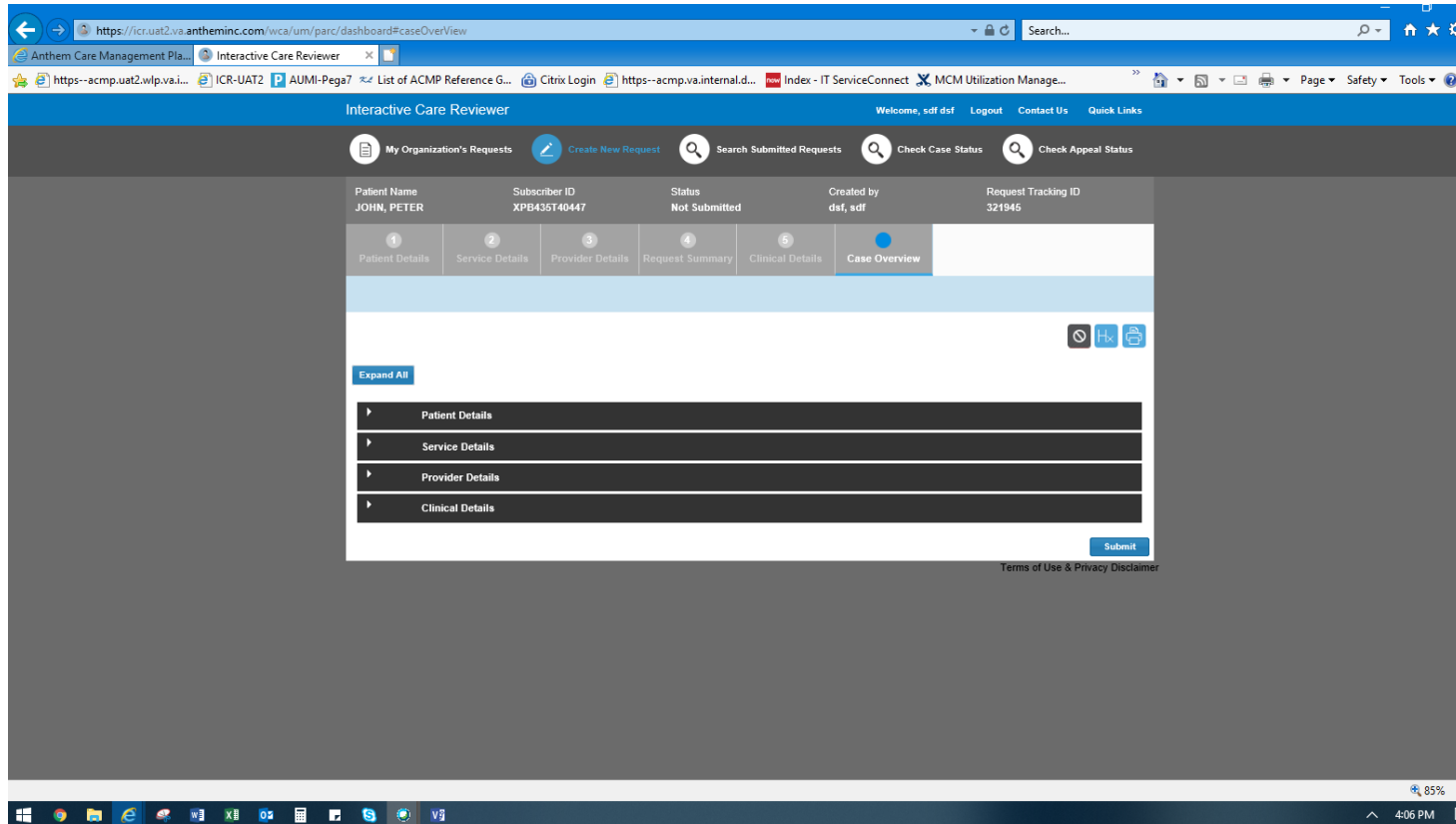
Please attach only documentation that contains the minimum necessary personal health information (PHI) to support the review for this request. Please verify you are attaching image(s) for the correct patient before clicking upload.

Clinical Notes

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

ICR enhancements (cont.)

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



ICR additional information

Follow these instructions to access ICR through the Availity Portal (www.availity.com):

First, ask your Availity administrator to grant you the appropriate role assignment:

- **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:

- Select **Patient Registration** from Availity's home page.
- Select **Authorizations & Referrals**.
- Select **Authorizations** (*for requests*).
- 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 home page:

- Select **Payer Spaces**.
- Select **Healthy Blue**.
- Select **Applications**.
- Select **Custom Learning Center**.

From the *Courses* screen, use the filter catalog, and select **Interactive Care Reviewer – Online Authorizations** from the menu. Then click **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.

Thank you!



HealthyBlue®

Note: Availity, LLC is an independent company providing administrative support services for Healthy Blue providers on behalf of Blue Cross and Blue Shield of North Carolina.

<https://provider.healthybluenc.com>

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